

# Publication Report



## **Unintentional Injuries;**

**Admissions: Year ending 31 March 2010**

**Deaths: Year ending 31 December 2009**



**Publication date – 14 December 2010**

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## About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

## Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)

National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)

Official Statistics (i.e. still to be assessed by the UK Statistics Authority)

other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

## Introduction

Unintentional injury is one of the main causes of death and is one of the common causes of emergency hospital admissions in children. Unintentional injuries are also a common cause for emergency hospital admissions among adults. The term "unintentional injury" is preferred to "accidents" as the latter implies events are inevitable and unavoidable whereas a high proportion of these incidents are now regarded as being preventable. Unintentional injuries can occur in any age group, but children and the elderly are more vulnerable.

This release updates published data for hospital data for financial year 2009/10 and death data for calendar year 2009 within NHS Scotland, illustrating current data and historic trends in secondary care provision and patient contact with the service.

Unintentional injury is one of the main causes of death and emergency hospital admissions in children aged under 15. Information for children focuses on four main age groups where the type of injury reflects the child's state of development, changing perception of danger, types of activity and levels of responsibility. Approximately 1 in 7 emergency hospital admissions in children is as a result of an unintentional injury.

Unintentional injury is one of the most common causes of emergency hospital admissions as it accounts for approximately 1 in 9 of all emergency hospital admissions for adults aged 15 and over. It is not a main cause of death for this age group. In 2009, 1 in 40 deaths were as a result of an unintentional injury.

Data on deaths and emergency hospital admissions as a result of an assault by sharp object (usually a knife) has been updated for year ending 31 December 2009. Assaults by sharp object are presented in the unintentional injuries section as they are considered to be unintentional from the point of view of the victim.

## Key points

- In 2009/10, unintentional injuries accounted for approximately 1 in 7 emergency hospital admissions for children and 1 in 9 for adults.
- In 2009/10, there were approximately 366,545 patients admitted to hospital as an emergency. Approximately 16% of these were admitted as a result of an unintentional injury.
- The number of emergency admissions to hospital, due to unintentional injuries, has decreased from 66,087 in 1999/00 to 61,977 in 2009/10 (a decrease of 6.6%). There has also been a decrease in the number of deaths as a result of an unintentional injury from 1,367 in 2000 to 1,347 in 2009 (a decrease of 1.5%).
- In 2009 approximately 1 in 16 childhood deaths are due to an unintentional injury. In adults, deaths due to an unintentional injury account for approximately 1 in 40 deaths.

## Results and Commentary

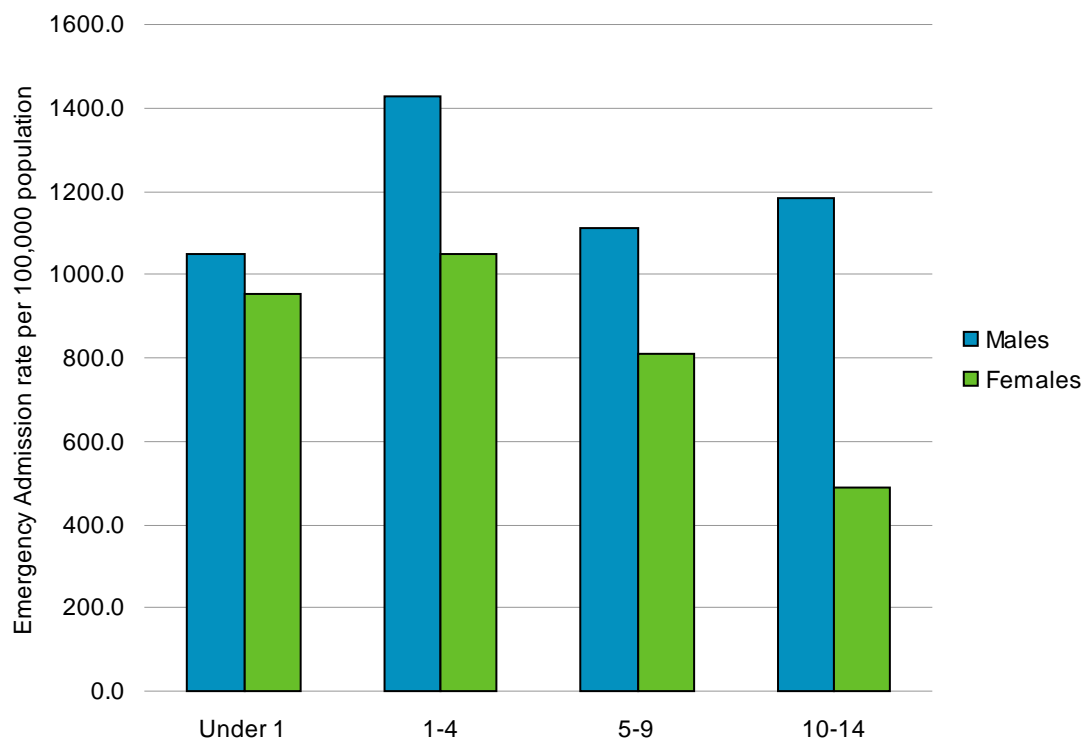
### 3.1 Unintentional Injuries in Children

#### 3.1.1 Injuries in children by age group and sex

In Scotland there were 21 deaths in 2009 and 8,511 emergency admissions in the year ending 31 March 2010 due to unintentional injury in children under the age of 15. However, most unintentional injuries result neither in death nor in hospital admission but are treated by GPs, as outpatients in Accident and Emergency departments or by the child's parent or carer.

Chart 1 shows that in all age groups, boys are more likely than girls to be admitted to hospital owing to unintentional injury. The total number of emergency admissions for the year ending 31 March 2010 shows 5,301 male admissions compared with 3,210 female admissions. The denominator data for the rates in the chart are based on the populations in each sex and age group.

**Chart 1- Emergency hospital admissions rate as a result of an unintentional injury; children aged under 15 by age group and cause of injury; year ending March 2010**



#### 3.1.2 Deprivation

The risk of unintentional injury in childhood increases with increasing socio-economic deprivation. Table 1 shows the association between mortality from unintentional injury and deprivation for children under the age of 15 years during 2005-2009. Death rates from unintentional injury are more than twice as high for the most deprived children compared

with their most affluent contemporaries. The standardised mortality ratio in the least deprived area (deprivation quintile 5) is 56.2 compared with 126.1 within the most deprived area (deprivation quintile 1).

**Table 1- Deaths as a result of an unintentional injury, children aged under 15 by deprivation quintile, number and standardised mortality ratios; year ending 31 December, 2005-2009**

Deprivation Quintile	1	2	3	4	5	Total
Number of deaths	28	16	29	19	13	105
Standardised mortality ratio	126.1	72.5	134.5	90.4	56.2	100.0
<i>Lower 95% confidence interval</i>	79.4	37.0	85.5	49.8	25.6	
<i>Upper 95% confidence interval</i>	172.8	108.0	183.4	131.1	86.7	

Source: General Register Office for Scotland (GROS)

Scottish Index of Multiple Deprivation (SIMD)

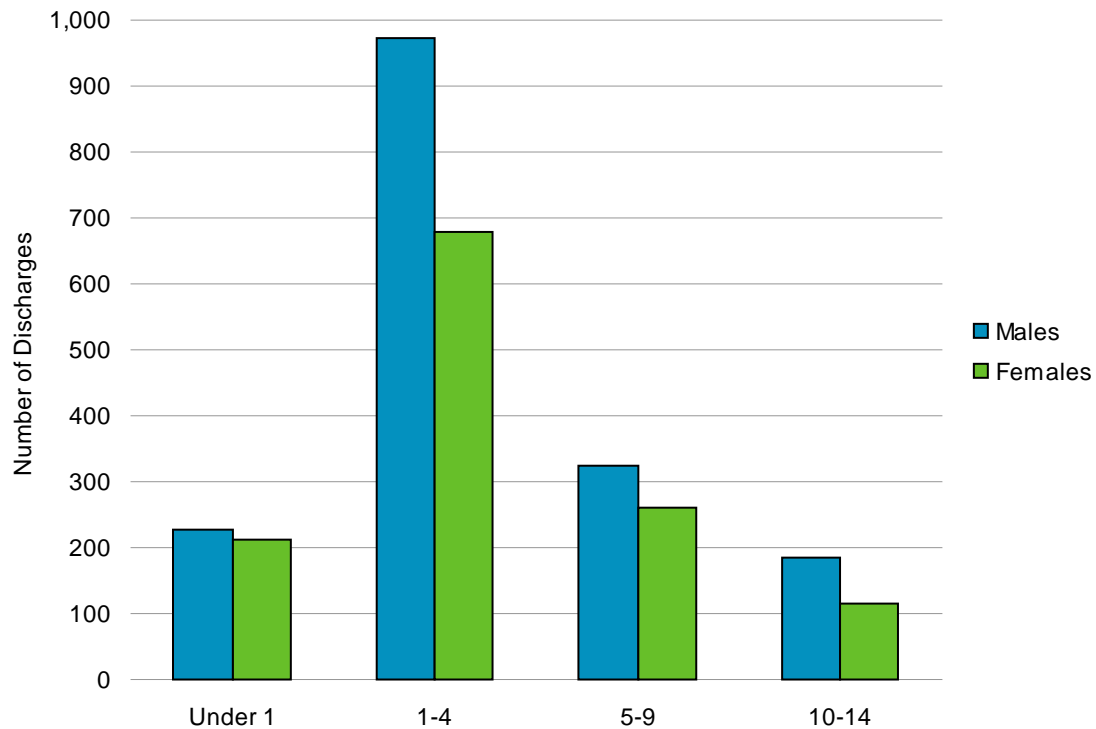
### 3.1.3 Home Injuries

Home injuries are very common in children. Children under school age, in particular, spend a lot of time playing at home, inside and outside in the garden. As a result of this, children under 5 are more susceptible to having an unintentional injury in the home. Emergency admissions to hospital as a result of an unintentional injury in the home account for 1 in 19 of all emergency hospital admissions for children aged under 15. They also account for over a third of those emergency admissions which are as a direct result of an unintentional injury.

Not all children who have an accident at home will be admitted to hospital. The severity of the injury means that the injury will sometimes be treated in the home using first aid. They may also be treated in a primary care setting (e.g. GP surgery), in a minor injuries unit or the Accident and Emergency department of a hospital. The tables and charts in this section only include cases where the child was admitted to hospital as a result of an unintentional injury in the home.

Chart 2 shows that children in the 1-4 age group account for more than half of all emergency admissions from an unintentional injury in the home. In this particular age group, males have approximately 43% more admissions than females (males=974; females= 680). Children in this age group do not have as strong a perception of danger as those in the older age groups, 5-9 and 10-14. This is reflected in the percentage of children being admitted from these age groups, 20% and 10% respectively. In these two age groups, the same pattern as the 1-4 age group of more males than females being admitted prevails.

**Chart 2- Emergency hospital admissions as a result of an unintentional injury in the home, children aged under 15; by age group and sex, year ending March 2010**



## 3.2 Unintentional Injuries in Adults

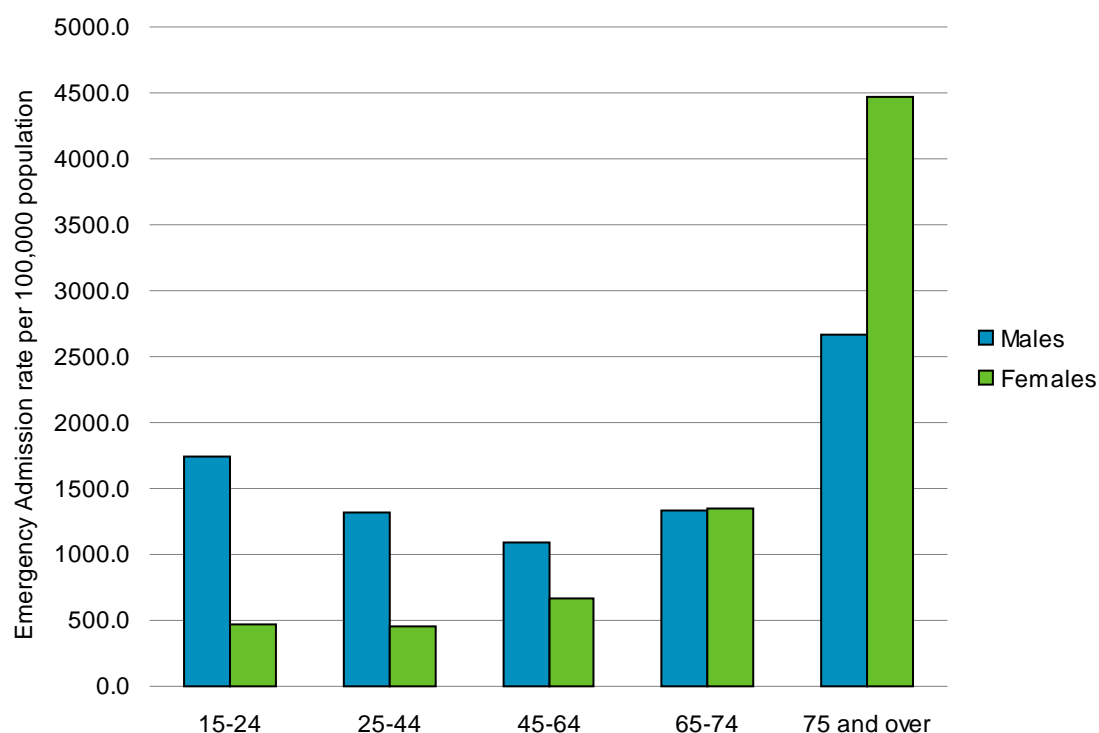
### 3.2.1 Injuries in adults by age group and sex

In Scotland there were 1,326 deaths in 2009 and 53,486 emergency admissions in year ending 31 March 2010 due to unintentional injury in adults aged 15 years of age and over. However, most unintentional injuries result neither in death nor in hospital admission but are treated by GPs or as outpatients in Accident and Emergency departments.

Chart 3 shows that between the ages of 15-64 men are more likely than women to be admitted to hospital due to unintentional injury. However, this pattern changes in the age groups 65-74 and 75+ where females are more likely to be admitted due to an unintentional injury. The total number of emergency admissions for year ending 31 March 2010 shows 29,419 male admissions compared with 24,067 female admissions. The denominator data for the rates in the chart are based on the populations in each sex and age group.



**Chart 3 - Emergency hospital admissions rate as a result of an unintentional injury; adults aged under 15 and over by age group and cause of injury; year ending March 2010**



### 3.2.2 Deprivation

The risk of unintentional injury generally increases with increasing socio-economic deprivation. Table 2 shows the association between mortality from unintentional injury and deprivation for adults aged 15 years and over during the period 2005-2009. Death rates from unintentional injury in adults for the most deprived areas are generally higher compared with their most affluent contemporaries. The standardised mortality ratio in the least deprived area (deprivation quintile 5) is 74.0 compared with 135.5 within the most deprived area (deprivation quintile 1).

**Table 2- Deaths as a result of an unintentional injury, children aged under 15 by deprivation quintile, number and standardised mortality ratios; year ending 31 December, 2005-2009**

Deprivation Quintile	1	2	3	4	5	Total
<b>Number of deaths</b>	1,509	1,358	1,287	1,122	815	<b>6,091</b>
Standardised mortality ratio	135.5	114.5	107.0	92.7	74.0	<b>100.0</b>
<i>Lower 95% confidence interval</i>	128.7	108.4	101.1	87.3	68.9	
<i>Upper 95% confidence interval</i>	142.4	120.6	112.8	98.1	79.1	

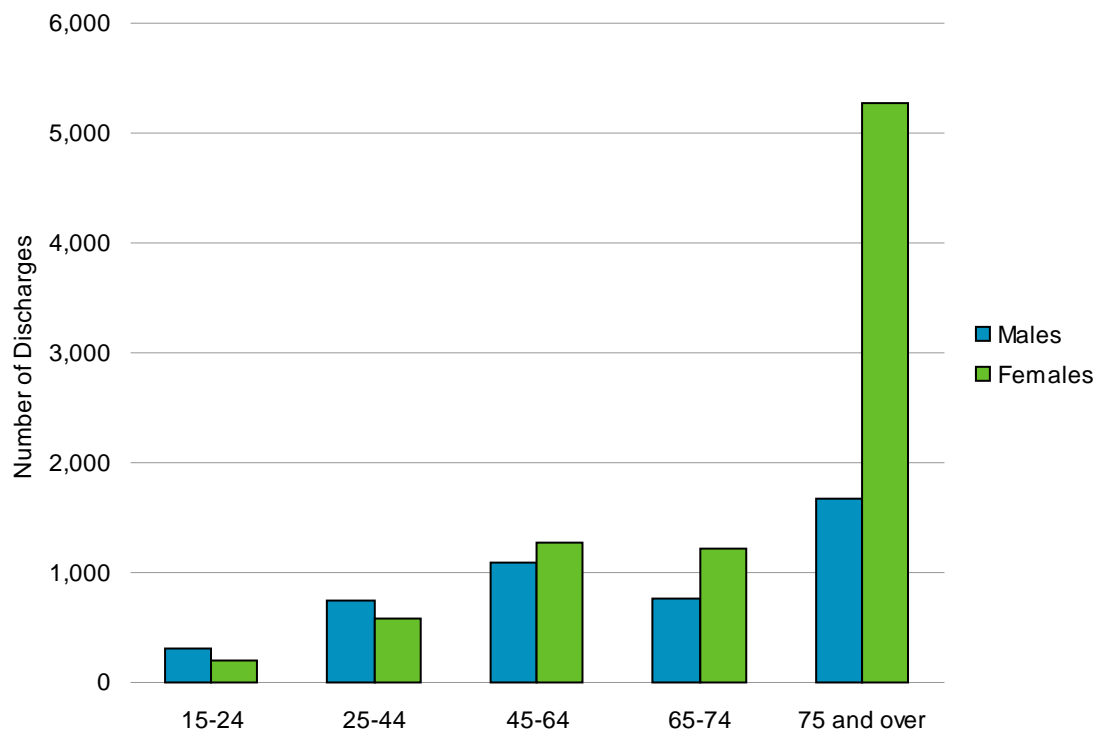
Source: General Register Office for Scotland (GROS)

Scottish Index of Multiple Deprivation (SIMD)

### 3.2.3 Home Injuries

Unintentional injuries in the home account for over a quarter of all emergency admissions as a result of an unintentional injury for adults aged 15 and over. Chart 4 shows that the 75 and over age group have the highest number of emergency admissions to hospital (6,931 discharges, 52.8%). In this age group, more than three times as many females are admitted than males. A possible reason for this is that females generally live longer than males.

**Chart 4- Emergency hospital admissions as a result of an unintentional injury in the home, adults aged 15 and over; by age group and sex, year ending March 2010**



### 3.3 Assault by Sharp Object

Knife crime is perceived to be a common and increasing problem in Scotland. One way of measuring the impact of knife crime is to look at the number of deaths and emergency hospital admissions due to injury caused by an assault by a knife or other sharp object. Injuries of this nature are thought of as "unintentional injuries" on the part of the victim.

In 2009 there are only a small number of emergency hospital admissions and no deaths in the under 15 year olds as a result of an assault by sharp object. Most emergency hospital admissions (70%) are from young adults aged between 15 and 34 and the numbers then decrease with age (see Table 3). The largest number of deaths was in the 45-64 year old group where there were 13 deaths, the other age groups with the highest deaths were 25-34 and 35-44.

**Table 3- Emergency hospital admissions and deaths as a result of an assault by sharp object by age group, for year ending 31 December 2009**

Age Group	Emergency Admissions	Deaths
0-14	9	0
15-24	527	9
25-34	346	11
35-44	243	10
45-64	108	13
65+	12	2

### 3.4 Interactive Files

The interactive files provide a range of tables offering more in-depth information on unintentional injuries. These are shown at various data levels, for example age group, sex, NHS Board, Local Council area and CHP. Trend information is also provided. Information is provided for the following injury groups: RTAs, poisoning, falls, exposure to inanimate mechanical forces, assaults, over exertion, non RTA transport accidents. Each table allows the user to manipulate the data, for example by selecting the sex and age groups of particular interest.

## Glossary

Average length of stay	mean stay per episode (in days) experienced by inpatients within a specialty/significant facility etc over any period of time.
Day case	this is when a patient makes a planned attendance to a specialty for clinical care, and requires the use of a bed or trolley in lieu of a bed.
Discharge	a discharge marks the end of an episode of care. Discharges include deaths and transfers to other specialties/significant facilities and hospitals.
Elective Admission	this is when the patient has already been given a date to come to hospital for some kind of procedure.
Emergency Admission	occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor.
Episode	an SMR01 episode is generated when a patient is discharged from hospital but also when a patient is transferred between hospitals, significant facilities, specialties or to the care of a different consultant.
Inpatient	this is when a patient occupies an available staffed bed in a hospital and either; remains overnight whatever the original intention or is expected to remain overnight but is discharged earlier.
Non-routine admission	are those inpatients discharged following an emergency, unplanned admission (Includes emergency transfers).
Routine Admission	occurs when a patient is admitted as planned (Includes planned transfers).
Specialty	A specialty is defined as a division of medicine or dentistry covering a specific area of clinical activity.

Further details are available in the [NHS Scotland Health & Social Care data dictionary](#).

## List of Tables

Deaths a result of an unintentional injury; by type of injury

[Children](#);

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Emergency hospital admissions as a result of an unintentional injury; by type of injury

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Deaths a result of an unintentional injury; by deprivation quintile, showing number and standardised mortality ratios

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Emergency hospital admissions as a result of an unintentional injury; by selected cause of injury and top 10 main diagnoses

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Emergency hospital admissions as a result of an unintentional injury in the home; by sex

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Deaths as a result of an unintentional injury in the home; by sex

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Emergency hospital admissions as a result of an unintentional injury in the home; by sex and top 10 main diagnoses

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Emergency hospital admissions and deaths as a result of assault by sharp object

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Emergency hospital admissions and deaths as a result of an assault by sharp object by age group

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Emergency hospital admissions and deaths as a result of an assault by sharp object by sex

[All Ages](#)

Standardised rate of emergency hospital admissions as a result of an assault by sharp object

[All Ages](#)

Emergency hospital admissions and deaths as a result of an assault by sharp object, by day of the week

[All Ages](#)

## Interactive files

### *Emergency admissions*

#### Excel file name

Data are presented in this file by cause of injury and age group. This file provides information split by injuries in the home and 'other' locations. It also allows the user to choose which year; NHS Board of residence and sex they wish to view the data for.

[E1 Emadms HB SEX AGE HO Dec 10.xls](#)

Data are presented in this file by cause of injury and age group. This file provides information split by injuries in the home and 'other' locations. It also allows the user to choose which year; Local Council area and sex they wish to view the data for.

[E2 Emadms LCA SEX AGE HO Dec 10.xls](#)

Data are presented in this file by cause of injury and age group. This file provides information split by injuries in the home and 'other' locations. It also allows the user to choose which year; Community Health Partnership area and sex they wish to view the data for.

[E3 Emadms CHP SEX AGE HO Dec 10.xls](#)

Data are presented in this file by NHS Board of residence and age group. This file now gives the user the option to get information specifically for injuries caused at home or in 'other' locations. It also allows the user to choose which year; cause of injury and sex they wish to view the data for.

[E4 Emadms INJ SEX AGE HB HO Dec 10.xls](#)

Data are presented in this file by Local Council area and age group. This file now gives the user the option to get information specifically for injuries caused at home or in 'other' locations. It also allows the user to choose which year; cause of injury and sex they wish to view the data for.

[E5 Emadms INJ SEX AGE LCA HO Dec 10.xls](#)

Data are presented in this file by Community Health Partnership and age group. This file now gives the user the option to get information specifically for injuries caused at home or in 'other' locations. It also allows the user to choose which year; cause of injury and sex they wish to view the data for.

[E6 Emadms INJ SEX AGE CHP HO Dec 10.xls](#)

Data are presented in this file for financial years 2004/05-2009/10 by cause of injury. This file gives the user the option to get information specifically for injuries caused at home or in 'other' locations. It also allows the user to choose which; NHS Board of residence; sex and age group they wish to view the data for.

[E7 Emadms HB SEX AGE TREND HO Dec 10.xls](#)

Data are presented in this file for financial years 2004/05-2009/10 by cause of injury. This file gives the user the option to get information specifically for injuries caused at home or in 'other' locations. It also allows the user to choose which Local Council area; sex and age group they wish to view the data for.

[E8 Emadms LCA SEX AGE TREND HO Dec 10.xls](#)

Data are presented in this file for financial years 2004/05-2009/10 by NHS Board of residence. This file provides information split by injuries in the home and 'other' locations. It

also allows the user to choose which cause of injury; sex and age group they wish to view the data for.

[E9 Emadms INJ SEX AGE TREND HB HO Dec 10.xls](#)

Data are presented in this file for financial years 2004/05-2009/10 by Local Council area. This file provides information split by injuries in the home and 'other' locations. It also allows the user to choose which cause of injury; sex and age group they wish to view the data for.

[E10 Emadms INJ SEX AGE TREND LCA HO Dec 10.xls](#)

### ***Deaths***

#### **Excel file name**

Data are presented in this file by cause of injury and age group. This file allows the user to choose which year; NHS Board area and sex they wish to view the data for.

[E11 Deaths HB SEX AGE Dec 10.xls](#)

Data are presented in this file by cause of injury and age group. This file allows the user to choose which year; Local Council area and sex they wish to view the data for.

[E12 Deaths LCA SEX AGE Dec 10.xls](#)

Data are presented in this file by cause of injury and age group. This file allows the user to choose which year; Community Health Partnership area and sex they wish to view the data for.

[E13 Deaths CHP SEX AGE Dec 10.xls](#)

Data are presented in this file by NHS Board area and age group. This file allows the user to choose which year; cause of injury and sex they wish to view the data for.

[E14 Deaths INJ SEX AGE HB Dec 10.xls](#)

Data are presented in this file by Local Council area and age groups. This file allows the user to choose which year; cause of injury and sex they wish to view the data for.

[E15 Deaths INJ SEX AGE LCA Dec 10.xls](#)

Data are presented in this file by Community Health Partnership area and age groups. This file allows the user to choose which year; cause of injury and sex they wish to view the data for.

[E16 Deaths INJ SEX AGE CHP Dec 10.xls](#)

Data are presented in this file for calendar years 2004-2009 by cause of injury. This file allows the user to choose which NHS Board Area; sex and age group they wish to view the data for.

[E17 Deaths HB SEX AGE TREND Dec 10.xls](#)

Data are presented in this file for calendar years 2004-2009 by cause of injury. This file allows the user to choose which Local Council area; sex and age group they wish to view the data for.

[E18 Deaths LCA SEX AGE TREND Dec 10.xls](#)

Data are presented in this file for calendar years 2004-2009 by NHS Board area. This file allows the user to choose which cause of injury; sex and age group they wish to view the data for.



[E19 Deaths INJ SEX AGE TREND HB Dec 10.xls](#)

Data are presented in this file for calendar years 2004-2009 by Local Council area. This file allows the user to choose which cause of injury; sex and age group they wish to view the data for.

[E20 Deaths INJ SEX AGE TREND LCA Dec 10.xls](#)

Note: in order to view these documents, your macro security settings will need to be set to medium. To change macro security settings using Tools, Macro, Security - set security level to Medium and re-open the report.

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## Further Information

Further details on ISD publications and available information can be found on the [ISD website](#)

## Appendix

### A1 – Background Information

Unintentional injury is one of the main causes of death and is one of the more common causes of emergency hospital admissions in children. Unintentional injuries are also a common cause for emergency hospital admissions and deaths among adults. However, total numbers of unintentional injuries for both deaths and emergency hospital admissions has been decreasing over the years. For example, the number of deaths as a result of an unintentional injury decreased from 1,367 in 2000 to 1,347 in 2009 and the number admitted as an emergency to hospital decreased from 66,087 in 1999/2000 to 61,997 in 2009/2010.

The term "unintentional injury" is preferred to "accidents" as the latter implies events are inevitable and unavoidable whereas a high proportion of these incidents are now regarded as being preventable. Unintentional injuries can occur in any age group, but children and the elderly are more vulnerable.

Unintentional injuries may occur at home, at work, in sport and recreation, on the roads and at school. Information for children focuses on four main age groups where the type of injury reflects the child's state of development, changing perception of danger, types of activity and levels of responsibility. Information for adults focuses on five age groups with those aged 75+ being separated, as they are more susceptible to injury. In both children and adults, some of the main types of unintentional injuries are road traffic accidents (RTAs), poisoning, falls, burns & scalds, drowning, choking, exposure to animate/inanimate mechanical forces, assault, non RTA transport accidents, over exertion and accidental exposure to unspecified factors. Information is presented for children (aged under 15) and adults (aged 15 years and over).

Approximately 1 in 7 emergency hospital admissions in children is as a result of an unintentional injury. For adults, unintentional injuries account for roughly 1 in 9 emergency hospital admissions. In 2009 approximately 1 in 16 childhood deaths are due to an unintentional injury, this is similar to the average between 2004 and 2008 of 1 in 17 deaths. In adults, deaths due to an unintentional injury account for approximately 1 in 40 deaths.

In 2009/2010, there were 366,545 patients admitted to hospital as an emergency. Out of these patients, approximately 16% (57,916) were admitted as a result of an unintentional injury. The number of patients who were discharged dead from hospital after being admitted as an emergency following an unintentional injury is 545, approximately 1% of those admitted. However, these only account for a small proportion of all those who died following an emergency admission to hospital (5.6%). Please note, some patients will present more than once during the year, so the number of *patients* admitted is slightly lower than the total *number of admissions* reported above (and elsewhere in this website).

**A2 – Publication Metadata (including revisions details)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	Unintentional Injuries
Description	Unintentional injury is one of the main causes of death and is one of the common causes of emergency hospital admissions in children. Unintentional injuries are also a common cause for emergency hospital admissions among adults
Theme	Health and Social Care
Topic	Health Care System
Format	Website, Excel
Data source(s)	SMR01, GRO deaths
Date that data is acquired	Oct-10
Release date	14-Dec-10
Frequency	Annual
Timeframe of data and timeliness	Data ranges from 1985 – 2010, No delays
Relevance and key uses of the statistics	Planning and research
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed: <a href="http://www.isdscotland.org/isd/4489.html">http://www.isdscotland.org/isd/4489.html</a> .
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority
Last published	14 December 2010
Next published	Dec-11
Help email	<a href="mailto:Matthew.Armstrong@nhs.net">Matthew.Armstrong@nhs.net</a>
Date form completed	10/05/2011

### A3 – Data Sources and Definitions

Information relating to unintentional injury is derived from two sources:

- Mortality data provided by the General Register Office for Scotland (GROS); and
- Non-obstetric/non-psychiatric hospital inpatient data from the Scottish Morbidity Record SMR01 (previously SMR1).

Many unintentional injuries result neither in death nor hospital admission but are treated by GPs, as outpatients in Accident and Emergency departments or by the child's parent or carer.

**ICD9/10:** International Statistical Classification of Diseases and Related Health Problems, 9th and 10th Revisions.

#### Deaths

The codes used for identifying deaths due to an unintentional injury are outlined below.

Unintentional Injury	ICD9 (up to 1999)	ICD10 (from 2000)
Table 1 - Deaths 1		
All injuries	E800-E949	V01-X59, Y40-Y59, Y85-Y86
Road traffic accidents	E810-E819, E826-E829	V01-V89
Home injuries	E850-E869 (5th digit 0), E880-E928 (5th digit 0)	X40-X49 (5th digit 0), W00-W84 (5th digit 0), X00-X19 (5th digit 0)
Other injuries	other in range E800-E949	other in range V01-X59, Y40-Y59, Y85-Y86
Table 4 - Deaths by cause		
Land transports accidents	E810-E819, E826-E829	V00-V89
Poisonings	E850-E869	X40-X49
Falls	E880-E888	W00-W19
Drowning/submersion	E910	W65-W74
Choking	E911-E913	W79-W80
Burns and scalds	N/A (data not presented prior to 2000)	T20-T28; X10-X19
Exposure to inanimate mechanical forces	N/A (data not presented prior to 2000)	W20-W49
Exposure to animate mechanical forces	N/A (data not presented prior to 2000)	W50-W64
Accidental exposure	N/A (data not presented prior to 2000)	X58-X59
Overexertion	N/A (data not presented prior to 2000)	X50
Other	other in range E800-E949	other in range V90-V99, W75-W78, W81-W89, X00-X09, X20-X39, X51-X57, Y40-Y59, Y85-

		Y86
Table 17 - Deaths due to assault by sharp object	E9699	X99

**SMR1/SMR01**

The codes used for identifying emergency hospital admissions due to an unintentional injury are outlined below.

<b>Unintentional Injury</b>	<b>SMR1/01 admission code(s) and ICD10 codes</b>
Table 2 - Emergency hospital admissions	
All injuries	SMR1 type of admission codes 5-7; 5 - Emergency - road traffic accident 6 - Emergency - home accident (includes accidental poisoning in the home) 7 - Emergency - other injury (includes accidental poisoning other than in the home) SMR01 admission type code 32-35 32 - Patient injury - road traffic accident 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Road traffic accidents	SMR1 type of admission code 5 5 - Emergency - road traffic accident SMR01 admission type code 32 32 - Patient injury - road traffic accident
Home injuries	SMR1 type of admission code 6 6 - Emergency - home accident (includes accidental poisoning in the home) SMR01 admission type code 33 33 - Patient injury - home incident
Other injuries	SMR1 type of admission code 7 7 - Emergency - other injury (include accidental poisoning other than in the home) SMR01 admission type code 34-35 34 - Patient injury - incident at work 35 - Patient injury - other injury
Table 3 - Emergency hospital admissions by cause	
Poisonings	Admission type code 33-35 and ICD10 X40-X49 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Falls	Admission type code 33-35 and ICD10 W00-W19 33 - Patient injury - home incident 34 - Patient injury - incident at work

Drowning/submersion	35 - Patient injury - other injury Admission type code 33-35 and ICD10 W65-W74
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
Choking	35 - Patient injury - other injury Admission type code 33-35 and ICD10 W79-W80
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Burns and scalds	Admission type code 33-35 and ICD10 T20-T28; X10-X19
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Exposure to inanimate mechanical forces	Admission type code 33-35 and ICD10 W20-W49
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Exposure to animate mechanical forces	Admission type code 33-35 and ICD10 W50-W64
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Accidental exposure	Admission type code 33-35 and ICD10 X58-X59
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Resulting from assault 1	Admission type code 33-35 and ICD10 X85-Y09
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Overexertion	Admission type code 33-35 and ICD10 X50
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Non RTA transport accident	Admission type code 33-35 and ICD10 V01-V09
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Other	Admission type code 33-35 and other ICD10 codes in range V01-X59, Y40-Y59, Y85-Y86
	33 - Patient injury - home incident
	34 - Patient injury - incident at work
	35 - Patient injury - other injury
Table 17 - Emergency hospital admissions due to assault by sharp object	ICD10 code X99

### **Standardised Mortality Ratio**

The standardised mortality ratio (SMR) = (number of observed deaths/number of expected deaths)\*100

Where:

Number of observed deaths = number of deaths in each area of interest (e.g NHS Board, deprivation quintile).

Number of expected deaths = number of deaths that would have been "expected" in area of interest if the Scottish death rates had prevailed.

### **Standardised Discharge Ratio**

The standardised discharge ratio (SMR) = (number of observed discharges/number of expected discharges)\*100

Where:

Number of observed discharges = number of discharges in each area of interest (e.g NHS Board, deprivation quintile).

Number of expected discharges = number of discharges that would have been 'expected' in area of interest if the Scottish discharge rates had prevailed.

### **95% Confidence Intervals**

An estimate of the statistical significance of the standardised ratio (SMR or SDR) can be obtained from the 95% confidence interval. If the confidence interval does not include 100, the difference in unintentional injury rates recorded for a particular population compared with the standard population (Scotland) is said to be 'statistically significant'. For example, for a ratio of 158 with 95% confidence intervals of 129-188, the difference from the standard population is deemed to be statistically significant since the range 129-188 does not include 100.

### **Scottish Index for Multiple Deprivation 2009 (SIMD)**

The SIMD has six domains (income, employment, education, housing, health and geographical access) at datazone level, which have been combined into an overall index.

### **Disclosure**

Due to the sensitive nature of some topics, it is necessary to suppress some small numbers. In addition, some secondary suppression may be required to prevent the calculation of suppressed data.

**1. Exposure to inanimate mechanical forces** - this includes being struck/contact with an object such as glass, knife, machinery etc.

**2. Exposure to animate mechanical forces** - this includes contact/collision with animals or persons, for example striking against or bumped into by another person, bitten or struck by a dog etc.



**3. Resulting from assaults** - assaults are commonly included in the definition of unintentional injuries as they are considered to be unintentional from the point of view of the victim. As such, assaults are included in the definition of hospital admission due to unintentional injury. However, at the request of the General Register Office for Scotland, assaults are not included in the definition of deaths due to unintentional injury.

## **A4 – Early Access details (including Pre-Release Access)**

### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

### **Extended Pre-Release Access**

Scottish Government Health Department (Analytical Services Division)

This extended Pre-Release Access is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).