



# Burns

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Babies and young children are most at risk of burns because their skin is a lot thinner than an adult's. It will burn deeper, more quickly and at lower temperatures. Because of their small size, a small amount of hot liquid can damage a large area. It only takes 1 to 3 seconds to cause a full thickness burn from a drink at 60 degrees centigrade. A cup of coffee is usually around 70 degrees centigrade.

As children start to wriggle, sit up and crawl they also start to reach and grasp. This puts them at risk of pulling tablecloths and spilling hot food and liquids over themselves. When they become more mobile and active, they come into contact with hot

appliances and heaters. Older children are at increased risk of cooking-related burns when they start helping out in the kitchen. They may also be experimenting with matches, fires and fireworks.

**260** Around **260** children hospitalised each year.

- **89%** hospitalisations were for burns due to contact with a hot object or substance.

- **11%** were due to fire or flame.

## THE CAUSES



HOT DRINKS



HOT FOOD/OILS



HOT TAP-WATER



HOT HOUSEHOLD APPLIANCES



HOT WATER



HEATING APPLIANCES, RADIATORS & PIPES

## WHO IS GETTING INJURED?



**0-4 YEARS**

Account for 78% of hospitalisations for burns.



**BOYS**

Are 1.5 times more likely to be injured than girls.



**MĀORI & PACIFIC**

3 times more likely to be hospitalised than European children.



**URBAN CHILDREN**

And those with high socio-economic deprivation are more likely to be injured and die from burns.

## SAFETY DEVICES



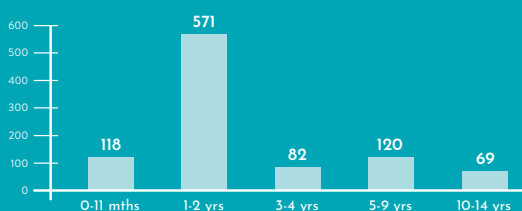
- Fire and heater guards.
- Photoelectric smoke alarms.
- Thermometer testing water temperature.

## WHERE IT HAPPENS



Most burns happen at home, especially in the kitchen.

## HOSPITALISATIONS 2009-2018



## THE TREND



Rate of hospitalisations for burn injuries in the home has declined about 25% over the past 10 years.

# Top Safety Tips

## Birth to 11 months

- Avoid holding children while eating and cooking. These are very common ways that children get burned. Try serving cold drinks when children are present and have a tea break when they're sleeping.
- When filling the bath, turn the cold water on first and off last. Check the temperature of the water on your wrist before a child gets in.

## 1-2 years

- Avoid using tablecloths and placemats.
- Put hot drinks in the middle of the table.
- Use protective screens/guards around heaters and fireplaces.
- The sun heats up playground equipment quickly and can burn a child's thin skin. If it's hot plan your playground adventures for the morning and evening.
- Turn pot handles towards the back of your stove, out of reach of children.
- Before starting to cook, create a kid-free zone. Organise activities for them in a safe space like a playpen or highchair while you are busy cooking.

## 3-4 years

- Ensure your hot water is a safe 55 degrees centigrade at the tap.
- Place lighters, matches and fireworks up high and out of reach.
- Place hot appliances like hair straighteners and the iron out of reach while they are cooling. Store up high and out of reach.

## 5-9 years

- Helping to cook is a great way to teach children how to cook safely. They should only use microwaves if they are tall enough to reach inside, and they should always use oven gloves when taking food off the stove and out of the oven.
- Discuss the dangers of matches, fires and fireworks. Set boundaries with your children around the use of these items.

## 10-14 years

- Discuss the dangers of risk-taking around matches, fire and fireworks.
- Talk about the importance of having friends interested in positive activities and who do not use peer pressure.
- Explain why having rules when they are home alone helps them handle emergencies such as fires.
- Role-model safe cooking practices such as staying in the kitchen when cooking.

If your child is lighting fires, visit [fireandemergency.nz](http://fireandemergency.nz) to find out about their Fire Awareness and Intervention Programme (FAIP). FAIP is a free consequence-based education programme designed to stop 5 to 17 year old young people from lighting fires.



### What to do if a burn injury happens

- Call 111 immediately if there is a lot of pain, or involves the eyes.
- Run cool water over the burn for 20 minutes or luke-warm water for babies.
- If the burn is causing on-going pain or involves the eyes see a doctor as soon as possible.



If your child is injured you can find out more about ACC support at [www.acc.co.nz/im-injured](http://www.acc.co.nz/im-injured).

ACC Claims: 0800 101 996 or email [claims@acc.co.nz](mailto:claims@acc.co.nz).

For detailed references on the data and information contained in this card and to download additional copies visit [www.starship.org.nz/safekids/reference-cards](http://www.starship.org.nz/safekids/reference-cards).



# Button Batteries

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Young children love to take things apart and put things in their mouths. This helps them to learn about the world. It also puts them at risk of swallowing harmful objects. Products are often designed without taking into consideration the possible harm they could cause if used incorrectly by children.

Button batteries are extremely powerful and are a real danger to children if they are swallowed. They are found in everyday household things like watches, toys, hearing aids, remote controls, musical greeting cards and other electronic devices which are often within easy reach of children. Parents and caregivers are often not aware of the severe injuries that can be caused if they are swallowed or put into the ear or nose.

Injuries happen because saliva or moisture within the body comes into contact with the button battery and creates an electrical

current. This electrical current can cause severe burns and tissue damage. This damage can continue even after the battery is removed. Often a child swallows a battery without anyone noticing. They may continue to breathe and behave normally while damage is already happening. If there is any indication, it may just seem like they have a cold or the flu. It is important to take steps to prevent these injuries before they happen.

**20** Around **20** children every year are taken to the Starship Emergency Department because of button battery-related injuries, or because they are suspected of swallowing one.

The National Poisons Centre receives around **29** calls each year about young children swallowing button batteries or getting them stuck in their ears or nose.

Serious damage can occur in as little as **2** hours.

## WHERE DO CHILDREN GET HOLD OF BUTTON BATTERIES?

- 61.8% directly from a product
- 29.8% loose batteries
- 8.2% batteries in their packaging

## WHO IS BEING AFFECTED?



**1-2 YEARS**  
Children from 1-2 years old are the most at risk.

## ACTUAL SIZE



20mm button batteries are most likely to get stuck in a child's throat.

## COMMON ITEMS THAT CONTAIN BUTTON BATTERIES



CLOCKS & WATCHES



TOYS



MUSICAL BOOKS & CARDS



REMOTE CONTROLS



HEARING AIDS



CAR KEYS



CALCULATORS



CAMERAS



TORCHES



DIGITAL THERMOMETERS

## Top Safety Tips



### SEARCH

your home and any place your child goes for items that may contain button batteries.



### SECURE

button battery controlled devices out of sight and reach of children and keep loose batteries locked away.



### SHARE

this life saving information with caregivers, friends, family and whānau.

- Only keep toys in reach that match your child's stage of development. Store the rest up high and out of reach.
- Search your home and any place your child goes, for items that may have button batteries. Place them out of reach and sight.
- Some items come with button batteries already installed. Look out for things like: singing greeting cards, watches, thermometers, decorations and flashing jewellery.
- Keep loose batteries locked away.
- As an extra precaution put some duct tape over the battery compartment of the TV remote.



### First aid for a child who has swallowed a button battery

- Time is critical, so children suspected of swallowing a battery must get to an emergency department immediately. Tell the front desk, doctors and nurses that your child might have swallowed a button battery.
  - If you have honey available, give your child 2 teaspoons before heading to the emergency department - as long as they are at least a year old and there is no obvious chest pain or fever. Honey can significantly reduce burn injuries from swallowing button batteries.
  - Two teaspoons can be given every 10 minutes up to 6 doses.
- Do not induce vomiting or have your child eat or drink anything other than honey until a doctor has seen them.
- If you have the identification number of the battery (found on the battery's pack), take it with you to hospital. This could be really helpful to the medical team.
- Call Healthline on 0800 611 116 or Poisons Line on 0800 POISONS (0800 764 766) if you are unsure what to do.

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# Choking & Strangulation

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Babies and young children learn about their world through touch and taste. It is natural for them to put things in their mouths. As soon as they are able to reach and grasp, they will taste whatever they can touch – and it won't just be food. Batteries, balloons, pills, earrings, marbles, coins, toys and magnets, will all go into their mouths.

Children have small airways that can be blocked by objects much easier than adults. They also have smaller teeth and are still learning to chew and swallow properly. This means they are at risk of swallowing and choking on food that hasn't been broken down into small enough pieces. The danger is even greater because their small lungs are not very good at shifting or clearing objects that get caught in their airways.

Choking and strangulation injuries are less common than other injuries but tend to be fatal. When oxygen flow to the lungs is reduced or blocked completely, brain damage can occur in as little as four to six minutes. A serious choking, suffocation or strangulation injury can affect a child for the rest of their life, both physically and mentally, often causing irreversible brain and organ damage.

 Around **40** children hospitalised each year.

 **87%** were due to choking.

 **11%** were due to strangulation.

## THE CAUSES



### SUFFOCATION CAUSED BY CHOKING

Nearly half of all suffocation injuries are caused by choking on food and other objects, particularly for children under 1 year.



### SMALL OBJECTS

Choking from small objects such as balloons, earrings, small toy parts and button batteries.



### WINDOW CORDS & STRINGS

Strangulation injuries from window cords and strings.

## WHO IS GETTING INJURED?



### 0-4 YEARS

Account for around 90% of choking and strangulation injuries.



### BOYS

Boys are at a slightly higher risk than girls.



### MĀORI & PACIFIC

Are 1.5 times more likely to be hospitalised than other ethnicities.

## SAFETY DEVICES



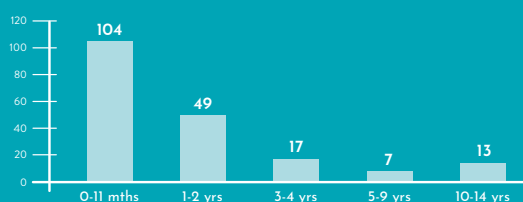
- Designing, constructing and using materials for cots, folding cots and high chairs that minimise entrapment.
- Ensuring toys for under 3 year olds do not have small parts that can be pulled off or break off easily.
- Choking test tube, or toilet roll tube.

## WHERE IT HAPPENS



70% choking and strangulation events requiring hospitalisations happen at home.

## HOSPITALISATIONS 2013-2017



## THE TREND



The rate of hospitalisation for choking and strangulation events in the home has declined by about 17% over the past 10 years.

## Top Safety Tips

### Birth to 11 months

- Mash, grate and finely chop foods so they are easier to eat and won't get caught in a baby's airways.
- Feed your baby before they go to sleep rather than letting them fall asleep with a bottle. Babies who fall asleep while bottle-feeding or with the teat in their mouth can draw liquid into their lungs and inhale or choke on it.
- As well as leading to choking, button batteries can also result in severe burning of the throat. Place them out of reach and sight and keep loose batteries locked away.

### 1-2 years

- Always make sure babies and young children sit down while they eat, and that someone is with them while they are eating or drinking.
- Offer food that matches their chewing and grinding abilities.
- Be aware of foods which are more likely to cause choking, such as nuts, seeds, berries, raw apple and carrot, food with skins such as grape and stringy foods such as celery.
- Keep beds away from windows and make sure cords and strings are tied up and out of reach.
- Make sure window cords and strings are tied up and out of reach. They are a risk at this age, so keep beds away from windows cords too.
- Cut food into small pieces. It's a lot easier to eat and reduces choking
- Plastic bags that can fit over a child's head can cause suffocation, so keep these out of reach.

Visit [kidshealth.org.nz/choking-checklist](https://kidshealth.org.nz/choking-checklist) for detailed information about reducing the choking risk for children.

#### First aid

The first aid procedures for helping a child who is choking are different for very small babies and children over the age of 1 year of age.

You can find very useful description of these procedures in the Well Child Tamariki Ora My Health Book.

Visit [healthed.govt.nz](https://healthed.govt.nz)

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# Driveway Runovers

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Driveway runovers are preventable. Tragically, it is very common for the driver of a vehicle in these circumstances, to be a parent of the child. Small children, particularly those under two years of age are at most risk. Vehicles often have blind spots and it can be very difficult to see a small child from the driver's seat.

Young children become mobile very quickly. It is very easy for them to slip through an open door or gate and put themselves in the path of a departing vehicle. While reversing cameras and sensors are a great help when parking, they cannot detect or show things directly beneath the vehicle. They do not prevent driveway runovers.

Injuries from driveway runovers tend to be severe with trauma to the head, chest and limbs. These injuries can be fatal and a significant number of children who survive, experience long-term complications.

**4** About **4** deaths a year.

**17** Around **17** hospitalisations every year.

## THE CAUSES



### HUMAN FACTORS

- Unsupervised children.
- Small children hard to see.
- Drivers unaware of children before they get in vehicle.



### VEHICLE FACTORS

- All vehicles have blind spots on the front, sides and rear.



### BUILT ENVIRONMENT

- Long or shared driveways increase the risk.
- Lack of separate pedestrian access.

## WHO IS GETTING INJURED?



### 0-4 YEARS

- Accounts for almost 100% of deaths from driveway runovers.
- Accounts for 75% of hospitalisations from driveway runovers.



### BOYS

- Are more likely to be injured than girls.



### MĀORI & PACIFIC

- Māori are 3 times and Pasifika 1.5 times more likely to be hospitalised than other ethnicities.

## SAFETY DEVICES



- Child resistant latches on a gate.
- Gates and fencing to separate play areas from driveway.

## WHEN & WHERE IT HAPPENS



### SPRING & SUMMER

- Danger months with kids outside & doors left open.



### MEALTIMES

- Before lunch & dinner are the most dangerous times.



### CAR PARKS

- There have also been children run over in car parks.



### AT HOME

- The majority happen in the child's own home driveway or relatives & neighbours driveways.

## BOTH WAYS

68% of runovers happen when car is moving backwards



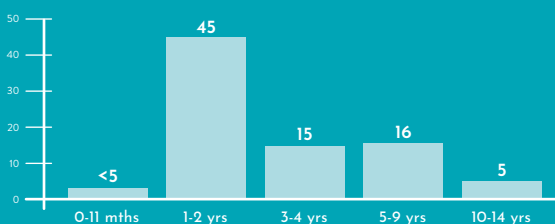
32% of runovers happen when car is moving forwards

## WHO IS DRIVING THE CAR?



49% child's parent  
21% visitors  
17% other relatives  
13% neighbours

## HOSPITALISATIONS 2013-2017



## THE TRENDS



Rate of hospitalisations for driveway runovers has declined about 35% over the past 20 years.  
Number of deaths has declined to 1-2 per year in last 3 years.

## Top Safety Tips

### CHECK FOR ME BEFORE YOU TURN THE KEY.



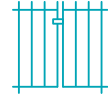
#### CHECK

for children by walking around the whole vehicle and looking underneath before driving off.



#### SUPERVISE

children around vehicles – always.



#### SEPARATE

play areas from driveways.

#### Birth to 11 months

- Keep children well away from driveways. They shouldn't think of them as play areas.
- Know where your children are before getting into the vehicle.
- Check around your vehicle before getting in.

#### 1-2 years

- Fence off the driveway from the main play area.
- Make it difficult for children to access the driveway by installing security doors or gates.
- Drive forwards out of the driveway where possible.
- Slow down on driveways.

#### 3-4 years

- If you need to leave your vehicle make sure it is always switched off and the hand brake is engaged.
- If you are around cars, hold your child's hand and keep them close.
- Have a designated safe area where children learn to wait when a vehicle is leaving your driveway, and where drivers can see them.

#### 5-9 years

- Pre-teens spend more time without adult supervision. They explore their surroundings independently and with growing confidence.
- Talk to them about the dangers of driveway runovers and the importance of keeping the driveway clear of toys and objects.



#### First aid if a child has been struck by a car

- If your child has been struck by a car, call 111 immediately, especially if your child is in pain, unconscious, being sick or seems sleepy, has trouble breathing, or is bleeding (including from the ear).
- If unconscious and not breathing, begin CPR on the child. Do not stop performing CPR until medical help arrives and takes over.

If your child is injured you can find out more about ACC support at [www.acc.co.nz/im-injured](http://www.acc.co.nz/im-injured).

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# Drowning






Babies and young children are inquisitive, active and eager to explore. They are attracted to water because it shines, ripples and splashes, but they don't understand its dangers and what to do if they get into trouble. Their big heads and top heavy bodies means they can easily lose their balance and fall into water. When this happens they are at risk of drowning in even just a few centimetres of water like a puddle or ditch.




Children can drown quickly, in just a matter of minutes, and often silently. The common places children drown changes with age. Babies and toddlers often drown in buckets and baths. Pre-schoolers are more likely to drown in home swimming pools. Older children

and teenagers who may consider themselves better swimmers than they are underestimate strong currents. They can quickly find themselves in danger and are more likely to drown in rivers and the sea.

Children who survive drowning may be left with severe brain and/or organ damage and long-term disabilities.

-  **3** children die from a home drowning every year.
-  **13** children are hospitalised from a home drowning every year.
-  Around **4** children aged 1 - 2 years drown each year.

### THE CAUSES

		
<b>0-12 MONTHS</b>	<b>1-4 YEARS</b>	<b>TEENS</b>
Tipping over in bathtubs and falling into toilets and buckets.	Lack of swimming ability in swimming pools, paddling pools and spas.	Getting caught in lakes, rivers and the sea

### WHO IS GETTING INJURED?

		
<b>1-2 YEARS</b>	<b>BOYS</b>	<b>MĀORI</b>
Account for more than 50% of home drownings.	Are 1.5 times more likely to be injured than girls.	Māori children are 3 times and Asian children 2 times more likely to be hospitalised than European children.

### SAFETY DEVICES

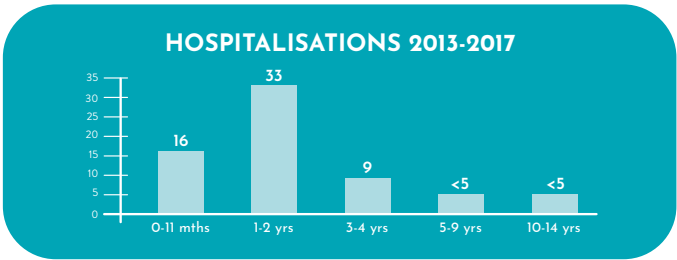


- Four sided pool fencing (1.2 metres high) with self-closing, self-latching gate (swimming/paddling pools and spa pools).
- Safety latches or doorknob covers for bathroom doors.
- Toilet seat latches or locks.
- Swimming lessons.
- Floatation swimming devices.


### WHERE IT HAPPENS

Children can drown quickly and silently in less than 5cm of water.

 <p><b>IN THE HOME</b></p> <ul style="list-style-type: none"> <li>• Sinks</li> <li>• Baths</li> <li>• Buckets</li> <li>• Toilets</li> </ul>	 <p><b>OUTDOORS</b></p> <ul style="list-style-type: none"> <li>• Puddles</li> <li>• Ditches</li> <li>• Swimming and paddling pools</li> <li>• Lakes, rivers, and the sea</li> </ul>
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### THE TREND



Rate of hospitalisations for near-drownings in the home has increased about 45% over the past 10 years.

## Top Safety Tips

**Drowning is the 3rd leading cause of death from unintentional injury in children.**

Water safety is important at any age, but especially for babies and toddlers.

### Birth to 11 months

- Maintain hand and eye contact with a child while they are in a bath or around water. If the doorbell or phone rings, it's best to remove a child from the water, wrap them in a towel and take them with you.

### 1-2 years

- Always empty baths, buckets and paddling pools after use and close the toilet lid.
- When emptying the bath make sure the plug or toys do not accidentally block the drain.
- When on holiday, check for water hazards and that pool gates are secure and locked at all times.

### 3-4 years

- Only let children in, on and around water when you are free to supervise them at all times, without any distractions (including your phone). Keep within arm's reach of toddlers so you can help them quickly if needed.
- Use four-sided pool fencing (1.2 m high) with a self-closing, self-latching gate.
- Teach children from a young age how to be safe around water.

### 5-9 years

- Teach children the importance of swimming between the flags at the beach.
- Enrol a child in swimming lessons as soon as they are ready.

### 10-14 years

- Personal flotation devices should always be used in boats.
- Discuss the dangers of risk taking and why it's important to have rules around water.
- Adults should role-model safe swimming practices.

#### **First aid for a child that has drowned**

- Get a drowning child out of the water as quickly as possible. If they aren't breathing, place them on their back on a firm surface and start CPR.
- Call 111 or ask someone to call for you if you have help there.
- Do not stop performing CPR until medical help arrives and takes over.

If your child is injured you can find out more about ACC support at [www.acc.co.nz/im-injured](http://www.acc.co.nz/im-injured).

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# Falls

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The risk of falling begins at birth, as soon as a baby is able to move and roll off a surface. As they grow and start climbing and jumping to explore their world, the risks change. Their curiosity and lack of co-ordination and balance increase their risk of falling. Young children will climb furniture to grab items that are out of reach or climb a tree that's unsafe. They may also be tempted by open windows and steep stairs.

While minor slips and falls are a normal part of children's development and very common, some can result in broken bones, cuts or other more significant injuries. A serious fall may result in a traumatic brain injury (TBI) or spinal injury that may affect a child for the rest of their life.

**3** More than **3** children are hospitalised every day from falls.

- Falls hospitalisations each year:
  - **122** children from tripping, slipping and stumbling
  - **225** children from playgrounds
  - **110** children from beds
  - **126** children from chairs (high chairs, couch, sofa)
  - **102** children from decks or balconies



**49%** of Traumatic Brain Injuries in children are caused by falls.

## THE CAUSES



### 0-12 MONTHS

Falls when being carried.



### 1-4 YEARS

Slipping, tripping, stumbling and falling out of bed.



### 5-9 YEARS

Playgrounds and falling out of trees.



### 10-14 YEARS

Falling off bikes, skateboards and scooters, colliding.

## WHO IS GETTING INJURED?



### 0-4 YEARS

Account for around 52% of hospitalisations for falls.



### BOYS

Are 1.5 times more likely to be injured than girls.



### URBAN CHILDREN

And those with high socio-economic deprivation.

## SAFETY DEVICES



- Window guards and latches.\*
- Stair and safety gates.
- Helmets with an approved safety standard.

\* windows above the first floor should have an emergency release in case of fire.

## WHERE IT HAPPENS



### IN THE HOME

31% of fall-related hospitalisations.



### SCHOOLS OR PUBLIC AREAS

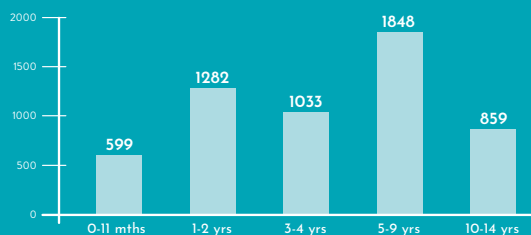
24% of fall-related hospitalisations.



### SPORTS OR ATHLETIC AREAS

11% of fall-related hospitalisations.

## HOSPITALISATIONS 2013-2017



## THE TREND



Rate of hospitalisations for fall injuries has declined about 19% over the past 10 years.

# Top Safety Tips

## Birth to 11 months

- Avoid carrying babies when doing tasks, or when feeling tired.
- Use approved safety gates at the top and bottom of stairs and attach them to the wall, if possible.
- Avoid baby walkers, which do not have safety features and can easily roll down the stairs.
- If you need to move away from your baby while they are on a changing table, take them with you.
- Keep babies strapped in when using high chairs, infant carriers, shopping trolleys, swings and strollers.

## 1-2 years

- Install window guards and stops to prevent window falls. Windows above the first floor should have an emergency release device in case of fire. Move any objects and furniture away from windows.
- Wet floors are a potential slip hazard for young children. Wipe up spills and wet floors immediately.
- Find playgrounds with shock-absorbing surfaces, such as wood chips, mulch, rubber or sand.

## 3-4 years

- Steer your children to age-appropriate activities to help prevent falls from play equipment.
- High porches, decks, stairs and balconies all have a high fall risk, so find alternative play areas.
- Talk to children about appropriate play behaviours.

## 5-9 years

- Bunk beds encourage climbing so they should only be used by children over nine years of age. They should have guardrails on the top bunk and an opening for entering and exiting of no more than 40cm.
- Talk to your children about how to be safe on a trampoline and use the 'one at a time' rule.
- Ensure your child is wearing a helmet when riding a bike, scooter or a skateboard.

## 10-14 years

- Discuss the dangers of risk-taking around climbing.
- Remind them to always wear a properly fitting helmet with an approved safety standard.
- Encourage the use of wrist guards and knee and elbow pads when using scooters and skateboards.

### **+** First aid

- Call 111 immediately if a child has had a fall and is in pain, unconscious, being sick or seems sleepy, has trouble breathing, or is bleeding (including from the ear). They may have a broken bone or serious head injury.
- Give CPR if the child is unconscious and not breathing.

### **+** First aid for a child who has had a broken bone

- Keep the injured arm or leg still and support the injured arm or leg with a pillow or sling.
- Raise the arm or leg higher than the heart to help reduce swelling.
- Take them to the nearest hospital Emergency Department, if an ambulance is not needed.
- The child will need pain relief.

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## Furniture, TVs & Sharp Objects

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Foundation



Children often experience injuries caused by heavy, hard or sharp objects. These occur both inside and outside of their homes. They typically involve things like falling furniture or TVs, cuts and piercing from glass and sharp objects, or being struck by sports equipment. Injuries like these are the second most common reason that children are hospitalised.

Younger children are at high risk of being crushed, jammed or struck by things like furniture and TVs. Objects like these are not designed for use by children but are often part of children's play and exploration. Young children enjoy climbing to reach objects and investigate spaces. Despite their enthusiasm, they are unaware of the risks involved and it is not uncommon for top-heavy furniture like drawers and TVs to tip-over and seriously injure children.

Older children are at high risk of being cut or pierced. They have more access to objects like garden tools and kitchen knives. They are also more daring and more likely to take risks. This leads to injuries

that involve sporting equipment or falls through glass doors, window and other furniture in the house.

While many of these injuries may not be serious, they can result in broken bones, deep cuts or severe head injuries with long-term consequences for children and their family.

600

Over **600** hospital admissions each year:

- **36%** cutting and piercing injuries (eg. sharp glass and knives)
- **35%** injuries where fingers/limbs are caught, crushed, jammed or pinched between objects (mainly from fingers caught in doors)
- **29%** injuries where a child is struck by or against an object (mainly from running into objects or from objects like TVs falling on children).

### THE CAUSES



Cuts from sharp glass and knives.



Fingers caught in doors.



TV and furniture tip-overs.



Climbing on unstable or top-heavy furniture.

### WHO IS GETTING INJURED?



#### 0-4 YEARS

Account for about 50% of injuries from furniture, TVs and sharp objects.



#### BOYS

Are 1.5 times more likely to be injured than girls.



#### MĀORI & PACIFIC

Are 2 times more likely to be hospitalised than other ethnicities.

### SAFETY DEVICES



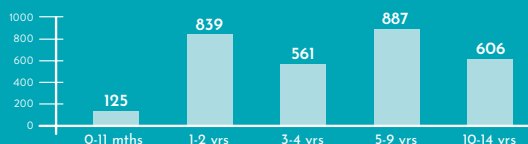
- TV and furniture straps.
- Safety gates.
- Door jams.
- Safety glass.

### WHERE IT HAPPENS



Around two thirds of these injuries happen at home.

### HOSPITALISATIONS 2013-2017



### THE TREND



Rate of hospitalisations for these injuries has declined by 15% over the past 10 years.

## Top Safety Tips

**You can't stop your child from climbing, but you can make sure that the things they climb on are stable and the most risky items kept out of reach.**

- Firmly mount TVs to a wall or a piece of furniture. Older models can be put on low stable furniture.
- Install brackets, braces or wall straps to secure unstable or top-heavy furniture to the wall. This includes dressers, bookcases and mirrors for example.
- Place items like iPads and remotes out of reach and sight. Children are creative and if these items are up high on furniture, they can climb up to get to it.

### Birth to 11 months

- Ensure there is nothing that can tip or fall into the cot or sleeping area.

### 1-2 years

- Check for and remove sharp and pointed objects at home and in play areas.
- Rearrange drawers and shelves so that heavy items are lower down.
- It's a good idea to put stops on dresser drawers to prevent them from being fully pulled out.
- Operate ride-on mowers well away from children. Be aware this kind of equipment is not designed to carry children.

### 3-4 years

- Check for and remove sharp and pointed objects at home and in play areas.
- Use safety glass in windows and doors. Buy furniture with safety glass.

### 5-9 years

- Warn children about the dangers of kitchen equipment and ensure they are out of reach when in operation.
- Actively supervise around garden tools and equipment.

### 10-14 years

- Mark glass panels in doors or large low-lying windows with stickers to make them more visible.

## First aid for different types of injuries from objects

### Bleeding

- Apply firm pressure over the wound. Use a sterile or clean bulky pad and apply it firmly with hand pressure. Apply a bandage to keep the dressing in place.
- If bleeding is severe DO NOT waste time looking for suitable padding. Be prepared to use the patient's hand or your hand to hold the wound together if the patient is unable to do this unaided.
- Allow the wound to dry thoroughly in the air before covering it.
- If a protective dressing is needed, use a porous adhesive dressing and change it daily to keep the wound healthy and dry.
- Contact a local doctor for advice about tetanus immunisation.

### Crush injury

- Call 111 for an ambulance.
- Remove the crushing force if possible because permanent tissue damage may occur with severe crushing force.
- If the crushing force has been in place for some time, be prepared to give prompt first aid. Removal of the crushing force may cause a sudden collapse or deterioration in the patient's condition.

### Puncture wound

- Clean the wound with warm soapy water and allow it to penetrate the puncture track because tetanus spores may be trapped deep in the wound.

### Fractures

- Keep the injured arm or leg still. Someone who knows how, should use a splint to keep it still.
- You can support the injured arm or leg with a pillow or sling.
- Raise the arm or leg higher than the heart to help reduce swelling.
- Your child will need pain relief.
- If your child does not need an ambulance take them to the nearest hospital Emergency Department.

### Loss of consciousness

- If the child is unconscious start CPR immediately.

If your child is injured you can find out more about ACC support at [www.acc.co.nz/im-injured](http://www.acc.co.nz/im-injured).

ACC Claims: 0800 101 996 or email [claims@acc.co.nz](mailto:claims@acc.co.nz).

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# Poisons



Children are active explorers and are attracted to bright, scented, items which may look like food. Unfortunately, many items that look harmless to children are actually medicines, household chemicals or cosmetics. Children, especially young ones, are at high risk of being poisoned because they learn by putting things in their mouths, and they are not always put off by a bitter or sour taste.

While young children will usually only take two to three tablets or one mouthful of a harmful substance, even small amounts can be lethal to a little toddler. A serious poisoning injury can cause

permanent brain and organ damage in a child, affecting them for the rest of their life.

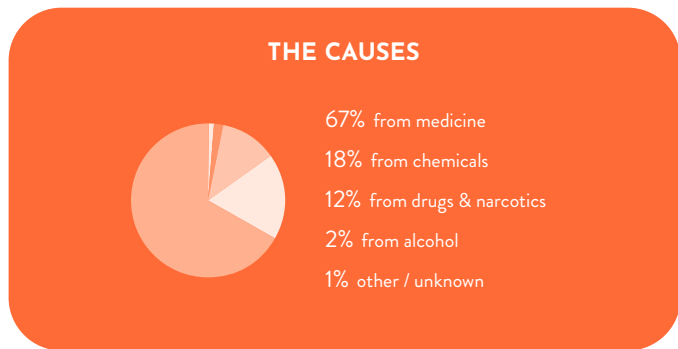
It is common for caregivers to make mistakes when administering medicines to children. This can result in children receiving the wrong medicine or an incorrect dose.

 Around **1** child dies from poisoning every year.

 About **4** children are hospitalised from poisoning every week.

### TOP 10 SUBSTANCES REPORTED TO THE NATIONAL POISONS CENTRE

 <b>1. Paracetamol</b>	 <b>2. Ibuprofen</b>	 <b>3. Silica Gel</b>	 <b>4. Toilet Bowl Discs</b>	 <b>5. Dishwashing Liquid</b>
 <b>6. Ant Killer</b>	 <b>7. Black Nightshade</b>	 <b>8. Glowsticks</b>	 <b>9. Hand Sanitiser</b>	 <b>10. Teething Gel</b>



### WHO IS GETTING INJURED?

 <b>0-4 YEARS</b> Account for 86% of hospitalisations for poisoning.	 <b>GIRLS &amp; BOYS</b> Are likely to be injured at the same rate.	 <b>MĀORI</b> Are 1.5 times more likely to be hospitalised than other ethnicities.
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### SAFETY DEVICES



- Safety-capped medicine containers from the pharmacy.
- Cupboard locks.
- Child-resistant packaging.

### WHERE IT HAPPENS



80% of poisoning happens in the home environment.

### THE TREND



Rate of hospitalisations for home poisonings has declined 30% over the past 10 years.



### HOW ARE CHILDREN EXPOSED?

 <b>89%</b> swallowing	 <b>5.9%</b> skin contact	 <b>2.7%</b> eye contact	 <b>1.8%</b> inhalation
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## Top Safety Tips

### Remember to be S.A.F.E

**STORE** all medicines, chemicals and cleaners in their original container and lock them in cupboards up high and out-of sight.

**ASK** your pharmacist for safety caps on medicines - there may be a small cost.

**FOLLOW** the dose instructions from your doctor or pharmacist when giving medicine to children.

**ENSURE** you read and follow safety instructions on medicines, chemicals and cleaners.

### Birth to 11 months

- Take care when administering any medicine to your baby. Ensure you have the correct medicine and the correct amount.
- Remember to store any creams, medicines or baby oils out of reach of infants.

### 1-2 years

- It's tempting to refer to medicines and vitamins as lollies, however this is confusing and potentially dangerous to a young child, as they may seek them out when you're not looking.

### 3-4 years

- Remember that toddlers love copying adults. Be aware they will be watching you take medicine and use cleaning products and would love to have a go themselves.
- Put your medicines together and store up high in a locked cupboard.
- Keep cleaning products up high and locked away. When using cleaning products ensure they are not left in different areas of the house.
- Keep cleaning products, chemicals and poisons in their original containers so they do not get mistaken for something else (e.g. a soft drink).
- Check your medicines and see if there are any unused or expired ones. Ask your pharmacist how to dispose of those safely.

### 5-9 years

- At this age children may be starting to help around the house and property. Discuss the dangers of chemicals and medicines with children so they understand the risks.

### 10-14 years

- Pre-teens and teenagers spend more time without active adult supervision. Talk to them about the dangers of inhalants and abusing prescription medicines as well as the importance of having friends who do not use peer pressure.
- At this age children may also be handling items like petrol or oil when helping out around home. Ensure they are taught how to store and handle them safely. Continue to supervise them when they are handling poisonous items.



### What to do if a child is unintentionally poisoned

- If a child has swallowed something and you're not sure if it may have a poisonous effect, phone the National Poisons Centre on 0800 POISON (0800 764 766).
- Call 111 if the child is unconscious or has stopped breathing. Start CPR immediately and do not stop until medical help arrives and takes over.

If your child is injured you can find out more about ACC support at [www.acc.co.nz/im-injured](http://www.acc.co.nz/im-injured).

ACC Claims: 0800 101 996 or email [claims@acc.co.nz](mailto:claims@acc.co.nz).

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# SUDI

(Sudden Unexplained Death in Infancy)



Approximately 60,000 babies are born each year in Aotearoa, New Zealand. The SUDI rate among them is approximately 0.7 in every 1,000 babies born. They occur most among Māori and Pacific babies.

Sudden Unexplained Death in Infancy (SUDI) is a significant problem in Aotearoa. It is a leading cause of death for babies from one month to one year of age. SUDI can happen for no apparent reason, or it can be caused by a baby's sleeping environment or a medical condition.

 Approximately **60,000** babies are born in Aotearoa each year.

 **44** of them die in their first year of life due to SUDI.

 There are **70** SUDI deaths per **100,000** babies born.

 It is estimated that **37** of the **44** SUDI deaths in 2015 could have been prevented.

## THE CAUSES

### 3 main risk factors for SUDI:

- 1**  
Smoking during pregnancy
- 2**  
Bed sharing
- 3**  
The position of baby while sleeping

The combination of smoking during pregnancy with bed sharing increases the risk of SUDI by 32 times.

## WHO IS BEING AFFECTED?



### 0-1 YEARS

Babies from birth to 1 year old are the most at risk.



### MĀORI

159 SUDI deaths per 100,000 Māori babies born.

## SAFETY DEVICES



Safe sleeping devices like wahakura or Pepi-Pods.

## INADEQUATE HOUSING IS LINKED TO SUDI



- Poor quality housing with lack of space leading to overcrowding.
- Unsettled accommodation with frequent moves and/or living between different houses or spaces.
- Living in temporary or emergency accommodation, cars or converted garages.
- Damp, cold living environments.

## UNSAFE SLEEP ENVIRONMENTS ARE LINKED TO SUDI

- Bed sharing:
  - Baby not having their own sleeping space
  - Baby sharing a bed when unwell or unsettled
  - House is cold and bed sharing is warmer for baby
  - Baby is brought into bed for feeding or settling and falls asleep with tired parents
- Improvised sleeping environments e.g. couches, a shared bed with pillows.
- Portacots with poorly fitted mattress.

## THE TRENDS



- Significant reduction in the rate of SUDI has occurred over the past three plus decades.
- Since the 1980s, the number of SUDI deaths has reduced from 250 per year to 44 deaths in 2015.
- SUDI rates continue to be much higher for Māori and Pacific babies.

## Top Safety Tips

### The risk of SUDI from birth to 1 year

Babies are most at risk of SUDI from birth to 12 months of age. The exact reasons for this are unclear, but what we do know is that there are certain factors that can increase the chance of it happening. These include a baby sleeping on their front, in a bed with caregivers and on sofas and beanbags.

### Top tips for preventing SUDI have been framed around “PEPE”

#### PLACE

baby in their own baby bed in the same room as their parent or caregiver.

#### ELIMINATE

smoking in pregnancy and protect baby with a smokefree family or whānau, home and car.

#### POSITION

baby flat on their back to sleep – face clear of bedding.

#### ENCOURAGE

and support exclusive breastfeeding and gentle handling of baby.

Visit [sudinationalcoordination.co.nz](http://sudinationalcoordination.co.nz) for more detailed information on SUDI prevention.

#### First aid

- If the baby is unconscious, call 111 for help or ask someone to call for you if you are not alone and start CPR immediately.
- Do not stop performing CPR until medical help arrives and takes over.

If your child is injured you can find out more about ACC support at [www.acc.co.nz/im-injured](http://www.acc.co.nz/im-injured).  
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# Traumatic Brain Injury



Traumatic Brain Injury (TBI) is the leading cause of long-term disability in children. It is usually the result of a jolt, shake or blow to the body that transmits a force to the head. TBIs can also be caused by a penetrating injury that is strong enough to injure the brain and disturb its function. Young children are most at risk for TBIs as they rely on others to keep them safe.

TBIs can be mild, moderate or severe. How a TBI affects a child depends on the type of injury and how serious it is. The effects can be immediate, or they can become apparent years later when there are increased demands and expectations of a child academically, behaviourally and emotionally.

With their brains still developing, children are especially at risk of long term effects from TBIs. They can have ongoing speech, vision or hearing problems, emotional and developmental delays and

behavioural issues. Their injury can also affect their entire family, causing emotional stress and mental health conditions, time off work for parents, unemployment and financial stress.

After a TBI, the brain remains vulnerable to further damage as it needs time to recover and repair. If a child sustains another TBI before their brain has healed, it can result in far more serious consequences.



Around **1,300** TBIs per **100,000** people, aged **0-4** years.



Around **818** TBIs per **100,000** people, aged **5-14** years.



**95%** of Traumatic Brain Injuries are mild in severity.

## THE CAUSES



- 49% Falls
- 25% Exposure to mechanical forces
- 14% Traffic motor vehicle crash
- 7% Assault
- 5% Unknown

## WHO IS GETTING INJURED?



**CHILDREN**  
Account for 25% of estimated TBI cases.



**FALL RELATED**  
TBIs due to a fall injury is most common in infants and children.



**BOYS**  
Almost twice as likely to suffer a TBI than girls.



**MĀORI & PACIFIC**  
And children living in urban and deprived areas.

## SAFETY DEVICES



- Helmets for biking, scootering and skateboarding can protect against a skull fracture.
- Safety gates (especially on stairs).
- Appropriate car restraints for age and height until 148cm.
- Safety glass.
- Straps to prevent TV and furniture tip-overs.

## WHERE IT HAPPENS



40% private home



20% recreational area



19% school



8% highway/road/street



5% other locations e.g. shopping centre, bus stop

## THE TREND



TBI is an increasing problem in Aotearoa. Studies show that infants, children and adolescents are at greater risk of TBI than any other age group.



**TBIs ACROSS ALL AGE GROUPS COST NZ ECONOMY APPROX. \$83.5 MILLION**

# Top Safety Tips

**Traumatic Brain Injury (TBI) is the leading cause of long-term disability in children.**

## Birth to 11 months

- Keep young children safe by strapping them into seats and carriers.
- Never leave young children alone on changing tables, beds, couches or other furniture. If you do need to step away, put him/her in a safe place, like a cot or playpen.
- Never use baby walkers on wheels. Walkers may tip over, causing the child to fall out or fall down stairs.
- Keep the side rails on a cot up. Rise and securely lock both bed rails when not attending to your child.
- It's ok to walk away if baby is crying and you are feeling frustrated. Put baby in a safe place, close the door and take a break. Do not pick up the baby until you have calmed down. Never, ever shake a baby.

## 1-2 years

- Tuck away and secure power cords in walkways and common areas.
- Clean up spills as soon as they happen.
- Avoid letting children walk around the house in socks.
- Keep toys or items that may interest children away from high furniture.
- Position furniture to avoid access to windows.
- Use a safety gate at the top and the bottom of stairs.

## 3-4 years

- Children need to wear their helmets correctly every time they ride their bikes, scooters, skateboards or skates.
- Check that helmets carry stickers indicating they meet safety standards.
- Teach children to use handrails when walking up or down stairs and to keep their shoelaces tied up.
- Bunk beds encourage climbing so they should only be used by children over nine years of age. Make sure there are guardrails on the top bunk and that the opening for entering and exiting is no more than 40cm wide.

## 5-9 years

- Talk to children about how to be safe on a trampoline. We suggest the rule is 'one at a time' so there is no one they can collide with.
- Steer your children to age-appropriate activities in playgrounds to help prevent falls and find playgrounds with shock-absorbing surfaces.
- Ensure your child is wearing a helmet when riding a bike, scooter or a skateboard to protect their head from a skull fracture if they fall.
- Educate older children about looking after their brain – see <https://mybrainrobbie.org>

## 10-14 years

- Continue to model and reinforce the importance of buckling up on every trip. This should encourage young people to take responsibility for their own car safety when they are with friends.
- Talk about the importance of wearing a helmet when riding a bike or a skateboard, to protect their head from a skull fracture if they fall.
- Wet floors are very slippery so can be a slipping hazard for children. Wipe up spills immediately.
- Educate older children about looking after their brain – see <https://mybrainrobbie.org>

### First aid

If you notice anything that makes you think your baby or child has received a head injury, or they just seem "Not OK", call 111 or take them to the doctor immediately.

You may notice that they are:

- Vomiting
- Sleepy or difficult to wake
- Abnormally quiet
- Irritable, have a different cry
- Not eating or drinking like usual

**If your child is injured you can find out more about ACC support at [www.acc.co.nz/im-injured](http://www.acc.co.nz/im-injured).**

**ACC Claims: 0800 101 996 or email [claims@acc.co.nz](mailto:claims@acc.co.nz). TBI resources: [www.acc.co.nz/tbi](http://www.acc.co.nz/tbi).**

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