Injuries to the Head and Face

There were 3633 injuries to the head and face recorded by QISPP during 1996. Young children (0-5) presented most frequently, representing 26% of the cases (Figure 1).

Half of the injuries were to children under fifteen. This represented significantly more than the one-third of all 1996... continued p 2

Figure 1 Injuries to the head and face, 1996, by age.

What's inside...
- injuries from glass...........3
- knee injuries in sport........4
Injuries to the Head and Face

continued from p1

injury cases for the same age group.

49% of the injuries occurred at home. The next most frequent location was street/highway (11%), followed by sport/athletics area (10.4%), trade/service area (9.8%), school/public administration area (7.7%) and recreation area (5.6%).

While lacerations and cuts were the most frequent injury (Table 1) the 16.9% of injuries which were concussion/intracranial accounted for 54.8% of admissions.

<table>
<thead>
<tr>
<th>Nature of Injury</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bite</td>
<td>110</td>
<td>3.0</td>
</tr>
<tr>
<td>Burn</td>
<td>46</td>
<td>1.3</td>
</tr>
<tr>
<td>Concussion</td>
<td>615</td>
<td>16.9</td>
</tr>
<tr>
<td>Contusion</td>
<td>448</td>
<td>12.3</td>
</tr>
<tr>
<td>Eye injury</td>
<td>25</td>
<td>0.7</td>
</tr>
<tr>
<td>Fracture</td>
<td>217</td>
<td>6.0</td>
</tr>
<tr>
<td>Laceration/cut</td>
<td>1581</td>
<td>43.5</td>
</tr>
<tr>
<td>Superficial</td>
<td>218</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Table 1 Nature of injury, head and facial injuries 1996.

Figure 2 Injuries to the head and face, 1996, by external cause.

Injuries occurred most frequently as a result of a fall or being struck by an object or person. Those injuries categorised as other specified cause were most frequently hitting the head against an object (Figure 2).

Injuries were most likely to occur during leisure activities (52%).

11.5% of the injuries were intentional. They included 26 which were partner abuse; seven, the result of legal interventions; six, self-inflicted; one, child abuse and one, treatment effect.

Conferences
The Seventh International Conference on Safe Communities
Challenges for sustaining safety in large urban environments  Rotterdam 13-15 May 1998
For information - Consumer Safety Institute Tel (+31) 20 5114513 Fax(+31) 20 5114510
In 1996 QISPP recorded 340 injuries involving glass where the external cause was cutting, piercing, struck or other specified.

As well as cutting fingers while handling glass, the injuries included swallowing pieces of glass, being hit by flying glass and stepping on broken glass.

Those injured were most likely to be engaged in leisure activities (42%) while 22% were carrying out chores when injured, including cleaning up after a breakage.

15% of the injuries took place while in paid employment, with more injuries occurring in the accommodation, cafes and restaurant industry (10) and construction industry (9) than any other. Injuries at work involved cutting glass, disposing of glass and glass being dropped such as “lifting a carton of bottles when the bottom gave way and bottles smashed, cutting leg”.

Two-thirds of the injuries occurred at home most frequently in the kitchen (58), including 21 while washing or drying glassware.

Seven of the injuries involved glass-top tables. In two of these cases the glass broke when someone sat on the table.

Almost seven percent of injuries were intentional. 3.6% were self-inflicted; for example “punched a window at home after drinking”, while 3% were assault.

Hands and fingers were most frequently injured (39%), followed by feet and toes (24.5%), lower leg (7.1%) and the face (5.6%).

Figure 3 Injuries involving glass, 1996, by age.

Injuries occurred most frequently to young adults (Figure 3).

Doors and Windows

Windows, glass sliding doors and doors with glass panels were involved in 22% of injuries.

They included instances of walking or running into or, being pushed or falling through glass panes. Cuts were also sustained while cleaning, repairing or moving glass. For example, cleaning glass cabinet door or placing glass in picture frame.
Knee injuries in Sport

According to QISPP data half of the knee injuries incurred while playing organised sport, during 1996, resulted in a sprain or strain.

Other frequent injuries included contusions (19.5%) and dislocations (6.5%).

<table>
<thead>
<tr>
<th>SPORT</th>
<th>NUMBER OF INJURIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Netball</td>
<td>30</td>
</tr>
<tr>
<td>Hockey</td>
<td>8</td>
</tr>
<tr>
<td>Cricket</td>
<td>17</td>
</tr>
<tr>
<td>Soccer</td>
<td>46</td>
</tr>
<tr>
<td>Football*</td>
<td>97</td>
</tr>
<tr>
<td>Basketball</td>
<td>12</td>
</tr>
</tbody>
</table>

*Football includes rugby league, rugby union, Australian Rules (2), touch (19) and unspecified.

Table 2 Knee injuries, by sport, 1996

More injuries occurred while playing football than any other sport (Table 2). 58% of all injuries resulted from playing the various codes of football - including soccer.

One-third of the injuries (81) resulted from being struck by a person or object while one-fifth (51) resulted from a fall. Of the 40% (99) which were other specified cause, 31 described the injury as resulting from twisting their knee.

While only one of the injuries resulted in hospital admission, two-thirds required follow-up attention.

The age and gender of those injured most likely reflects the participation rates in organised sport (Figure 4).

Figure 4 Knee injuries in organised sport, 1996, by age and gender.