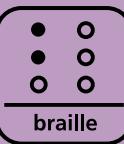


Unintentional injuries and home safety guidance

Dr Damilola Agbato

This resource may also be made available on request in the following formats:



0131 314 5300

nhs.healthscotland-alternativeformats@nhs.net

This paper should be cited as: Agbato D. NHS Health Scotland. *Unintentional injuries and home safety guidance*. Edinburgh: NHS Health Scotland; 2017.

For further information about this publication please contact:

Dr Damilola Agbato
Public Health Intelligence Adviser
0141 414 2744
Damilola.Agbato@nhs.net

Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

© NHS Health Scotland 2017

All rights reserved. Material contained in this publication may not be reproduced in whole or part without prior permission of NHS Health Scotland (or other copyright owners). While every effort is made to ensure that the information given here is accurate, no legal responsibility is accepted for any errors, omissions or misleading statements.

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

About this briefing

This briefing is a summary of highly processed evidence that reviews advice on home safety and preventing unintentional injuries for parents.

Key points

- Priority should be given to households at greatest risk from unintentional injury.
- Home safety equipment and home safety education, information and advice are effective in increasing safety practice and reducing unintentional injuries in the home.

Background

In Scotland, unintentional injury is a common cause of emergency admission to hospital for children. It accounts for about 1 in 8 hospital admissions and 1 in 13 deaths. Approximately 41% of unintentional injuries in children occur in those under 5.¹

Evidence summary

There is review-level evidence that interventions to reduce the risk of unintentional injuries in the home are effective when households at greatest risk* from unintentional injury are identified and prioritised for intervention.²

Home safety assessment, and the supply and installation of permanent safety equipment such as smoke and carbon monoxide alarms, thermostatic mixing valves and window restrictors reduce the risk of unintentional injuries in the home. This may be carried out by a trained assessor, parent, or other householder using an appropriate assessment list.²

* Households with children aged under 5 and those living in temporary, rented and social housing with families on a low income.

Home safety education with the provision of safety equipment is effective in increasing safety practices and may reduce injury rates, especially where interventions are provided at home.³

Recommendations⁴

Choking, suffocation and strangulation

- Antenatal, post-birth and at 9 to 12-month health review:
 - always place your baby on their back to sleep with their feet to the bottom of the cot
 - don't use a duvet, pillow or cot bumper
 - place your baby to sleep in a separate cot or Moses basket in the same room as you for the first six months
 - don't cover baby's face or head
 - place nappy sacks out of reach
 - keep blind cords away from cots/changing units
 - don't leave toys where the baby/child is sleeping
 - never prop up a bottle for your baby to feed alone ('prop feed')
- 2 to 2½ year universal health review or earlier:
 - keep small objects out of reach
 - look out for small parts in older children's toys
 - cut food (such as grapes, tomatoes) into batons not balls
 - supervise your child when eating
 - use blinds without cords, or tie up cords/use winders.

Falls

- Antenatal, post-birth and at 9 to 12-month health review:
 - change nappies on the floor
 - don't put baby chairs/seats or car seats on raised surfaces
 - don't leave babies unattended on a raised surface (such as bed, changing table)

- always use the harness correctly for a child in a highchair
 - use safety gates until age 24 months to help prevent stair falls
 - use correct safety gate for location and always close them
 - carpets and handrails can make stairs safer
- 2 to 2½ year universal health review or earlier:
 - supervise and teach children where not to climb
 - use window locks and restrict access to balconies
 - ensure nothing aids climbing to windows or from balconies.

Poisoning

- Antenatal, post-birth, 9 to 12-month health review, and also 2 to 2½ year universal health review:
 - make sure carbon fuel appliances are serviced at least annually
 - a working carbon monoxide (CO) alarm could save lives
 - fit cupboard locks where medicines and household chemicals are stored
 - if locks are not possible, store items up high – at or above adult eye level – and put them away straight after using them
 - don't leave button batteries within reach of babies and children.

Burns and scalds

- Antenatal, post-birth and at 9-month health review:
 - consider getting a thermostatic mixing valve (TMV) fitted to regulate bathwater temperature
 - put cold water in first when running a bath and check the temperature before bathing a baby
 - don't leave another child in the bath to care for baby
 - keep hot drinks well out of reach of babies
 - keep the baby away from cookers, kettles and other hot kitchen appliances
 - be aware that scalding risks increase when babies are able to climb (especially in the kitchen)

- 2 to 2½ year universal health review:
 - teach children kitchen safety rules about hot things, not climbing and what to do/not do when adults are cooking
 - keep toddlers away from hot drinks, cookers, kettles and barbecues.

Drowning

- Antenatal, post-birth and at 9 to 12-month health review:
 - warn about babies being unable to lift their faces from water when face down
 - stress need for constant adult supervision of babies in the bath
 - give a reminder that bath seats are not safety devices and explain that drowning is quick and silent.
- 2 to 2½ year universal health review or earlier:
 - discuss drowning risks related to children's desire to explore their environment
 - advise on the need for supervision and limiting access to water at home, for example baths, paddling pools and garden ponds, including those of neighbours
 - explore swimming pool risks, especially when on holiday abroad – for example when adults are relaxed and children are excited
 - consider developing first aid skills including CPR.

Fire

- Antenatal, post-birth and 9 to 12-month health review, and also 2 to 2½ year universal health review:
 - a working smoke alarm and a family fire escape plan could save your life
 - fire and rescue services provide free fire safety checks and will advise about alarms
 - don't leave pans unattended when using fat or oil

- make sure cigarettes, candles and tea lights are put out, especially at night
- keep matches and lighters away from children
- don't put clothes or furnishings near fire
- check for signs of overloaded sockets – hot plugs, scorch marks, fuses often blowing
- use reputable mobile device chargers and do not leave these charging on beds or furniture
- take extra care around fire when drinking alcohol, using medication or drugs.

Equity statement

Health inequalities are unfair and avoidable differences in people's health across social groups and between different population groups. Health inequalities can occur by gender, income, social class, deprivation, educational status, ethnicity and geography.⁵

Males are more likely than females to be admitted to hospital for unintentional injuries. Children living in the most deprived areas are more likely to have an emergency admission to hospital for an unintentional injury than children living in the least deprived areas.¹

Impact on families and young children

This review is about preventing unintentional injuries in young children. Recommendations from this briefing could help reduce unintentional injuries in children.

Conclusion

The recommendations in this review are the most recent guidance to parents on preventing unintentional injuries. This review has been prepared by Public Health England and Child Accident Prevention Trust and can be applied to the Scottish context.

A full evidence review is not required at this time as no new evidence was highlighted in the scoping review.

About NHS Health Scotland evidence briefings

NHS Health Scotland evidence briefings are produced by the organisation's Evidence for Action (EfA) team. They use systematic methods[†] to review the most appropriate evidence to provide a robust, quality assured and balanced assessment of interventions and approaches likely to be effective in improving health and reducing health inequalities. As such, users can have a high degree of confidence that the conclusions / recommendations are valid. Supporting literature reviews and other relevant background papers are often available – see the contact details below for further details.

Contact details

Dr Damilola Agbato
Public Health Intelligence Adviser
0141 414 2744
Damilola.Agbato@nhs.net

[†] The highest degree of confidence can be drawn from the review of existing evidence already critically appraised and quality-assured and/or systematic overview and synthesis of existing research evidence from primary and/or review-level studies. Protocols for each of these methods have been produced and are available on request.

Links to resources

NICE (2016):

Preventing unintentional injury in under 15s. Quality Standard [QS107]

www.nice.org.uk/guidance/qs107

NICE (2015):

Postnatal care up to 8 weeks after birth. Clinical guideline [CG37]

www.nice.org.uk/guidance/cg37

Health and social care directorate. Quality standards and indicators: briefing paper.

www.nice.org.uk/guidance/QS107/documents/preventing-unintentional-injury-among-children-and-young-people-under-15-qs-briefing-paper2

NICE (2010):

Unintentional injuries: prevention strategies for under 15s. Public Health Guideline [PH29]

www.nice.org.uk/guidance/ph29

Unintentional injuries in the home: interventions for under 15s. Public Health Guideline [PH30]

www.nice.org.uk/guidance/ph30

Public Health England (PHE) (2017):

Public Health England. Preventing unintentional injuries: a guide for all staff working with children under five years.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/595017/Preventing_unintentional_injuries_guide.pdf

PHE (2016):

Guidance. Health matters: giving every child the best start in life.

www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life

PHE (2014):

Reducing unintentional injuries among children and young people.

www.gov.uk/government/publications/reducing-unintentional-injuries-among-children-and-young-people

References

¹ Information Services Division. Unintentional Injuries report. Edinburgh: NHS ISD; 2017.

www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2017-03-07/2017-03-07-UI-Report.pdf

² NICE 2010, reviewed December 2015. Unintentional injuries in the home: interventions for under 15s. Public health guideline [PH30].

www.nice.org.uk/guidance/ph30

³ Kendrick D et al. Home safety education and provision of safety equipment for injury prevention. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No. CD005014.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005014.pub3/full>

⁴ Public Health England. Preventing unintentional injuries: a guide for all staff working with children under five years. London: PHE; 2017.

www.early-years.org/misc-docs/PHE-mar17.pdf

⁵ NHS Health Scotland. Inequality briefing: Health inequalities – what are they and how do we reduce them? Edinburgh: NHS Health Scotland; 2016.

www.healthscotland.scot/publications/health-inequalities-what-are-they-and-how-do-we-reduce-them

