

Falls from Windows Academic Research

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Musemeche CA, Barthel M, Cosentino C. Pediatrics falls from height. *J Trauma* 1991; 31:1374-9.

Lehman D, Schonfeld N. Falls from heights: a problem not just in the northeast. *Pediatrics* 1993; 92:121-4.

Keogh S, Gray JS, Kirk CJ, et al. Children falling from height in LONDON. *Inj Prv* 1996;2:188-91.

Lallier M, Bouchard D, St-Vil J, et al. Falls from heights among children: A retrospective review. *J Pediat Surgery* 1999; 34:1060-63.

Committee on Injury and Poison Prevention. Falls from height: Windows, roofs, and balconies. *Pediatrics* 2001; 107:1188-91.

Istre GR, McCoy MA, Stowe M, et al. Childhood injuries due to falls from apartment balconies and windows. *Inj Prev* 2003; 9:349-52.

Vish NL, Powell EC, Wiltsek D, et al. Pediatric window falls: not just a problem from children in high rises. *Inj Prev* 2005; 11:300-3.

Mayer L, Meuli M, Lips U, et al. The silent epidemic of falls from buildings: analysis of risk factors. *Pediatr Surg Int* 2006; 22:743-8.

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Child and adolescent injury as a result of falls from buildings and structures

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ABSTRACT

Objective: To examine incidence, demographic risk factors, and patterns of injury resulting from falls from buildings and structures in areas with and without a legislation based prevention programme.

Design and setting: The Health Care Cost and Utilization Project (KID-HCUP) was used to produce national estimates of hospital admissions due to falls from buildings in the US. Areas of New York with and without window guard legislation were identified through the New York Statewide Planning and Research Cooperative System (SPARCS).

Subjects: Children and adolescents aged 0–18 years.

Interventions: Legislation based window fall prevention programme with enforcement.

Main outcome measures: Hospitalization for injury as a result of falls from buildings and structures in areas with and without enforced mandatory window guard legislation.

Results: New York City has a higher proportion of the population residing in multifamily dwellings with 10 or more units compared with the nation (53.8% v 12.6%, $p < 0.0001$), but the incidence of injury resulting from falls from buildings is nearly half that observed in the US. For young children, warm weather risks begin earlier and extend later than previously reported. Incidence in very young minority children is nearly twice that of whites. Nearly 90% of children aged 0–4 years fall at home, but the proportion decreases linearly with age.

Conclusions: Window guards are associated with reduced injury resulting from falls from buildings and should be mandated in multifamily dwellings where small children reside. Prevention programmes for young children should be initiated in early spring and continued through fall

Stone KE, Lanphear BP, Pomerantz WJ, *et al.* Childhood injuries and deaths due to falls from windows. *J Urban Health* 2000;**77**:26–33

Childhood injuries and deaths due to falls from windows.

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BACKGROUND: Unintentional injuries are the leading cause of death in children, and falls are the most common type of unintentional injury in the US. The incidence of falls from windows, a common cause of death in urban areas, has not been described outside major cities such as New York and Chicago, and rates in urban and suburban areas have not been compared.

OBJECTIVE: To estimate the incidence and identify the population at risk for falls from windows among children in Hamilton County, Ohio.

DESIGN: Retrospective case series identified using Cincinnati Children's Hospital Medical Center (CHMC) Trauma Registry. **SETTING:** Hamilton County, Ohio, which has urban and nonurban areas. **PARTICIPANTS:** Children less than 15 years old residing in Hamilton County, Ohio, presenting to CHMC in Cincinnati, Ohio, after a fall from a window between January 1, 1991, and December 31, 1997. **OUTCOME MEASURE:** Annual incidence by age, race, gender, and residence of those who fell from windows.

RESULTS: Over the 7-year study period, 86 (6.3%) of 1,363 falls were from windows. The mortality rate for falls from windows was 4.7%, compared to 0.07% for all other falls presenting to CHMC ($P < .0001$). Children 0-4 years old had a higher rate of falls than children aged 5-14 (14.6/100,000 vs. 2.0/100,000) ($P < .0001$). Males were twice as likely to fall as females ($P < .016$), and black children were three times more likely to fall than non-black children ($P < .002$). The incidence of falls in the city of Cincinnati was four times that of the non-urban area ($P < .0002$). **CONCLUSIONS:** Injuries from falls from windows are a public health problem in Hamilton County, Ohio, especially for young, urban children.

American Academy of Pediatrics, Committee on Trauma. Falls from heights: windows, roofs, and balconies. *Pediatrics* 2001;**107**:1188–91.

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Falls From Heights: Windows, Roofs, and Balconies

Committee on Injury and Poison Prevention

Falls of all kinds represent an important cause of child injury and death. In the United States, approximately 140 deaths from falls occur annually in children younger than 15 years. Three million children require emergency department care for fall-related injuries. This policy statement examines the epidemiology of falls from heights and recommends preventive strategies for pediatricians and other child health care professionals. Such strategies involve parent counseling, community programs, building code changes, legislation, and environmental modification, such as the installation of window guards and balcony railings.