



INJURY BULLETIN

QUEENSLAND INJURY SURVEILLANCE & PREVENTION PROJECT

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QISPP Collection Expands to Statewide Representation

Queensland Health's decision to support QISPP's proposal for a State Sampling Plan for Injury Surveillance, will provide an invaluable resource for injury control professionals.

The cluster of South Brisbane hospitals that has faithfully provided urban data since 1988 will be able to move from the old paper based collection to electronic injury surveillance via the HAS Emergency Department (ED) module. Funds have also been provided to equip Mt Isa, Dalby and Mackay hospitals with this system. This will provide data that is representative of Queensland's remote, rural and provincial regions.

Data Collection made easy!

The HAS ED module is a complete Emergency Department management system of which the injury surveillance screen is just one feature. The system is user-friendly and requires little training. The injury surveillance screen itself is tiered, resulting in the maxi-

mum level of detail with the minimum data entry demand on medical staff. The level of detail provided is at Level 2 of the National Data Standard for Injury Surveillance, the basic requirement for the development of injury control initiatives.

Improved Data Quality

The QISPP system, InjureEZ (injure-easy) is compatible with the HAS ED module's injury surveillance data set. This means that data will be able to be transferred electronically from one system to the other, resulting in a considerable reduction in processing time and, consequently, an almost exclusive focus on data quality.

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Carpenters & Joiners

According to QISPP data for 1995, lacerations and cuts (42%), and eye injuries (23%) were the most common injuries sustained by carpenters and joiners at work (see below).

Nature of Injury	No. Injuries
Lacerations/Cuts	42
Eye injuries (total)	23
Sprains/ Strains	12.5
Fractures	7

A total of 161 injury presentations were recorded over the 12 month period. The injuries were all sustained by males aged 15-70 years and resulted in 10 hospital admissions.

The most frequent cause of injury was *machinery in operation*, (22%) which includes drills and power saws. A further 20% were caused by *cutting and piercing objects* (such as screw drivers, sharp edges). *Falls* accounted for 15.5% (of which a quarter were from a height >1 metre) and 11% were *struck by object or person*.

Only one injury was recorded as intentional.

40% of the injuries were to the upper limbs and resulted in 60% of the admissions. Most injuries to the upper limbs (63%) were lacerations and cuts and there were two cases of traumatic amputation of the finger.

19% of injuries were foreign bodies in the eye, while a further 4% were other eye injuries such as welding flash.

A number of eye injuries were recorded as occurring while wearing protective eyewear.

School Sporting Injuries

16% of all sporting injuries recorded for 1995 occurred in the context of school sport.

- The high risk age group identified was 10 - 14 years.

This group makes up 54% of the school sporting injuries sub group.

- The most common mechanisms of injury (3/4 of the sample) are:

Fall - low (same level, < 1 m) 40%; and
Struck by object or person 35%.

- The sports most commonly involved in these injuries are:

Basketball	21%
Football (unspecified)	17%
Football (rugby)	13%
Soccer*	<u>11%</u> 62%

* 24% of all the school sporting injuries admissions were associated with soccer.

- The most common injuries involved the Bone/Tendon/Joint (70% of the total sample) made up of:

Sprains & Strains	48%
Fractures	46%
Dislocations	6%

- The second most common category of injuries were soft tissue injuries such as lacerations and contusions: 20%

- The injured student suffered a concussion in 4% of cases.

- Body parts most commonly injured involved the upper limbs (53% of cases). This involved an injury to the finger in 37% of cases.

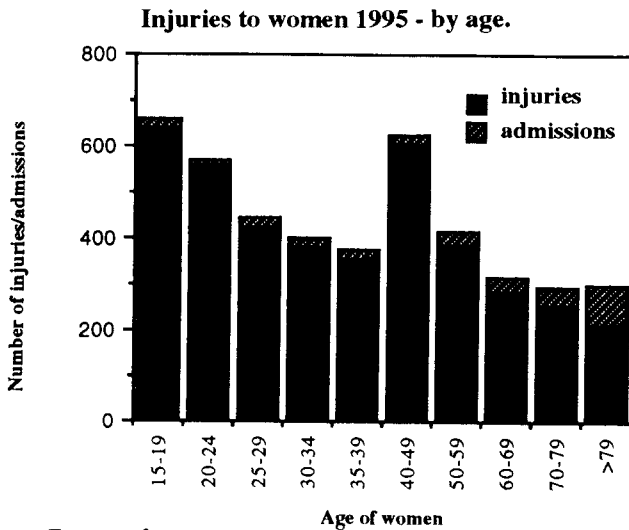
Injuries to Women

Injuries to women accounted for one-third of the injuries to people >15 years in 1995.



Age

- While the youngest women (15-19 years) have the highest injury rate, admission rates are highest for older women (see graph).



Location

- 45% of the injuries occurred at home, most commonly in the yard or garden, or kitchen.
- 15% occurred on a street, highway or footpath, 11% occurred in a trade or service area and 9% at a sports/athletics area.
- One-third of the injuries which occurred in residential institutions resulted in hospital admission.

Cause

- The most frequent cause of injury to women were:
 - falls (30.5%);
 - transport related (13%);
 - struck by a person or object (11%);
 - cutting or piercing (9%).

Occupation

- Of those at work when injured 1/5 were nurses.
- Sales assistants/representatives, cooks and cleaners were the next most frequently injured occupational groups.

Activity

- Almost half of the injuries happened while women were involved in leisure activities, most commonly walking or jogging.
- 16% were doing chores, 14% were working (for income) and 9% were involved in sport or recreation activities.

Injuries

- Sprains and strains accounted for 24% of the injuries, cuts and lacerations 17.5% , fractures 17% and contusions 15%.

- Of the 45 cases of concussion or intracranial injury 29% were admitted.

- There were 9 traumatic amputations of the finger.

- 58% of the 95 cases of poisoning resulted in admission.

- Injuries incurred, were most frequently to the:
 - hand - 17.5%
 - ankle - 13.5%
 - foot - 10%
 - head - 10%
 - wrist - 7.5%
 - knee - 5.5%

Intent

- While the majority of injuries were recorded as being accidental -
 - 2.6% were self-inflicted
 - 2.3% were other assault, and
 - 1.3% were partner abuse.

By comparison, injuries to men (>15 years) recorded for the same 12 month period reveal 1.9% were self-inflicted, 6.3% were other assault and 0.08% partner abuse.

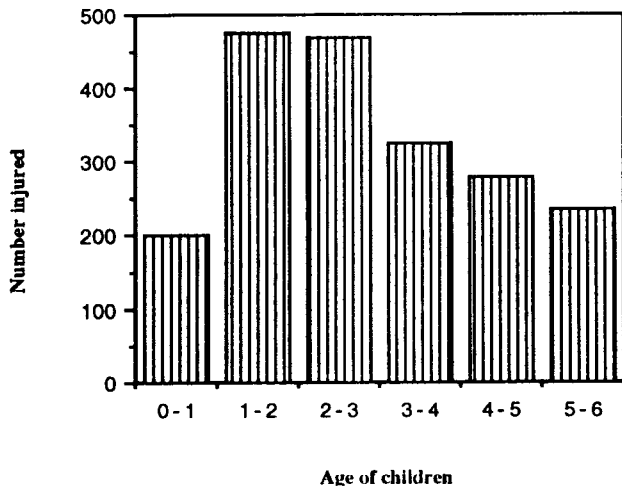
Children 0-5 - injuries at home



QISPP data for 1995 shows 44% of injuries in the home, to children < 6 years old, were caused by falls.

A total of 1,981 injury presentations were recorded for the 12 months, resulting in 255 admissions and one death.

Children's injuries at home by age.



After falls, the most frequent causes of injury were:

- struck by object or person (263)
- poisonings (194)
- cutting/piercing(105)
- animal related (89)
- transport related (53)
- burns (50)
- other threat to breathing (19)
- submersions (11).

The body parts most frequently injured were the head, followed by the upper limbs, lower limbs, trunk and multiple sites.

Almost one quarter of the injuries were lacerations or cuts (481) while there were 241 fractures (including 17 # skulls), 215 contusions, 190 poisonings, and 141 concussion / intracranial injuries.

The 120 foreign body injuries, involved the alimentary tract, nose, eye, ear canal, respiratory tract and genitourinary tract.

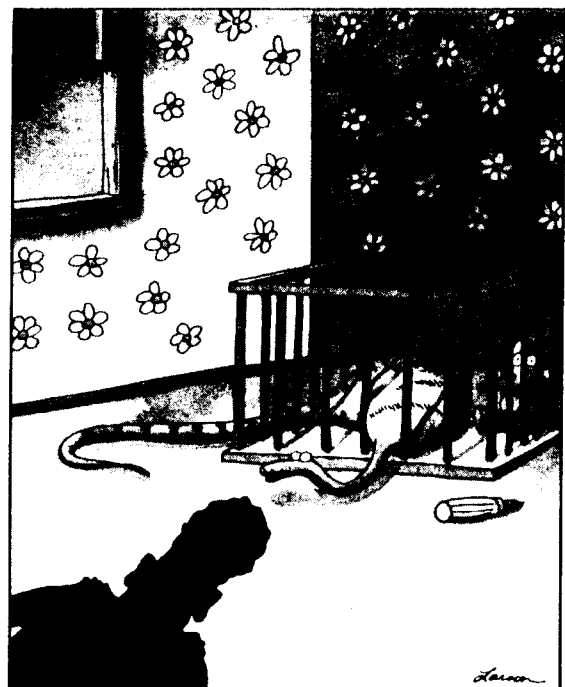
There were 105 sprains or strains, 71 bites, 56 burns and 43 eye injuries (excluding FB).

Lacerations or cuts to the face were the most common injury, followed by fractures to arms, contusions to the head, lacerations or cuts to the hand and sprains or strains to arms.

There were two traumatic amputations of the finger.

467 of the injuries occurred outside, in the yard or garden with a further 23 in or around a swimming pool.

Injuries inside the home occurred in the living/dining area (387), bedroom (310), kitchen (229), bathroom/toilet (87) and on stairs (88).



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