Kidsafe WA
Childhood Injury Bulletin

Child Accident Prevention Foundation of Australia
Western Australia

June 2026

Kidsafe WA
Kidsafe WA is the leading independent not-for-profit organisation dedicated to promoting safety and preventing childhood injuries and accidents in Western Australia. Injuries are the leading cause of death among Australian children and young people aged zero to seventeen, and many of these deaths and injuries can be prevented. Kidsafe WA works to educate and inform parents and children on staying safe at home, at play and on the road.

Perth Children's Hospital Injury Surveillance System
Perth Children's Hospital (PCH) is the only paediatric hospital in Western Australia and is the referral centre for paediatric illness and injury within the state. Each year approximately 70,000 children present to the PCH Emergency Department (ED). The PCH ED Injury Surveillance System is designed to capture data related to all children who present with an injury. This bulletin summarises the data for eye injuries occurring across the five-year period between July 2020 and June 2025.

Eye Injuries

A snapshot of eye injuries to children

- On average, 643 children present to PCH ED with an **eye injury** each year.
- **Males** accounted for 63.5 percent (n=2,041) of eye injury presentations.
- Children aged between **0 and 4 years** accounted for the majority of eye injuries (41.2%, n=1,325).
- Almost all injuries (98.9%, n=3,180) were deemed **unintentional**.
- **Blunt force** was the most common cause of eye injury, accounting for 42.7 percent (n=1,372) of presentations. This was followed by **falls**, accounting for 16.3 percent (n=525).
- Majority of children were **discharged** with treatment completed (90.5%, n=2,912).
- Most eye injuries occurred at a **school/ residential institution** (45.2%, n=356) or at the **home/farm** (25.9%, n=204).
- Almost half of eye injury presentations occurred in the afternoon between **12:00 and 17:59** (41.3%, n=1,328).

Partner:

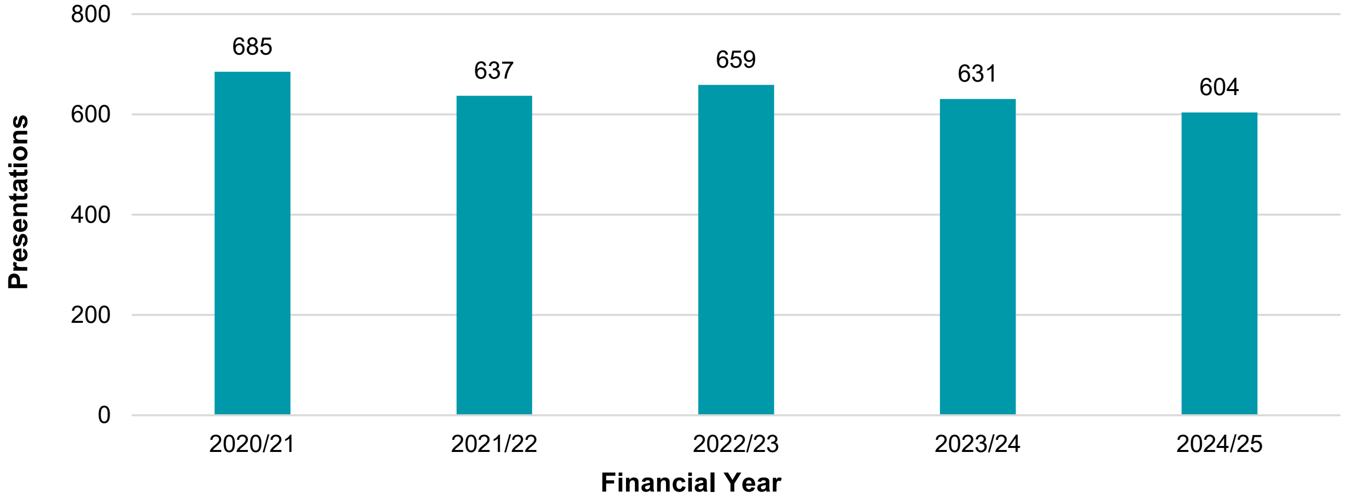
Government of **Western Australia**
Department of **Health**

Introduction

Paediatric ocular trauma, or eye injuries, are a significant health concern worldwide and remains the leading cause of childhood blindness[1]. Children are at increased risk of eye injury due to developing physical coordination, limited ability to assess risk, and facial anatomy that may be more susceptible to injury[1]. Everyday situations at home and school along with recreational activities expose children to a range of potential eye injury hazards[2].

Between July 2020 and June 2025, 3,216 children aged between zero and 17 years presented to the PCH ED with an eye injury, accounting for 3.1 percent of all injury presentations. The highest number of presentations occurred in 2020/21 (n=685) however, eye injuries accounted for the greatest proportion of all injury presentations in 2022/23, comprising 3.4 percent of total injury presentations (n=659 of 19,464 presentations) (Figure 1).

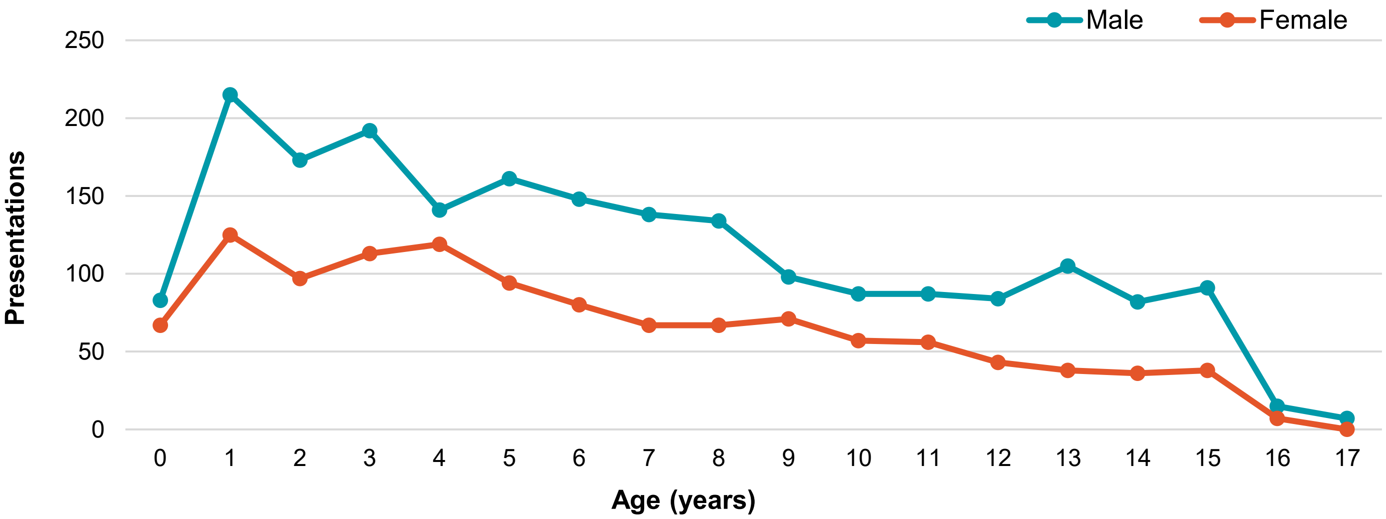
Figure 1: Eye Injuries by Financial Year



Demographics

Across all age groups, males accounted for a higher proportion of eye injury presentations (63.5%, n=2,041) compared to females (36.5%, n=1,175). Young males may be at greater risk of eye injuries as they are more likely to engage in higher risk physical behaviours and activities such as contact sports[3]. Children aged zero to four years accounted for almost half of all eye injury presentations (41.2%, n=1,325). One-year olds had the highest number of presentations (10.1%, n=340), followed by three-year olds (9.5%, n=305). Presentation numbers remained relatively consistent up to five years of age before gradually declining with increasing age (Figure 2).

Figure 2: Eye Injuries by Age and Sex

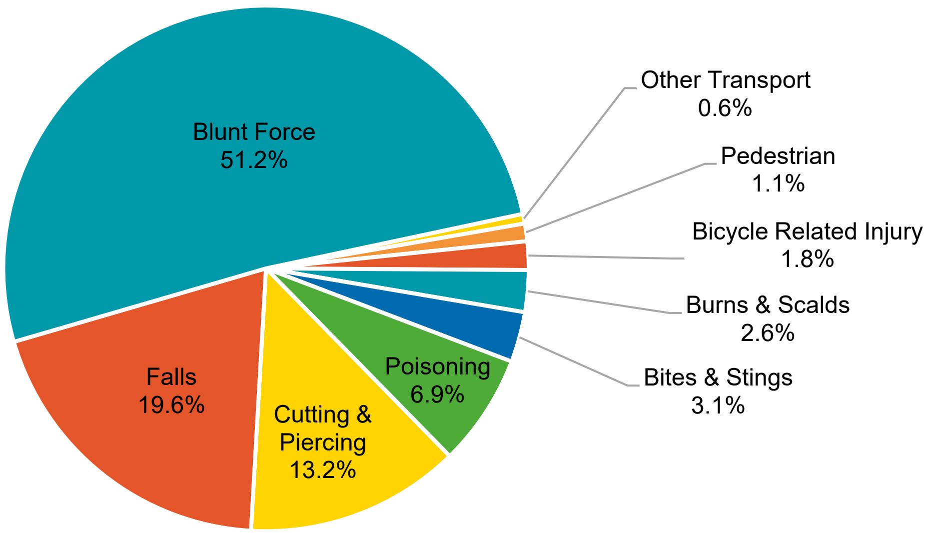


Injury

Each child presenting to PCH ED is assigned a triage category based on the level of medical urgency required. Over half of all eye injury presentations were triaged as semi-urgent (51.3%, n=1,649), followed by urgent (37.9%, n=1,219) and emergency (10.4%, n=333). The remaining presentations (0.5%, n=15) were categorised as either resuscitation or non-urgent. Almost all eye injury presentations were deemed unintentional (99.7%, n=3,180).

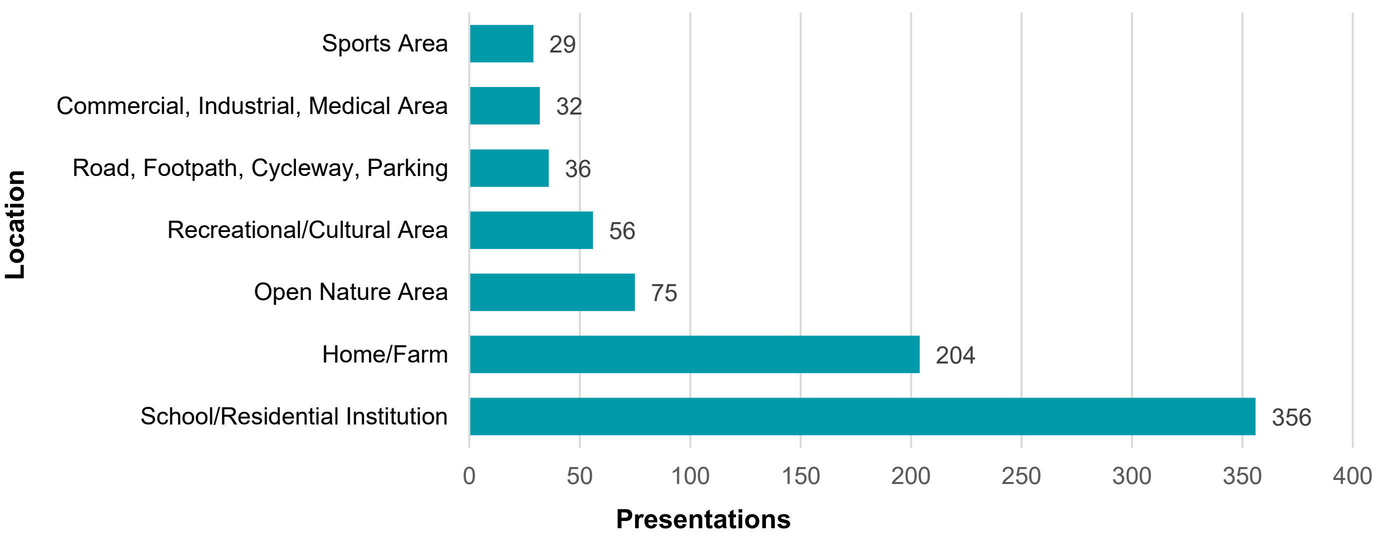
Of the known causes, blunt force was the leading cause of eye injury accounting for just over half of all presentations (51.2%, n=1,372). Falls were the second most common cause (19.6%, n=558), including falls from the same level (i.e. slips or trips), and falls from heights both less than and greater than one metre. Cutting and piercing injuries accounted for 13.2 percent of presentations (n=355), followed by poisoning-related injuries (6.9%, n=185). Smaller proportions of injuries were associated with bites and stings, burns and scalds, and transport related activities (Figure 3).

Figure 3: Eye Injuries by Cause



For most presentations, the injury location was recorded as ‘other place’ (75.5%, n=2,428). Amongst cases with a specified location, almost half occurred at a school or residential institution (45.2%, n=356), followed by the home or farm (25.9%, n=204) and open nature areas, such as parks or beaches (9.5%, n=75) (Figure 4). Schools and homes are common settings for childhood eye injuries, reflecting environments where children spend most of their time.

Figure 4: Eye Injuries by Location



Most eye injury presentations at PCH ED occurred between 12:00 and 17:59 (41.3%, n=1,328). Most children presented due to concern from a parent, caregiver or the child themselves (85.7%, n=2,755). Other presentation referrals were from general practitioners (8.8%, n=282) and other hospitals (3.7%, n=119). The majority of children were discharged after treatment was complete (90.5%, n=2,912), while 7.8 percent (n=250) required hospital admission for further treatment. The remaining presentations (1.7%, n=54) either left at their own risk, did not wait for treatment or were referred to another department.

Prevention

Many childhood injuries are preventable through supervision, safer environments and the use of appropriate protective equipment. The following steps can help reduce the risk of eye injuries in children:

- Remove trip hazards around the home and closely supervise young children, particularly while they are learning new skills such as walking and balancing.
- Avoid low set furniture with sharp corners or install corner protectors where possible.
- Always keep sharp household items such as scissors and knives out of reach of children.
- Teach children about eye safety from an early age, including skills to use sharp items safely.
- Encourage the use of protective eyewear during sports and activities where there is a risk of eye injury.
- Always supervise children during play when using bats, rackets and other handheld equipment.
- Choose toys that are appropriate for a child's age, size and stage of development.
- Avoid toys or games involving darts, pellets or other small projectile objects.
- Store all household chemicals and poisons up high and away out of reach of children.
- Supervise children around animals, as scratches often involve the face and eyes due to a child's height.
- Keep young children away from potentially hazardous activities such as lawn mowing, whipper snipping and the use of power tools. Always wear protective equipment to model safe behaviours.
- Protect children's eyes from UV exposure year-round by encouraging the use of broad-brimmed hats and sunglasses during outdoor activities.

First aid for eye injuries

For minor injury, wash the eye gently with water or saline and seek medical help if required.
For serious penetrating eye injury, DO NOT remove the object.
Lay the child down, carefully place pads around the object and seek medical help immediately[4].

For contact with poisons or chemicals, wash the eye with water or saline and call the
Poisons Information Centre (available 24 hours a day, 7 days a week):

13 11 26

References:

1. Meng, Y., Liu, Y., Ma, Y., Chen, Z., Tsai, C.-L. and Li, T. (2026). *Epidemiological trends and inequalities in eye injuries among children and adolescents aged 0–19 years*, Journal of Ophthalmology, 2026(1). https://doi.org/10.1155/joph/7411787
2. Hoskin, A., Philip, S., Yardley, A. and Mackey, D. (2016*). Eye injury prevention for the paediatric population*, Asia-Pacific Journal of Ophthalmology, 5(3). https://doi.org/10.1097/APO.0000000000000193
3. Karaman, S., Ozkan, B., Gok, M., Karakaya, I., Kara, O. and Altintas, L. (2017). *Effect of eye trauma on mental health and quality of life in children and adolescents*, International Ophthalmology, 37(3). http://doi.org/10.1007/s10792-016-0301-9
4. St John Western Australia. (2026). *How to treat eye injuries*. Available at: https://www.stjohnwa.com.au/online-resources/first-aid-information-and-resources/eye-injuries

Suggested citation:

Thapa, S, Tsvetkov, A, Jamieson, K, Yadav, A. Perth (WA): Kidsafe WA (AU); 2026 June. Report No.: 63.