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## Disclaimer

The information contained in this booklet is intended to provide home visiting agencies with a practical guide for carrying out injury prevention in the home environment. It is based on two very successful home injury prevention projects carried out in Kawerau during 2007 and 2008. Evaluation reports for these initiatives can be found on Toi Te Ora's website link: [http://www.toiteorapublichealth.govt.nz/healthy\\_homes](http://www.toiteorapublichealth.govt.nz/healthy_homes).

All reasonable measures have been taken to ensure the quality and accuracy of the information contained within this document as at the date of publication. However, this resource is not intended to cover every injury prevention situation, and details that may be relevant to certain injury prevention issues may not be included.

This resource is brought to you by:



The project partners would like to acknowledge the families/whanau in Kawerau who kindly participated and contributed to the initial Kawerau home safety projects.

## Introduction - Tena koutou katoa

This resource is a technical tool that aims to compliment the injury prevention efforts of home visiting agencies who work with families/whanau of young children/tamariki in the home. It structures the delivery of injury prevention information and in-home support by assisting community based workers to engage caregivers who have key responsibilities for children/tamariki aged 0-4 years.

For community based workers, this resource is interactive:

- it provides a step-by-step guide for carrying out a home injury prevention project
- it provides key questions to ask caregivers, conversation starters, and key strategies for inquiring about injury prevention in the home and for communicating key injury prevention strategies
- it provides space for you to record key home visit details and other relevant information.

For home visiting organisations, this resource is informative:

- it provides pre- and post-intervention surveys for evaluating your injury prevention efforts
- it provides an excel spreadsheet for data entry and analysis. (provided separately)

This resource is based on two very successful home injury prevention projects carried out in Kawerau during 2007<sup>1</sup> and 2008<sup>2</sup>. Evaluation documents for these projects can be found on Toi Te Ora's website: [http://www.toiteorapublichealth.govt.nz/healthy\\_homes](http://www.toiteorapublichealth.govt.nz/healthy_homes).

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<sup>1</sup> O'Meeghan, C. (2007). Kawerau Home Safety for Preschoolers Pilot Project: Evaluation Report. Tauranga, Toi Te Ora – Public Health Service.

<sup>2</sup> O'Meeghan, C. (2009). Kawerau Home Health for Preschoolers Pilot Project: Evaluation Report. Tauranga, Toi Te Ora – Public Health Service.

## Your guide

### Welcome to your guide to this injury prevention resource

This implementation manual is part of an injury prevention e-toolkit. The entire e-toolkit is designed to be printed and utilised, and is free for you to download. It consists of only 7 components which support this manual and the subsequent implementation of your injury prevention project.

- an 'FAQ' fact sheet which will provide answers to many of your questions
- a 'Your Guide' information sheet that provides a suggested course of action or procedure for getting your project up and running
- a 'Parent Information Sheet' to engage parents/caregivers in the project. This is formatted in Word so that you can adjust to suit your project needs
- this injury prevention implementation manual
- a 'Cover Page' to attach to this manual formatted in Word so that you can incorporate your organisation's name and logo
- 'Quick Tip' sheets to hand out to parents during each visit so that they can learn some easy to implement strategies for keeping children/tamariki safer in the home
- a ready-to-use excel spreadsheet for evaluation purposes

### How to use this manual

The home injury prevention project contained within this manual consists of five home visits encompassing four injury prevention issues:

- Home Visit 1: falls prevention
- Home Visit 2: hot water burns prevention
- Home Visit 3: poisonings prevention
- Home Visit 4: child car restraint safety
- Home Visit 5: evaluation visit

Except for the final evaluation visit, each home visit includes the following 3 core components:

- a small pre-intervention survey to assess a parent's/caregiver's current injury prevention knowledge and behaviour. For example, what does a parent currently know about preventing poisonings in the home, and what are they currently doing to prevent them?
- provision of injury prevention information in the form of "quick tips" that you can give to each parent/caregiver to enable them to create a safer home environment for their children/tamariki
- provision of support to encourage a parent/caregiver to implement the injury prevention quick tips provided.

Your project can be as big or as small as you require so that it can fit in with your community and organisational needs. As such, this manual is not intended to be a 'fixed' injury prevention model. Instead it is flexible. For example, if you only want to focus on falls prevention, then you only need to use the falls component of the manual. Similarly, if you only want to focus on poisonings prevention and child car restraint safety, then you only need to utilise those specific sections of the manual.

Similarly, the evaluation component of your project is also flexible. For example, if you only want to assess if parents knowledge surrounding falls prevention has increased, then you only need to ask the survey questions that pertain to injury prevention **knowledge**. Similarly, if you only want to assess if parents have implemented the injury prevention quick tips, then you only need to ask the survey questions that pertain to injury prevention **behaviour**. Whilst evaluating your injury prevention efforts is encouraged, it is not compulsory.

To make the evaluation component of your project as easy as possible, we have provided a step-by-step guide for carrying out pre and post-intervention surveys. In addition, we have also included a formatted excel spreadsheet (available separately) for data entry. You will be amazed at how easy evaluation can be.

## Before you begin

Before you begin your injury prevention project by working through aspects of this manual, please ensure you are familiar with all aspects of the toolkit and have read through the 'FAQ' fact sheet and the 'Your Guide' fact sheet. These documents provide important information that could assist you in developing and implementing your injury prevention project. In addition to this you may want to think about supplementing your project with other injury prevention information and/or resources that can be given to parents/caregivers during each home visit.

The "Safety Begins at Home" website has a range of information that can be obtained and included in your project. Visit <http://www.homesafety.co.nz>. The site also includes a range of accessible resources for children.

The range of information and resources you could include for each visit is vast. Below are just a few examples. Some of these resources can be accessed free, and some may require funding, so that families/whanau have access to injury prevention resources free or at a discounted rate.

### Home Visit 1: Falls prevention

- Stairgate
- Bath and/or shower slip mat or foot grips (to prevent children slipping inside a bath or shower)

### Home Visit 2: Hot water burns prevention

- Bath thermometer (to measure the temperature of bath water)
- Access to a Registered Plumber to check hot water tap temperature and assist parents in adjusting the hot water cylinder's thermostat to a safe temperature

## Home Visit 3: Poisonings prevention

- Cupboard locks or latches
- Child-resistant packaging pamphlet available from [www.healthed.govt.nz](http://www.healthed.govt.nz)

## Home Visit 4: Child car restraint safety

- Access to child car seat/restraint rental service
- Access to a tether bolt installer or mechanic
- Instructions on how to install a tether bolt (available from <http://www.childrestraints.co.nz>)

### Special information for Home Visit 4

If you choose to do Home Visit 4 on child car restraint safety, home visitors will need:

- Factsheet 7 from the New Zealand Transport Agency. Visit <http://www.nzta.govt.nz/resources/factsheets/07/> for free phone information and access to fact sheets.
- to be trained in Safe2Go. Safe2Go is a national training initiative funded by Accident Compensation Corporation and NZTA, which aims to increase the correct use and installation of child car restraints.

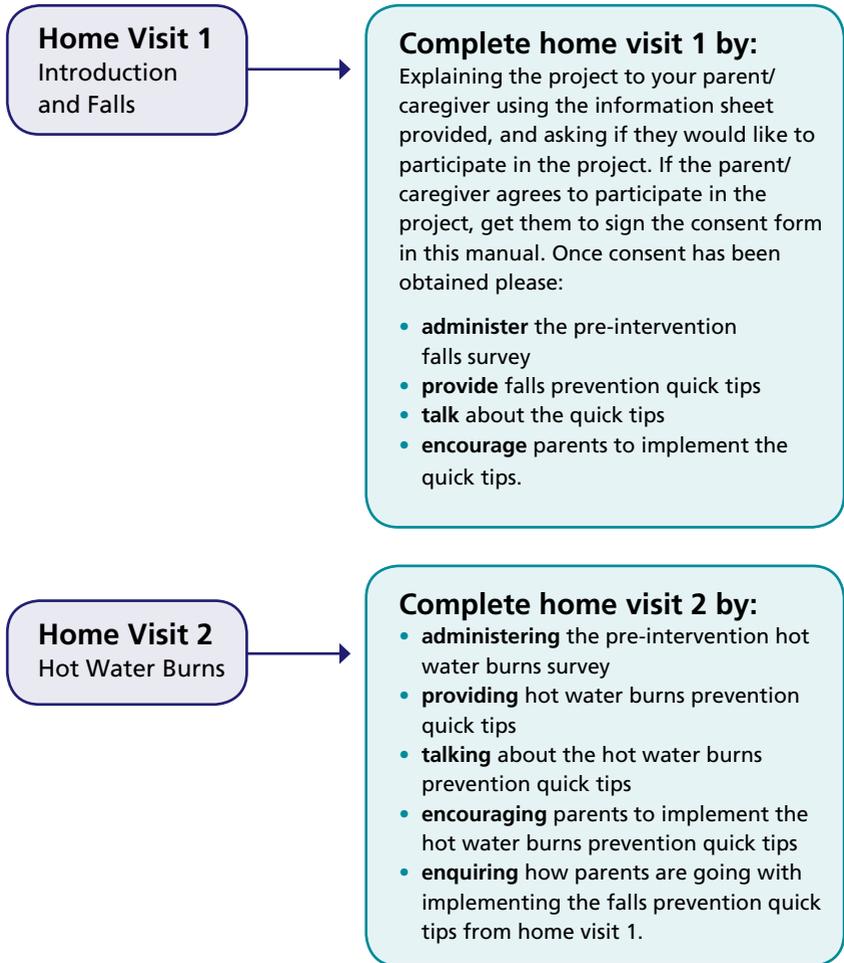
### Becoming a Safe2Go technician will enable you to:

- be confident in providing advice to parents on the correct way to put a child restraint into a car
- gain recognised national training
- understand and know the law for child restraints
- keep up to date with the latest child restraint innovations

Visit the Safe2Go website for a Safe2Go trainer near you.  
<http://www.safe2go.co.nz/interested/index.html>.

## Implementation overview

Below is a diagrammatic overview of how this project is implemented. Each of these components is then described in more detail as you work through this manual.



**Home Visit 3**  
Poisonings

**Complete home visit 3 by:**

- **administering** the pre-intervention poisonings survey
- **providing** poisonings prevention quick tips
- **talking** about the poisoning prevention quick tips
- **encouraging** parents to implement the poisonings prevention quick tips
- **enquiring** how parents are going with implementing the falls prevention quick tips, and the hot water burns prevention quick tips from home visits 1 and 2.

**Home Visit 4**  
Child Car Restraint  
Safety

**Complete home visit 4 by:**

- **administering** the pre-intervention child car restraint survey
- **providing** information on correct installation and safe use of car restraints
- **using Safe2Go training** to check date and certification of child car restraints
- **using Safe2Go training** to check correct installation of child car restraint in vehicle
- **using Safe2Go training** to show parents how to correctly install and use their child car restraint
- **enquiring** how parents are going with implementing the falls prevention quick tips, the hot water burns prevention quick tips, and the poisonings prevention quick tips, from home visits 1, 2 and 3.

**Home Visit 5**  
Evaluation

**Complete home visit 5 by:**

- **administering** the post-intervention survey.



# **Welcome to Project Implementation**

# Home Visit 1

## Falls prevention

### Home visit 1 consists of the following eight components

1. Describe the project to your parent/caregiver to see if they would be interested in taking part. This is done by going over the parent information sheet contained in this toolkit. Give your parent/caregiver the information sheet to keep.
2. If your parent/caregiver is interested in taking part, please get them to sign the consent form on p.13 of this manual.
3. Once the consent form is signed, please administer the pre-intervention falls survey from p.14 through to p.17 of this manual.
4. Once the survey is complete please provide your parent/caregiver with the falls prevention quick tips on p.18 of this manual. In addition please talk about these quick tips with your parent/caregiver so that they can learn some easy strategies for keeping children/tamariki safe in the home. You may want to print off these quick tips to leave with your parent/caregiver. A printable falls prevention quick tips page is included in this toolkit.
5. Encourage your parent/caregiver to use the falls prevention quick tips by informing them of the benefits of utilising them (see p.19). Also see p.20 for prompt statements that you can use to encourage parent/caregiver uptake of falls prevention strategies.
6. Provide your parent/caregiver with any supplementary information or resources you have included for this visit.
7. Make your next home visit appointment to go over hot water burns prevention.
8. Provide any feedback you have about the visit in the box required on p.20 of this manual.

# PARENT/CAREGIVER CONSENT FORM

## Home safety for under 5's

I am happy to participate in this injury prevention project. I am aware that any answers I give will only be used to evaluate how effective this project has been.

Any personal details identifying myself or my family/whanau will not be used in any part of the project evaluation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Once your parent/caregiver has signed the consent form you can administer the pre-intervention falls survey on pages 14 through to 17 of this manual.**

## Pre-intervention falls survey

Date: \_\_\_\_\_

Age of child/children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex:

<input type="checkbox"/> M	<input type="checkbox"/> F
<input type="checkbox"/> M	<input type="checkbox"/> F
<input type="checkbox"/> M	<input type="checkbox"/> F
<input type="checkbox"/> M	<input type="checkbox"/> F
<input type="checkbox"/> M	<input type="checkbox"/> F

Inform the parent/caregiver that this information is gathered for collective analysis only.

**It is suggested that you state to the parent/caregiver the following:**

As part of your agreement to participate in our Home Safety Injury Prevention Project, this is a short falls survey for us to work through together. A simple answer of 'always', 'sometimes', or 'no' is all that is required for the majority of questions.

This should take about 10 minutes. I would really appreciate it if you could answer the questions honestly – **don't tell me what you think I want to hear**. All of your answers will be kept anonymous and confidential.

### Falls knowledge

1. Do you consider injuries to children in the home a serious issue?  
(please circle response given)

YES

NO

2. Have you received information in the past about preventing fall related injuries among children under the age of 5 years in the home?  
**(please circle response given)**

**YES** (go to question 3)      **NO** (go to question 4)

3. Can you recall any of the injury prevention messages from that information? **(do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes)**

- Use stair guards or barriers at top or bottom of stairs
- Change babies nappies on floor
- Avoid using baby walkers
- Never put babies in bouncinette/carseat on tables or benches
- Don't allow children under six to sleep on top bunks
- Always ensure the sides of the cot are up when your child is in it
- Discourage children from climbing on chairs/tables/bookcases
- Supervise older children when they are holding small children
- Keep the floors clear of tripping hazards
- Use safety latches on windows
- Use non-slip mats in the bath and shower
- Supervise children during bath time
- Use supplied restraints on change tables
- Use supplied restraints on highchairs
- Use supplied restraints on bouncinettes

## Falls behaviour

4. Please read out each of the questions below and tick the appropriate 'yes (always)', 'sometimes', or 'no (never)' box.

Question	Yes (always)	Sometimes	No (never)
Do you have more than 3 stairs or steps <b>inside</b> your home?			
If you answered 'yes' to the above question, do you use a stair guard to prevent your child from falling down those stairs or steps?			
Do you have more than 3 steps from a deck or doorway from ( <b>outside</b> ) your home?			
If you answered 'yes' to the above question, do you use a stair guard or gate to prevent your child from falling down those stairs?			
Do you change babies nappies on the floor?			
Do you avoid using baby walkers?			
Do you ensure that when babies are in bouncinettes or car seats, they are not placed on high surfaces such as benches or tables where they could fall off?			
If you have to put a child under the age of two on a high surface such as a bed or couch, do you keep one hand on the child at all times?			
Do you put children under the age of six in a top bunk?			

Question	Yes (always)	Sometimes	No (never)
Do you ensure the sides of the cot are up when your child is in it?			
Do you discourage your children from climbing up on furniture such as chairs, tables etc?			
Do you supervise older children when they are holding small children?			
Do you keep your floors clear of tripping hazards such as toys, clothing, etc?			
Do you use safety latches on windows children can get to?			
Do you use a non-slip mat in your bath and/or shower?			
Do you supervise children during bath time?			
Do you have a change table that has safety straps supplied?			
If you answered 'yes' to the above question, do you use the supplied safety straps when your child is on the change table?			
Do you have a highchair that has safety straps supplied?			
If you answered 'yes' to the above question, do you use the supplied safety straps when your child is in the highchair?			
Do you have a bouncinette that has safety straps supplied?			
If you answered 'yes' to the above question, do you use the supplied safety straps when your child is in the bouncinette?			

Once you have finished the survey, please provide your parent/caregiver with the fall prevention quick tips below, so that parents are aware of some strategies to keep children/tamariki safer in the home.

## Key falls prevention strategies for under 5's

A suggested lead in for this section is as follows:

In the first year, a baby learns to jerk its arms and legs, roll over, sit up and start to crawl and walk. At this age, babies are at risk of rolling off high surfaces, being dropped, and being hurt while in baby walkers.

Young children can move around the house and get outside by themselves. As they grow, they get better at moving quickly and will learn to climb. Because of these abilities, young children are at risk of falling down stairs, off furniture and balconies, and out of windows.

Young children need to be actively supervised. This means having an adult in the same room and watching what they are doing.

### Falls prevention quick tips:

- Change babies on the floor
- Never leave babies on high surfaces
- Car seats and bouncinettes are for the ground only
- Avoid using baby walkers, they can cause injuries to the head, neck, and face, and slow babies developmental growth
- Install a stairgate correctly in the home. Self closing gates are the best
- Carry and hold a child with care, and always supervise older children when they are holding small children
- Keep the floors clear of tripping hazards
- When there are restraints or harnesses on highchairs, change tables and bouncinettes, etc. use them
- Keep cot sides up when your child is in it
- Do not put a child under the age of six in a top bunk
- Discourage children from bouncing on the beds
- Place furniture away from windows and use safety catches on windows that children can get to
- Always supervise children at bath time and use non slip mats in the bath and shower

**Once you have finished providing the falls prevention quick tips, please encourage your parent/caregiver to utilise them. This can be done by describing the benefits of implementing the strategies and asking your parent/caregiver if they can try some or all of them. See below for a more in-depth description**

## **Benefits of utilising the strategies**

A suggested lead in for this section is as follows:

The impact of injury on children has social and economic ramifications for families/whanau. Depending on the severity of the injury, parents may need extensive time away from work to care for an injured child which can disrupt work relationships resulting in added stress and financial pressure. If a child requires a stay at Auckland's Starship Hospital, travel requirements have to be arranged and paid for. Care for other children in the family also needs to be arranged.

Thus, injury prevention has many benefits. For example, it can result in:

- continued quality of life for children, families/whanau who live free from injury
- ongoing participation at work, play, sport, leisure, and educational activities
- preservation of income and assets.



**Prompt statements to encourage parent/caregiver uptake of injury prevention strategies could include:**

“Do you think you could use some of these falls prevention quick tips?”

“Could you try some of these quick tips over the next few weeks?”

**Once you have finished encouraging your parent/caregiver to utilise the falls prevention strategies, please complete the following three steps:**

1. Provide your parent/caregiver with any supplementary information or resources you have included in this visit.
2. Thank your parent/caregiver for their time, and make another home visit date to see how they are going with making these changes and to talk about hot water burns prevention.
3. Provide any feedback about your home visitation experience in the feedback box below.

**HOME VISIT 1 COMPLETED**

Next Home Visit Date: \_\_\_\_\_

**Home Visitor Feedback**

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Home Visit 2

### Hot water burns prevention

#### Home visit 2 consists of the following seven components

1. Please administer the pre-intervention hot water burns survey on p.23 and p.24 of this manual.
2. Once the survey is complete, please provide your parent/caregiver with the hot water burns prevention quick tips on p.25 of this manual. In addition, please talk about these quick tips with your parent/caregiver so that they can learn some easy strategies for keeping children/tamariki safe in the home. You may want to print off these quick tips to leave with your parent/caregiver. A printable hot water burns prevention quick tips page is included in this toolkit.
3. Encourage use of the hot water burns/scalds prevention quick tips by informing parents/caregivers of the benefits of utilising them (see p.26). Also see p.26 for prompt statements that you can use to encourage parent/caregiver uptake of hot water burn prevention strategies
4. Provide your parent/caregiver with any supplementary information or resources you have included in this visit.
5. Enquire about use of the falls prevention quick tips presented during home visit 1.
6. Make next appointment to go over poisonings prevention.
7. Provide any feedback you have about the visit in the box required on p.27 of this manual.

## Pre-intervention hot water burns survey

Inform the parent/caregiver that this information is gathered for collective analysis only.

### It is suggested that you state to the parent/caregiver the following:

As part of your agreement to participate in our Home Safety Injury Prevention Project, this is a short hot water burns survey for us to work through together. A simple answer of 'always', 'sometimes', or 'no' is all that is required for the majority of questions.

This should take about 5 minutes. I would really appreciate it if you could answer the questions honestly – **don't tell me what you think I want to hear**. All of your answers will be kept anonymous and confidential.

### Hot water burns knowledge

1. Have you received information in the past about preventing hot water burns and scalds among children under the age of 5 years in the home?  
*(please circle response given)*

YES (go to question 2)      NO (go to question 3)

2. Can you recall any of the injury prevention messages from that information? *(do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes)*

- Keep hot drinks away from young children
- Supervise children during bath time
- Always fill the bath with cold water first
- Set the hot water cylinder at 60 degrees celsius
- Keep kettles and jug cords out of the reach of young children
- Turn pot handles toward the back of the stove

## Hot water burns behaviour

3. Please read out each of the questions below and tick the appropriate 'yes (always)', 'sometimes', or 'no (never)' box.

Question	Yes (always)	Sometimes	No (never)
Do you ensure that hot drinks are out of children's reach?			
Do you supervise children during bath time?			
Do you fill baths with cold water first?			
Do you know if your hot water cylinder is set at 60 degrees celsius?			
Do you know how to reduce the hot water temperature on your hot water cylinder?			
Do you keep kettles and jug cords out of reach of children?			
Do you keep pot handles on stovetops out of reach of children?			



**Once you have finished the survey, please provide your parent/caregiver with the quick tips below, so that parents are aware of some easy strategies to keep children/tamariki safer in the home.**

## **Key hot water burns prevention strategies for under 5's**

A suggested lead in for this section is as follows:

Nearly 200 children are admitted to hospital every year with burns from fire, hot liquids, and hot appliances such as stoves. Most children injured are under the age of 5.

### **Hot water burns prevention quick tips:**

- Keep hot drinks away from young children and never nurse a child while holding a hot drink
- Always supervise (stay with) young children at bath or shower time and when they wash their hands
- Run cold water into the bath before you run the hot water
- Set your hot water cylinder at 60 degrees celsius
- Keep kettles and cords out of the reach of young children
- Turn pot handles toward the back of the stove



Once you have finished providing the hot water burns prevention quick tips, please encourage your parent/caregiver to utilise them. This can be done by describing the benefits of implementing the strategies and asking your parent/cargiver if they can try some or all of them. See below for a more in-depth description.

## **Benefits of utilising the strategies**

A suggested lead in for this section is as follows:

The impact of injury on children has social and economic ramifications for families/whanau. Depending on the severity of the injury, parents may need extensive time away from work to care for an injured child which can disrupt work relationships resulting in added stress and financial pressure. If a child requires a stay at Auckland's Starship Hospital, travel requirements have to be arranged and paid for. Care for other children in the family also needs to be arranged.

Thus, injury prevention has many benefits. For example, it can result in:

- continued quality of life for children, families/whanau who live free from injury
- ongoing participation at work, play, sport, leisure, and educational activities
- preservation of income and assets.

## **Prompt statements to encourage parent/caregiver uptake of hot water burn prevention strategies could include:**

"Do you think you could use some of these hot water burn prevention quick tips?"

"Could you try some of these quick tips over the next few weeks?"

**Once you have finished encouraging your parent/caregiver to utilise the hot water burn prevention strategies, please complete the following four steps:**

1. Ask your parent/caregiver how they are going with using some of the falls prevention quick tips provided in home visit 1. Encourage further that they utilise the quick tips. Offer praise if utilising some or all of the strategies.
2. Provide your parent/caregiver with any supplementary information or resources you have included in this visit.
3. Thank your parent/caregiver for their time and make another home visit date to see how they are going with the injury prevention strategies presented so far, and to talk about poisoning prevention.
4. Provide any feedback about your home visitation experience in the feedback box below.

### HOME VISIT 2 COMPLETED

Next Home Visit Date: \_\_\_\_\_

### Home Visitor Feedback

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Home Visit 3

### Poisonings prevention

#### Home visit 3 consists of the following seven components

1. Please administer the pre-intervention poisonings survey on p.30 and p.31 of this manual.
2. Once the survey is complete, please provide your parent/caregiver with the poisoning prevention quick tips on P.32 of this manual. In addition, please talk about these quick tips with your parent/caregiver so that they can learn some easy strategies for keeping children/tamariki safe in the home. You may want to print off these quick tips to leave with your parent/caregiver. A printable poisonings prevention quick tips page is included in this toolkit.
3. Encourage use of the poisonings prevention quick tips by informing your parent/caregiver of the benefits of utilising them (see p.33). Also see p.33 for prompt statements that you can use to encourage parent/caregiver uptake of the poisoning prevention strategies.
4. Provide your parent/caregiver with any supplementary information or resources you have included in this visit.
5. Enquire about use of the falls and hot water burns prevention quick tips presented during home visits 1 and 2.
6. Make next appointment to go over child car restraint safety
7. Provide any feedback you have about the visit in the box required on p.34 of this manual.

## Pre-intervention poisonings survey

Inform the parent/caregiver that this information is gathered for collective analysis only.

**It is suggested that you state to the parent/caregiver the following:**

As part of your agreement to participate in our Home Safety Injury Prevention Project, this is a short poisonings survey for us to work through together. A simple answer of 'always', 'sometimes', or 'no' is all that is required for the majority of questions.

This should take about 5 minutes. I would really appreciate it if you could answer the questions honestly – **don't tell me what you think I want to hear**. All of your answers will be kept anonymous and confidential.

### Poisonings knowledge

1. Have you received information in the past about preventing poisoning among children under the age of 5 years in the home? (***please circle response given***)

**YES** (go to question 2)

**NO** (go to question 3)



2. Can you recall any of the injury prevention messages from that information? **(do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes)**

- Store all medicines and hazardous substances up high (out of children's reach and sight)
- Keep household cleaners up high or in a cupboard with a child resistant latch
- Always read and follow the dose instructions for medicines from your doctor or pharmacist
- Always choose child resistant packaging when selecting cleaning products.
- Always ask your pharmacist for safety caps on medicines

### Poisonings behaviour

3. Please read out each of the questions below and tick the appropriate 'yes (always)' 'sometimes' or 'no' (never)' box

Question	Yes (always)	Sometimes	No (never)
Do you store all medicines and hazardous substances up high (out of children's reach and sight)?			
Do you keep household cleaners up high or in a cupboard with a lock or child resistant latch?			
Do you read and follow the dose instructions for medicines from your doctor or pharmacist?			
Do you choose child resistant packaging when selecting cleaning products?			
Do you ask your pharmacist for safety caps on medicines?			

Once you have finished the survey, please provide your parent/caregiver with the quick tips below, so that parents are aware of some easy strategies to keep children/tamariki safer in the home.

## Key poisonings prevention strategies for under 5's

A suggested lead in for this section is as follows:

Every year an average of 366 children are rushed to hospital after accidentally being poisoned. Most of these children are under five years of age. Medicines (prescription and non-prescription), household cleaners and chemicals are the most common items involved in poisoning.

### Poisonings prevention quick tips:

- Store all medicines, chemicals and cleaners out of children's reach and sight
- Keep detergents up high or in a cupboard with a lock of child resistant latch. Even using string, rubber bands or folded paper to keep a child from opening the cupboard is better than nothing
- Ask your pharmacist for safety caps on medicines
- Follow the dose instructions from your doctor or pharmacist
- Ensure you read and follow safety instructions on medicines, chemicals and cleaners - and always put lids on properly after use
- Choose child resistant packaging and select non-caustic cleaning products.
- Always keep panadol and paracetamol out of children's reach and sight.

**Once you have finished providing the poisonings prevention quick tips, please encourage your parent/caregiver to utilise them. This can be done by describing the benefits of implementing the strategies and asking your parent/caregiver if they can try some or all of them. See below for a more in-depth description.**

## **Benefits of utilising the strategies**

A suggested lead in for this section is as follows:

The impact of injury on children has social and economic ramifications for families/whanau. Depending on the severity of the injury, parents may need extensive time away from work to care for an injured child which can disrupt work relationships resulting in added stress and financial pressure. If a child requires a stay at Auckland's Starship Hospital, travel requirements have to be arranged and paid for. Care for other children in the family also needs to be arranged.

Thus, injury prevention has many benefits. For example, it can result in:

- continued quality of life for children, families/whanau who live free from injury
- ongoing participation at work, play, sport, leisure, and educational activities
- preservation of income and assets.

## **Prompt statements to encourage parent/caregiver uptake of poisonings prevention strategies could include:**

"Do you think you could use some of these poisonings prevention quick tips?"

"Could you try some of these quick tips over the next few weeks?"

**Once you have finished encouraging your parent/caregiver to utilise the poisoning prevention strategies, please complete the following four steps:**

1. Ask your parent/caregiver how they are going with using some of the falls and hot water burns prevention quick tips provided in home visits 1 and 2. Encourage further that they utilise the quick tips. Offer praise if utilising some or all of the strategies.
2. Provide your parent/caregiver with any supplementary information or resources you have included in this visit.
3. Thank your parent/caregiver for their time and make another home visit date to see how they are going with the injury prevention strategies presented so far, and to talk about child car restraint safety.
4. Provide any feedback about your home visitation experience in the feedback box below.

**HOME VISIT 3 COMPLETED**

Next Home Visit Date: \_\_\_\_\_

**Home Visitor Feedback**

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Home Visit 4

### Car restraint safety

#### Home visit 4 consists of the following eight components

1. Please administer the pre-intervention car restraint safety survey on p.37 and p.38 of this manual.
2. Once the survey is complete, please provide your parent/caregiver with the NZ Transport Agency (NZTA) child car restraint information and talk about the key safety strategies parents can undertake to keep children/tamariki safe in cars (see p.39-40). You may want to give your parent/caregiver a copy of the NZTA factsheet 7 to keep for future reference. See p.7 for further details on how to access this factsheet.
3. Check the date and certification of the child restraints and fill in the checklist on p.41.
4. Encourage correct installation and use of child car restraints by showing parents how to use and install them correctly. You will need to be Safe2Go trained to do this. See p.7 for further information.
5. Provide your parent/caregiver with any supplementary information or resources you have included in this visit.
6. Enquire about use of the falls, hot water burns, and poisonings prevention quick tips presented during home visits 1, 2 and 3.
7. Make next appointment to do final evaluation survey.
8. Provide any feedback you have about the visit in the box required on p.43 of this manual.

## Pre-intervention car restraint safety survey

Inform the parent/caregiver that this information is gathered for collective analysis only.

**It is suggested that you state to the parent/caregiver the following:**

As part of your agreement to participate in our Home Safety Injury Prevention Project, this is a short car restraint safety survey for us to work through together.

This should take about 5 minutes. I would really appreciate it if you could answer the questions honestly – **don't tell me what you think I want to hear**. All of your answers will be kept anonymous and confidential.

### Child car restraint safety knowledge

**Lead in: A child restraint can be either a capsule, car seat, harness or booster seat.**

1. Why is wearing a safety belt or child restraint so important? (*do not read the answer below to your parent/caregiver. Wait for a response and tick the top box if they give you the correct or similar answer. If they give an incorrect answer or they do not know, please tick the "don't know/not sure" box*)

- because it greatly reduces the chance of injury in a crash
- don't know/not sure

2. Whose responsibility is it to see that children are restrained in a vehicle? (*do not read the answer below to your parent/caregiver. Wait for a response and tick the top box if they give you the correct answer. If they give an incorrect answer or they do not know, please tick the "don't know/not sure" box*)

- the driver of the vehicle
- don't know/not sure

3. In New Zealand, it is **compulsory** for children to be in an **approved** child restraint until what age? (*do not read the answer below to your parent/caregiver. Wait for a response and tick the top box if they give you the correct answer. If they give an incorrect answer or they do not know, please tick the "don't know/not sure" box*)

- 5 years of age
- don't know/not sure

4. When should you stop using, or not buy a car restraint? (*do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes*)

- when it is over 10 years old
- when it has been in a crash
- when it is not approved for use in New Zealand
- when it is damaged in some way such as cracking in the restraint's shell or fraying of the harness.

### Child car restraint safety behaviour

5. Do you use a child restraint to ensure the safety of your children aged 0-5 years in a vehicle? (*circle the appropriate answer*)

**YES** (always)

**SOMETIMES**

**NO** (Never)

6. Please read out each of the questions below and tick the appropriate box.

Question	Yes (all of them)	Not all of them	No (none of them)	not sure
For the child car restraints you use for your children aged 0-5 years, do you know how old they are?				
For the child car restraints you use for your children aged 0-5 years, do you know if they are currently certified for use in New Zealand?				

Once you have finished the survey, please provide your parent/caregiver with the car restraint safety quick tips below. The quick tips come directly from NZTA Factsheet 7<sup>3</sup>.

## Key child car restraint safety strategies

### Quick tips and information:

1. Please provide your parent/caregiver with a copy of the NZTA Factsheet on Child Restraints.
2. Please point out the following key points from the Factsheet:
  - A) As a driver, you must make sure that any child **under five years** is properly restrained by an approved child restraint that is appropriate for the age and size of the child.
  - B) The type of approved child restraint you need to use depends on the **age** and **size** of the child.
    - **Infant restraint:** Birth to 9 kg (approx. 6 months), or birth to 13.5 kg (approx. 1 year)
    - **Convertible (baby to child) restraint:** Birth to 18 kg (approx. 4 years)
    - **Front-facing child restraint:** 9-18 kg (about 1 year to approx. 4 years)
    - **Booster seat:** 14-36 kg (approx. 4 years to 7 years)
    - **Child harness:** 14-32 kg (approx. 4 to 7 years)
  - C) It is recommended that you keep your baby in a rear-facing restraint until they are at least 1 year old. This is the safest position for babies.

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<sup>3</sup> New Zealand Transport Agency. (2009). *Child restraints (Fact sheet 7)*. Retrieved 9 February, 2010 from <http://www.nzta.govt.nz>.

- D) A child restraint must meet an approved standard. Commonly used child restraints certified for use in New Zealand will show a tick mark (a joint NZ/Australian Standard AS/NZ 1754), or an 'E' mark (European Standard ECE 44). Restraints that comply with the United States Standard (FMVSS 213) must, in addition to any other markings, display the New Zealand Standard 'S' mark, to show they have been certified for use in New Zealand.
- E) Don't use or buy a second hand child restraint:
- if it has been in a crash. It won't be safe
  - if it is over 10 years old
  - if it is not certified for use in New Zealand
  - if it is damaged in some way such as cracking in the child restraints shell or fraying of the harness.
- F) Many injuries occur because child restraints are not installed or used correctly. It is important, therefore, to ensure that you do know how to install and use your child restraint correctly.



**Once you have finished providing your parent/caregiver with the child car restraint safety information and quick tips, please complete the following four steps:**

1. Inspect the child car restraint(s) in the parent's vehicle and answer the question below. (note: if the car restraint(s) is not in the vehicle or the vehicle is not available you cannot complete this step. Simply leave this step blank. You might like to make another appointment to do this)

Question	Yes (all of them)	Not all of them	No (None of them)
Based on your Safe2Go training, are the car restraints currently in the vehicle installed correctly?			

2. The next step is to look at the date and certification of the child car restraint(s) and answer the questions below. To do this you may need to remove the car restraint from vehicle. (note: if the car restraint(s) is not available to inspect you cannot complete this step. You may need to arrange another visit to do this)

Question	Yes (all of them)	Not all of them	No (None of them)
Based on your Safe2Go training, are the car restraints used by the parent/caregiver under 10 years old?			
Are the car restraints used by the parent/caregiver certified for use in New Zealand?			

3. Please show the parent/caregiver where to look for the date and certification. If the child restraint is out of date or uncertified, please provide contact details and support for purchasing or renting another child restraint. WINZ can provide financial assistance for renting child restraints.

4. Using your Safe2Go training, please show your parent/caregiver how to install and use their child car restraint correctly. (note: if a vehicle is unavailable you may need to arrange another visit)

**Once you have finished checking the child car restraint(s) please encourage your parent/caregiver to utilise the quick tips to keep children safe in cars. This can be done by describing the benefits of child car restraint safety and asking your parent/caregiver if they can try some or all of the safety tips provided. See below for a more in-depth description.**

### **Benefits of utilising the strategies**

A suggested lead in for this section is as follows:

The impact of injury on children has social and economic ramifications for families/whanau. Depending on the severity of the injury, parents may need extensive time away from work to care for an injured child which can disrupt work relationships resulting in added stress and financial pressure. If a child requires a stay at Auckland's Starship Hospital, travel requirements have to be arranged and paid for. Care for other children in the family also needs to be arranged.

Thus, injury prevention has many benefits. For example, it can result in:

- continued quality of life for children, families/whanau who live free from injury
- ongoing participation at work, play, sport, leisure, and educational activities
- preservation of income and assets.

### **Prompt statements to encourage parent/caregiver uptake of car seat safety strategies could include:**

"Do you think you could use the tips provided to install and use your child car restraint(s) correctly?"

"Could you try some of the car restraint safety tips over the next few weeks?"

**Once you have finished encouraging your parent/caregiver to correctly install and use child car restraints please complete the following four steps:**

1. Ask your parent/caregiver how they are going with using some of the falls, hot water burns, and poisonings prevention strategies provided in home visits 1, 2 and 3. Encourage further that they utilise the strategies. Offer praise if utilising some or all of the strategies.
2. Provide your parent/caregiver with any supplementary information you have included in this visit.
3. Thank your parent/caregiver for their time, and make another home visit date to administer the final evaluation survey.
4. Provide any feedback about your home visitation experience in the feedback box below.

### HOME VISIT 4 COMPLETED

Next Home Visit Date: \_\_\_\_\_

### Home Visitor Feedback

Comment: \_\_\_\_\_

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## Home Visit 5 Evaluation Visit

### Home visit 5 consists of the following three components

1. Please administer the post-intervention survey on p.45 through to p.57.
2. Once the survey is completed, please thank your parent/caregiver for their participation, and provide them with any supplementary information you have included for this visit.
3. Return your completed manual to the organisational representative responsible for data entry and analysis.

## Post-intervention survey

**It is suggested that you state to the parent/caregiver the following:**

Thank you very much for having participated in this important project.

As part of your agreement to participate in our Home Safety Injury Prevention project, this is a final survey for us to work through together. A simple answer of 'always', 'sometimes' or 'no' is all that is required for the majority of questions. However, because we also understand that it is sometimes difficult to implement some injury prevention strategies, we would like you to tell us about those for the questions you answer 'no' to.

Once again, **please do not tell me what you think I want to hear**. Your honesty is important to this project as it will provide insight into any changes that need to be made. Remember, your responses are **anonymous and confidential**.

### Falls behaviour

1. Do you believe that since participating in this project you have changed how you view the seriousness of children's injuries in the home? **(please circle the response given)**

YES

NO

2. Can you recall any of the falls prevention messages from the information provided in this project? (**do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes**)

- Use stair guards or barriers at top or bottom of stairs
- Change babies nappies on floor
- Avoid using baby walkers
- Never put babies in bouncinette/car seat on tables or benches
- Don't allow children under 6 to sleep on top bunks
- Always ensure the sides of the cot are up when your child is in it
- Discourage children from climbing on chairs/tables/bookcases
- Supervise older children when they are holding small children
- Keep the floors clear of tripping hazards
- Use safety latches on windows
- Use non-slip mats in the bath and shower
- Supervise children during bath time
- Use supplied restraints on change tables
- Use supplied restraints on highchairs
- Use supplied restraints on bouncinettes

## Falls behaviour

3. Please read out each of the questions below and tick the appropriate 'yes (always)', 'sometimes', or 'no (never)' box. *(If your parent/caregiver answers 'sometimes' or 'no (never)' to any of the questions, please probe them for a reason and write this in the 'reason for 'sometimes' or 'no answer' box).*

Question	Yes (always)	Sometimes	No (never)	Reason for 'Sometimes' or 'No' answer
If you have more than 3 stairs or steps <b>inside</b> your home, do you use a stairguard at the top or bottom of the stairs to prevent your child from falling? <i>(do not answer this question if you have less than 4 stairs or steps)</i>				
If you have more than 3 steps from a deck or doorway from <b>outside</b> your home, do you use a stair guard or gate at the top or bottom of the stairs to prevent your child from falling? <i>(do not answer this question if you have less than 4 steps)</i>				
Do you change babies nappies on the floor?				
Do you avoid using baby walkers?				

Question	Yes (always)	Some- times	No (never)	Reason for 'Sometimes' or 'No' answer
Do you ensure that when babies are in bouncinettes or car seats, they are not placed on high surfaces such as benches or tables where they could fall off?				
If you have to put a child under the age of two on a high surface such as a bed or couch, do you keep one hand on the child at all times?				
Do you put children under the age of six in a top bunk?				
Do you ensure the sides of the cot are up when your child is in it?				
Do you discourage your children from climbing up on furniture such as chairs, tables, etc?				
Do you supervise older children when they are holding small children?				
Do you keep your floors clear of tripping hazards such as toys, clothing, etc?				
Do you use safety latches on windows children can get to?				

Question	Yes (always)	Some- times	No (never)	Reason for 'Sometimes' or 'No' answer
Do you use a non-slip mat in your bath and/or shower?				
Do you supervise children during bath time?				
If you have a change table that has safety straps supplied, do you use the safety straps when your child is on the change table? <i>(if your change table does not have safety straps supplied, do not answer this question)</i>				
If you have a highchair that has safety straps supplied, do you use the safety straps when your child is in the highchair? <i>(if your highchair does not have safety straps supplied, do not answer this question)</i>				
If you have a bouncinette that has safety straps supplied, do you use the safety straps when your child is in the bouncinette? <i>(if your bouncinette does not have safety straps supplied, do not answer this question)</i>				

## Hot water burns knowledge

4. Can you recall any of the hot water burn prevention messages from the information provided during this project? ***(do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes)***

- Keep hot drinks away from young children
- Supervise children during bath time
- Always fill the bath with cold water first
- Set the hot water cylinder at 60 degrees celsius
- Keep kettles and jug cords out of the reach of young children
- Turn pot handles toward the back of the stove



## Hot water burns behaviour

5. Please read out each of the questions below and tick the appropriate 'yes (always)', 'sometimes', or 'no (never)' box. *(If your parent/caregiver answers 'sometimes' or 'no (never)' to any of the questions, please probe them for a reason and write this in the 'reason for sometimes or no answer' box).*

Question	Yes (always)	Some-times	No (never)	Reason for 'Sometimes' or 'No' answer
Do you ensure that hot drinks are out of children's reach?				
Do you supervise children during bath time?				
Do you fill baths with cold water first?				
Do you know how to reduce the hot water temperature on your hot water cylinder?				
Do you know if your hot water cylinder is set at 60 degrees celsius?				
Do you keep kettles and jug cords out of reach of children?				
Do you keep pot handles on stovetops out of reach of children?				

## Poisonings knowledge

6. Can you recall any of the poisoning prevention messages from the information provided during this project? (***do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes***)

- Store all medicines and hazardous substances up high (out of children's reach and sight)
- Keep household cleaners up high or in a cupboard with a child resistant latch
- Always read and follow the dose instructions for medicines from your doctor or pharmacist
- Always choose child resistant packaging when selecting cleaning products
- Always ask your pharmacist for safety caps on medicines



## Poisonings behaviour

7. Please read out each of the questions on the following page and tick the appropriate 'yes (always)', 'sometimes', or 'no (never)' box. **(If your parent/caregiver answers 'sometimes', or 'no (never)' to any of the questions, please probe them for a reason and write this in the 'reason for sometimes or no answer' box).**

Question	Yes (always)	Some-times	No (never)	Reason for 'Sometimes' or 'No' answer
Do you store all medicines and hazardous substances up high (out of children's reach and sight)?				
Do you keep household cleaners up high or in a cupboard with a child resistant latch?				
Do you read and follow the dose instructions for medicines from your doctor or pharmacist?				
Do you choose child resistant packaging when selecting cleaning products?				
Do you ask your pharmacist for safety caps on medicines?				

## Child car restraint safety knowledge

8. Can you recall from the information presented in this project, why wearing a safety belt or child restraint is so important for children? **(do not read the answer below to your parent/caregiver. Wait for a response and tick the top box if they give you the correct or similar answer. If they give an incorrect answer or they do not know please tick the "don't know/not sure" box)**
- because it greatly reduces the chance of injury in a crash
- don't know/not sure
9. Can you recall from the information presented in this project, whose responsibility is it to see that children are restrained in a vehicle? **(do not read the answer below to your parent/caregiver. Wait for a response and tick the box if they give you the correct answer. If they give an incorrect answer or they do not know please tick the "don't know/not sure" box)**
- the driver of the vehicle
- don't know/not sure
10. In New Zealand, it is compulsory for children to be in an approved child restraint until what age? **(do not read the answer below to your parent/caregiver. Wait for a response and tick the box if they give you the correct answer. If they give an incorrect answer or they do not know please tick the "don't know/not sure" box)**
- 5 years of age
- don't know/not sure

11. Can you recall from the information presented in this project when you should stop using, or not buy a car restraint? **(do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes)**

- when it is over 10 years old
- when it has been in a crash
- when it is not approved for use in New Zealand
- when it is damaged in some way such as cracking in the restraint's shell or fraying of the harness.

### Child car restraint safety behaviour

12. Do you use a child restraint (capsule, car seat, harness or booster) to ensure the safety of your children aged 0-5 years in a vehicle? **(Circle the appropriate answer)**

**YES**  
(always)

**SOMETIMES**

**NO**  
(Never)

**Reason for 'sometimes' or 'no' answer**

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13. Please read out each of the questions below and tick the appropriate 'yes' or 'no' box. ***(If your parent/caregiver answers 'not all of them', 'no' or 'not sure' to any of the questions, please probe them for a reason and write this in the 'reason for no answer' box)***

Question	Yes (all of them)	Not all of Them	No (None of them)	Not Sure	Reason for 'No' answer
For the child car restraints you use for your children aged 0-5 years, do you know how old they are?					
For the child car restraints you use for your children aged 0-5 years, do you know if they are currently certified for use in New Zealand?					

14. Please complete a Safe2Go check on the child car restraint(s) owned / borrowed by your parent/caregiver and answer the questions below by ticking the appropriate box. (If your parent/caregiver answers 'not all of them' or 'no' to any of the questions please probe your parent for a reason and write this in the 'reason for 'no' answer box'. If the car restraint(s) is unavailable for inspection simply write this in the 'reason for 'no' answer box)

Question	Yes	Not all of them	No	Reason for 'No' answer
Are the car restraints under 10 years old?				
Are the car restraints NZ certified?				
Are the car restraints currently in the vehicle installed correctly?				

**FINAL QUESTION:**

15. Thinking about all the questions we've just asked, is there anything else you would like to add?

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**Once you have finished administering the survey please complete the following three steps:**

1. Please thank you parent/caregiver for their participation, and provide them with any supplementary information or resources you have included for this visit.
2. Provide any feedback about your home visitation experience in the feedback box below.
3. Return your completed manual to the organisational representative responsible for data entry and analysis.

### HOME VISIT 4 COMPLETED

Next Home Visit Date: \_\_\_\_\_

### Home Visitor Feedback

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTES:

NOTES: