Kidsafe WA
Childhood Injury Bulletin

Child Accident Prevention Foundation of Australia
Western Australia

January 2025

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 64,000 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 injuries occurring during the spring months of September, October and November across the five-year period between July 2017 and June 2022.

Injuries Occurring in Spring

A snapshot of injuries occurring in spring

- On average there are 5,197 injury presentations to PCH ED each **spring**. A total of 25,989 over the five year period.
- Of the spring months, the highest number of injuries occurred during **November** (34.3%, n=8,916).
- **Males** accounted for 56.4 percent (n=14,651) of presentations.
- Children aged between **0 and 4 years** accounted for the majority (33.7%, n=8,764) of spring injuries.
- Almost all injuries (96.9%, n=25,193) were deemed **unintentional**.
- **Falls** were the most common cause of injury, accounting for 36.6 percent (n=9,500) of injuries. This was followed by **blunt force** injuries, accounting for 24.8 percent (n=6,457) of injuries.
- Sports-related injuries accounted for 22.8 percent (n=5,930) of total injuries, with **cycling** accounting for the highest proportion of sporting-related injuries throughout spring (13.5%, n=802).
- The majority of patients were **discharged** with treatment complete (86.4%, n=22,460).

Partner:

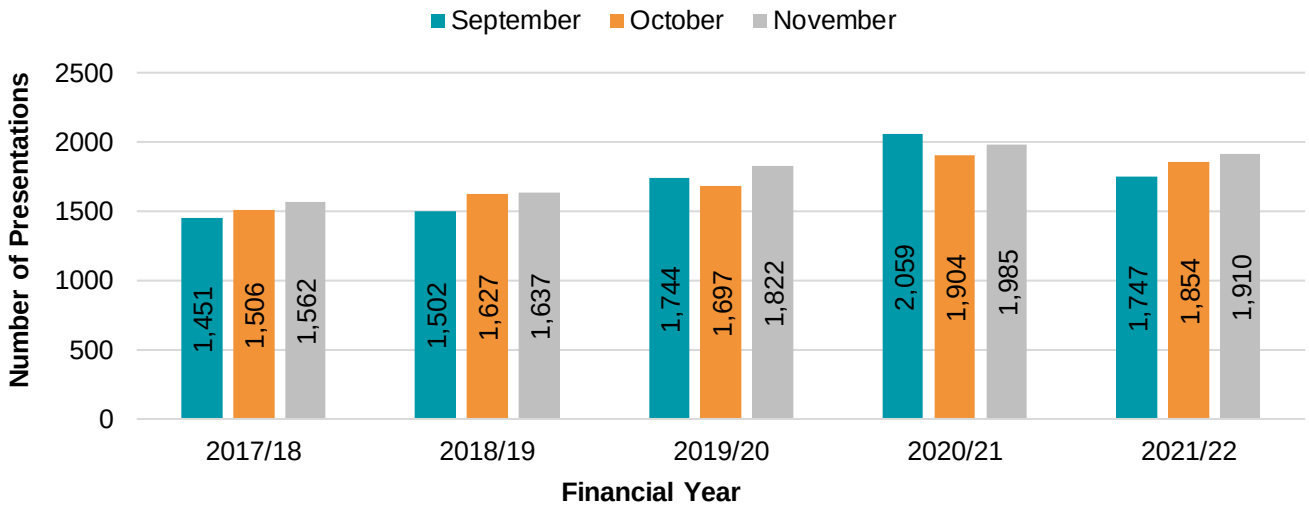
Government of **Western Australia**
Department of **Health**

Introduction

During the spring months of the year, children tend to be engaged in various outdoor activities including organised sports, cycling, and outdoor play in public and backyard playgrounds. With the gradual increase in outdoor temperatures and extended daylight hours, the nature and risk of injuries can gradually change for young children during these months.

Between July 2017 to June 2022, a total of 97,696 children presented to PCH ED with an injury. Just over a quarter (26.6%, n=25,989) of these injury presentations occurred during the spring months of September, October, and November. During these months, November showed the greatest number of injury presentations accounting for 34.3 percent (n=8,916) of injuries, with September and October accounting for 32.7 percent (n=8,503) and 33 percent (n=8,570) respectively (Figure 1).

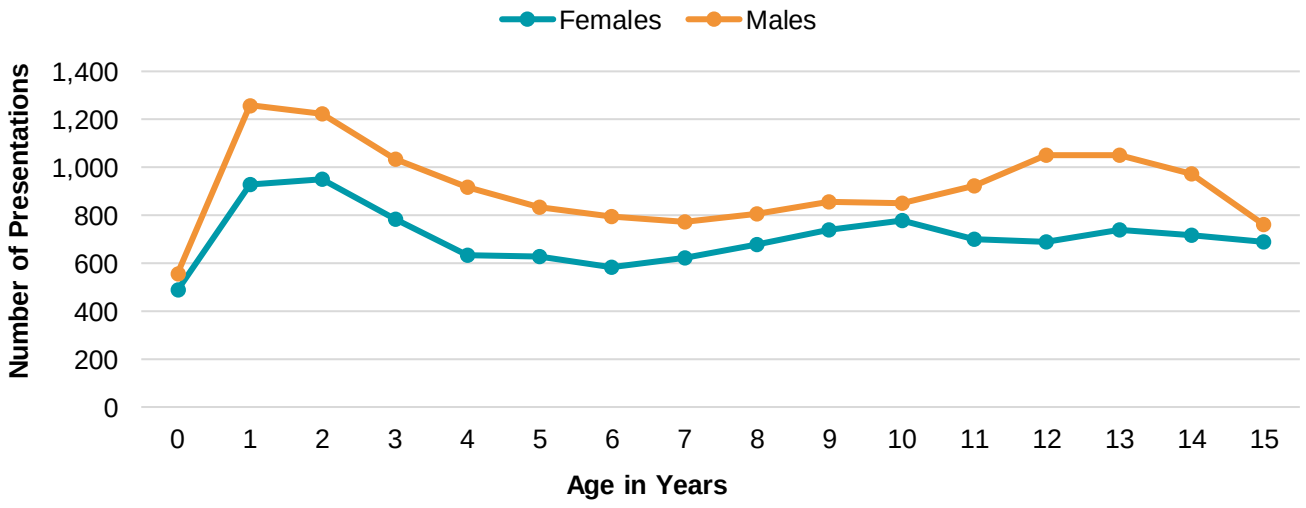
Figure 1: Injuries Occurring in Spring by Financial Year



Demographics

Males accounted for a higher number of injuries during spring (56.4%, n=14,651) in comparison to females (43.6%, n=11,338). Similarly to other seasons, injury prevalence was highest for children at one (8.4%, n=2,185) and two (8.4%, n=2,171) years of age with a decreasing trend until the age of seven years (5.4%, n=1395,). The numbers remained relatively constant with a slight increase in both sexes during early adolescence (Figure 2).

Figure 2: Injuries Occurring in Spring by Age and Sex

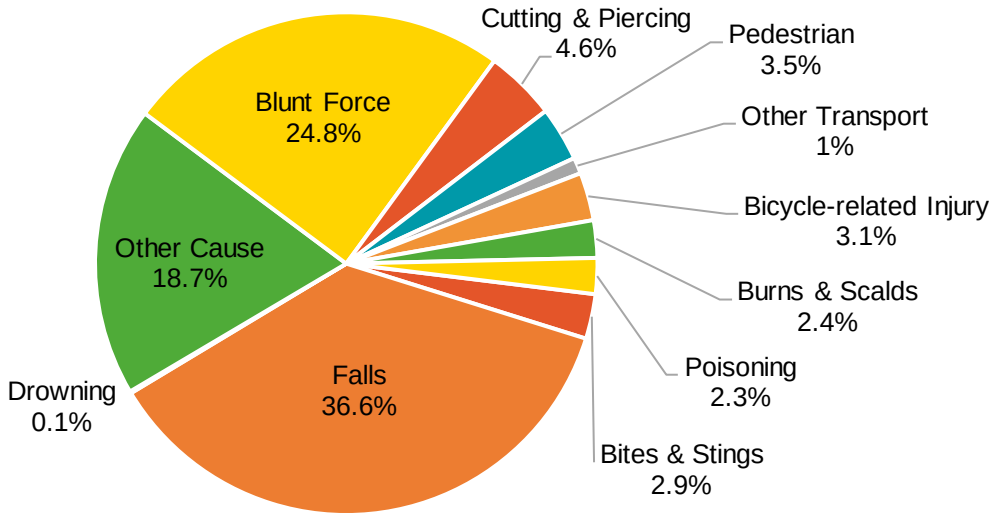


Injury

Each child that attends PCH ED is allocated a triage category based on the level of medical urgency required. The majority of spring injuries were triaged as 4 – Semi-urgent (78.4%, n=20,383), followed by 3 - Urgent (17%, n=4,437) and 2 - Emergency (3.7%, n=956). The remaining injuries (0.82%, n=213) were triaged as 1 – Resus, 5 – Non-urgent, and Category A – Unplanned admission. Almost all of the injury presentations to PCH ED during spring were deemed unintentional (96.9%, n=25,193).

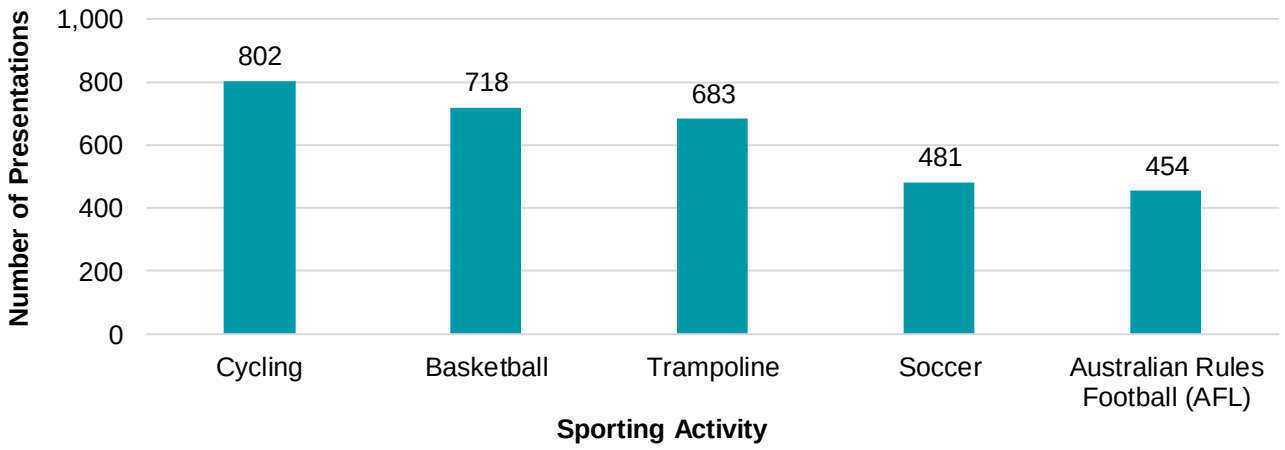
The most common cause of injury during spring was falls (36.6%, n=9,500) (Figure 3), with the majority of fall injuries (87.7%, n=8,334) occurring on the same level (i.e. slips or trips) or from a height of less than one metre. The remaining fall injuries (12.3%, n=1,166) occurred from a height of greater than one metre, which typically require more urgent treatment or hospital admission[1].

Figure 3: Injuries Occurring in Spring by Cause



Sports-related injuries accounted for 22.8 percent (n=5,930) of total injury presentations during spring months. Cycling (BMX and road) accounted for the highest number of sporting-related injuries in children throughout spring (13.5%, n=802), followed by basketball (12.1%, n=718), trampoline (11.5%, n=683), soccer (8.1%, n=481) and Australian Rules Football (AFL) (7.7%, n=454) (Figure 4). Sporting activity refers to both formal competitive sports as well as recreational or informal physical activity which are often a large proportion of the cycling and trampoline presentations.

Figure 4: Injuries Ocurring in Spring by Sporting Activity (Top Five)



Most presentations to the PCH ED during spring were based on a child's own concerns or a relative's (90.5%, n=23,527). This was followed by referrals from general practitioners (4.3%, n=1,127), and referrals from other hospitals (4%, n=1,046). The majority of patients were discharged with treatment complete (86.4%, n=22,460). A further 12.2 percent (n=3,172) of presentations were admitted to hospital for additional treatment, and the remaining presentations either left at their own risk, did not wait for treatment, or were referred to another department or hospital.

Prevention

During the spring months, children are likely to spend an increased amount of time outdoors due to the warmer weather and extended daylight hours, which can result in a change in typical injury risks. The following steps can help reduce the risk of injury during spring months:

At Home:

- Never leave babies alone on a raised surface.
- Always use the harness available on products such as prams and highchairs.
- Avoid using baby walkers as they can cause falls that result in serious injuries.
- Reduce trip hazards by making sure floor coverings are in good condition and placing grips under rugs.
- Restrict access to stairs by using barriers. Teach children to navigate steps safely under supervision.
- Keep furniture away from windows and balcony rails.
- Ensure bunk beds have guard rails, a fixed ladder and meet the Australian Standards.

During Sports and Recreational Activities:

- Ensure trampolines and playground equipment meet Australian standards and are in good condition.
- Ensure there is only one person jumping on the trampoline at any given time.
- Provide a clear area surrounding/underneath trampolines and play equipment, free from hard objects.
- Provide play equipment that is suitable for your child's age, size and stage of development.
- Position play equipment in a shaded area that is easily supervised and accessible for adults.
- For young children, provide low height climbing equipment until they have developed their climbing abilities.
- Remember that UV radiation in Australia is high all year round, so sun protection is needed in all seasons.
- Ensure children wear appropriate safety equipment for the sport they are participating in. This may include mouthguards, helmets, eyewear, protective padding, gloves, footwear etc.
- Children should always warm up before exercise and cool down after.
- Ensure children participate in training sessions to learn and develop skills before engaging in competitive games.
- Children should not engage in sports when tired, ill, or injured. If in doubt – DO NOT PLAY.
- A trained and equipped first aid officer should be present during training and competitive games.
- If a child receives a sporting injury the following injury management approaches should be used:
  DRSABCD (Danger, Response, Send for help, Airway, Breathing, Compression, and Defibrillation).
- For sprains and sprain-related injuries, apply:
  RICER (Rest, Ice, Compression, Elevation, Referral).
  NO HARM (NO Heat, Alcohol, Running or Massage).

References:

1. Tsvetkov, A, Skarin, D. Severe Injuries to Children. Perth (WA): Kidsafe WA (AU); 2022 July. Report No.: 49.

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Kindness, M, Jamieson, K, Skarin, D. Injuries Occurring in Spring. Perth (WA): Kidsafe WA (AU); 2025 January. Report No.: 58.

For further information please contact Kidsafe WA

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