



Furniture, TVs & Sharp Objects

safekids
Aotearoa

Starship
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



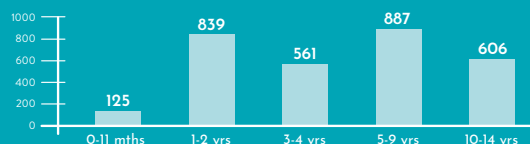
- TV and furniture straps.
- Safety gates.
- Door jams.
- Safety glass.

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.

ACC Claims: 0800 101 996 or email 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.