

A Past Perspective on PMH Injury Surveillance 1999-2001

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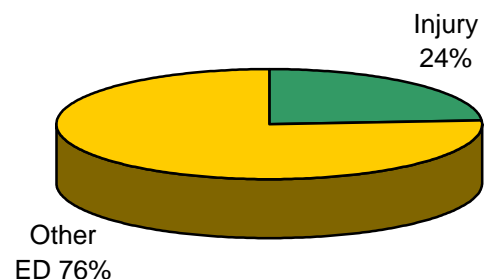
Summary

- "Child Safety is No Accident": we need to work in partnership and speak with one voice for consistent messages about protecting the most vulnerable section of our community – our children.
- The Child Accident Prevention Foundation of Australia (Kidsafe WA) introduced Injury Surveillance at Princess Margaret Hospital (PMH) in the late 1980s. In 1997 the Department of Health (DOH) and PMH became responsible for producing reports on patterns of childhood injury in Western Australia.¹
- From January 1999 to December 2001 there were 30,117 injury presentations to PMH Emergency Department; an average 10,039 per year for children aged 0-17 years.
- Boys are more likely to present to PMH Emergency Department for all types of injury than girls.
- The highest number of injuries recorded was in the 1-4 year age group.
- Fall-related injuries are the leading cause of hospital presentations at PMH.
- The most common locations for injury are the home and school.
- High risk times: between 4pm and 7pm in the afternoon was the most common time for children to be injured, the weekend had the highest number of injury presentations, and March, January and May were the months with the most presentations.
- A report completed by the Injury Research Centre in 2002 confirmed the value of continuing injury surveillance at Princess Margaret Hospital. The DOH is committed to the introduction of quality assured injury surveillance from July 2004 with regular reporting and dissemination of results to follow.

This bulletin is a joint publication between:



Figure 1: Percentage of Injury Emergency Department Presentations compared to other ED Presentations at PMH. 1999-2001



Introduction

The Child Accident Prevention Foundation of Australia, West Australian Division (Kidsafe WA) introduced injury surveillance at Princess Margaret Hospital (PMH) in the late 1980s. The system produced reports on patterns of childhood injury in Western Australia and contributed to priority setting for six years¹.

The Department of Health and PMH took responsibility for the injury surveillance system in 1997. The system ceased operating at full capacity towards the end of 2001 as a result of changes to funding and staff¹.

Method

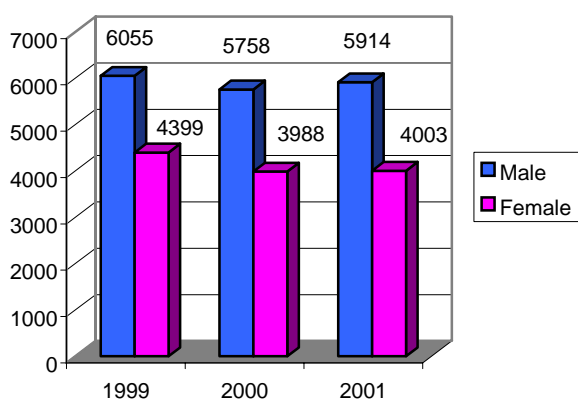
Kidsafe WA collated the data provided to them annually through Injury Surveillance reports from PMH during the 1999 – 2001 period to provide a past perspective on child injury prevention in WA.

Results

Ninety-two percent of children attending the PMH ED were from the Perth Metropolitan Area, 5% were from Rural WA and a further 3% were of unknown residence.

In 2000 there were a total 40,784 presentations to the Emergency Department at PMH. Approximately 25% of these presentations to the Emergency Department at PMH were as a result of an injury.

Figure 1: Injury Presentations by Year & Sex



From January 1999 to December 2001 there were 30,117 injury presentations to PMH Emergency Department, an average 10,039 per year for children aged 0-17 years.

The following summary of data is broken down by gender, age, aboriginality, cause of injury, location and time of day, week and month.

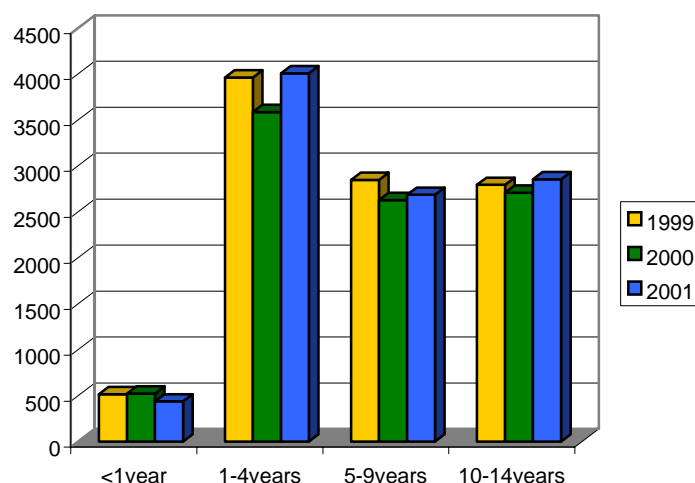
Gender

Males were more likely to sustain an injury, accounting for 17,727 (59%) presentations to PMH ED from 1999 to 2001 as compared to 12,390 (41%) for females.

Age

Between 1999 and 2001 children aged between one and four years accounted for the highest number of injury presentations with 11,558. Children aged 10-14 years ranked second with 8,358; closely followed by children aged 5-9 years (n=8,161); and children aged less than 1 year (n=1,479).

Figure 2: Total Number of Injuries by Age Group, 1999-2001



Aboriginality

3% of child injury presentations at PMH were Aboriginal or Torres Strait Islander, while the majority (75%) were Non-Aboriginal and a further 22% of presentations were unknown.

Main Cause of Injury/Intent

During 1999 to 2001, the majority of injuries were unintentional (75%) with a further 22% unspecified. Only 3% were intentional injuries to children.

The leading cause of injury presentations to PMH during 1999-2001 was *falls* (n=9,640) followed by *struck by / collision with an object* (n=5,644) and *contact with another person* (n=2,457) see Table 1.

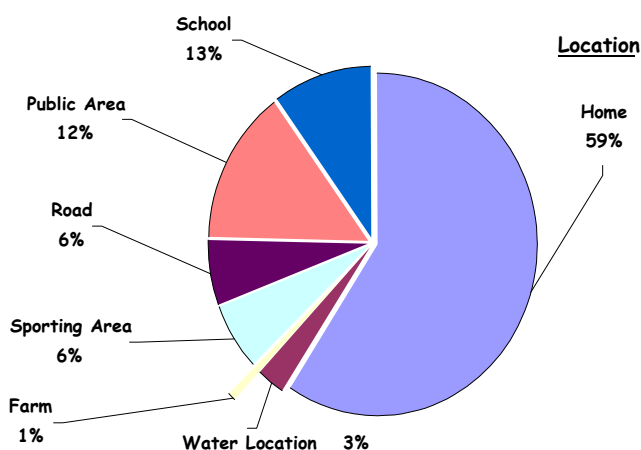
Table 1: Top five causes of injury presenting to PMH ED, 1999-2001

Main Cause	Number	%
Fall (<1m)	9640	32%
Struck by /Contact with an object	5644	19%
Contact with another person	2457	8%
Fall (>1m)	1790	6%
Cutting, piercing object	1353	4%

Location

The most common location for injuries to children is the home (59%). The school is the second most frequent location for childhood injuries to occur (n=13%).

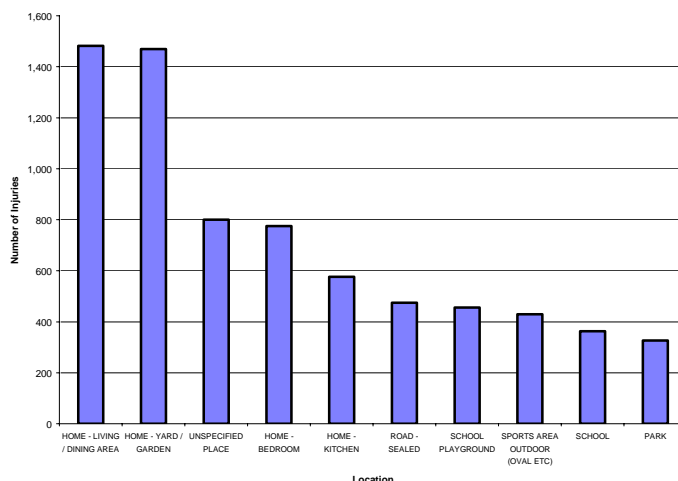
Figure 3: Location of injuries presenting to Princess Margaret Hospital Emergency Department, 2000



In addition to location, the data provides a breakdown of the areas within these locations that the injuries occur.

In 2001, the Living/Dining area in the home was the most common place for injuries to occur to children (n=1574), followed by the garden (n=1509). However more than 17% of the injury presentations did not specify a place of occurrence.

Figure 4: Location of injuries presenting to Princess Margaret Hospital Emergency Department, 2001.



Time, Day and Month of Injury

The most common time of the day for children to be injured is between 4pm and 7pm.

The highest number of injury presentations to PMH was on weekends with Saturday recording 19% of the total number of injury presentations and Sunday recording 18%, 5% more than any other day of the week.

The months with the highest numbers were March (9%), January (8.6%) and May (8.5%).

Of the total injury presentations to PMH Emergency Department during 1999 to 2001, 70% were treated and discharged, 26% were admitted to hospital and the remaining 4% were either referred out, died in ED or on arrival, or did not wait for treatment.

So What?

Children are our future. They are also the most vulnerable section of our community because their safety relies primarily on the actions and behaviours of other people. Three out of four serious injuries to children occur in the place they should be the safest – their own home. Injury Prevention is an important aspect of child growth and development and is the responsibility of the whole community.

Six key features to help keep kids safe:

1. Supervision
2. Ensure Pools and Spas are fully fenced, well maintained with self closing gates and used properly
3. Hot water from bathroom taps are set at a delivery temperature of 50°C
4. Use Barriers on stairs, fireguards around fires; keep poisons and medicines locked up and away out of reach.
5. Install Smoke Alarms and change the batteries once a year
6. Play areas fenced off from the street and the driveway

For prevention strategies, resources and additional child safety information contact Kidsafe WA (08) 9340 8509 or visit our website www.kidsafewa.com.au

Where to from Here...

A report completed by the Injury Research Centre in 2002 confirmed the value of continuing injury surveillance at PMH. The DOH is committed to the introduction of

quality assured injury surveillance from July 2004 with regular reporting and dissemination of results to follow.

The re-establishment of Injury Surveillance at PMH will enable:

- Quarterly Injury Surveillance reports to be distributed to key child injury prevention stakeholders in WA.
- Responses to emerging injuries and development of prevention strategies (eg scooter injuries in 2000).
- Profiling and information sharing between those providing clinical care and treatment, and lead child injury prevention organisations such as Kidsafe WA.
- Responses to specific requests on child injury from media and the general public (eg eye injuries, scalds, trampoline related injuries).
- To support the development of a state child injury prevention plan that links to the National Injury Prevention Plan Priorities for 2004 and beyond.
- Support legislative and regulatory change to reduce injuries (eg. Playground surfaces and helmet use).
- Support the relevant regulatory bodies in the development of product safety and information standards (eg. Cots, skimmer boxes and curtain/blind cords).
- Provision of evidentiary information to assist in the banning or recall of various unsafe products (eg. Baby walkers, bath frames and scooters).

References

¹ Gillam C. 2002. A Review of the Injury Surveillance System at Princess Margaret Hospital for Children. Injury Research Centre, Western Australia.

² Gillam C, Legge M, Stevenson M, Gavin A. 2003. Injury in Western Australia: An Epidemiology of Injury 1989-2000. Injury Research Centre, Western Australia.

Data included in this report was provided by Princess Margaret Hospital through reports to Kidsafe WA during 1999 to 2001.