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Hospital-treated injuries related to glass windows, doors, and shower screens, Victoria 2015/16 to 2020/21 (6 years)

Emergency department presentations (including admissions)

Windows:

- There were 1,413 presentations to emergency departments (EDs) in Victoria for injuries relating to windows during the six-year period from July 2015 to June 2021. The number of ED presentations was steady over time, declining only slightly from 255 in 2015/16 to 247 in 2020/21 [Table 1].
- Injuries from windows were common among younger people, with children aged 0-14 years accounting for 33% of injuries (n=462). Adolescents and young adults aged 15-24 years accounted for 26% of window-related injuries (n=361), and those aged 25-34 accounted for 21% (n=290) [Table 2].
- Males accounted for 68% of the ED presentation cases related to windows (n=964) [Table 3].
- The main injury type was open wounds (n=986, 70%), followed by superficial injuries (n=163, 12%) [Table 4].
- The most common body region of injury was the wrist and hand (n=583, 41%), followed by the elbow and forearm (n=302, 21%) and the head (n=163, 12%) [Table 5].
- Cutting or piercing injuries were the most common cause of window-related injuries (n=689, 49%), followed by hit, struck or crush injuries (n=358, 25%) (includes colliding with the window; note that in some cases the person punched or kicked the window). People falling against the window accounted for 16% of ED presentations (n=225) [Table 6].
- The home was the most common place of injury (n=1,034, 73%) [Table 7].
- Twenty-six percent of cases (n=367) were admitted to hospital for further treatment [Table 8].

Glass doors:

- There were 1,164 presentations to emergency departments (EDs) in Victoria for injuries relating to glass doors during the six-year period from July 2015 to June 2021. The number of ED presentations declined over time from 227 in 2015/16 to 149 in 2020/21. This represents a 34% decrease over the six-year period [Table 9].
- Injuries from glass doors were most common among children aged 0-14 years, who accounted for 37% of injuries (n=427). Injuries were also common among 15-24 year olds (n=210, 18%) [Table 10].

Victorian Injury Surveillance Unit

Monash University Accident Research Centre

Building 70, Clayton Campus,

Level 3, 21 Alliance Lane, Victoria, 3800 Australia

Tel: +61 (03) 9905 1805 **Fax:** +61 (03) 9905 1809 **Email:** visu.enquire@monash.edu

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- Males accounted for 63% of the ED presentation cases (n=730) for glass door-related injuries [Table 11].
- The main injury type was open wounds (n=717, 62%), followed by superficial injuries (n=173, 15%) [Table 12].
- The most common body region of injury was the head (n=361, 31%), followed by the wrist and hand (n=289, 25%) and the elbow and forearm (n=144, 12%) [Table 13].
- Hit, struck or crush injuries were the most common cause of glass door-related injuries (n=431, 37%) (includes colliding with the glass door, note in some cases the person punched or kicked the glass door), followed by cutting or piercing injuries (n=428, 37%). People falling against the glass door accounted for 15% of ED presentations (n=179) [Table 14].
- The home was the most common place of injury (n=806, 69%) [Table 15].
- Twenty-five percent of cases (n=286) were admitted to hospital for further treatment [Table 16].

Shower screens:

- There were 370 presentations to emergency departments (EDs) in Victoria for injuries relating to shower screens during the six-year period from July 2015 to June 2021. The number of ED presentations fluctuated over time, increasing slightly from 66 cases in 2015/16 to 68 in 2019/20, then declining to 52 cases in 2020/21 [Table 17].
- Injuries from shower screens were common among children aged 0-9 years, who accounted for 17% of injuries (n=62). They were also common among adults aged 20-34 years, who accounted for 31% of shower screen related presentations (n=116) [Table 18].
- Males accounted for 62% of the ED presentation cases related to shower screens (n=229) [Table 19].
- The main injury type was open wounds (n=225, 61%), followed by superficial injuries (n=49, 13%) [Table 20].
- The most common body region of injury was the wrist and hand (n=94, 25%), followed by the ankle and foot (n=67, 18%) [Table 21].
- Cutting or piercing injuries were the most common cause of shower screen-related injuries (n=165, 45%), followed by falling on the screen (n=90, 24%) and hit, struck or crush injuries (n=82, 22%) (includes colliding with the screen) [Table 22].
- The home was the most common place of injury (n=309, 84%) [Table 23].
- Twenty percent of cases (n=75) were admitted to hospital for further treatment [Table 24].

Source:

Victorian Emergency Minimum Dataset (VEMD): emergency department presentations, July 2015 – June 2021.

The VEMD is an ongoing surveillance dataset of injury presentations to 38 Victorian public hospital emergency departments. From 2004 all public hospitals with a 24-hour service have participated in the data collection. The VEMD data is collected in accordance with National Minimum Data Standards (NMDS) for injury surveillance. While data is *not* coded using the ICD-10-AM system, the code set is similar and comparable.

Search criteria:

Cases recorded in the VEMD were extracted using the following criteria:

- Cases were selected if the financial year of ED presentation was 2015/16 to 2020/21.
- VEMD records were extracted if the "Description of event" text variable contained the terms "glass door", "shower screen" "shower door" "shower glass" or "window" and their variations and derivatives. Cases where the injury was not due to broken glass/lacerations were excluded: for example the person hit their head and there was no broken glass, e.g. hit body part on the window sill or ledge) or a body part was trapped or jammed e.g. in a window. Cases where a person fell through an open window, or fell while climbing through an open window, were also excluded.
- Cases selected using the text variable were manually checked for relevance.
- Cases were retained if the "Human Intent" was coded to "Non-intentional harm".
- Cases were limited to incidence (excludes return visits and pre-arranged admissions).

Notes:

- Case identification is reliant on good data being provided. Data is collected in the busy emergency department, so detailed data collection is not always achieved. Hence these data may be an underestimate of the true number of cases.