ED presentations overall were 18% lower in June 2020 compared to June 2019.

Injury and poisoning-related ED presentations overall were 12% lower in June 2020 compared to June 2019.

Large ED reductions noted for injuries in:
1. Athletics & sports areas (↓85%)
2. Places for recreation (↓31%)

Farm injury ED presentations increased in June 2020 (n=292) compared to June 2019 (n=224), as well as injuries proportional to ED caseload.

DIY (Do-it-yourself) ED presentations increased in June 2020 (n=291) compared to June 2019 (n=199); 61% were males aged 25-64 years.

Home injury ED presentations increased: June 2020 (n=11,502) vs June 2019 (n=9875); proportional to ED caseload, unintentional home injury ED presentations went up by 38% in June 2020.

Transport injury ED presentations increased: June 2020 (n=1794) vs June 2019 (n=1594); proportional to ED caseload, transport injuries went up by 33%.

Cycling ED presentations increased: June 2020 (n=567) vs June 2019 (n=289). Child (under 15 years) cycling injuries increased: 50 cases (June 2019) to 154 (June 2020).

Self-harm injury ED presentations were similar: June 2020 (n=739) vs June 2019 (n=722); proportional to caseload, self-harm injury increased by 21%.

Common cause: poisoning, toxic effects.

Assault injury (in the home) ED presentations increased in June 2020 (n=197) vs June 2019 (n=123); proportional to ED caseload, home assault injury increased by 90%.

Given the overall reduction in health service use through the ED in June 2020 compared to June 2019, the number of injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.
BACKGROUND

In response to the global COVID-19 pandemic, Australia, including Victoria, has implemented physical distancing 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 fourth edition of the bulletin examines rates in Victoria during June 2020 relative to the same time last year.

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 30 June 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.

KEY INJURY GROUPS

HOME  DIY  FARM  TRANSPORT  SELF-HARM  ASSAULT (home)
ED HEALTH SERVICE UTILISATION BEFORE THE CORONAVIRUS PANDEMIC AND DURING THE FOURTH MONTH OF RESTRICTIONS

ED presentations in Victoria decreased from 154,907 ED presentations in June 2019 to 127,679 in June 2020: an 18% 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. Age standardised rates were 27,682 per 100,000 population per year in June 2019 vs 22,645 per 100,000 population per year in June 2020. Rates from previous months are included in the graph below for comparison purposes.

![Graph showing ED Presentations by Triage Status in Victoria, March to June 2019 and March to June 2020](image)

Data selection methods are explained in the Appendix section.

EMERGENCY DEPARTMENT HEALTH SERVICE UTILISATION, VICTORIA, JUNE 2019 COMPARED WITH JUNE 2020

Respiratory illness or virus-related ED presentations:

- **Viral infection, unspecified**: 6,006 vs 2,643 (June 2019 vs June 2020)
- **Upper respiratory infection, unspecified**: 2,132 vs 885 (June 2019 vs June 2020)
- **Pneumonia (broncho- or lobar)**: 1,437 vs 718 (June 2019 vs June 2020)
- **Asthma**: 1,771 vs 916 (June 2019 vs June 2020)
Common ED presentations not related to viral or respiratory illness

- **Syncope/collapse**: 1,787 vs 1,465 (June 2019 vs June 2020)
- **Urinary tract infection**: 1,676 vs 1,482 (June 2019 vs June 2020)
- **Abdominal pain, unspecified**: 6,184 vs 6,194 (June 2019 vs June 2020)

Potentially life-threatening presentations not related to viral or respiratory illness

- **Myocardial infarction**: 595 vs 601 (June 2019 vs June 2020)
- **Angina pectoris**: 376 vs 361 (June 2019 vs June 2020)
- **Stroke**: 724 vs 736 (June 2019 vs June 2020)
- **Pulmonary embolism**: 216 vs 206 (June 2019 vs June 2020)
- **Appendicitis**: 565 vs 625 (June 2019 vs June 2020)

1 Not statistically significantly different
SUMMARY: EMERGENCY DEPARTMENT HEALTH SERVICE USE FINDINGS (VIC)

ED presentations overall decreased by 18% from 154,907 in June 2019 to 127,679 in June 2020.

In June 2020, ED service use for respiratory diseases overall was 59% lower compared to June 2019: upper respiratory infection (↓58%), asthma (↓48%) and pneumonia (↓50%).

In June 2020, ED presentations for potentially life-threatening conditions such as myocardial infarction/heart attack, stroke and appendicitis were not statistically significantly different to June 2019.

ED presentations for injury & poisoning was 12% lower in June 2020 compared to June 2019.

Major reductions in injury & poisoning cases occurred in:
- Athletics & sports areas (↓85%)
- Places for recreation (↓31%)

Increases in injury and poisoning cases occurred in:
- Home locations (↑17%)
- Farm locations (↑28%)
THIS SUGGESTS THAT IN JUNE 2020:

The reduction in ED presentations potentially indicates missed opportunities for early treatment and intervention.

Physical distancing measures may have reduced transmission of the common cold and flu virus; whether this is the case, and to what extent this has affected rates of respiratory illness in Victoria, needs further investigation.

Non-urgent health issues may have been presented to the GP or Nurse on Call instead of the ED; this needs to be investigated further to identify potential gaps in service utilisation during the pandemic.

Differences in exposure in June 2020 compared to this period in 2019, in particular more time spent at home and less time spent in school and sporting areas, has had a pronounced effect on the profile of injuries presented to the ED.
The total number of unintentional home injuries increased in June 2020 compared to June 2019; this increase was observed both in the number of ED presentations as well as in the number of cases proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness).

Both in June 2019 and in June 2020, falls were the most common cause of unintentional home injury.

Open wounds and fractures were the most common injury types, both in June 2019 and June 2020.

Given the overall reduction in health service utilisation through the ED (for non-viral or respiratory illness issues) in June 2020 vs June 2019, the number of home injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.

Rates from previous months are included in the graph for comparison purposes. Data selection methods are explained in the Appendix section.
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 quality. 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 June 2020 compared with June 2019. There was an increase in DIY injuries presenting to the ED from 199 cases in June 2019 to 291 cases in June 2020 (46% increase).
- The most common DIY injury types in June 2020 were open wounds, foreign body injuries, superficial injuries, eye injuries and fractures.
- The majority (61%) were males aged 25-64 years.

![Bar chart showing the ten most common DIY injury causes in June 2019 and June 2020]

*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 was higher in June 2020 than in June 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.

The numbers of farm injuries increased in all triage groups. The greatest increase was observed in males aged 25-64 years (from 76 cases in June 2019 to 116 cases in June 2020; a 53% increase).

Given the overall **reduction in health service utilisation** through the ED (for non-viral or respiratory illness issues) in June 2020 vs June 2019, the number of farm injuries presented in this bulletin are likely to **represent a smaller proportion** of total injuries than in the previous year.

### ED Presentations by Triage Status for Farm Injury in Victoria, March to June 2019 and March to June 2020

<table>
<thead>
<tr>
<th>Triage status</th>
<th>June 2019</th>
<th>June 2020</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Injury cases</td>
<td>ED Presentations</td>
<td>Ratio</td>
<td>Injury cases</td>
</tr>
<tr>
<td>Resuscitation, Emergency</td>
<td>34</td>
<td>7188</td>
<td>0.005</td>
<td>41</td>
</tr>
<tr>
<td>Urgent</td>
<td>64</td>
<td>23858</td>
<td>0.003</td>
<td>90</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>109</td>
<td>25823</td>
<td>0.004</td>
<td>132</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>17</td>
<td>4494</td>
<td>0.004</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>224</td>
<td>61363</td>
<td>0.004</td>
<td>292</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).
Transport Injury

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

- The increase in transport injuries in June 2020 compared to June 2019 was mainly driven by an increase in cycling injuries (+278 cases, +96%) and motorcycle injuries (+89 cases, +25%) while motor vehicle injuries decreased (-144 cases, -19%).

- The most pronounced proportional increase in transport injuries was observed in children aged 0-14 years, with an increase from 149 cases in June 2019 to 277 cases in June 2020 (+86%). This increase was mostly due to an increase in pedal cyclist injuries in this age group (from 50/149 to 154/277, respectively).

- Given the overall reduction in health service utilisation through the ED (for non-viral or respiratory illness issues) in June 2020 vs June 2019, the number of transport injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.

<table>
<thead>
<tr>
<th>Triage status</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation</td>
<td>28</td>
<td>392</td>
<td>0.071</td>
<td>30</td>
<td>374</td>
<td>0.080</td>
<td>+7%</td>
<td>+12%</td>
</tr>
<tr>
<td>Emergency</td>
<td>431</td>
<td>6796</td>
<td>0.063</td>
<td>451</td>
<td>6570</td>
<td>0.069</td>
<td>+5%</td>
<td>+8%</td>
</tr>
<tr>
<td>Urgent</td>
<td>694</td>
<td>23858</td>
<td>0.029</td>
<td>715</td>
<td>21749</td>
<td>0.033</td>
<td>+3%</td>
<td>+13%</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>390</td>
<td>25823</td>
<td>0.015</td>
<td>533</td>
<td>19820</td>
<td>0.027</td>
<td>+37%</td>
<td>+78%</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>51</td>
<td>4494</td>
<td>0.011</td>
<td>65</td>
<td>3222</td>
<td>0.020</td>
<td>+27%</td>
<td>+78%</td>
</tr>
<tr>
<td>Total</td>
<td>1594</td>
<td>61363</td>
<td>0.026</td>
<td>1794</td>
<td>51735</td>
<td>0.035</td>
<td>+13%</td>
<td>+33%</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).
• 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 was similar in June 2020 compared with June 2019; however, proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness), ED presentations for self-harm increased.

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

• Given the overall reduction in health service utilisation through the ED (for non-viral or respiratory illness issues) in June 2020 vs June 2019, the number of self-harm injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.

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

### June 2019 vs June 2020

<table>
<thead>
<tr>
<th>Triage status</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation</td>
<td>29</td>
<td>392</td>
<td>0.074</td>
<td>43</td>
<td>374</td>
<td>0.115</td>
<td>+48%</td>
<td>+55%</td>
</tr>
<tr>
<td>Emergency</td>
<td>181</td>
<td>6796</td>
<td>0.027</td>
<td>210</td>
<td>6570</td>
<td>0.032</td>
<td>+16%</td>
<td>+20%</td>
</tr>
<tr>
<td>Urgent</td>
<td>360</td>
<td>23858</td>
<td>0.015</td>
<td>357</td>
<td>21749</td>
<td>0.016</td>
<td>-1%</td>
<td>+9%</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>140</td>
<td>25823</td>
<td>0.005</td>
<td>116</td>
<td>19820</td>
<td>0.006</td>
<td>-17%</td>
<td>+8%</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>12</td>
<td>4494</td>
<td>0.003</td>
<td>13</td>
<td>3222</td>
<td>0.004</td>
<td>+8%</td>
<td>+51%</td>
</tr>
<tr>
<td>Total</td>
<td>722</td>
<td>61363</td>
<td>0.012</td>
<td>739</td>
<td>51735</td>
<td>0.014</td>
<td>+2%</td>
<td>+21%</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).
The total number of ED presentations for assault-related injury that occurred in the home was higher in June 2020 than in June 2019; this 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). Compared with previous months, the increase in June 2020 is particularly pronounced.

The increase from June 2019 to June 2020 was observed among males and females, in both age groups (0-24 years; 25+ years); the number of cases increased the most among women aged 25+ years (from 43 cases in June 2019 to 79 cases in June 2020, +84%).

Given the overall reduction in health service utilisation through the ED (for non-viral or respiratory illness issues) in June 2020 vs June 2019, the number of assault-related home injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.

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

### ED Presentations by Triage Status for Assault-Related Home Injury in Victoria, March to June 2019 and March to June 2020

<table>
<thead>
<tr>
<th>Triage status</th>
<th>June 2019</th>
<th>June 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Injury cases</td>
<td>ED Presentations*</td>
</tr>
<tr>
<td>Resuscitation/Emergency</td>
<td>16</td>
<td>7188</td>
</tr>
<tr>
<td>Urgent</td>
<td>47</td>
<td>23858</td>
</tr>
<tr>
<td>Semi-urgent, non-urgent</td>
<td>60</td>
<td>30317</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>61363</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).
**Assault-Related Home Injury: Males**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Jun-19</th>
<th>Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24 years</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>25+ years</td>
<td>60</td>
<td>68</td>
</tr>
</tbody>
</table>

**Assault-Related Home Injury: Females**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Jun-19</th>
<th>Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24 years</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>25+ years</td>
<td>43</td>
<td>79</td>
</tr>
</tbody>
</table>

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

- Other & unspecified injury: +34
- Superficial injury: +23
- Fracture: +2
- Open wound: +1
INJURY PREVENTION RESOURCES & SUPPORT SERVICES

INJURY PREVENTION RESOURCES

FAMILY VIOLENCE

MENTAL HEALTH AND SUICIDE PREVENTION

CHILD INJURY PREVENTION

FALLS PREVENTION

FARM SAFETY

SAFE CYCLING

ADDITIONAL 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 LGBTQ+ 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 June 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 (June 2020) to show the changes in injury profiles since the coronavirus pandemic; data from the same month last year (June 2019) are used as 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 June 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 September 2019 population estimates from the Australian Bureau of Statistics.

For comparisons between June 2019 and June 2020, September 2018 and September 2019 population data were used, respectively, as these were the most recent available data with 12 months in between. 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 at 30 June, 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 injuries** 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).

**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).

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Web: www.monash.edu/muarc/visu

The Victorian Injury Surveillance Unit (VISU) is a unit within the Monash University Accident Research Centre (MUARC). VISU is supported by the Victorian Government.