

6th WORLD CONFERENCE

Injury Prevention
and Control

6^e CONFÉRENCE MONDIALE

Prévention et contrôle
des traumatismes

ABSTRACTS • RÉSUMÉS

6^e WORLD CONFERENCE

Injury Prevention and Control

6^e CONFÉRENCE MONDIALE

Prévention et contrôle des traumatismes

MAY 12 TO 15, 2002

Montreal Convention Center

DU 12 AU 15 MAI 2002

Palais des Congrès de Montréal

ABSTRACTS • RÉSUMÉS

INJURIES, SUICIDE AND VIOLENCE:

Building Knowledge, Policies

and Practices to Promote a Safer World

TRAUMATISMES, SUICIDE ET VIOLENCE :

Construire un savoir, des politiques

et des pratiques pour promouvoir

un monde en sécurité

AVIS DE NON-RESPONSABILITÉ

«Les vues exprimées pendant la conférence ne reflètent pas nécessairement celles des commanditaires et des organismes ayant contribué à l'organisation de la conférence en ressources humaines, matérielles et financières».

DISCLAIMER

“Views expressed during the conference do not necessarily reflect those of the sponsors or organizations that provided human, material, or financial support to the conference.”

ical service ambulance (28%) as compared to Jews (48%), a difference observed among all the severity groups. People above age 65 suffered mostly from limb fractures (78% among females and 64% among males); infants (0-4) suffered mostly from head injury (62%), mostly mild brain injury. Forty-three percent of the women and 30% of the men were operated on. Two percent of the people injured at home died in the hospital.

CONCLUSION: The analysis showed that there are patterns of circumstances and profiles of people who get injured. This information should be used in order to characterize risk factors and adjust prevention programs.

LIMITS: Despite the importance of analyzing injury database, the Israeli trauma registry doesn't include all the hospitals so there is an under representation of total injured persons in this dataset. This fact limits us in determining incidence rates per population. Moreover, the trauma registry includes only hospitalization and doesn't take into account minor trauma that could help to understand pattern of injury.

CONTRIBUTION OF THE PROJECT TO THE FIELD: There are ways to prevent home injury. Injuries occurring in the home do not occur by chance. Therefore, understanding characteristics of people who get injured, and circumstances in which the injury occurs, is crucial, in order to design and adjust prevention programs, such as fall prevention among the elderly, or burn prevention among school children.

UNINTENTIONAL RESIDENTIAL CHILDHOOD INJURIES IN HONG KONG

CHUN BONG CHOW, CHARLES CHING HAI CHAN,
JACK CHUN YIU CHENG, KEVIN HIN WANG CHAN
Princess Margaret Hospital
Hong Kong

PROBLEM UNDER STUDY: Unintentional residential childhood injury (URCI) is a major cause of paediatric morbidity in Hong Kong. It is estimated that URCI accounted for approximately 50% of all 0-4-year-old admissions into Accident and Emergency Departments in Hong Kong.

OBJECTIVES:

1. To provide an overall pattern of morbidity in URCI in Hong Kong and their correlates such as socio-economic background, demographic information, antecedent context.
2. To facilitate injury prevention initiatives and prevention efforts by developing evidence based programmes based on findings derived from this study.

METHOD OR APPROACH: A hospital-based study on unintentional residential childhood injuries in Hong Kong captured 18,919 paediatric intakes by Accident & Emergency Departments from three local hospitals. Caregivers of injured children between ages 0-15 admitting into the emergency service for an URCI episode were subsequently interviewed on the telephone. Interviewees were inquired on demographics of injured children and their families, first-aid

provision, injury description, history of URCI, parental intervention regarding potentially injurious behaviour, as well as injury severity and medical diagnoses.

RESULTS: Of 5077 children suffering from URCI, 59% were boys. Over 50% of children observed were of age 3-years-old or under. About half of the respondent families (48%, 2438) reported provision of first aid to their injured children. While 72% (3626) of children with URCI were discharged home upon A&E attention, 11.2% (578) were admitted into the attending hospital and 16.1% (819) required further medical attention. Hospitalization rate among URCI is similar to injuries of other types at 12.2%. “Leisure activity” (53%), “Nothing in particular” (20.8%) and “Vital activity” (16.4%) were the common reported activities that the injured children were engaging upon injury impact. Over 50% of observed injuries took place in the living room (52.9%, 2676), while others occurred in bedroom (30.9%, 1565), bathroom (7.1%, 359), kitchen (4.6%, 232), lift lobby (2.7%, 136) or other unspecified locations (1.8%, 92). Primary mechanisms of injury, in ascending order of observed frequencies, were “Contact with blunt force” (81.5%, 4138), “Penetrating force” (8.4%, 426), “Thermal and radiant mechanisms” (5.8%, 293), “Foreign body entering into or through eye or natural orifice” (1.9%, 95) and “Physical over-exertion” (1.1%, 54). Other types of injuries combined for the remaining 1.4% (71) of observed URCI. Fall is a common cause of morbidity, accounting for 93.5% (2645) of blunt force injuries and 53% of all observed URCI. Low fall from height less than 1 metre (31.9% 1321), slip and fell (17.2%, 710), tripping (4.7%, 195), and high fall from height greater than 1 metre (4.4, 182) were the common contributing mechanism among blunt force injuries observed. With the exception of 5 flame burns and one electrical shock, all injuries with “Thermal and radiant mechanisms” were scalds through either contact with hot liquid, steam or gas (88.1%, 258) or hot solid substance (9.2%, 27). About half of these scalds were classified as second degree burns of various regions, including lower limb (24.6%, 72), wrist and hand (13.3%, 39), and trunk (10.9%, 32). Most of the observed URCI resulted in relatively minor diagnoses including contusion (N920-949.9, 29%, 1504) and (N870.0-897.7, 28.6%, 1399). Nonetheless, 19 observed injuries in this study were classified as moderate to severe with an Injury Severity Scale score of 9 or above.

CONCLUSION: Results from this study suggest that fall at home is a major cause of morbidity among children in Hong Kong, particularly the young ones age seven or younger. In spite of the mild injury severity, hospitalization rates are similar between URCI and other types of injuries.

LIMITS: The present study does not sanction an accurate projection of injury morbidity rate in Hong Kong because it is a hospital-based case-series study. ICECI activity and location classifications adopted were limited in terms of case differentiation sensitivity.

CONTRIBUTION OF THE PROJECT TO THE FIELD: Findings in this study outlined the problems brought along by a compact and dense urban environment predominated by high-rise living quarters. Prevention initiatives in Hong Kong and similar Asian cities, rather than adopting from North American & European literature, should adjust accordingly with reference to the characteristics highlighted in this study.