



INJURY BULLETIN

QUEENSLAND INJURY
SURVEILLANCE & PREVENTION
PROJECT

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SEASON'S GREETINGS

*QISPP would like to take this opportunity
to extend to all of our Bulletin Readers
Season's Greetings and a safe New Year.*

*The QISPP office will close on Friday,
23rd December and will re-open on
Monday, 9th January, 1995.*

*The next Injury Bulletin will be published
in February .*

This Month...

In this edition of the Bulletin we
examine the following topics:

- **Toy Injuries**
- **Injuries to Fire Fighters**
- **Surfing and Diving
Injuries**
- **Scalds in Children**

TOY INJURIES



QISPP examined injuries from toys to children under 15 years of age. During the period 1/1/88 to 31/12/93, there were 988 injury presentations, with two-thirds of the injuries occurring in children under five years.

The month of January recorded the highest incidence of toy accidents.

The majority of injuries were recorded in a residential setting (84%), with over half of all accidents involving toys occurring inside the child's home. Six percent of injuries happened in an educational institution.

In 46% of cases, the child hit against an object, 23% were the result of foreign bodies, while 8% were the result of being cut, punctured or abraded.

Cuts and lacerations, particularly to the face, accounted for 34% of injury presentations, foreign bodies, particularly to the nose, occurred in 23% of cases, while bruising and fractures accounted for 12% and 8% respectively. Just over one in ten presentations required admission to hospital.

The following table lists the major toys involved.

TOY	% OF INJURIES
riding toys (excl. bicycles)	14
tricycles	13
blocks and building sets	5
marbles	5
toy weapons	4

INJURIES TO FIRE FIGHTERS

QISPP recorded 69 injury presentations by on duty Fire Fighters over a six year period to the end of 1993.

From these presentations, 17 cases specified that they were fighting fires at the time of injury.

Twelve presented with injuries caused by inhalation of smoke or chemicals, three with minor burns, and 17 had either slipped, tripped or fallen in the course of their work. One officer was bitten by a mouse and two were involved in traffic accidents on their way to work.

Hoses were the cause of injury in six cases and ladders in two of the presentations.

A breakdown of body parts showed that 10 injuries were to the face/head region, 20 to the upper limbs, 14 to the lower limbs and 14 were systemic injuries.

Although the majority of cases presenting were of minor injury, two officers were admitted to hospital, one required transfer to another hospital and one officer died due to electrocution from falling wires.

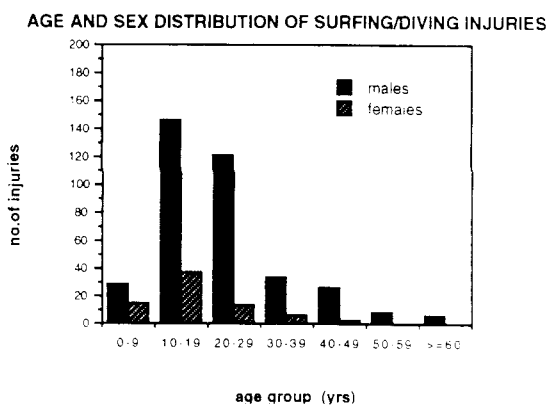
SURFING AND DIVING INJURIES

As the summer approaches, recreational pursuits often involve water. This article focuses on injuries sustained when body surfing or diving.

In a six and half year period from 1/1/88 to 30/6/94, QISPP recorded 446 such injury presentations to South Brisbane hospitals.

Figure 1 shows the age and sex distribution of these injury cases which included 371 males and 75 females.

Fig. 1



Of the 446 accidents, 233 (52%) occurred in swimming pools, 54 (35%) at ocean beaches and the remaining 59 in other bodies of water such as rivers, dams and lakes.

Most of the injuries occurred when hitting a surface or object on, under or surrounding the water.

- 55% reported hitting the bottom when misjudging the depth and diving into shallow water or being dumped by a wave.
- 16% reported hitting the edge of the pool or water surrounds (including rocks).
- 9% reported hitting an object in or on the water (including another person).

- 4% reported hitting the object from which they were diving.
- In the remaining 16% of cases, the injury was caused by the dive itself usually resulting in an awkward landing.

The injured people dived from a variety of places other than from the same level.

- 19 dived from diving boards or blocks
- 16 dived from boats or pontoons on the water
- 6 dived from bridges or jetties
- 5 dived from rocks or cliffs
- 4 dived from house structures (fence, roof, balcony)
- 1 dived from a trampoline
- 1 dived from another person's shoulders

Alcohol was mentioned as a factor in five injury presentations.

The injuries sustained ranged from minor abrasions to major head and spinal damage. The most common injuries were;

- fractures (27% of injuries)
- sprains and strains (23% of injuries)
- cuts and lacerations (20% of injuries)
- bruising (16% of injuries)

The body part most frequently injured was the head and neck (40% of injuries) followed by the trunk (27% of injuries). Spinal fractures were recorded in 14% of injury presentations.

The serious nature of the injuries is indicated by the fact that one quarter of the presentations required in-patient treatment, which is double the average admission rate for all injuries on the database. Fifty-six patients (one in eight of such injuries) required admission to the Spinal Injuries Unit at the Princess Alexandra Hospital.

Precautions taken to prevent such accidents should include wading, not diving into water until the depth is ascertained and being aware of submerged objects when the water is not clear.

SCALDS IN CHILDREN

In the six years to December 1993, QISPP recorded 477 full or partial thickness burns to children caused by hot liquids. 343 burns involved children less than two years old, while only 16 involved 5-6 year olds. The statistics reveal the age group most at risk are those aged between 12 and 24 months who accounted for 217 of the burns.

The 12-24 month age group also had a high admission rate representing 48 of the total 88 admissions. On the whole the admission rate of 19% reflects the serious nature of the injuries as the average admission rate for children is 16% (for all injuries).

90.8% of cases were caused by splashes, sprays or sprinkles of hot liquids, 8.8% by immersion in hot liquid and the remainder through exposure to steam or vapour.

Hot water was identified as the cause of 219 of the injuries. A further 200 identified hot beverages including tea and coffee, 50 identified other foods including soup and 13 cooking oils or fats.

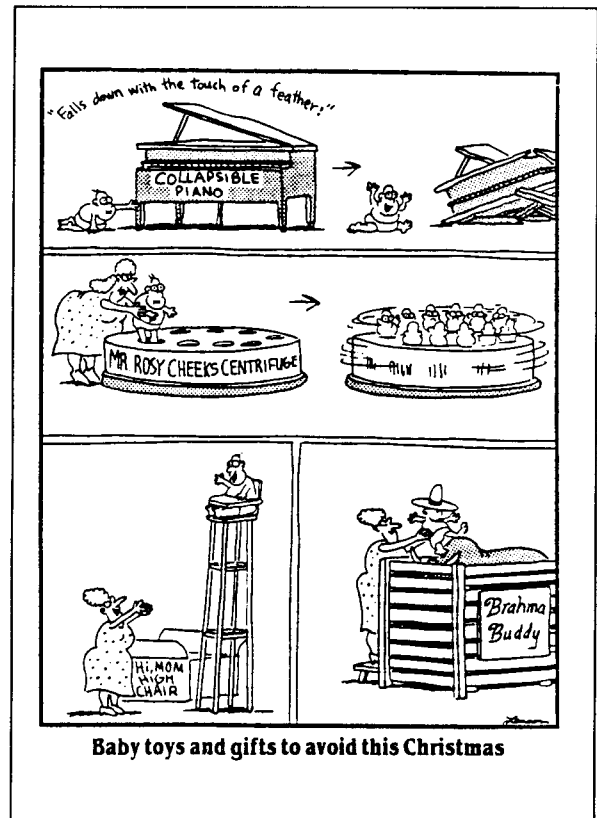
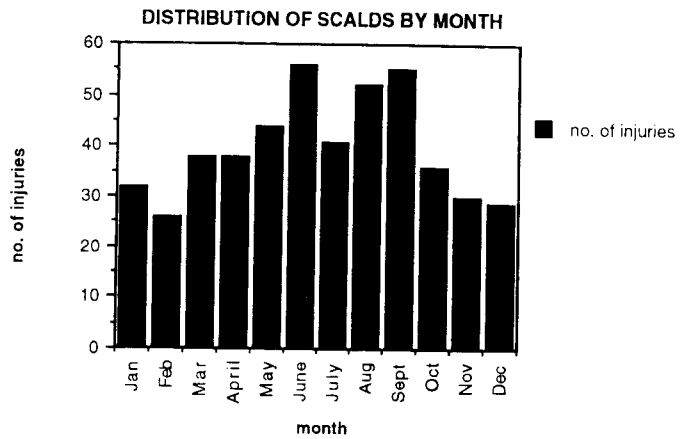
There were 33 recorded full-thickness burns. Of those, 11 involved the shoulders, arms and hands, nine involved the head and neck and eight involved the chest and upper back.

There were 684 recorded partial-thickness burns, again a high number to the arms and hands (211), 165 to the chest, lung and upper back, 117 to the head and neck and 106 to the lower trunk.

The overwhelming majority of these injuries occurred in the home. 404 (of the total 477) occurred in the child's home, while a further 39 occurred in other residential settings. The kitchen stood out as the most common site (37.5%) for scalds in the home.

The distribution of these injuries over the year (see Fig. 1) shows some increase in incidence during the cooler months when perhaps more hot beverages are consumed, children may spend more time indoors and hotter water might be used for bathing or washing.

Fig. 1



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