ED presentations overall were 5% lower in Nov/Dec 2020 (combined) compared to Nov/Dec 2019 (combined).

Population-based ED presentation rates decreased by 7% in metro VIC and only by 3% in regional VIC, comparing Nov/Dec 2020 to Nov/Dec 2019.

Injury & poisoning-related ED presentations overall were 6% higher in Nov/Dec 2020 vs Nov/Dec 2019.

Unintentional home injuries increased from 24,004 ED presentations in Nov/Dec 2019 to 27,842 in Nov/Dec 2020 (16%).

DIY (Do-it-yourself) injury ED presentations increased by 19% from 480 cases in Nov/Dec 2019 to 573 cases in Nov/Dec 2020.

Unintentional farm injuries slightly increased from 621 ED presentations in Nov/Dec 2019 to 691 in Nov/Dec 2020. Proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness), the increase was significant.

Transport injuries increased from 4065 ED presentations in Nov/Dec 2019 to 4625 in Nov/Dec 2020 (49%).

Pedal cycle injuries increased from 1046 ED presentations in Nov/Dec 2019 to 1563 in Nov/Dec 2020 (49%). Child (<15 years) cycling injuries increased from 286 to 448 ED presentations (57%).

Self-harm injuries were not markedly different in Nov/Dec 2020 vs Nov/Dec 2019 (1469 vs 1547, respectively). Proportional to ED caseload, ED presentations for self-harm were not statistically significantly different at these timepoints.

Assault (in the home) injuries slightly increased from 363 ED presentations in Nov/Dec 2019 to 415 in Nov/Dec 2020 (14%). Proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness), the increase was significant.

Injury-related ED presentations are a subset of all injuries in Victoria. In November and December 2020, there was a small overall reduction in health service use through the ED, compared to November and December 2019. Compared to November and December 2019, the number of injury-related ED presentations in November and December 2020 are therefore likely to represent a smaller proportion of total injuries in Victoria.
BACKGROUND

In response to the global COVID-19 pandemic, Australia (including Victoria) has implemented physical distancing along with several other measures to limit transmission of the coronavirus. This monthly bulletin monitors injury rates related to the home (including DIY injuries), farm, transport, self-harm and assault during the COVID-19 pandemic. This bulletin is a special VISU initiative, in addition to the usual annual reporting; VISU intends to produce these reports throughout the duration of the pandemic. This ninth edition of the bulletin examines injury rates in Victoria during November and December 2020 (two months combined) relative to the same time last year.

November and December saw a stepwise lifting of restrictions in Victoria, beyond those already lifted in October. The patterns described in this edition of the bulletin are therefore observed in a setting of reopening. In order to provide context for this issue of the bulletin, an overview of restrictions imposed in metropolitan and regional Victoria, with key dates in chronological order, is provided in the Appendix section.

METHOD

Data used to compile this bulletin were extracted from the Victorian Emergency Minimum Dataset (VEMD), which holds deidentified clinical records of presentations at Victorian public hospitals with designated 24-hour emergency departments (EDs) (currently 38 hospitals). ED presentations from 1 March 2019 to 31 December 2020 were analysed for this bulletin. A detailed outline of the methods used for case selection are provided in the Appendix section of this report. For more information on methods used by the Victorian Injury Surveillance Unit see here and background information and pre-COVID statistics see here. Further information on geographical differences in injury ED presentations in Victoria can be found in VISU’s Hazard Edition No. 85.

KEY INJURY GROUPS

HOME  DIY  FARM  TRANSPORT  SELF-HARM  ASSAULT (home)
1. CONTEXT: OVERALL EMERGENCY DEPARTMENT PRESENTATIONS (MARCH 2019 – DECEMBER 2020)

1.1 ED HEALTH SERVICE UTILISATION BEFORE THE CORONAVIRUS PANDEMIC AND DURING NOVEMBER AND DECEMBER 2020

Emergency Department (ED) presentations in Victoria decreased from 312,502 ED presentations in November and December 2019 to 298,193 in November and December 2020: a 5% reduction. This should be seen in context of a steady growth in ED presentations (3.6% per year), which was observed in recent years in Victoria. In metropolitan Victoria, age-standardised rates were 25,466 per 100,000 population per year in November and December 2019 vs 23,771 per 100,000 population per year in November and December 2020. In regional Victoria, age-standardised rates were 34,570 per 100,000 population per year in November and December 2019 vs 33,500 per 100,000 population per year in November and December 2020. Age-standardised ED presentation rates from previous months are included in the graph below for comparison purposes.

Data selection methods are explained in the Appendix section. [Note: ED presentation numbers reflect the recently received consolidated ED data for the period July 2019 to June 2020. Therefore, ED data in previous bulletins (editions 1-6) for the months of July to August 2019 and March to June 2020 will differ slightly in comparison.]
1.2 EMERGENCY DEPARTMENT HEALTH SERVICE UTILISATION, VICTORIA, NOVEMBER AND DECEMBER 2019 COMPARED WITH NOVEMBER AND DECEMBER 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>November &amp; December 2019</th>
<th>November &amp; December 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respiratory illness or virus-related ED presentations:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral infection, unspecified</td>
<td>6447</td>
<td>3984</td>
</tr>
<tr>
<td>Upper respiratory infection, unspecified</td>
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</tr>
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<td>Pneumonia (broncho- or lobar)</td>
<td>2931</td>
<td>1595</td>
</tr>
<tr>
<td>Asthma</td>
<td>3633</td>
<td>3533</td>
</tr>
<tr>
<td><strong>Common ED presentations not related to viral or respiratory illness:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Syncope/collapse</td>
<td>3737</td>
<td>3332</td>
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<tr>
<td>Urinary tract infection</td>
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<td>12,364</td>
</tr>
<tr>
<td><strong>Potentially life-threatening presentations not related to viral or respiratory illness:</strong></td>
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</tr>
<tr>
<td>Myocardial infarction</td>
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<tr>
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<td>652</td>
</tr>
<tr>
<td>Stroke</td>
<td>1438</td>
<td>1591</td>
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<td>374</td>
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<tr>
<td>Appendicitis</td>
<td>1275</td>
<td>1293</td>
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**ED Presentations by Disease Type (ICD-10-AM) in Victoria, November & December 2019 vs November & December 2020**

Diagram showing changes in ED presentations by disease type between November & December 2019 and November & December 2020.
Asthma-related ED presentations decreased by 3% from 3633 in November and December 2019 (combined) to 3533 in November and December 2020 (combined). However, cases were up in November 2020 compared to November 2019 (2421 vs. 2070) and down in December 2020 compared to December 2019 (1112 vs. 1563). The high pollen counts and thunderstorm asthma events in November and early December 2020 could be reasons for these fluctuations.

ED presentations overall decreased by 5% from 312,502 in November and December 2019 to 298,193 in November and December 2020.

In metropolitan Victoria, age-standardised ED presentation rates decreased by 7%: 25,466 per 100,000 (Nov & Dec 2019) to 23,771 per 100,000 (Nov & Dec 2020).

In regional Victoria, age-standardised ED presentation rates decreased by 3%: 34,570 per 100,000 (Nov & Dec 2019) to 33,500 per 100,000 (Nov & Dec 2020).

In November to December 2020, ED service use for respiratory diseases overall was 32% lower compared to November to December 2019: upper respiratory infection (↑25%) and pneumonia (↓46%).

In November and December 2020, ED presentations for potentially life-threatening conditions such as myocardial infarction/heart attack and appendicitis were not statistically significantly lower than numbers in November and December 2019.

ED presentations for injury and poisoning (overall, not limited to injury in the home) were slightly higher (↑6%) in November to December 2020 compared to November to December 2019.

Reductions in injury and poisoning cases occurred in athletics & sports areas (↓26%)

Increases in injury and poisoning cases occurred in home locations (↑15%) as well as school, daycare centre and public administration areas (↑22%).
The number of ED presentations for the last two months of 2020 was only 5% lower than what was recorded for this time the previous year, suggesting that emergency services utilisation is getting back to the levels expected for the time of year (November and December).

This is also reflected in the number of ED presentations for common ailments as well as for potentially life-threatening conditions, which were both similar to the levels recorded in the same months of 2019.

Respiratory and virus-related ED presentations were still below the levels expected for the time of year (November and December), as was also reported in previous Bulletins (July to October 2020). This may be due to the physical distancing measures that are still in place, reducing transmission of common cold and flu viruses.

Further research into the effect of physical distancing on overall cold and flu transmission is required to confirm this and to determine to what extent this has affected rates of respiratory illness in Victoria.

Injury and poisoning-related ED presentations were slightly higher than the number of observed in the same period last year.

Although the number of injuries that occurred in the home was still higher than expected (as was observed during lock-down periods), injuries in schools, daycare centres and public administration areas as well as injuries that occurred in places of recreation were no longer below those recorded in the same period last year. This likely reflects increased activity related to reopening in Victoria. Safety in schools after long periods of remote learning is a potential focus area for injury prevention.
2. Unintentional Home Injury

- The total number of unintentional home injuries in Victoria overall increased in November and December 2020 compared to November and December 2019; this increase was observed in the number of ED presentations as well as in the number of cases proportional to ED caseload (only including cases that were not directly or indirectly related to viral or respiratory illness).

- Age-standardised unintentional home injury rates in metropolitan Victoria were 1849 and 2049 ED presentations annually per 100,000 population, in November to December 2019 (combined) and November to December 2020 (combined), respectively. In regional Victoria, age-standardised unintentional home injury rates were 3172 and 3875 ED presentations annually per 100,000 population, in November to December 2019 and November to December 2020, respectively.

- Both in November to December 2019 and in November to December 2020, falls were the most common cause of unintentional home injury and open wounds and fractures were the most common injury types.

- Injury-related ED presentations are a subset of all injuries in Victoria. In November and December 2020, there was an overall reduction in health service use through the ED, compared to November and December 2019. Compared to November and December 2019, the number of injury-related ED presentations in November and December 2020 are therefore likely to represent a smaller proportion of total injuries in Victoria.

### November & December 2019 vs. November & December 2020

<table>
<thead>
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<th>Triage status</th>
<th>November &amp; December 2019</th>
<th>November &amp; December 2020</th>
<th>Changes</th>
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<td>Injury cases</td>
<td>ED Presentations*</td>
<td>Ratio</td>
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<td>Non-urgent</td>
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<td>0.317</td>
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<tr>
<td>Total:</td>
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<td>130631</td>
<td>0.184</td>
</tr>
</tbody>
</table>

*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
### Unintentional Home Injury: Males

- **0-14 years**: 4404, 5232
- **15-24 years**: 1257, 1510
- **25-64 years**: 4740, 5461
- **65+ years**: 2099, 2338

### Unintentional Home Injury: Females

- **0-14 years**: 3418, 3935
- **15-24 years**: 965, 1116
- **25-64 years**: 4224, 5142
- **65+ years**: 2895, 3105

### Unintentional Home Injury: Cause Groups

**Nov+Dec 19**
- Fall: 3418
- Hit/struck/crush: 965
- Other specified unintentional: 4224
- Cutting/piercing: 2895
- Unspecified unintentional: +215
- Foreign body - natural orifice: +189
- Natural/environmental/animals: +288
- Fires/burns/scalds: +88
- Poisoning: +25
- Transport: +145
- Machinery: +41
- Total: +1419

**Nov+Dec 20**
- Fall: 3935
- Hit/struck/crush: 1116
- Other specified unintentional: 5142
- Cutting/piercing: 3105
- Unspecified unintentional: +695
- Foreign body - natural orifice: +584
- Natural/environmental/animals: +232
- Fires/burns/scalds: +197
- Poisoning: +96
- Transport: +112
- Machinery: +99
- Total: +232

### Unintentional Home Injury: Twelve Most Common Injury Types

**Nov+Dec 19**
- Open wound: 3418
- Fracture: 965
- Dislocation, sprain & strain: 4224
- Other & unspecified injury: 2895
- Superficial injury: +215
- Foreign body: +189
- Injury to muscle & tendon: +288
- Poisoning or toxic effects: +88
- Burns: +25
- Intracranial injury: +145
- Eye injury- excl foreign body: +41
- Crushing injury: +15
- Total: +1419

**Nov+Dec 20**
- Open wound: 3935
- Fracture: 1116
- Dislocation, sprain & strain: 5142
- Other & unspecified injury: 3105
- Superficial injury: +695
- Foreign body: +584
- Injury to muscle & tendon: +232
- Poisoning or toxic effects: +96
- Burns: +197
- Intracranial injury: +112
- Eye injury- excl foreign body: +99
- Crushing injury: +78
- Total: +232
2.1 DO-IT-YOURSELF (DIY) INJURY PRESENTATIONS TO THE ED

- Do-it-yourself injury case selection is based on text analysis of ED narrative information, and subject to data completeness and interpretation. Given these methodological limitations, the number of DIY injuries are likely to be underestimated by these statistics.
- The figure below lists the range of DIY injuries presenting to the ED in November and December 2020 compared with November and December 2019. There was an increase in DIY injuries presenting to the ED from 480 cases in November and December 2019 to 573 cases in November and December 2020 (19% increase).
- The most common DIY injury types in November and December 2020 were open wounds, foreign body injuries, superficial injuries, eye injuries and fractures. DIY injuries were commonly caused by powered tools such as grinders, powered saws and drills, as well as powered lawnmowers.
- The majority (63%) were males aged 25-64 years.

### Unintentional Home Injury: Eight Most Common DIY Injury Causes

![Graph showing the increase in DIY injuries from November to December 2019 to 2020](image)

**DIY case selection methods are explained in the Appendix section. Ladder falls (specifically) are not included as they were not in the top ten most common DIY injury causes.**
The total number of unintentional farm injuries in Victoria overall was marginally higher in November and December 2020 than in November and December 2019. **Proportional to ED caseload** (including only cases that were not directly or indirectly related to viral or respiratory illness), ED presentations for unintentional farm injury **increased** significantly.

Age-standardised farm injury rates in **regional Victoria** were 161 and 202 ED presentations annually per 100,000 population, in November to December 2019 and November to December 2020, respectively. **Metropolitan rates** of unintentional farm injury are not presented as these were relatively low, both in November to December 2019 and November to December 2020.

Injury-related ED presentations are a subset of all injuries in Victoria. In November to December 2020, there was an overall reduction in health service use through the ED, compared to November to December 2019. Compared to November and December 2019, the number of injury-related ED presentations in November and December 2020 are therefore likely to represent a **smaller proportion of total injuries** Victoria.

![Unintentional Farm Injury ED Presentation Rate: Regional Victoria](chart)

Rates from previous months are included in the graph for comparison purposes. Data selection methods are explained in the Appendix section.

<table>
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<tr>
<th>Triage status</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
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</thead>
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<td>15913</td>
<td>0.006</td>
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<td>+42%</td>
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<tr>
<td>Urgent</td>
<td>201</td>
<td>51218</td>
<td>0.004</td>
<td>+5%</td>
<td>+8%</td>
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<tr>
<td>Semi-urgent</td>
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<td>Non-urgent</td>
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<td>0.004</td>
<td>+33%</td>
<td>+50%</td>
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<tr>
<td>Total</td>
<td>621</td>
<td>130631</td>
<td>0.005</td>
<td>+11%</td>
<td>+20%</td>
</tr>
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</table>

*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
4. Transport Injury

- The total number of ED presentations for transport injury in Victoria overall was higher in November and December 2020 than in November and December 2019; this increase was also observed proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness issues).

- Age-standardised transport injury ED rates in metropolitan Victoria were 315 and 349 ED presentations annually per 100,000 population, in November to December 2019 and November to December 2020, respectively. In regional Victoria, age-standardised rates were 509 and 639 ED presentations annually per 100,000 population, in November to December 2019 and November to December 2020, respectively.

- In Victoria overall, ED presentations for pedal cycle injuries increased from 1046 in November and December 2019 to 1563 in November and December 2020 (49%)

- An increase in transport injuries was observed in children aged 0-14 years, from 573 ED presentations in November and December 2019 to 796 ED presentations in November and December 2020 (39%). Specifically, cycling injuries in this age group increased from 286 to 448 cases, in November and December 2019 vs November and December 2020, respectively (57%).

- Injury-related ED presentations are a subset of all injuries in Victoria. In November and December 2020, there was an overall reduction in health service use through the ED, compared to November and December 2019. Compared to November and December 2019, the number of injury-related ED presentations in November and December 2020 are therefore likely to represent a smaller proportion of total injuries Victoria.

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**Rates from previous months are included in the graph for comparison purposes. Data selection methods are explained in the Appendix section.**

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### November & December 2019 vs November & December 2020

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<tr>
<th>Triage status</th>
<th>November &amp; December 2019</th>
<th>November &amp; December 2020</th>
<th>Changes</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Injury cases</td>
<td>ED Presentations*</td>
<td>Ratio</td>
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<tr>
<td>Resuscitation</td>
<td>67</td>
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<td>Emergency</td>
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*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
5. Self-Harm Injury

- All self-harm injury presentations to the ED were included; this analysis was not limited to those that occurred in the home.

- The total number of ED presentations for self-harm injury in Victoria overall was not markedly different in November and December 2020 compared with November and December 2019. **Proportional to ED caseload** (including only cases that were not directly or indirectly related to viral or respiratory illness), ED presentations for self-harm were also similar in November and December 2020 vs November and December 2019.

- Age-standardised self-harm injury rates in metropolitan Victoria were 101 ED presentations annually per 100,000 population in November and December 2019 as well as in November and December 2020 (i.e., unchanged). In regional Victoria, age-standardised rates were 251 and 253 ED presentations annually per 100,000 population, in November and December 2019 and November and December 2020, respectively.

- At both timepoints, the most common injury type was poisoning or toxic effects.

- Injury-related ED presentations are a subset of all injuries in Victoria. In November and December 2020, there was an overall reduction in health service use through the ED, compared to November and December 2019. Compared to November and December 2019, the number of injury-related ED presentations in November and December 2020 are therefore likely to represent a smaller proportion of total injuries in Victoria.

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**Triage status**

<table>
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*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
Self-Harm Injury: Males

<table>
<thead>
<tr>
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<th>25+years</th>
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<td>Nov+Dec 19</td>
<td>217</td>
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<tr>
<td>Nov+Dec 20</td>
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<td>316</td>
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Self-Harm Injury: Females

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<tr>
<th></th>
<th>0-24 years</th>
<th>25+years</th>
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<tbody>
<tr>
<td>Nov+Dec 19</td>
<td>490</td>
<td>468</td>
</tr>
<tr>
<td>Nov+Dec 20</td>
<td>495</td>
<td>461</td>
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</table>

Self-Harm Injury: Six Most Common Injury Types

- Poisoning or toxic effects: -71
- Open wound: +22
- Superficial injury: -9
- Other & unspecified injury: +8
- Fracture: -9
- Foreign body: -25
In Victoria overall, the total number of ED presentations for assault-related injury that occurred in the home was marginally higher in November and December 2020 than in November and December 2019 (the population-based rate did not increase statistically significantly). A statistically significant increase was also observed in the number of cases proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness).

In November to December 2019 and November to December 2020, age-standardised assault (in the home) injury rates in metropolitan Victoria were 27 and 32 ED presentations annually per 100,000 population, respectively. In regional Victoria, in November to December 2019 and November to December 2020, age-standardised rates were 52 and 57 ED presentations annually per 100,000 population, respectively.

Injury-related ED presentations are a subset of all injuries in Victoria. In November and December 2020, there was an overall reduction in health service use through the ED, compared to November and December 2019. Compared to November and December 2019, the number of injury-related ED presentations in November and December 2020 are therefore likely to represent a smaller proportion of total injuries Victoria.

### Triage status

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<th>November &amp; December 2020</th>
<th>Changes</th>
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*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
**Assault-Related Home Injury: Males**

Bar chart showing ED presentations for males aged 0-24 years and 25+ years for Nov+Dec 19 and Nov+Dec 20.

- **0-24 years**:
  - Nov+Dec 19: 34
  - Nov+Dec 20: 53

- **25+ years**:
  - Nov+Dec 19: 103
  - Nov+Dec 20: 156

**Assault-Related Home Injury: Females**

Bar chart showing ED presentations for females aged 0-24 years and 25+ years for Nov+Dec 19 and Nov+Dec 20.

- **0-24 years**:
  - Nov+Dec 19: 56
  - Nov+Dec 20: 49

- **25+ years**:
  - Nov+Dec 19: 170
  - Nov+Dec 20: 157

**Assault-Related Home Injury: Six Most Common Injury Types**

Bar chart showing the ED presentations for the six most common injury types for Nov+Dec 19 and Nov+Dec 20.

- **Superficial injury**: +5
- **Other & unspecified injury**: +42
- **Open wound**: +8
- **Fracture**: -5
- **Dislocation, sprain & strain**: -7
- **Intracranial injury**: +4

**ED Presentations**
7. INJURY PREVENTION RESOURCES & SUPPORT SERVICES

7.1 INJURY PREVENTION RESOURCES

FAMILY VIOLENCE

MENTAL HEALTH AND SUICIDE PREVENTION

CHILD INJURY PREVENTION

FALLS PREVENTION

FARM SAFETY

SAFE CYCLING

7.2 SUPPORT SERVICES

MENTAL HEALTH AND SUICIDE SUPPORT
Victoria has a range of mental health support services that are available 24 hours a day, seven days a week. These services can provide treatment, information, tools and advice on how to deal with a range of mental health issues (Better Health Channel).

- Call Lifeline to anonymously and confidentially discuss any personal difficulties, including suicidal thoughts at any time. Phone 13 11 14 (24/7), Lifeline text 0477 131 114 (6pm-midnight AEST, 7 days) and online chat service https://www.lifeline.org.au/crisis-chat/ (7pm-midnight AEST, 7 days).

- Suicide Call Back Service is a confidential 24-hour crisis support line available 24 hours a day, 7 days a week. Phone 1300 659 467 (24 hours).

- SuicideLine Victoria is a free 24/7 telephone, video and online counselling service offering professional support to people at risk of suicide, people concerned about someone else’s risk of suicide, and people bereaved by suicide. Phone 1300 651 251 (24 hours).

- SANE Australia helps people affected by mental illness to lead a better life. Phone 1800 187 263 (Monday to Friday, 10am - 10pm AEST).

- Beyond Blue provides information and support to help everyone achieve their best possible mental health, whatever their age and wherever they live. Phone 1300 224 636 (24/7), chat online 3pm to 12am (AEST) 7 days a week, or online forums (24/7).
• **GriefLine** is a free national counselling and support telephone, SMS and video service, offering confidential 7 days a week phone and telehealth counselling and support to people experiencing grief, loss and/or trauma. In Victoria: **Phone 03 9935 7400 (6am – 2am, 7 days).**

• **Kids Helpline** is 24-hour service is available for young people (aged five to 25) who need advice, counselling or just someone to talk to – no problem is too big or too small. **Phone 1800 551 800 (24/7).**

• **ReachOut** is an online mental health service for young people. It provides practical support to help young people manage any issues they might face, from everyday struggles to much tougher situations.

• **Conversations Matter** is an online resource that encourages and guides the user through conducting a safe and effective discussion about suicide both in a one-on-one situation and in the community.

**FAMILY VIOLENCE SUPPORT SERVICES**

• **Safe Steps** is Victoria’s state-wide access point for those who need support or access emergency crisis accommodation. **Phone 1800 015 188 (24/7).**

• **1800RESPECT** is the national sexual assault, domestic and family violence confidential counselling service available 24 hours a day, seven days a week. **Phone 1800 737 732 (24/7),** or through [online chat service](#) (24/7).

• The **Men’s Referral Service** is a free, confidential telephone helpline that offers counselling, advice and support to men who have anger, relationship or parenting issues. The service also provides help to women (or other family members) who are experiencing violence or controlling behaviour by men. **Phone 1300 766 491 (24/7).**

• **MensLine Australia** offers telephone, online chat and video counselling for men with family and relationship concerns. **Phone 1300 789 978 (24/7).**

• **Sexual Assault Crisis Line** is a Victorian state-wide, after-hours, confidential, telephone crisis counselling service for people who have experienced both past and recent sexual assault. **Phone 1800 806 292 (24/7).**

• **WithRespect** provides resources, support and advice for LGBTIQ+ people of all ages and their families experiencing difficulty in their relationships, including family violence. Phone 1800 542 847 (9am to 5pm Monday to Friday, and after hours support until 11pm each Wednesday. 10am to 10pm on Saturday and Sundays).

• **InTouch** is a state-wide specialist family violence service that works with women from migrant and refugee backgrounds, their families and their communities in Victoria. **Phone 1800 755 988 (9am to 5pm Monday to Friday).**

• **Yarning SafeNStrong** is a free and confidential phone crisis line for Aboriginal people and families who need to have a yarn with someone about their wellbeing. **Phone 1800 959 563 (24/7).**

• **Djirra** provides both telephone and face to face legal and non-legal support to Aboriginal people who are experiencing or have experienced family violence. **Phone 1800 105 303 (Mon-Friday, 9am-5pm).**
METHODS

Data from March 2019 to December 2020 from the Victorian Emergency Minimum Dataset (VEMD), which holds deidentified clinical records of presentations at Victorian public hospitals with designated 24-hour emergency departments, were used to compile this bulletin.

The focus of this Ebulletin is on the latest available data (November and December 2020) to show the changes in injury profiles since the start of the coronavirus pandemic; data from the same two-month period last year (November and December 2019) are used for comparison.

The changes in injury-related ED presentations are calculated proportional to other ED presentations that are unlikely to be directly affected by the pandemic. This is to account for health service attendance level changes.

EMERGENCY DEPARTMENT HEALTH SERVICE UTILISATION

ED presentations overall (not limited to injury) were selected to generate statistics on health service use overall during the March 2019 to December 2020 period. Only ED presentations that were ‘emergency presentations’ were included: this excludes planned return visits, pre-arranged admissions and those who were dead on arrival. Rates per 100,000 population were calculated; the denominators used for calculating rates were 2018 – 2019 population estimates from the Australian Bureau of Statistics (ABS). Metropolitan and regional areas were determined based on Local Government Area (LGA) of the patients’ residence, and these were matched with ABS population data stratified by LGA and similarly grouped into metropolitan and regional areas. Age-standardisation of rates was carried out using 5-year age groups and the direct method. The standard population used was the Victorian resident population in 2001.

For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included.

ED presentations with a first diagnosis code in:

- Certain infectious and parasitic diseases (a00–a99; all b codes excluded)
- Neoplasms (c00–d48);
- Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (d50–d89);
- Endocrine, nutritional and metabolic diseases (e00–e89);
- Mental and behavioural disorders (f00–f99);
- Diseases of the nervous system (g00–g99);
- Diseases of the eye and adnexa (h00–h59);
- Diseases of the ear and mastoid process (h60–h95);
- Diseases of the circulatory system (i00–i99);
- Diseases of the digestive system (k00–k93);
- Diseases of the skin and subcutaneous tissue (l00–l99);
- Diseases of the musculoskeletal system and connective tissue (m00–m99);
- Diseases of the genitourinary system (n00–n99);
- Pregnancy, childbirth and the puerperium (o00–o99);
- Certain conditions originating in the perinatal period (p00–p96);
- Congenital malformations, deformations and chromosomal abnormalities (q00–q99).

INJURY CASE SELECTION

ED presentations related to injury were selected only if the first occurring diagnosis code was a community injury (i.e., an ICD-10-AM code in the range of “S00” - “T75” or “T79”); this does not include medical injuries. Episode selection was limited to incidents (i.e., excludes return visits, pre-arranged admissions). For more information on methods used by the Victorian Injury Surveillance Unit see here and background information and pre-COVID statistics see here.
Unintentional injury cases were those with a ‘Human intent’ code “1” (non-intentional harm). **Unintentional home injury** cases were unintentional injury cases with a ‘Place where injury occurred’ code “H” (Home). **Do-It-Yourself (DIY) injuries** were extracted from unintentional home injury cases if the ‘Description of injury event’ variable, which is a short narrative of the incident, mentioned terms relevant to DIY injuries. Examples of terms were those related to the use of power tools (grinders, saws, drills), lawn mowers, hand or table saws, ladders, welding equipment, nail guns or phrase indicating falls from roofs and trees. Cases with an “Activity when injured” code “W” (Working for income) were excluded. **Unintentional farm injuries** were unintentional injury cases with a ‘Place where injury occurred’ code “F” (Farm).

**Transport injury** cases were those with ‘Injury cause’ codes “1” through “8” (related to motor vehicle occupants, motor cyclists, pedal cyclists, pedestrians and other transport related circumstances), excluding “7” (Horse related (fall from, struck or bitten by)).

**Self-harm injury** cases were those with a ‘Human intent’ code “2” (intentional self-harm code for ED presentations in the 2018/19 financial year) and “18” through “20” (intentional self-harm codes for ED presentations in the 2019/20 financial year). In 2019/20, Human Intent coding was amended to distinguish *intentional self-harm with no intent to die* and *suicide attempt*. In some hospitals, this coding change led to incomplete coding of the Human Intent variable; this may have resulted in an overall underestimation of self-harm in the VEMD, starting July 2019.

**Assault injury cases** were those with ‘Human intent’ codes “12” through “17” (codes related to sexual assaults, and neglect/maltreatment/assaults, by a current or former intimate partner, other family member or other/unknown persons). Additional cases were selected if the ‘Description of injury event’ text field contained terms such as “domestic”, “home” appearing with terms such as “violence”, “hit” etc., and “assault”, “hit”, “struck”, “punch” and other similar terms appearing with terms such as “partner”, “spouse” and other terms for family members. Cases selected using text searches were manually checked for relevance. Assault cases were contained to those with a ‘Place where injury occurred’ code “H” (Home).

### KEY DATES REGARDING RESTRICTIONS IN VICTORIA*

<table>
<thead>
<tr>
<th>Starting date</th>
<th>Area affected</th>
<th>Level</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 March</td>
<td>Australia</td>
<td>Travel ban</td>
<td>A general travel ban, with limited exceptions, on non-citizens and non-residents travelling to Australia and Australians travelling overseas was introduced</td>
</tr>
<tr>
<td>22 March</td>
<td>Victoria</td>
<td>Restriction on non-essential services</td>
<td>Mandatory closure of non-essential services</td>
</tr>
<tr>
<td>23 March</td>
<td>Australia</td>
<td>Restrictions on gathering</td>
<td>Closure of places of social gathering, including registered and licensed clubs, licensed premises in hotels and bars, entertainment venues</td>
</tr>
<tr>
<td>29 March</td>
<td>Australia</td>
<td>Restrictions on gathering and movement</td>
<td>Public gatherings will be limited to two people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Four acceptable reasons for Australians to leave their houses: shopping for essentials; for medical or compassionate needs; exercise in compliance with the public gathering restriction of two people; and for work or education purposes</td>
</tr>
<tr>
<td>22 June</td>
<td>Victoria</td>
<td>Restrictions on gathering</td>
<td>Households can once again only have five visitors; and most easing of restrictions that were to take place were postponed</td>
</tr>
<tr>
<td>1 July</td>
<td>Victorian postcodes: 3012, 3021, 3032, 3038, 3042, 3046, 3047, 3055, 3060, 3064</td>
<td>Stage 3 Stay at Home restrictions</td>
<td>If you live in one of the listed suburbs, there are only 4 reasons to leave home: shopping for food and supplies; care and caregiving; exercise; study and work – if you can’t do it from home</td>
</tr>
<tr>
<td>4 July</td>
<td>A further two Victorian postcodes: 3031, 3051</td>
<td>Stage 3 Stay at Home restrictions</td>
<td>If you live in one of the listed suburbs, there are only 4 reasons to leave home: shopping for food and supplies; care and caregiving; exercise; study and work – if you can’t do it from home</td>
</tr>
<tr>
<td>8 July</td>
<td>Metropolitan Melbourne and Mitchell Shire</td>
<td>Stage 3 Stay at Home restrictions</td>
<td>If you live in the affected areas, there are only 4 reasons to leave home: shopping for food and supplies; medical care and</td>
</tr>
<tr>
<td>Starting date</td>
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</tr>
<tr>
<td>22 July</td>
<td>Metropolitan Melbourne and Mitchell Shire</td>
<td>Face covering</td>
<td>You must wear a face covering when you leave your home</td>
</tr>
<tr>
<td>30 July</td>
<td>Greater Geelong, Surf Coast, Moorabool, Golden Plains, Colac Otway, Borough of Queenscliffe</td>
<td>Restrictions on gathering</td>
<td>You will no longer be able to have visitors at home or visit other people’s homes</td>
</tr>
<tr>
<td>2 August</td>
<td>Metropolitan Melbourne and Mitchell Shire</td>
<td>Stage 4 Stay at Home restrictions</td>
<td>People residing in these areas subject to overnight curfew for 6 weeks (between 8pm-5am) and only able to leave their homes for essential work, medical care and caregiving. People only allowed to leave their homes once a day for essential supplies and food, and once for one hour of exercise, all within a 5km radius.</td>
</tr>
<tr>
<td>5 August</td>
<td>Regional Victoria</td>
<td>Stage 3 Stay at Home restrictions</td>
<td>There are only 4 reasons to leave home: shopping for food and supplies; medical care and caregiving; exercise and recreation; study and work – if you can’t do it from home</td>
</tr>
<tr>
<td>13 September</td>
<td>Metropolitan Melbourne</td>
<td>Move to First Step of reopening</td>
<td>Creation of a “bubble” for people living alone and single parents, allowing a friend/family member to visit them in their home. Exercise expanded to 2 hours per day. People can continue to exercise with one other person outside the household or those they live with. Curfew eased to 9pm-5am. Playgrounds reopen. Other Stage 4 restrictions still apply.</td>
</tr>
<tr>
<td>13 September</td>
<td>Regional Victoria</td>
<td>Move to Second Step of reopening</td>
<td>People living alone and single parents will be able to have a bubble. Up to five people will be able to gather together in outdoor public places (park, beach) up to a maximum of two households. Outdoor pools and playgrounds will open; religious services can be conducted outside with a maximum of five people, plus a faith leader.</td>
</tr>
<tr>
<td>16 September</td>
<td>Regional Victoria</td>
<td>Move to Third Step of reopening</td>
<td>There are no restrictions on the reasons you can leave home There are no restrictions on how far you can travel within regional Victoria If you can work from home you must work from home You must wear a fitted face mask when you leave home Creation of “household bubbles” – one household can choose another household to be in a bubble, with visits between homes allowed, with up to a total of five visitors. People can gather in groups of ten in outdoor public spaces, without a limit on the number of households. Outdoor contact and non-contact sport will begin for regional Victorians aged 18 and under, as well as outdoor non-contact sport for adults. The numbers for weddings and funerals will increase, and religious gatherings can take place outdoors with up to 10 people. Hospitality businesses will be able to serve patrons outdoors, with a cap of 50 seated patrons. Indoor venues can open with a cap of 10 seated customers per space.</td>
</tr>
<tr>
<td>28 September</td>
<td>Metropolitan Melbourne</td>
<td>Moved to Second Step restrictions</td>
<td>Primary school students, Year 7, VCE and VCAL, students attending specialist schools will return to face-to-face learning.</td>
</tr>
<tr>
<td>12 October</td>
<td>Metropolitan Melbourne</td>
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<tr>
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<tr>
<td>12 October</td>
<td>Regional Victoria</td>
<td></td>
<td>Students in regional Victoria return to face-to-face learning in a staggered approach, depending on their year level and local circumstances.</td>
</tr>
<tr>
<td>18 October</td>
<td>Metropolitan Melbourne</td>
<td>Remains in Second Step restrictions with some restrictions easing</td>
<td>You can travel up 25km from your home or permitted workplace within metropolitan Melbourne. Travel to regional Victoria for exercise or recreation is not permitted. People can leave home for any period of time to exercise or to see friends/family outdoors. You can meet in a group of up to 10 people from a maximum of 2 households outdoors to socialise. More people who work outdoors will be able to return to work; hairdressers and barbers can resume work, allied health providers can deliver routine care, maximum of 30 people allowed to use outdoor swimming pools for exercise.</td>
</tr>
<tr>
<td>18 October</td>
<td>Regional Victoria</td>
<td>Remains in Third Step restrictions with some restrictions easing</td>
<td>You can have up to two people visit you at home each day from different households. The limits of people in restaurants an cafes increases. You can have up to 70 people outdoors and up to 10 people per indoor space with a maximum of 40 people per venue indoors.</td>
</tr>
<tr>
<td>26 October</td>
<td>Metropolitan Melbourne</td>
<td></td>
<td>Year 8-10 students will resume face-to-face learning.</td>
</tr>
<tr>
<td>27 October</td>
<td>Regional Victoria</td>
<td>Remains in Third Step restrictions with further easing of restrictions</td>
<td>Indoor gyms and fitness spaces will be allowed to open for up to 20 people, indoor pools will open to 20, indoor sport will begin for those 18 and under. Food courts can open, live music can resume for outdoor hospitality venues, and religious celebrations can be conducted with 20 people indoors or 50 outdoors.</td>
</tr>
<tr>
<td>8 November</td>
<td>Victoria</td>
<td>Third Step of roadmap for reopening</td>
<td>The 25 km limit between Melbourne and regional Victoria will no longer be in place. Continue to work from home if you can. Continue to wear face masks in public at all times. [See full list of changes here: <a href="https://www.premier.vic.gov.au/sites/default/files/2020-11/201108%20-%20Third%20Steps.pdf">https://www.premier.vic.gov.au/sites/default/files/2020-11/201108%20-%20Third%20Steps.pdf</a>]</td>
</tr>
<tr>
<td>6 December</td>
<td>Victoria - Statewide</td>
<td>COVIDSafe Summer</td>
<td>Workplaces currently working from home (such as offices in the CBD) can return for up to 25 per cent of their workforce per site. Standard workplace requirements, including density limits, continue to apply. Businesses with fewer than 40 staff can have 10 staff on-site subject to density quotients. The Victorian Public Service will remain under the setting – if you can work from home, you must work from home. Under these new arrangements, face coverings are mandatory indoors, unless an exemption applies. This includes settings such as public transport, including when waiting at stations, ride shares, hospitals, care facilities and shopping. Face masks are not required outdoors except where physical distancing cannot be maintained, such as farmers’ markets and other outdoor retail. People are required to carry face masks at all times. [See full list of changes here: <a href="https://www.premier.vic.gov.au/sites/default/files/2020-12/201206%20-%20COVIDSafe%20Summer%20-%20How%20we%20live.pdf">https://www.premier.vic.gov.au/sites/default/files/2020-12/201206%20-%20COVIDSafe%20Summer%20-%20How%20we%20live.pdf</a> &amp; here: <a href="https://www.premier.vic.gov.au/sites/default/files/2020-12/201206%20-%20COVIDSafe%20Summer%20-%20How%20we%20work.pdf">https://www.premier.vic.gov.au/sites/default/files/2020-12/201206%20-%20COVIDSafe%20Summer%20-%20How%20we%20work.pdf</a>]</td>
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</table>
| 31 December  | Victoria - Statewide | New temporary restrictions | In response to this serious and evolving situation of new cases appearing in Victoria, new Statewide restrictions come into effect from 5pm today.  
The limit on the number of people gathering in the home will be reduced from 30 to 15, meaning the household members plus 15 visitors (excluding children under 12 months of age).  
Masks will be mandatory in public indoor spaces. If you have visitors in your home, it is strongly recommended that masks are worn during the visit. Masks must be worn in indoor public spaces apart from when eating or drinking. If you are planning to leave your home – take a mask. |

*For more details visit:

COVID-19 Monthly Bulletins are prepared by the team at VISU

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