

in 2009 divided by the number of paediatric residents multiplied by 10 000. (2) Comparison of injury type, demographic and visit variables between ED and UCC.

Results/Outcomes The 'expanded' injury rate for Jerusalem and Maale Adumim was 729.3 and 1075.9, respectively. This 'joint' value is 2.1 and 3.3 times higher, respectively, than the estimate by ED visits alone. The percentage of males and average age were higher in the ED than in either UCC location. Percentage of ED use decreases with age. There are statistically significant differences in the types of injury among children who received care in the two different settings. Contusions and lacerations were more common in UCC and vehicular accidents more common in ED.

Significance/Contribution to the Field Injury rate calculation based on ED visits alone can lead to misconceptions. Proper estimation of injury incidence requires also data from alternative sources of care.

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¹O Silbinger, ²D Zimmerman, ¹E Frydman, ¹M Ivancovsky, ¹N Kovalski. ¹*Beterem – Safe Kids Israel, Israel*; ²*Terem Emergency Medical Centers, Israel*

Background An accepted method of estimating the paediatric injury rate is to use the prevalence of emergency department (ED) visits. However, children may receive injury care in other locations.

Aims/Objectives/Purpose (1) Estimate the paediatric injury rate using both ED and community urgent care centres (UCC) visits and (2) Compare injury, utilisation and demographic variables between paediatric ED and UCC use.

Methods (1) Estimation of the injury rate for two cities (Jerusalem and Maale Adumim)—defined as the number of resident children ages 1–17 who visited either UCC or ED (not both) due to injuries