

Supplementary files. The studies included in the scoping review

Authors	Year of publication	Country	Study design	Setting*	Types of incidents**	Participants				
						CI***	Sample size	Age	Inclusion criteria	Exclusion criteria
Albert M, McCaig L, Ashman J [8]	2013	USA	Statistics	ED	F	No	-	≥ 65	-	-
Ng W et al. [9]	2002	Japan	Descriptive study	ED	TA+B	No	813	≥ 65	• Cases of injury-related presentations in the elderly group.	
Canadian Institute for Health Information [10]	2010	Canada	Statistics	ED	General	No	-	≥ 65	• Ontario residents with an unplanned visit to the Emergency Department.	
Ontario Injury Prevention Resource Centre [11]	2007	Canada	Statistics	ED	F+TA	No	-	≥ 65	• Visiting an Emergency Department; or • Admitted to an acute care hospital.	
Tierney M, Charles J, Naglie G et al. [13]	2004	Canada	Descriptive study	C	SN	Yes	139	≥ 65	• Living alone; • Urban-dwelling.	• History of bipolar disorder or schizophrenia.
Shaw FE, Bond J, Richardson DA, et al. [24]	2003	UK	Empirical study	ED	F	Yes	274	≥ 65	• Cognitive impairment and dementia (Mini-MentalState Examination score < 24); • Presenting to the Emergency Department after a fall.	• Medical diagnosis that likely caused the fall; • Unfitness for investigation within 4 months; • Inability to walk or to communicate for reasons other than dementia.
Shaw F [25]	2003	UK	Author's opinion	C	F	Yes	-	≥ 65	-	-
Gagnon C, Lafrance M [26]	2011	Canada	Literature review	C	F	No	-	≥ 65	-	-
Public Health Agency of Canada [27]	2011	Canada	Grey literature	C	F	No	-	≥ 65	-	-
Raina P et al. [28]	1997	Canada	Literature review	H	F+TA	No	-	≥ 65	-	-
Public health agency of Canada [29]	2008	Canada	Grey literature	C	F	No	-	≥ 65	-	-

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Owens P, Russo C, Spector W et al. [30]	2009	USA	Statistics	ED	F	No	-	≥ 65	-	-
Centers for Disease Control and Prevention [31]	2015	USA	Grey literature	C	F	No	-	≥ 65	-	-
Abrantes K et al. [32]	2015	Brazil	Descriptive study	ED	F+TA	No	190	≥ 65	• Victims of some type of trauma (urban and rural); • Served by the Mobile Emergency Service team.	-
Kara H, Bayir A, Ak A et al. [33]	2013	Turkey	Descriptive study	ED	F+TA	No	568	≥ 65	• Admitted to an Emergency Department of a tertiary care hospital.	-
Public Health Agency of Canada [34]	2005	Canada	Grey literature	C	F	No	-	≥ 65	-	-
Lee V, Wong T, Lau C [35]	1999	Hong Kong	Descriptive study	ED	F+TA+B	No	100	≥ 65	• History of accidental injury at home within one week.	-
Yeo Y, Lee S, Lim C et al. [36]	2009	Singapore	Descriptive study	ED	F+TA	No	720	≥ 65	• Visiting the Emergency Department	• Immediate resuscitation; • Mental illness or violent behavior.
Aschkenasy M, Rothenhaus T [37]	2006	USA	Literature review	C	F+TA	No	-	≥ 65	-	-
Lee J, Sirois M, Moore L et al. [38]	2015	Canada	Descriptive study	ED	F+TA	Yes	1.286	≥ 65	• Independently perform the seven basic activities of daily living; • Emergency Department patients; • Discharged back home.	-
Amador S, Goodman C, King D et al. [39]	2014	UK	Descriptive study	C	F	Yes	133	≥ 65	• Documented diagnosis of dementia; or • Validated measure of cognitive function impairment.	• Admitted to hospital; • From long-term care facilities; • Unable to give consent.
Burns E [40]	2001	USA	Literature review	ED	F	No	-	≥ 65	-	• Lacked capacity to consent; • A consultee could not be identified
Ziminski C, Phillips L, Woods D [41]	2012	USA	Descriptive study	ED	F	Yes	18344	≥ 65	-	-
Public Health Agency of Canada [42]	2014	Canada	Grey literature	C	F	No	-	≥ 65	-	-

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Whiteman C, Tillotson R, Denne N et al. [43]	2011	USA	Descriptive study	ED	F+TA	Yes	6,151	≥ 40	<ul style="list-style-type: none"> • Dementia and non-dementia group; • Presented for a major trauma visit. 	-
Nourhashémi F, Andrieu S, Sastres N et al. [44]	2001	France	Descriptive study	ED	F	Yes	118	≥ 60	<ul style="list-style-type: none"> • Patients with Alzheimer' disease 	
Voisin T, Sourdet S, Cantet C et al. [45]	2009	France	Descriptive study	H	F	Yes	686	≥ 60	<ul style="list-style-type: none"> • Alzheimer's disease; • Mild to moderate disease; • Mini- Mental State Examination score between 10 and 26; • Living in the community. 	<ul style="list-style-type: none"> • Severe Alzheimer's disease; • Institutionalized at baseline; • A concomitant disorder that could affect the short-term prognosis.
Ministry of Health (British Columbia, Canada) [46]	2006	Canada	Grey literature	C	F	No	-	≥ 65	-	<ul style="list-style-type: none"> • Confusional syndromes or slight or moderate cognitive disorders.
Kihlgren A, Wimo A, Mamhidir A [47]	2014	Sweden	Descriptive study	C	F	No	719	≥ 75	<ul style="list-style-type: none"> • Living permanently in a nursing home. 	
Pfortmueller C, Kunz M, Lindner G et al. [48]	2014	Switzerland	Descriptive study	ED	F	No	6357	≥16 ≥75	<ul style="list-style-type: none"> • Admitted to the Emergency Department in relation to a fall. 	
Timler D, Dworzyński M, Szarpak Ł et al. [49]	2015	Poland	Descriptive study	ED	F	No	301	≥ 65	<ul style="list-style-type: none"> • Patients whose diagnoses were coded with ICD-10 (International Statistical Classification of Diseases) codes S00–S09 which pertain to injuries of the head. 	
Ministry of health planning, Office of the Provincial Health Officer, British Columbia [50]	2004	Canada	Grey literature	C	F	No	4066	≥ 65	<ul style="list-style-type: none"> • Treated and released in the Emergency Department 	
Department of Health Promotion and Protection [51]	2007	Canada	Grey literature	C	F	No	-	≥ 65	-	<ul style="list-style-type: none"> • Admitted to hospital for further treatment of their injuries.
Gyllencreutz L, Björnstig J, Rolfman E et al. [52]	2015	Sweden	Descriptive study	C	F	No	216	≥ 65	<ul style="list-style-type: none"> • Fall as a pedestrian in a public area. 	

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Wilkins K, Park E [53]	2004	Canada	Grey literature	C	F	No	Older adults	≥ 65	-	-
Douglas A, Letts L, Richardson J [54]	2011	Canada	Literature review	C	F+B+SN+W	Yes	16 sources	≥ 65	-	-
Taylor M, Delbaere K, Lord S et al. [55]	2014	Australia	Descriptive study	C	F	Yes	174	≥ 60	<ul style="list-style-type: none"> • Cognitive impairment; • Living in the community or a low-level care facility. 	
Paniagua M, Malphurs J, Phelan E [56]	2006	USA	Descriptive study	ED	F	No	117	≥ 65	<ul style="list-style-type: none"> • Presenting to the Emergency Department during the 2 months of observation after having fallen. 	<ul style="list-style-type: none"> • Recent stroke (within 18 months); • Progressive neurodegenerative disorders (excluding dementia).
Ouellet M, Sirois M, Beaulieu-Bonneau S et al. [57]	2016	Canada	Descriptive study	ED	F+TA	Yes	306	≥ 65	<ul style="list-style-type: none"> • Independent in basic activities of daily living; • Visit to the Emergency Department specifically for a minor traumatic injury; • Discharged home within 48 hours. 	
Welmerink D, Longstreth W, Lyles M et al. [58]	2010	USA	Descriptive study	H	F	Yes	5,356	≥ 65	<ul style="list-style-type: none"> • Injury was the primary cause of hospitalization; • Presence of an E-code for falling: E880–E886, E888; • Available scores, for the baseline clinic visit, for 3MS (Modified Mini-Mental State Examination) and DSST (the Digit Symbol Substitution Test). 	
Taylor M, Lord S, Brodaty H et al. [59]	2017	Australia	Empirical study	C	F	Yes	42	≥ 60	<ul style="list-style-type: none"> • A clinical diagnosis of dementia; • Living in the community; 	<ul style="list-style-type: none"> • Living in long-term care; • Dementia or delirium or confusion at the visit; • Admission to any ward; • Inability to consent.
National Institute on Aging [60]	2009	USA	Grey literature	C	F	No	-	≥ 65	-	-
Beaudoin F, Merchant R, Clark M [61]	2016	USA	Empirical study	ED	SN	No	112	≥ 50	<ul style="list-style-type: none"> • Taking opioids. 	
Mahoney J, Shea T, Przybelski R et al. [62]	2007	USA	Empirical study	C	F	No	349	≥ 65	<ul style="list-style-type: none"> • Independently living; • History of 2 falls in the previous year; or 1 fall in the previous 2 years with injury or gait and balance problems. 	<ul style="list-style-type: none"> • Cognitive impairment.
National Institute on Aging [63]	2002	USA	Grey literature	C	TA	Yes	-	≥ 65	-	-
Alden N, Rabbits A, Yurt R [64]	2005	USA	Descriptive study	C	B	Yes	36	≥ 50	<ul style="list-style-type: none"> • Documented pre-existing dementia; • Suffered a burn injury. 	

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Ehrlich A, Kathpalia S, Boyarsky Y et al. [65]	2005	USA	Descriptive study	ED	B	No	77	≥ 65	<ul style="list-style-type: none"> • Treated in the Emergency Department for a burn diagnosis; • Subsequently discharged home. 	
Lester P, Kohen I [66]	2008	USA	Author's opinion	C	B	No	-	≥ 65	-	-
Lowton et al. [67]	2010	UK	Descriptive study	C	F+B	No	-	≥ 60	<ul style="list-style-type: none"> • Living in private or sheltered housing via two routes: 1) those in contact for the purposes of receiving a Home Fire Safety Visit 2) those attending Falls clinics 	<ul style="list-style-type: none"> • Hospital admission; • Transfer to a burn center; • Elopement from the Emergency Department; • Chemical or non-thermal burn.
Elder A, Squires T, Busuttill A [68]	1996	Scotland	Descriptive study	C	B	No	1096	≥ 75	<ul style="list-style-type: none"> • Died in household fires. 	
Tierney M, Snow W, Charles J et al. [69]	2007	Canada	Descriptive study	C	SN	Yes	139	≥ 65	<ul style="list-style-type: none"> • Cognitive impairment; • Living alone. 	
Charles J, Naglie G, Lee J et al. [70]	2015	Canada	Descriptive study	C	SN	Yes	224	≥ 65	<ul style="list-style-type: none"> • Cognitive impairment (≤130 on the Dementia Rating Scale); • Living alone; • Having a PCP (Primary care physician). 	<ul style="list-style-type: none"> • Living in a communal setting; • History of bipolar disorder or schizophrenia.
Barat I, Andreasen F, Damsgaard E [71]	2001	Denmark	Descriptive study	C	SN	Yes	348	≥ 75	-	-
Canadian Institute for Health Information [72]	2016	Canada	Grey literature	ED	SN	No	-	≥ 65	-	-
Tierney M, Charles J, Jaglal S et al. [73]	2001	Canada	Descriptive study	C	SN	Yes	139	≥ 65	<ul style="list-style-type: none"> • Suspected of having cognitive impairment; • Living alone. 	
Rowe M, Feinglass N, Wiss M [74]	2004	USA	Literature review	C	W	Yes	-	≥ 48	<ul style="list-style-type: none"> • Persons with dementia 	-
Dalsania P [75]	2006	USA	Grey literature	C	TA	Yes	-	≥ 65	-	-
Booth V et al. [76]	2015	UK	Literature review	C	F	Yes	7 sources	≥ 60	-	-

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Allred D, Raynor D, Hughes C et al. [77]	2013	Australia, Canada, Netherlands, Sweden, UK, USA	Literature review	C	SN	No	7653	≥ 65	• Living in institutionalized care facilities.	
Public Health Agency of Canada [78]	2009	Canada	Grey literature	C	TA	No	-	≥ 65	-	-
Fuller G [79]	2000	USA	Author's opinion	C	F	No	-	≥ 65	-	-
Al-Aama T [80]	2011	USA	Author's opinion	C	F	No	-	≥ 65	-	-
Rapp K, Lamb S, Büchele G et al. [81]	2008	Germany	Descriptive study	C	F	Yes	365	≥ 60	• Living in a nursing homes; • >40% reported symptoms of low mood or cognitive impairment.	
Carpenter C, Avidan M, Wildes T et al. [82]	2014	USA	Literature review	ED	F	No	3 sources	≥ 65	-	-
Taylor M, Delbaere K, Close J et al. [83]	2012	Australia	Literature review	C	F	Yes	-	≥ 65	-	-
Canadian Institute for Health Information [84]	2014	Canada	Grey literature	ED	F	No	1,537,239	≥ 65	• Living in a long-term care facility.	
Institut national de santé publique du Québec [85]	2017	Canada	Grey literature	C	F	No	-	≥ 65	-	-

*Setting: C = Community; ED = Emergency Department; H = Hospital;

**Types of incidents are: B = burns; F = falls; SN = harm due to self-neglect; TA = traffic accidents; W = harm due to wandering;

***CI = did the study include participants with cognitive impairment?