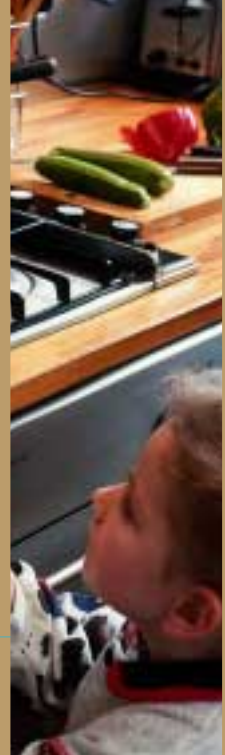
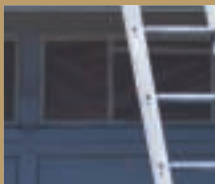


64,000  
garden injuries

27,000 fell  
off ladders



102,000  
burnt in the house

## Home and leisure accident report

Summary of 1998 data

**dti**

Department of Trade and Industry

## Welcome

Welcome to the summary of the *22nd Annual Report* of the Home Accident Surveillance System (HASS) and the Leisure Accident Surveillance System (LASS). The pages that follow include statistics for accidents that have happened in the home and at leisure in the UK during 1998.

The data in this report summarise the information recorded at accident and emergency (A & E) units at a sample of hospitals across the UK. It also includes death statistics produced by the Office for National Statistics (ONS) for England and Wales. The data is extremely valuable for tracking progress and pinpointing new problem areas, and shapes a great deal of the work carried out by my department and many others.

Yet no matter how valuable the data, we must never forget that it relates to real people who have suffered personal distress and discomfort. It only exists because someone somewhere has had to go to hospital following an accident at home or at leisure.

We estimate that during 1998, 1.08 million people attended A & E units as a result of a fall in the home, a slight drop in the 1997 figure of 1.16 million. Thankfully, many of these accidents resulted only in short-term discomfort. But for others, especially older people, a fall can result in a lengthy stay in hospital or even death. I sincerely hope that the slight reduction in falls we have seen this year marks the beginning of a decline in this kind of accident, helped by DTI campaigns to reduce falls from ladders plus a recently launched campaign aimed at older people, called 'Slips, trips and broken hips'.

People have accidents doing everyday activities such as walking, running, eating or working in the garden. When we look at each individual case we can see that the accidents could often have been prevented through different behaviour, by being more vigilant when looking after the more vulnerable members of society such as children, or by working harder to raise safety standards in products.

Home and leisure accident statistics need to be produced with speed and accuracy and I want to pay tribute to the clerks and hospitals for their tireless efforts collecting the data. It also explains why we are investing a great deal of time and energy in making the HASS database a faster, more flexible and higher quality system which, I believe, will play a key role in reducing accidents in the future.



Dr Kim Howells MP  
Minister for Consumers and Corporate Affairs



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## Introduction

This is a summary report of data for 1998 gathered as part of HASS and LASS. HASS and LASS are databases that contain information on non-fatal accidents that have occurred in the home or at leisure since the beginning of 1978.

The data is obtained by questionnaire and/or medical records in 18 selected co-operating hospital A & E departments. The selection of hospitals gives a balanced representative sample of the overall national situation, which allows analyses at this level to be made with appropriate statistical confidence.

The primary aim of the system is to provide information that supports the prevention of injuries sustained in avoidable accidents in the home or in leisure pursuits. The data helps by:

- showing the nature and size of problem areas
- allowing trends to be monitored
- highlighting where in-depth research is needed
- measuring the success of initiatives to solve identified problems.

The data is also useful for:

- producing consumer awareness publicity materials
- promoting awareness by businesses of problem areas
- ensuring the media are kept up-to-date.

The HASS/LASS databases contain over 6.5 million records of accidents and each record has over 50 pieces of information about the victims and the nature of the accident. A year's such data (about 300,000 records) is presented in the *22nd Annual Report*, which is fairly detailed, complex and targeted at the specialist user.

This summary report aims to give key facts from the 1998 data reported as national figures (the data collected in the 18 hospitals multiplied to represent the number of cases that would be expected if data were collected from all hospitals in the UK). The reader should note that all figures except those for death are necessarily approximations.

What we have also done in this report is to examine in depth five key reasons why people attend A & E (for example, because they fall). We have then looked at who suffers these accidents in terms of age and gender, what 'articles' (ie moving or stationary objects, persons, animals or substances) affect these accidents, and the severity of these accidents in terms of how long people have to stay in hospital. We have also given descriptions of typical accidents.

## Key facts

### Accidental death

Statistics for accidental deaths in the home are given on pages 5–7. During 1998:

- 3,946 people died as a result of an accident in the home
- 400 of these people were aged under 25.

Page 7 also gives the main causes of accidental death:

- 1,650 people died as a result of a fall
- 649 people were accidentally poisoned by drugs
- 356 people drowned, suffocated or choked on foreign bodies
- 340 people died in a fire or as a result of a burn.



In 1998 a total of 1,348 females over the age of 65 suffered a burn injury whilst cooking in the home

### Non-fatal accidents

#### ***The cost to society of UK home accidents***

The cost to society of UK home accidents injuries has been estimated at £25,000 million annually (Transport Research Laboratory, Report 225, *Valuation of home accidents: a comparative review of home and road accidents* (1996)).

#### ***Key reasons why people attended A & E in 1998:***

- Approximately 1.08 million people attended A & E as a result of a fall in the home
- 650,000 people attended A & E after being struck by or colliding with a person or object in the home
- 102,000 people attended A & E because they were burnt in an accident in the home
- 41,000 people were poisoned and 14,000 suffered a non-fatal choking in the home.

### ***What people were doing when they had an accident at home:***

People have accidents when involved in commonplace activities. For example:

- An estimated 439,000 people attended A & E after having an accident while walking or simply moving through their house or garden
- 97,000 people had an accident doing DIY such as electrical repairs, decorating, maintenance or carpentry.
- 96,000 people attended A & E after an accident occurred while they were sleeping, relaxing, sitting or lying down
- 64,000 people had an accident while working in the garden digging, mowing, clearing or watering
- 42,000 people suffered an accident while eating or drinking at home

### ***What are the major sporting accidents?***

In 1998 there were over 850,000 sporting accidents. For example:

- Football accidents account for 408,000 people attending A & E
- 78,000 people had an accident playing rugby
- 31,000 people had an accident whilst rollerskating, roller-blading or skateboarding
- 22,000 people had an accident playing cricket
- 18,000 people had an accident ice-skating
- 16,000 people had a swimming accident
- 15,000 had an accident playing hockey
- 9,000 people had an accident playing squash
- 6,000 people had an accident playing tennis.



In 1998 a total of 527 males between the ages of 30–34 years old were injured whilst using a drill in the home



***What injuries did people suffer as a result of their accident?***

The extent and severity of many of these accidents can be seen by examining the injuries suffered. For example:

- 836,000 people attending A & E had an open wound
- 402,000 people injured bones, suffering breaks or fractures
- 81,000 people were either knocked unconscious or suffered concussion
- 237,000 people injured a joint or a tendon
- 100,000 people had no diagnosed injury at all.

**Note:** Many of the above pieces of information can be combined to produce statistics. For example, we could give data on the number of men under 25 who break a leg after falling off a ladder while doing DIY. Further information can be obtained from the annual report itself in the form of detailed tables. The HASS team at DTI will be pleased to answer enquiries on accident statistics, and can provide tailor-made analyses including tables and/or anonymous case studies.

***For more details contact:***

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Bay 435-437  
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London SW1H 0ET  
Tel: 020 7215 2114



In 1998 1,680 children were burnt by an iron whilst playing in the home

## Accidental deaths

The HASS/LASS database includes records of a small number of fatal accidents. However, because relatively few deaths occur during or after treatment in A & E units, these cases are not included in this report.

The ONS collates coroners' returns on fatal accidents in England and Wales. In addition, the DTI set up the Home Accident Deaths Database (HADD) in 1982 to discover the part played by consumer goods in fatal accidents; as a result, ONS (or OPCS, as it was in 1982) forms were re-coded.

You can search for information on the HADD database in the same way as on the HASS/LASS databases.

HADD data is currently only available up to 1995 and is only for England and Wales. We hope soon to have data for the most recent years and for the whole of the UK.

The following uses data from the ONS for 1997 and 1998:

### Deaths from non-transport accidents that occurred in the home, England and Wales, 1997 and 1998

Deaths 1997				Deaths 1998			
Age	Males	Females	Total	Age	Males	Females	Total
0-4	51	26	77	0-4	47	29	76
5-9	5	6	11	5-9	9	7	16
10-14	24	7	31	10-14	18	5	23
15-19	72	27	99	15-19	78	34	112
20-24	167	31	198	20-24	138	35	173
25-29	156	41	197	25-29	192	42	234
30-34	174	49	223	30-34	220	65	285
35-39	167	72	239	35-39	167	68	235
40-44	159	76	235	40-44	143	80	223
45-49	152	77	229	45-49	153	78	231
50-54	128	73	201	50-54	141	83	224
55-59	118	86	204	55-59	96	51	147
60-64	90	75	165	60-64	115	58	173
65-69	113	86	199	65-69	124	85	209
70-74	134	139	273	70-74	140	102	242
75-79	170	198	368	75-79	157	156	313
80-84	186	268	454	80-84	163	204	367
85+	196	483	679	85+	212	451	663
<b>Total</b>	<b>2,262</b>	<b>1,820</b>	<b>4,082</b>	<b>Total</b>	<b>2,313</b>	<b>1,633</b>	<b>3,946</b>

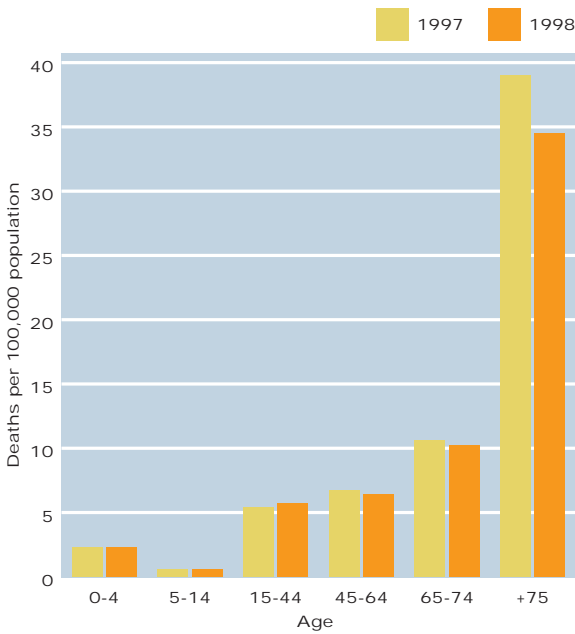


Over the past two years deaths from accidents in the home in England and Wales have continued to fall, with 4,082 in 1997 and 3,946 in 1998.

Figure 1 puts the figures on page 4 into the context of 'risk' and shows the information in terms of accidental deaths per 100,000 people in wider age bands.

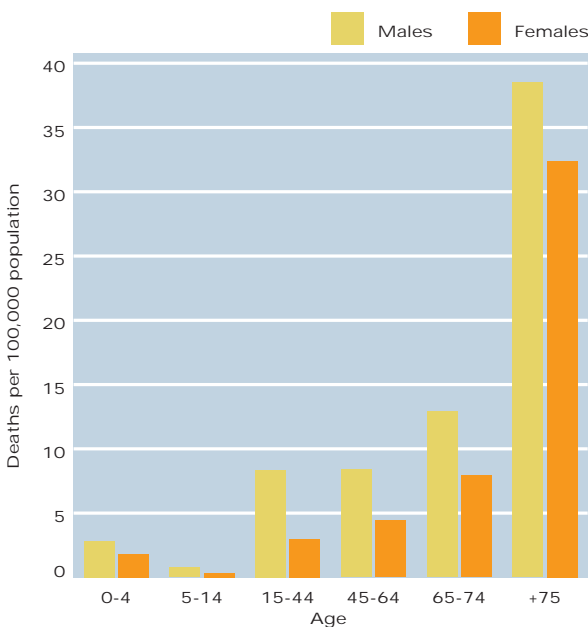
Figure 2 shows gender differences in this risk context for deaths for 1998.

**Figure 1: Accidental death rates by age, 1997 and 1998**



**Fact:**  
Generally, risk increases with age. But the first five years of life are riskier than the next ten.

**Figure 2: Gender differences in accidental death rates by age - 1998**

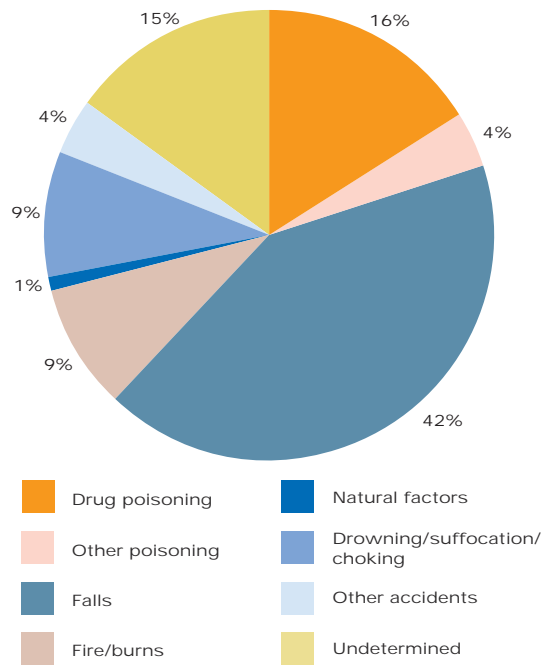


**Fact:**  
Males are more at risk of having a fatal accident at all ages.

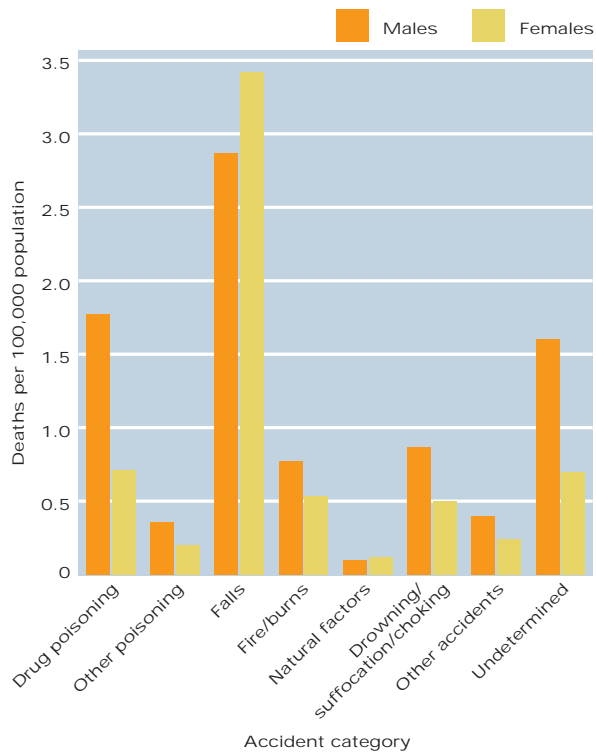
Figure 3 shows deaths by major accident category, e.g. falls account for 42% of deaths.

Gender differences are shown in Figure 4 – males are more at risk in all categories except falls.

**Figure 3: Accidental deaths by accident category - 1998**



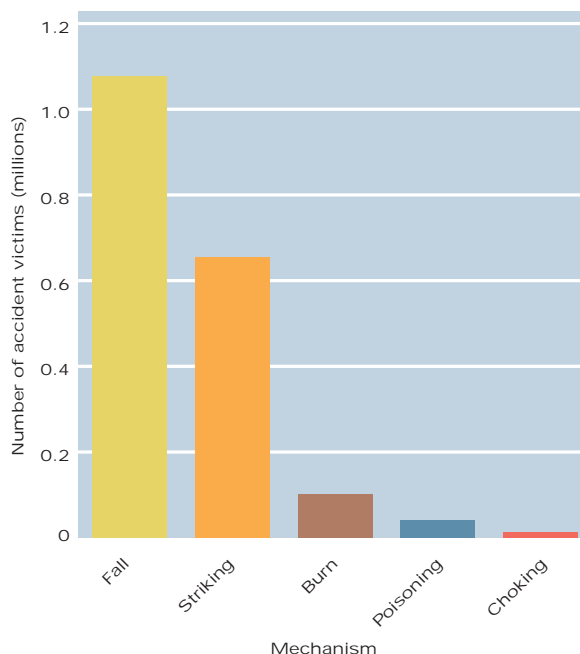
**Figure 4: Gender differences in death rates by accident category - 1998**



## Analysis of home accidents

Figure 5 shows the five key reasons why people attend A & E units. Those attendances for home accidents result from either falls, strikings, burns, poisonings or chokings.

Figure 5: Five main injury mechanisms



### Falls

Figures 6–9 demonstrate that:

- The number of people attending A & E units after falls has fluctuated over the past 10 years
- Most falls involve young children and older people
- Most of the older people who fall are women. Part of the explanation for this is that there are more older women than older men in the population
- The main articles involved in falls are: fixed stairs or steps (the major element) followed by floors and carpets or underlay.
- It is mainly older people who stay in hospital for over five days following a fall.

Figure 6: Number of people attending A & E after falling

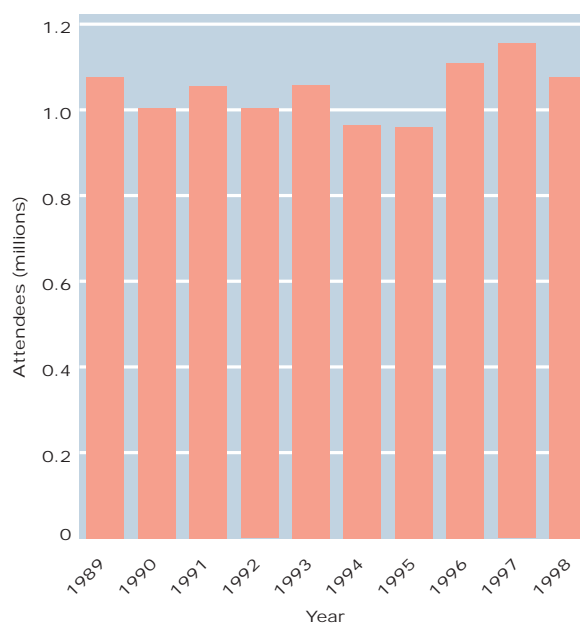


Figure 7: Number of fall victims by age and sex

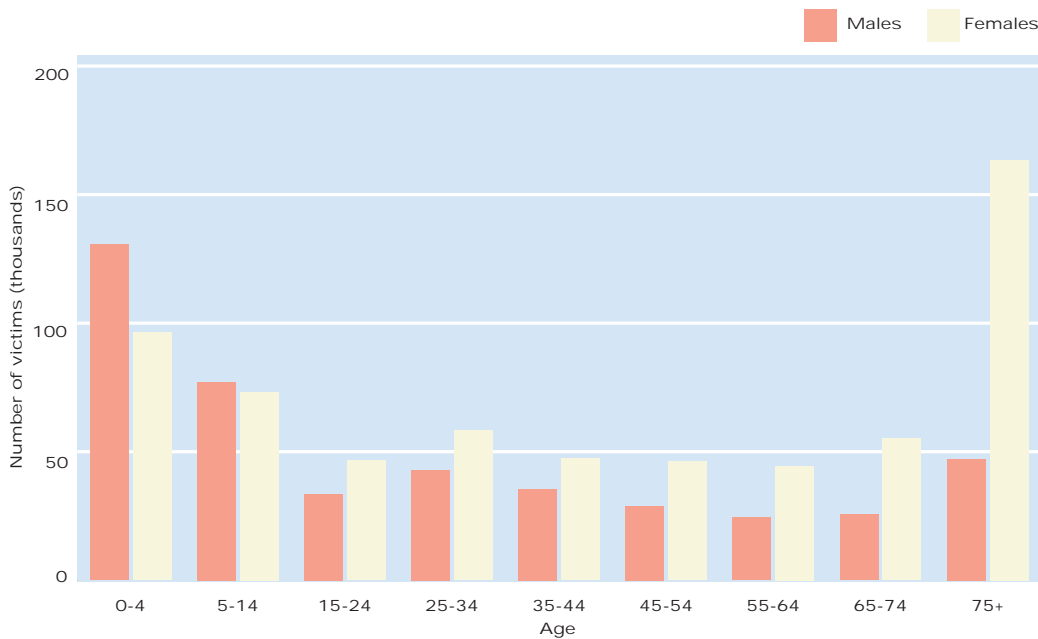
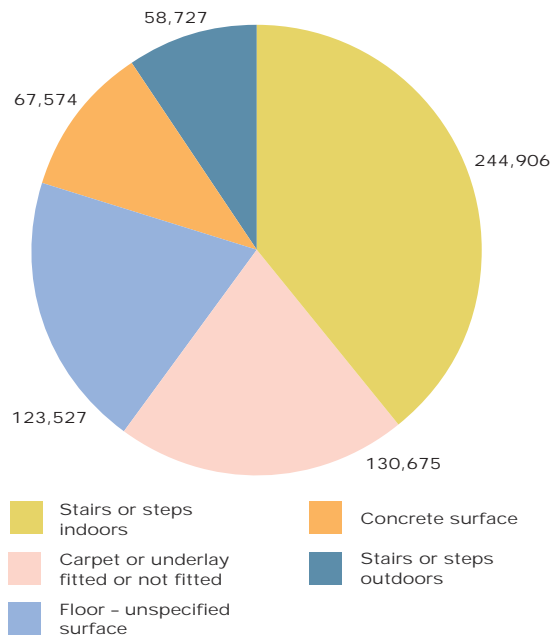


Figure 8: Number of cases including the top five articles involved in fall accidents



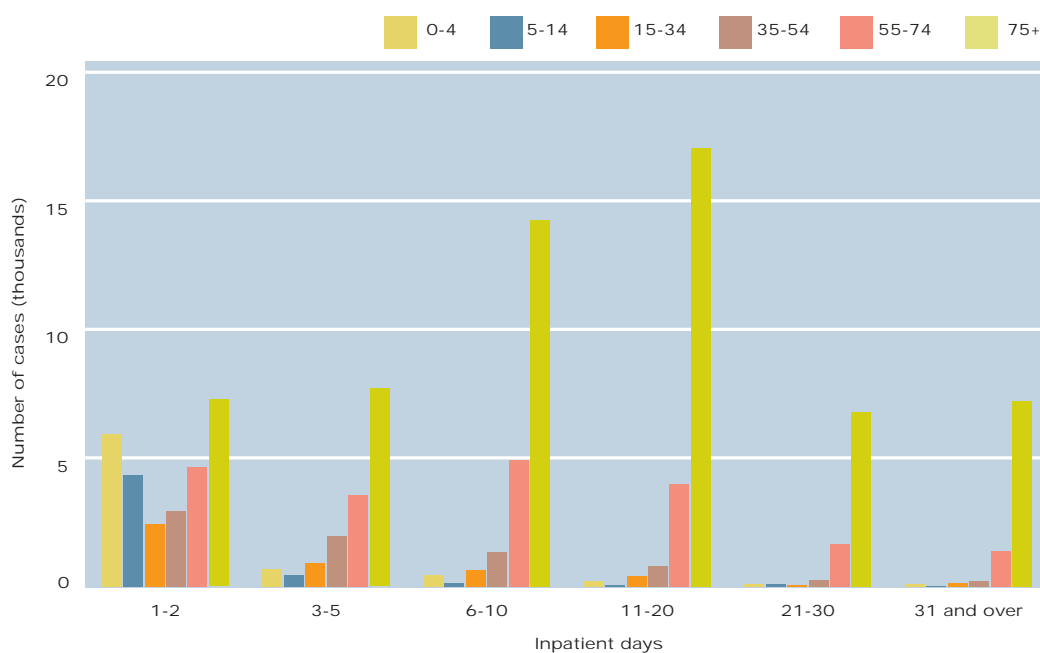
**Fall case study: Grandma**

The following is an example of a typical case that is included in the above data as ‘Fall in the home on stairs or steps for female over 75 with inpatient stay of 21-30 days’:

Ninety-year-old Mrs J is a little frail. She lives alone in a small house with two floors and normally uses her stair lift to go to bed. Awaking one night, she thought she heard a noise downstairs and decided to investigate. Not wishing to make a noise herself, she walked down the stairs. Unfortunately she lost her balance and fell.

Mrs J broke her left hip and was hospitalised for 25 days.

Figure 9: Number of inpatient days by age resulting from falls



**More information:**

*Accidental falls: fatalities and injuries, an examination of the data sources and review of the literature on preventative strategies, has been published by the University of Newcastle, supported by DTI. Loughborough University is conducting ongoing research into older people on stairs.*

### Being struck by or colliding with a person or object

From Figures 10 to 14 we can ascertain the following facts about being accidentally struck by or colliding with a person or object:

- Accidents involving a collision or being hit have increased over the past 10 years from around 410,000 cases in 1989 to just over 650,000 in 1998.
- It is mainly the young who have this type of accident; in the older age group it is usually women.
- Collisions with another person and/or with doors were involved in over 200,000 accidents of this kind.
- Carpets, stairs or steps and floors were also involved in accidents and account for over 60,000 instances.
- Hammers, balls (footballs/basketballs) and paving and concrete blocks are articles that are commonly involved in accidents with moving items.

Figure 10: Number of people attending A & E after being struck

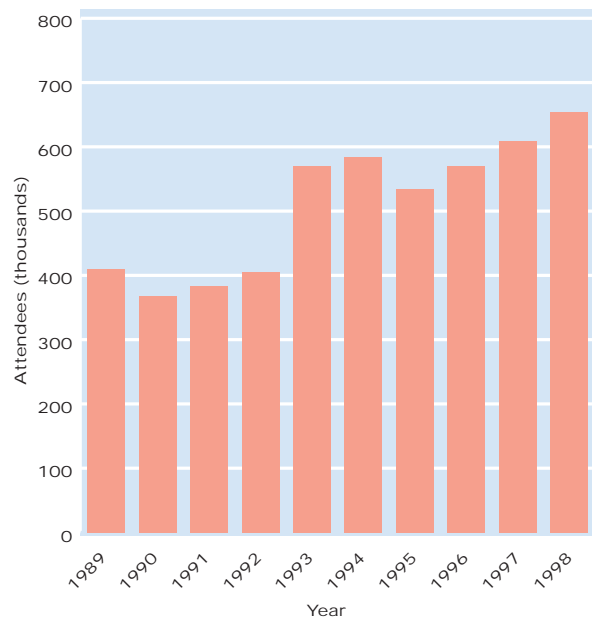
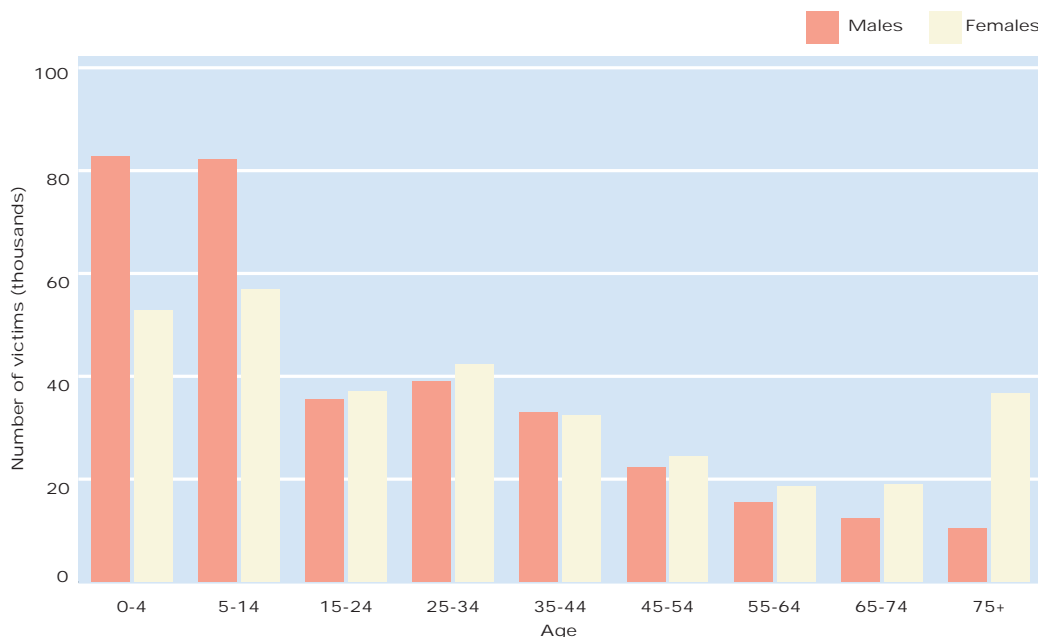
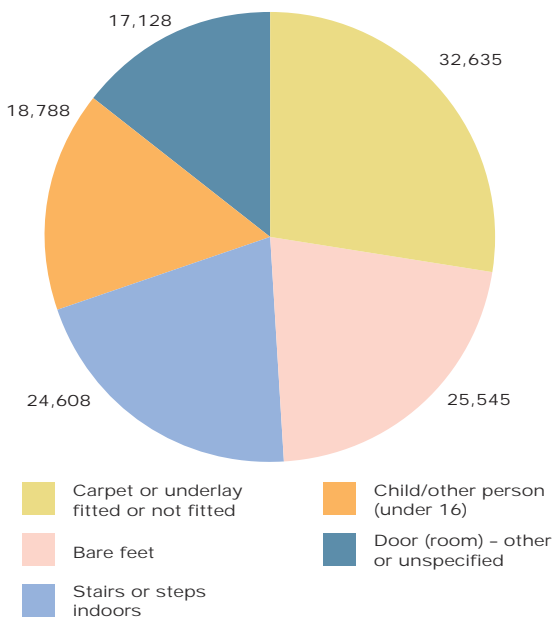


Figure 11: Number of victims of striking accidents by age and sex

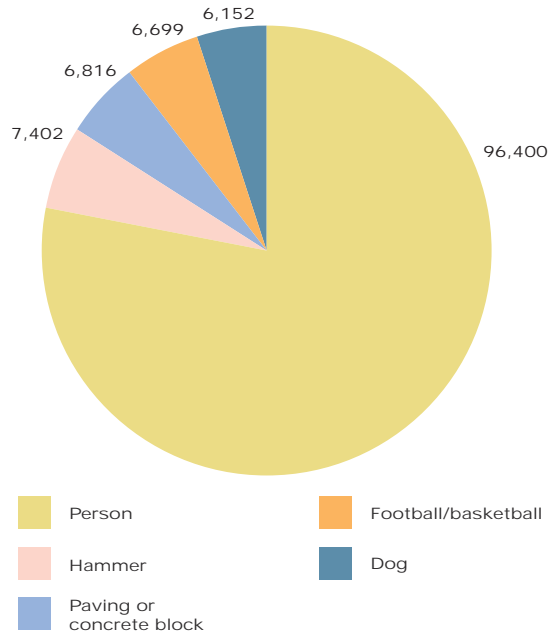




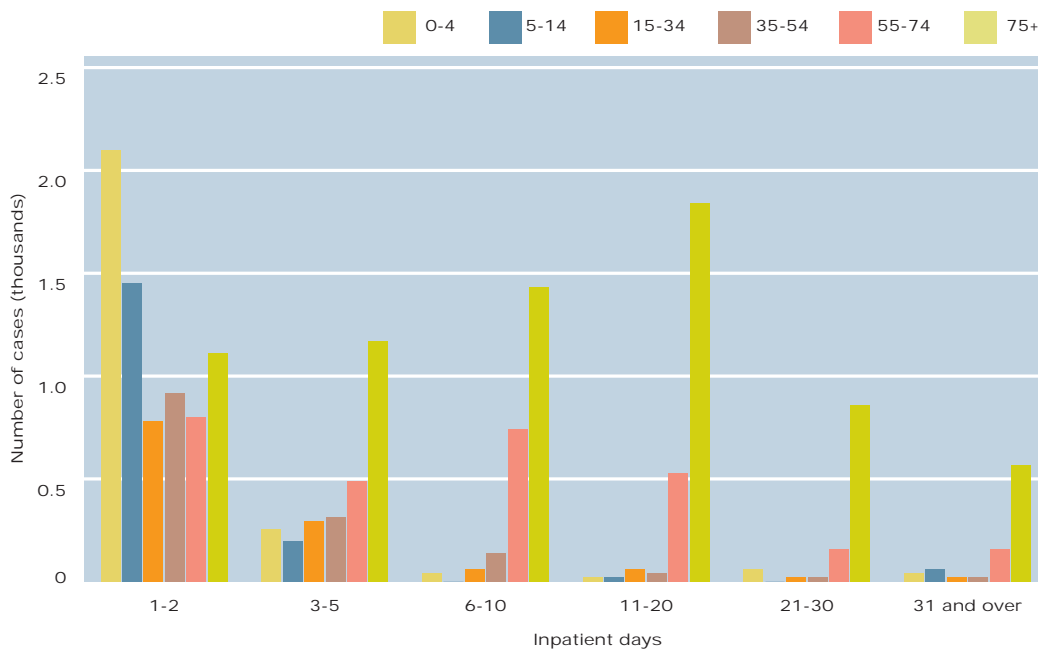
**Figure 12: Number of cases including the top five articles involved in striking accidents**



**Figure 13: Number of cases including the top five moving articles which contributed to the striking accident**



**Figure 14: Number of inpatient days by age resulting from strikings or collisions**



**Striking case study: Dad**

The following is a typical striking accident that would be included in the above data as 'Striking accident for a male aged 35-44 involving an article which is a person and resulted in no inpatient days in hospital'.

Thirty-five-year-old John has a three-year-old daughter. While they were playing together in the garden, in the excitement of the game the girl accidentally hit John in the face, catching his eye with her fingernail.

John attended the local A & E unit for treatment for a grazed eyeball. No other treatment was needed and he returned home the same day.

## Choking

Choking or having something stuck in the throat is another key cause of accidents that lead to attendance at A & E units. Figures 15 to 18 show that:

- Apart from 1993, when considerably fewer people choked on fish bones, choking accidents have been on the rise; the national estimate for 1998 is approximately 10 per cent higher than for 1997
- Children under five have the highest number of choking accidents
- Most people who choke do so on food, especially fish, which causes around 4,500 accidents a year. The next two most frequent causes of choking are meat or poultry, followed by undetermined bones, sweets, and money or coins
- Most people who have choking accidents and need to stay in hospital have an inpatient stay of one or two days.

Figure 15: Number of accidents involving choking

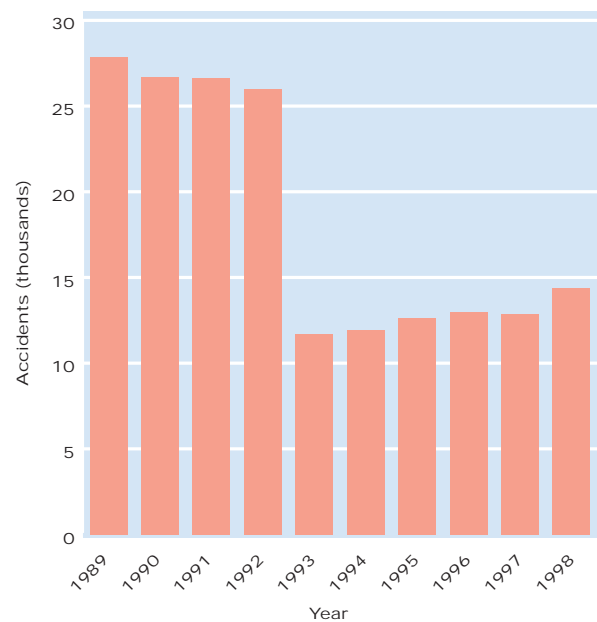
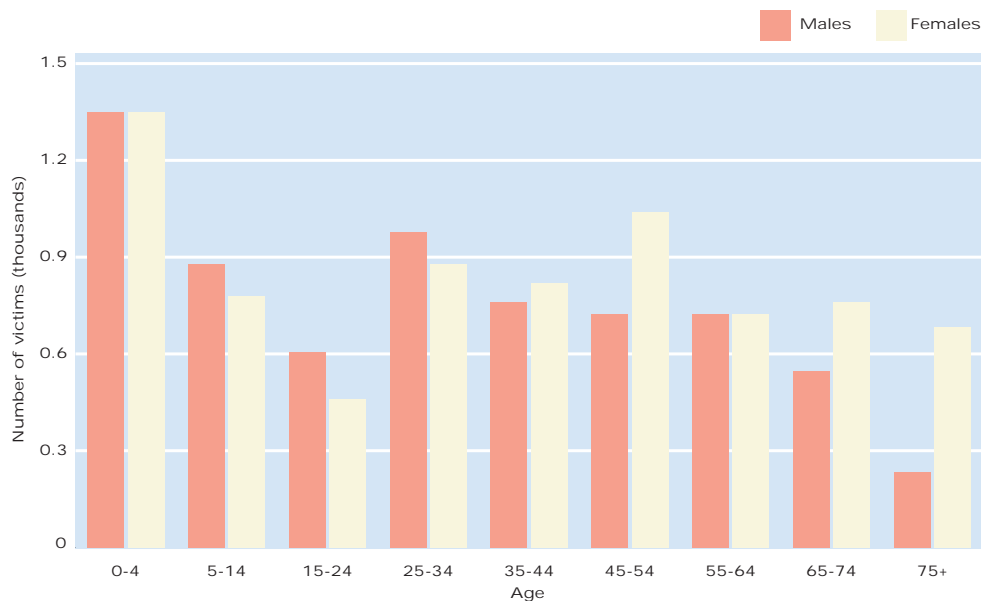


Figure 16: Number of victims of choking accidents by age and sex



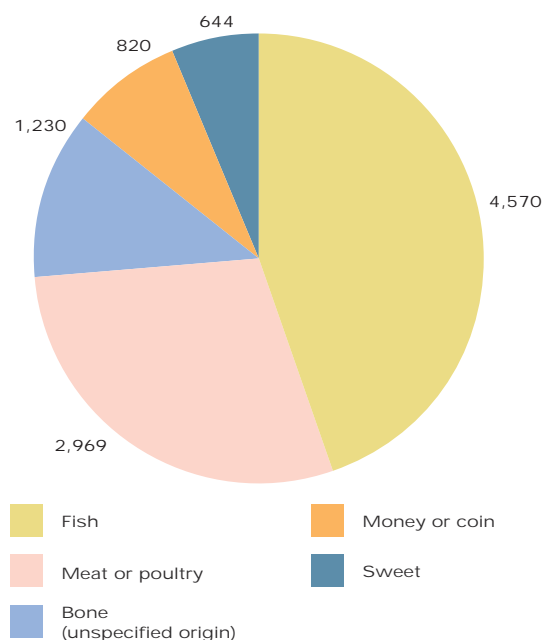
**Choking case study: Mum**

The following is a typical choking accident that would be included in the above statistics as 'Female aged 35–44 with foreign object, a fish bone, in her throat'.

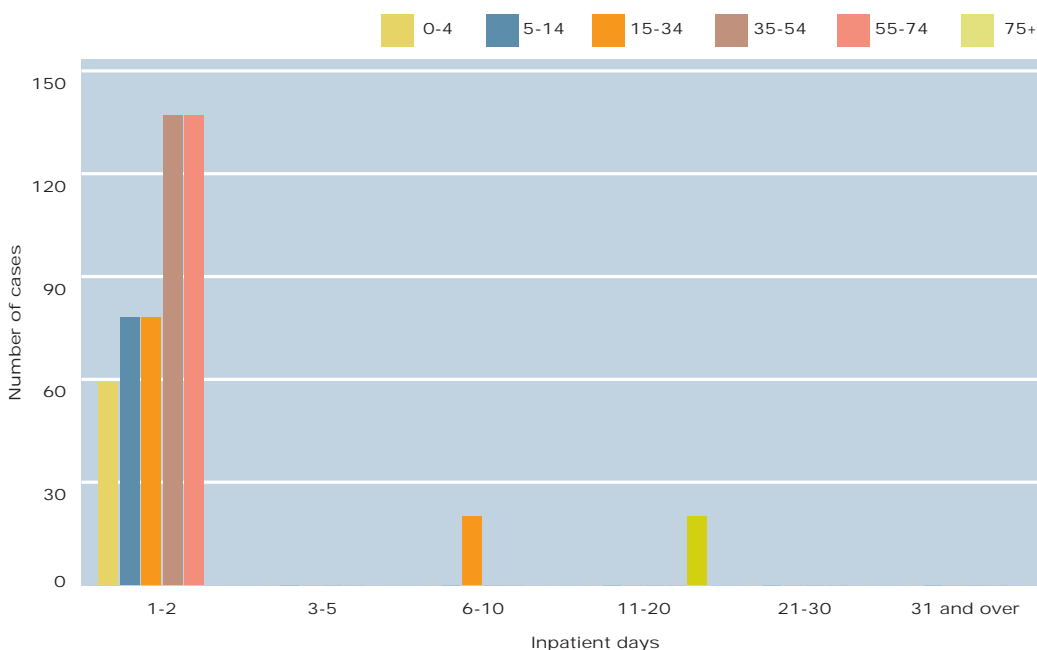
Julie is aged 40. While eating her fish dinner, she suddenly began to choke. She was then taken quickly to her local A & E unit, where a fish bone was found to be stuck in her throat.

The bone was removed, although Julie's throat remained tender and swollen. Following an examination by a doctor, she returned home without further treatment.

**Figure 17: Number of cases including the top five articles involved in choking accidents**



**Figure 18: Number of inpatient days by age resulting from choking accidents**



**More information:**

The DTI has commissioned research into choking hazards involving children under four: *Choking risks to children under four from toys and other objects*, URN 99/708.

## Poisoning

Figures 19 to 22 make the following points about poisoning accidents:

- Recorded poisoning accidents have fluctuated over the past 10 years between a peak of around 56,000 in 1993 to a drop of around 40,000 in 1995 and 1996.
- The under-fives tend to have the most poisoning accidents.
- Almost 12,000 attendees at A & E units had been poisoned by liquid or solid painkillers, pills, tablets or capsules. The other two main items involved in poisonings were bleach and turpentine or white spirit.
- Where an inpatient stay was necessary, the very young (under-fives) generally stayed in hospital for one or two days following poisoning.

Figure 19: Number of people attending A & E owing to poisoning accidents

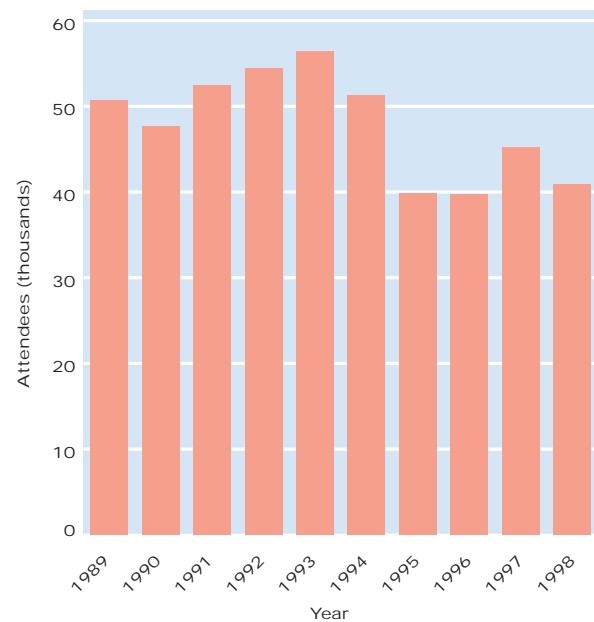
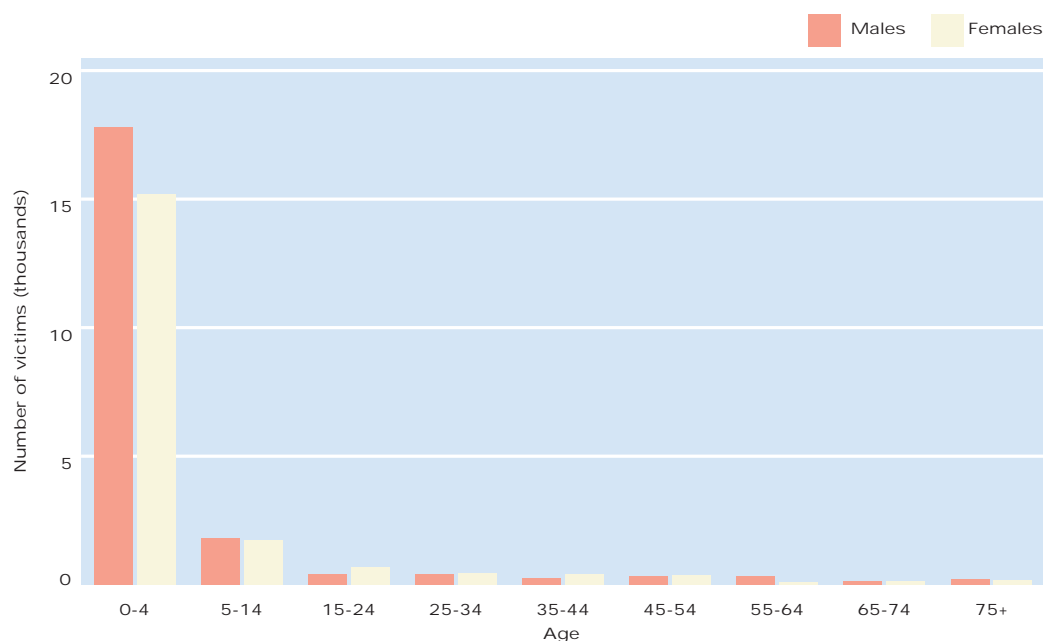
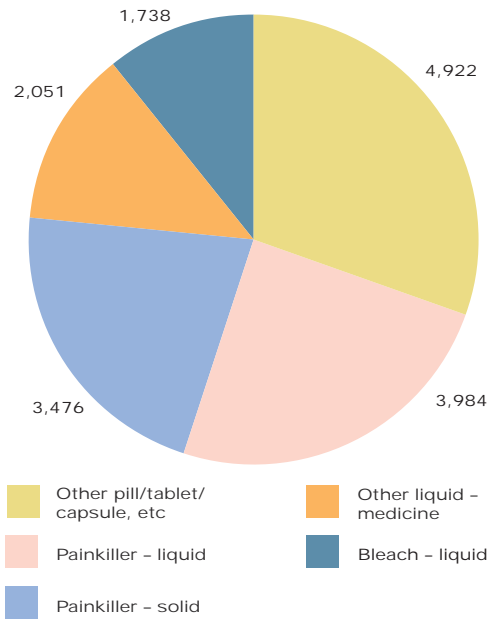


Figure 20: Number of victims of poisoning accidents by age and sex



**Figure 21: Number of cases including the top five articles involved in poisoning accidents**



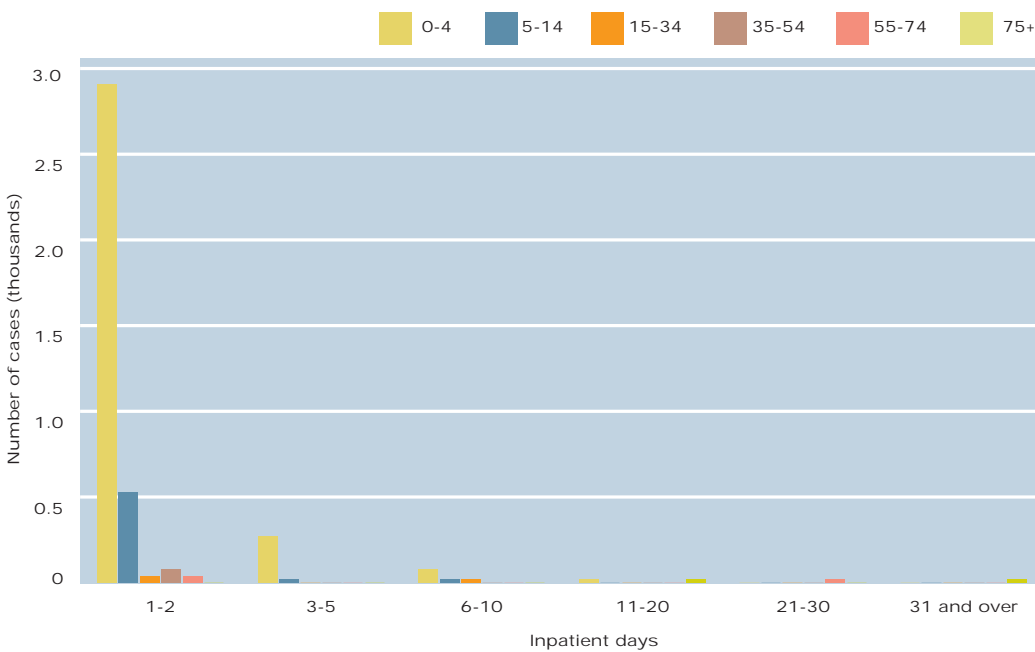
**Poisoning case study: Son**

The following is an accident that would be recorded as 'Poisoning of male aged 0-4 involving turpentine or white spirit with no inpatient stay'.

A three-year-old boy, playing in the kitchen of his home, climbed onto a work surface and grasped a bottle of turpentine that had been left there. His mother found him with the open bottle and, although little was missing, she smelt turpentine around his mouth.

She took him to A & E where he was examined by a doctor. He was then referred to his GP for further observation.

**Figure 22: Number of inpatient days by age resulting from poisoning accidents**



## Burns

DTI ran a major burn-prevention campaign in early 1998 targeted at those responsible for pre-school children. Burns for this age group have reduced. Figures 23 to 26 illustrate the following important points regarding burns in the home:

- Over the last 10 years the number of people who have suffered accidental burns and attended A & E units has fluctuated between just over 120,000 cases in 1989 to under 90,000 in 1995. The figure for 1997 was 106,000, which dropped to 102,000 in 1998.
- Most burns happen to very young children, i.e. the under-fives.
- The key causes of household burns are kettles/steam, hot oil or fat, and hot drinks.
- People who have been seriously burned may need to stay in hospital for up to 20 days.

Figure 23: Number of people attending A & E owing to burn accidents

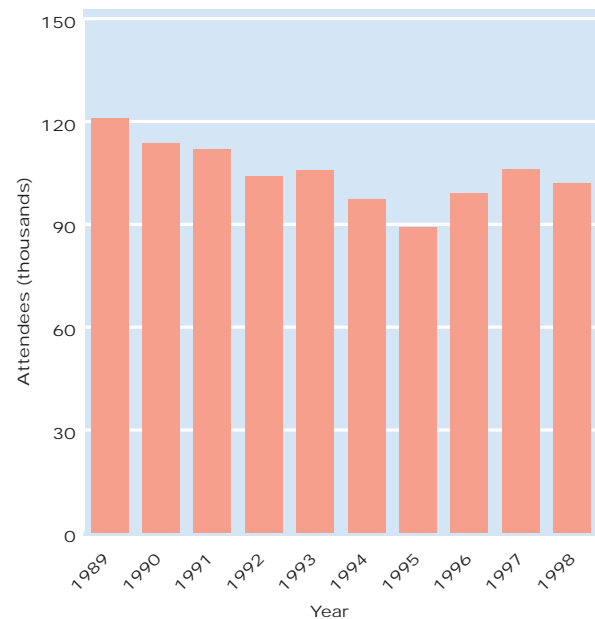


Figure 24: Number of victims of burn accidents by age and sex

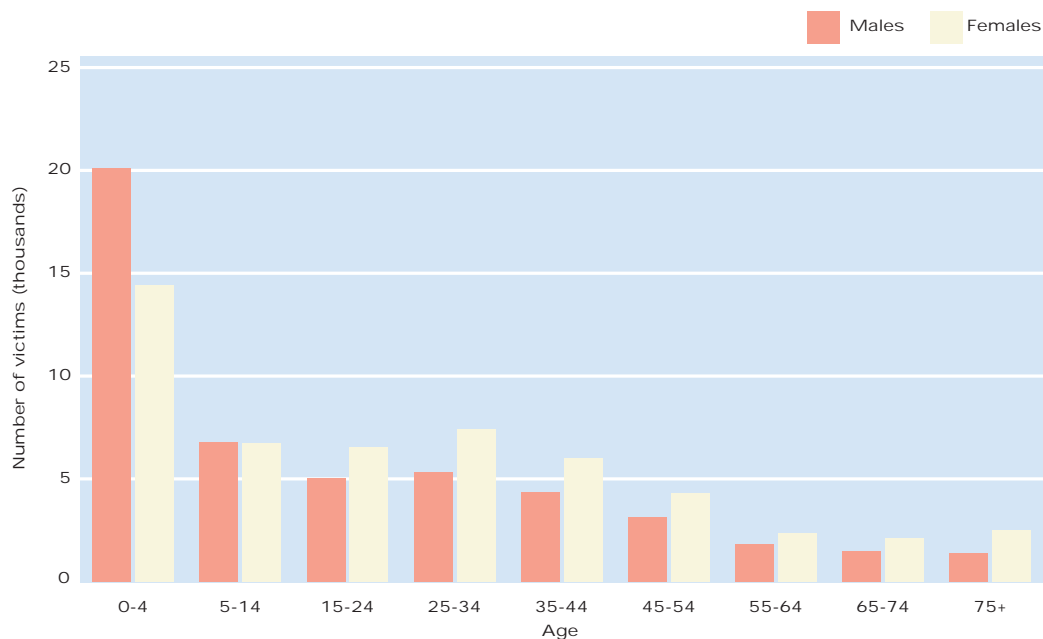
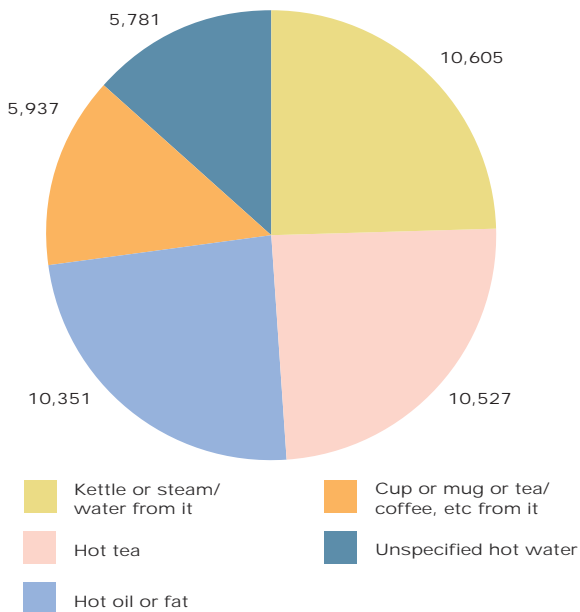




Figure 25: Number of cases including the top five articles involved in burn accidents



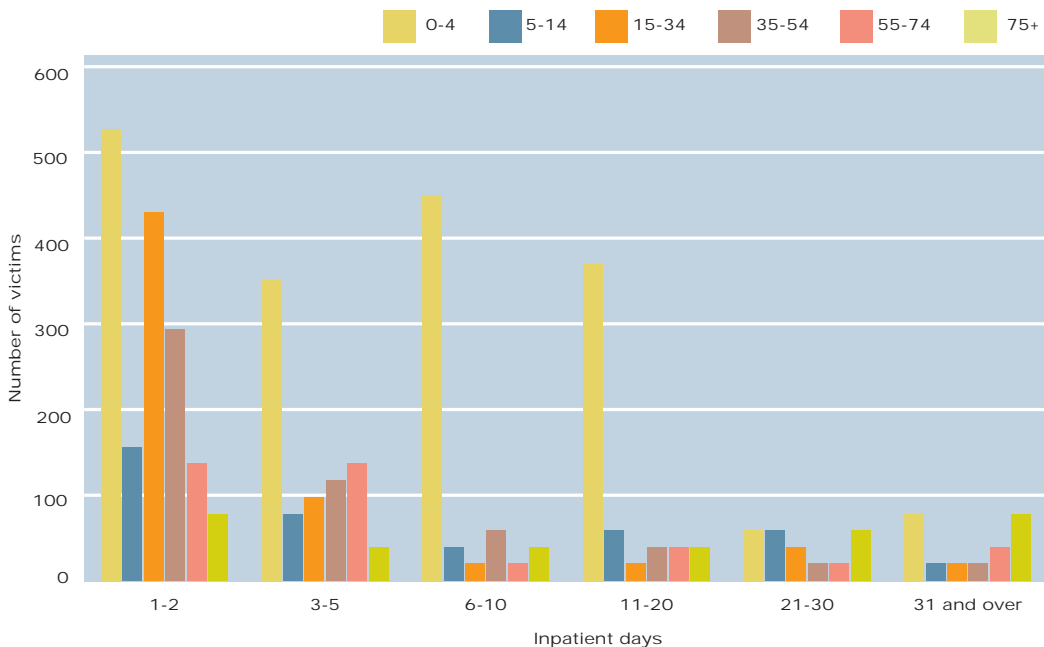
**Burns case study: Daughter**

The following is an accident that would be recorded in the above data as 'burns accident to female aged 0-4 involving a cup of tea with 1-2 inpatient days.'

Three-year-old Jodie, playing in the lounge at home, spotted a cup of tea on the windowsill. She climbed onto the coffee table to reach it. Unfortunately the coffee table was unsteady and tipped Jodie over the edge – but not before the toddler had grabbed the cup of tea. Luckily her mother saw what was happening and caught Jodie before she fell off the table.

Even though she had been saved from a nasty fall, Jodie still suffered burns from the scalding tea. She spent two days in the local hospital where she was treated for minor burns.

Figure 26: Number of inpatient days by age resulting from burn accidents



**More information:**

DTI has recently published a *Research on the pattern and trends in home accidents* report, which draws on HASS data to provide an in-depth analysis of accident occurrences. For a copy, contact Admail, tel: 0870 1502 500, fax: 0870 1502 333.

