



**Safe Kids**  
NEW ZEALAND

Tamariki Haumaruru o Aotearoa

A Service Of



A Member Of



# Safe Kids New Zealand

New Zealand Injury Information Forum  
December 2009

# Safekids Services

## Information & Resource Centre

Provide information for the prevention of unintentional childhood injuries

## Policy recommendations

evidence for experts, decision makers, media, community organisations and individuals on effective ways to reduce unintentional injury to children

## Safekids Campaign

To enhance child injury prevention through planned, co-ordinated and collaborative action both nationally and within communities – local information and media

# What makes an issue?

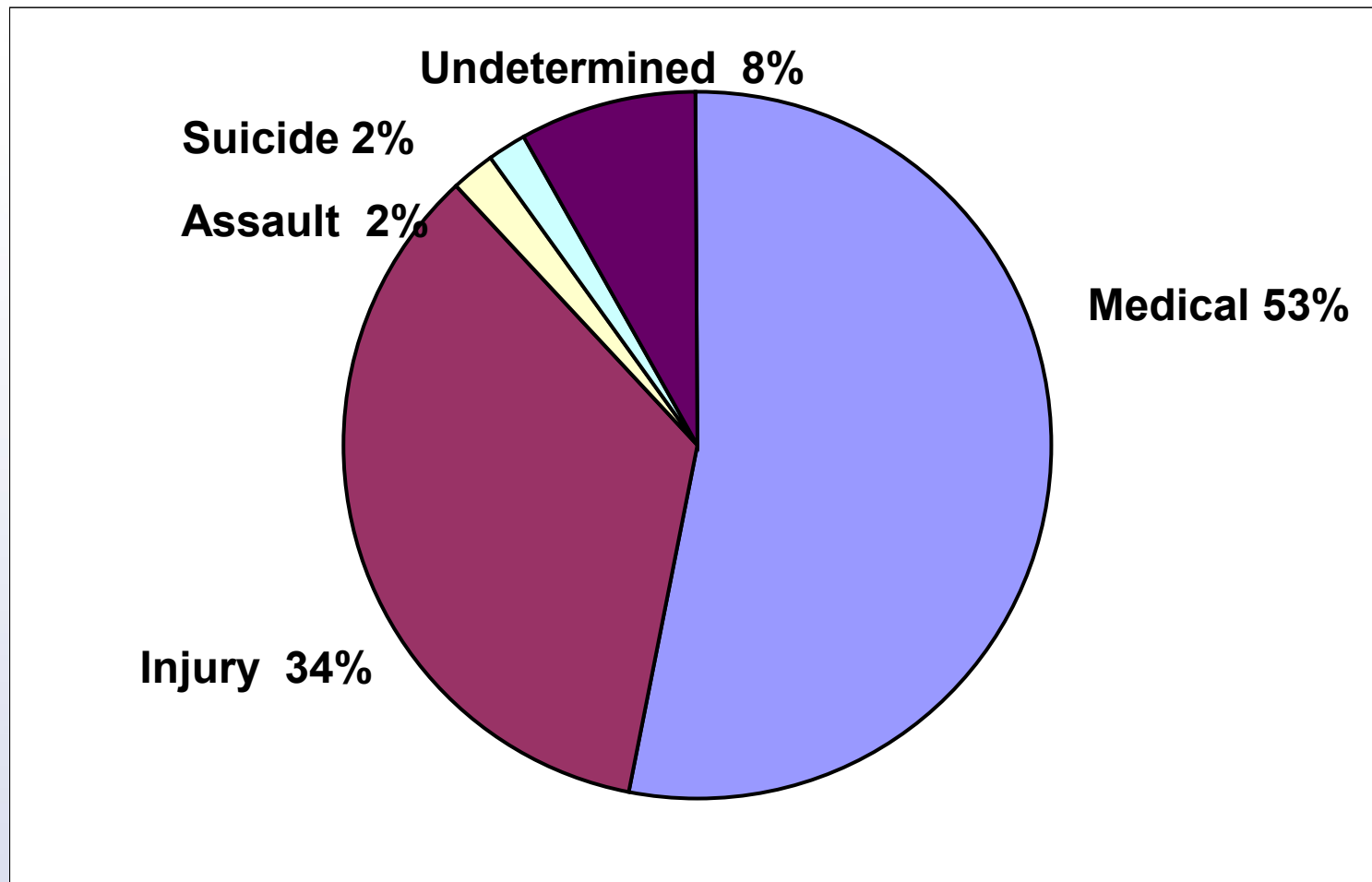
CE Lindblom - *The science of" muddling through*  
Public administration review, 1959

John W. Kingdon *Agendas, Alternatives, and Public Policies*. Boston: Brown, 1984; 2nd ed.,

RA Lyons SJ Jones R G Newcombe et al; *The influence of local politicians on pedestrian safety* Injury Prevention 12: 312-315

Hyder AA, Peden M, Krug E. Child health must include injury prevention. *The Lancet* 2009;373(9658):102-3

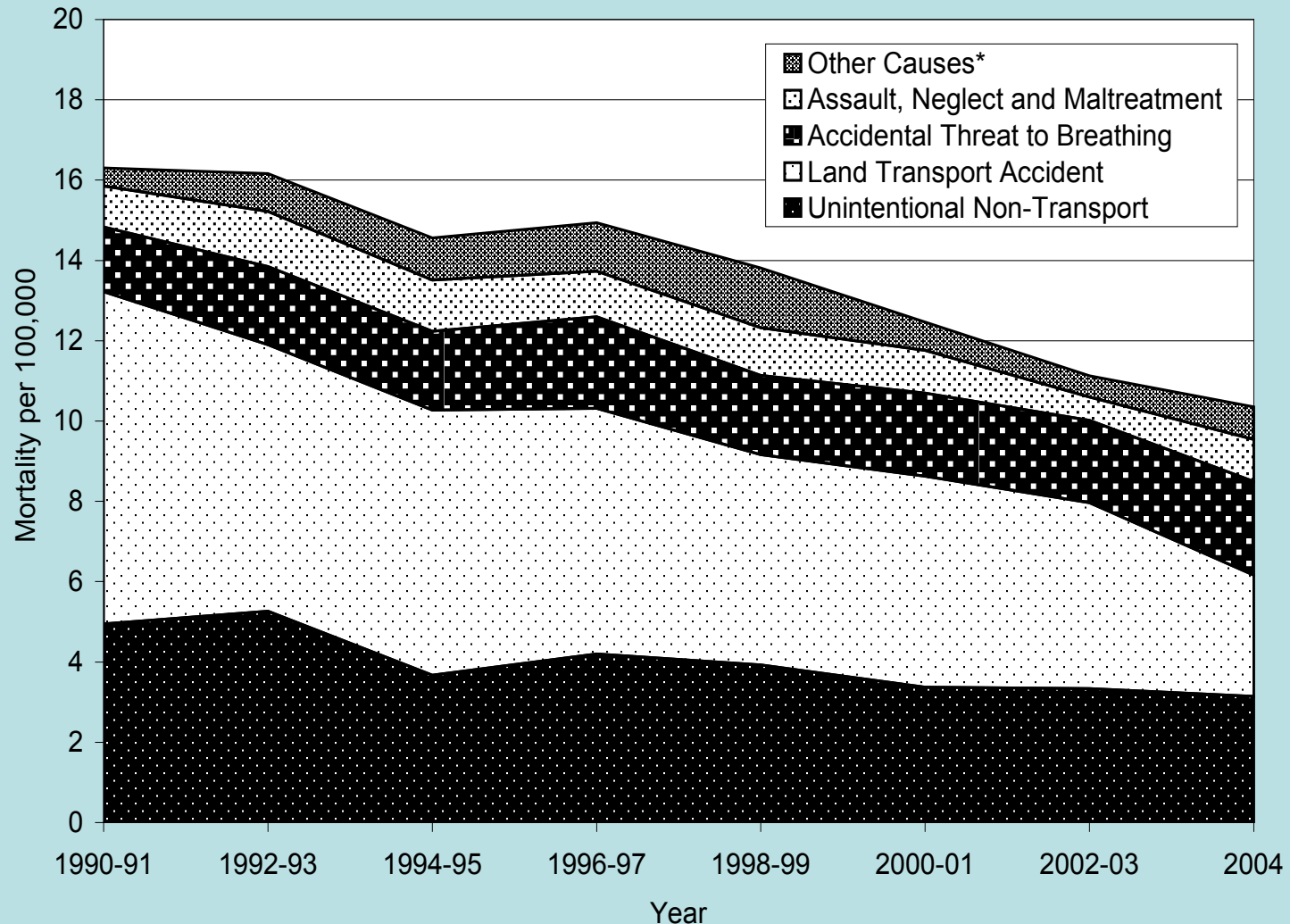
# NZ Child Mortality 1-14 (2002-3)



Source: Child & Youth Mortality Committee 2005 Report

# Trends in Child Injury Mortality

## New Zealand Children 0-14 yrs, 1990-2004



Source: NZ Health Information Service via NZ Child and Youth Epidemiology Service 2007

# Demographics of child injury

## Risk Factors for Hospital Admission due to Land Transport Injuries in Children 0-14 Years, New Zealand 2003-2007

Variable	Rate	RR	95% CI	Variable	Rate	RR	95% CI
NZ Deprivation Index Decile				NZ Deprivation Index Quintile			
1	138.37	1.00		1-2	143.28	1.00	
2	148.42	1.07	0.96 - 1.20	3-4	173.26	1.21	1.12 - 1.30
3	162.05	1.17	1.05 - 1.31	5-6	183.93	1.28	1.19 - 1.38
4	184.69	1.33	1.20 - 1.48	7-8	223.12	1.56	1.45 - 1.67
5	162.07	1.17	1.05 - 1.31	9-10	266.52	1.86	1.74 - 1.99
6	205.82	1.49	1.34 - 1.65	Prioritised Ethnicity			
7	218.27	1.58	1.42 - 1.75	European	211.04	1.00	
8	227.76	1.65	1.49 - 1.82	Māori	248.44	1.18	1.12 - 1.24
9	275.43	1.99	1.81 - 2.19	Pacific	151.45	0.72	0.66 - 0.78
10	259.15	1.87	1.70 - 2.06	Asian	85.61	0.41	0.36 - 0.48
Gender				Urban / Rural			
Female	134.01	1.00		Urban	190.60	1.00	
Male	267.87	2.00	1.91 - 2.09	Rural	265.86	1.39	1.32-1.47

Source: Numerator-National Minimum Dataset; Denominator-Census; Note: Rate per 100,000 per year; Ethnicity is Level 1 Prioritised; RR: Rate Ratios are unadjusted

# Child car passenger death

	0 to 4 years old	5 to 9 years old	10 to 14 years old
<b>1996</b>	<b>13</b>	<b>7</b>	<b>9</b>
<b>1997</b>	<b>14</b>	<b>7</b>	<b>8</b>
<b>1998</b>	<b>11</b>	<b>3</b>	<b>6</b>
<b>1999</b>	<b>7</b>	<b>3</b>	<b>11</b>
<b>2000</b>	<b>11</b>	<b>7</b>	<b>8</b>
<b>2001</b>	<b>3</b>	<b>2</b>	<b>10</b>
<b>2002</b>	<b>3</b>	<b>4</b>	<b>6</b>
<b>2003</b>	<b>4</b>	<b>4</b>	<b>5</b>
<b>2004</b>	<b>9</b>	<b>7</b>	<b>0</b>
<b>2005</b>	<b>4</b>	<b>7</b>	<b>8</b>
<b>Totals</b>	<b>79</b>	<b>51</b>	<b>71</b>

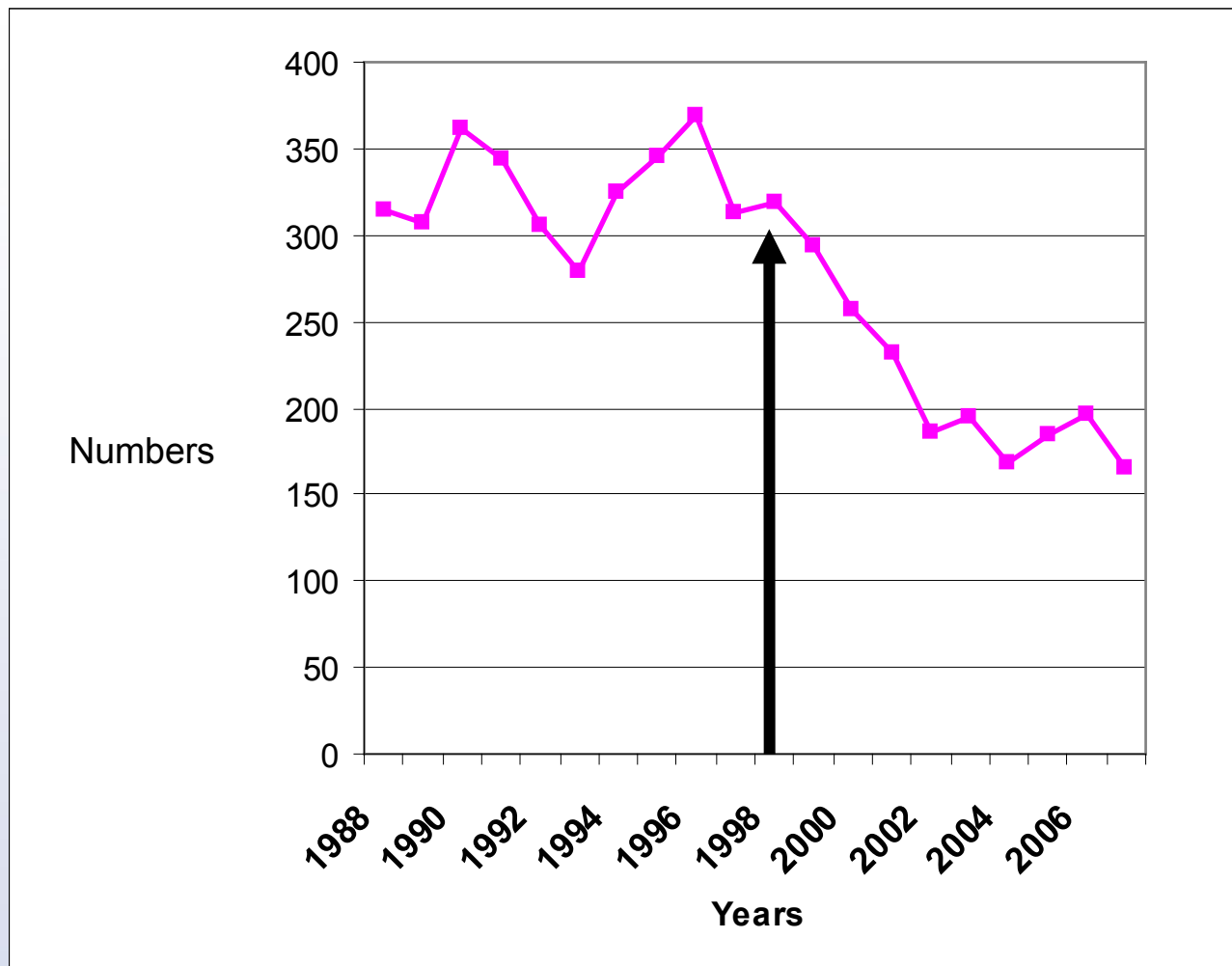


Photo courtesy Plunket

1996 to 2005 New Zealand Fatalities, Occupant in MVTC, Unintentional intent, Both genders, All regions

Data source: University of Otago Injury Prevention Research Unit: <http://www.otago.ac.nz/ipru/Statistics/Statistics.html> Accessed 2009

# NZ Child motor vehicle occupant injury hospital admissions (0-14)



# Statistic of one



Taupo Times 23/03/09

# Publications / Fact Sheets

Safekids New Zealand - What's New - Safekids News, ...

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Keeping kids safe at home, at play and on the road

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## What's New

Watch this page for the latest uploads and updates to our website.

Latest website updates:

- **NEW!** Safekids News December 2009 uploaded, [click here](#).
- **NEW!** The Higher You Sit, The Safer The Fit "Rugby" Advertisement, [click here](#).
- **NEW!** Strategies with Kids, Information for Parent's Keeping Kids Safe, [click here](#).
- **NEW:** Have a Safe Christmas & Summer, Perfect Gift Ideas Media Release, [click here](#).
- **NEW:** Analysis of Unintentional Child Injury Data in New Zealand (Pdf, 7MB. October 2009, by Moses `Alatini). [Click here](#).



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# Preventing Unintentional Child Injury

## Predictable and preventable

Valid, Evidence based interventions

## Collaboration & aligned messages

Working across Government

## Strong communities

People working together

## Healthy & Safe children





# Disaster in a CUP

Morgan was only trying to help his mum, but ended up with an agonising burn when a hot mug of tea poured all over him

By Karen Burge

For Heather Carter, making a cup of tea before bedtime was nothing out of the ordinary. But 10 days before Christmas last year, that everyday event took a horrifying turn when her three-year-old son Morgan pulled a mug of steaming black tea down on himself.

Morgan is one of over 200 New Zealand children each year (on average) who are burned severely enough by a hot drink or other liquid to be admitted to hospital. For some, the effects of the burns stay with them through to adulthood.

Heather says the night Morgan was burned was hot and summery and he was having trouble getting to sleep so she said, "Let's go and lie down and have a cuddle on Mummy's bed."

"I made a cup of tea because I always make a cup of tea before I go to bed. Morgan wanted a cup of juice so he got a cup and put it on the floor and started to pour his juice and I could see it was going to spill so I said, 'I'll help you.' And as I went to help him he walked behind me and reached up on to the bench and pulled my cup of tea straight down on himself."

He later told her he was trying to help by carrying the cup for her since she was busy helping him with his juice.

The tea went straight down over his forehead and burned down the inside of his arm and landed on his stomach. He was dressed in a nappy and a singlet, which Heather thinks hold the heat longer.

PHOTOGRAPH COURTESY OF THE BURN CARE CENTRE



REAL LIFE

Morgan'summy and arm were burnt the most

"HE WAS RED EVERYWHERE. HE WAS RED ALL OVER HIS FACE AND I COULD SEE SKIN COMING OFF HIS TUMMY."



"So much happened so quickly. I just dropped what I was doing and grabbed him and ran to the shower and turned it on cold and stripped his singlet off. His skin was peeling off before my eyes and with the shock of the boiling hot water – because it was a mug of black tea not a little cup – his little body just shut down. I can remember picking him up in the shower and shaking him and trying to get him to respond to me because it was so frightening."

"He was red everywhere, he was red all over his face and I could see the skin coming off all over his tummy and inside his arm and right around his wrist. I yelled for my daughter to help and I rang 111. Until then I'd thought, 'How would you know when it's serious enough to call for help?' But you just know."

The operator advised Heather to warm up the water a little bit so that Morgan

didn't get hypothermia and to keep him wet until the ambulance arrived, which would be 35 to 40 minutes because of their remote location outside Christchurch.

"By this stage he was screaming and I could see that he had burns and redness all over his face and subconsciously I was thinking, 'Gosh if he has scars then I can cover his body but I can't cover his face.' The things that go through your mind are quite crazy."

The Carter's farm manager came to help and Heather's 111 call also triggered local help to swing into action. The local fire brigade and nurse and doctor were soon on hand until ambulance staff and a helicopter arrived.

"I've never seen so many people in our bathroom. The ambulance guys were trying to put dressings on him, but by then he was totally freaking out and we eventually managed to calm him down