

Home Safety Checklist Reference Guide

Revised December 2012

Tobacco additions: November 2015

Created by:
Family Home Visiting Unit
Maternal and Child Health Section
Community and Family Health Division
P.O. Box 64882
St Paul, MN 55164-0882
[MN Department of Health Family Home Visiting](#)



Table of Contents:

INTRODUCTION	3
COMMUNICATION SKILLS	4
REFERENCE GUIDE	5
Safe Sleep	5
Bathroom	7
Safe Storage	8
Kitchen	10
Around the House	10
In the car	17
RESOURCES	19

Introduction

Why a home safety checklist?

Parents want a safe home for their children to play and learn in but sometimes they need a little help thinking about what poses a safety risk in their house. The Home Safety Checklist is intended to be a tool for family home visitors to use during visits with families. The home visitor will need to use professional judgment when deciding how to use the checklist with each family.

The MDH Home Safety Checklist was originally created in 1990 and has been updated a few times in the years since. This current revision depicts what current childhood injury trend data show are the leading causes of unintentional injury as well as what family home visitors are seeing in the homes they visit in Minnesota. The revision was accomplished through the efforts of the advisory committee listed below. This group worked to ensure the new documents are accurate and user-friendly.

For technical assistance, contact the Maternal and Child Health Section at 651-201-3760, or email the MDH Family Home Visiting program at health.fhv@state.mn.us.

2009-2010 Home Safety Checklist Revision Advisory Committee:

Local Public Health:

Pat Anderson, Pine County
Christine Andres, Kanabec County
Lona Daley-Getz, Clay County
Maren Harris, Dakota Healthy Families
Marion Kershner, Ottertail County
Laura Larson, Anoka County
Rebecca Lieber, Olmsted County
Erin Melz, Aitkin County
Cris Nelson, MN Visiting Nurses Association
Erin Peterson, MN Safety Council
Gloria Sorem, Sherburne County
Sue Spector, Dakota County

MDH:

Evelyn Anderson
Laurel Briske
Mary Jo Chippendale
Sylvia Cook
Cheryl Fogarty
Maureen Fuchs
Eileen Grundstrom
Mark Kinde
Rebecca Reibestein
Jon Roesler
Junie Svenson

Communication Skills:

Parents appreciate the information home visitors share about how to make their homes safer for their children. But they are processing this information within a broader set of priorities that affect their families. They may need help in determining how to specifically apply the information you share. Keep in mind how the information you are sharing fits with that family's life and perspective. Sometimes families have the knowledge but possibly do not have the authority to make changes or do not have the financial means. Motivation to make changes of any kind can be overwhelming to some parents. It is important to explore the barriers to possible needed safety interventions.

By asking open-ended questions, (ones for which there is no obvious, short answer such as yes or no) you can help guide parents to address some of the safety issues or practices that come up when using the Home Safety Checklist. Using open-ended instead of closed questions (yes, no or I don't know) enables you to gather information that may not otherwise come up if the parents weren't being prompted to share.

Some examples of this:

“Does it concern you that there are exposed outlets in this room?” (Closed question) versus
“How do you think your baby might explore this room once she is crawling?” “What do you think she will notice or find?” “What safety issues do you see in this room when your daughter starts exploring?” (Open-ended questions that allow the parent to process and the home visitor to listen)

For teens or other parents who have difficulty seeing the reason for concern, you might ask a question that addresses their own experience. For example:

“How would it affect your enjoyment of watching your favorite TV show if you don't have to get up frequently to move the baby away from the outlet?”

Phrasing suggestions and information in a positive manner can be more effective as well since it is often more likely to be heard. Consider these examples:

“If you continue to smoke, breathing is only going to become more difficult.”

and

“If you stop smoking, you may find that breathing is easier.”

Parents may be more motivated to follow through with safety changes if they actually come up with the ideas. Therefore, before making suggestions ask what the parents see as their safety needs, what they have already done or plan to do and how they feel they could make it safer for their child. Asking the parents for permission to make a suggestion can help, too. The following are examples of this:

“Would you like to know some things other [parents] have done?”

“Would it be all right if I tell you one concern I have about this?”

“There are several things that you can do to _____. Do you want to hear them, or are there other things we should talk about first?”

“May I make a suggestion?”

And finally, developing discrepancy might be a good strategy to apply here, too. For instance, you could say:

“It sounds like you are a bit overwhelmed with all this, and yet I see you have already made some changes for your baby's safety.”

Reference Guide

Safe Sleep:

Is your baby always placed on his/her back to sleep?

Since the American Academy of Pediatrics campaign to promote *Back To Sleep* began in the mid 1990s, Sudden Infant Death Syndrome (SIDS) deaths have decreased by greater than 40 percent both nationwide and in Minnesota. Stomach or tummy-down sleeping is the primary risk factor for SIDS. The reasons for this are still being studied. Side positioning is not recommended because it is not a stable position and the baby still may move to his tummy. Anything used to prop the baby in the side sleep position, including commercial products, have not been safety tested and are not recommended.

Is your baby sleeping alone in a crib-type bed for nighttime and naps at home and away from home?

The U.S. Consumer Product Safety Commission (CPSC) and other studies have reported infant deaths from bed sharing with adults or older children. Some babies have died while sleeping alone or with others on recliners, other soft chairs or sofas. Deaths can occur either from chest compression and asphyxia caused by an adult or older child lying on the infant, or from entrapment in bedding or between the bed and frame or wall.

For more information visit [MDH Sudden Unexplained Infant Deaths](#) or call The MN Sudden Infant Death Center of Children's Hospital at 612-813-6285.

For information on the Cradle of Hope program, who can provide a Pack-N-Play to parents who qualify, call 651-636-0637 or visit [Cradle of Hope Org](#)

Have you checked your baby's bed to make sure the crib sides are stationary and there are no broken or missing crib slats? Crib slats must be no more than 2 3/8 inches apart (size of the top of a pop can).

Infants have died from strangulation when their heads become caught between widely spaced bars. Measure the distance between the slats. Crib slats should measure no more than 2-3/8 inches apart. If it is greater than 2-3/8 inches, explain the potential danger to the parent(s).

This is 2-3/8 inches: _____

Corner posts on the crib should be not more than 1/16 of an inch, extensions greater than that may cause entanglement with clothing. If the corner posts are taller than 1/16 of an inch, they should be unscrewed or sawed off flush with the headboard or footboard. Check the crib for missing parts and make sure all bolts, screws and mattress support hangers are secure. Plastic bags should not be used in or around the crib (such as hung over the sides or corners).

If the baby sleeps in a mesh-sided Pack-N-Play, it must be set up according to manufacturer's directions with sides securely locked in place. Talk to the parent(s) about checking the mesh sides for holes or sagging. Consumer Product Safety Commission (CPSC) and the American Academy of Pediatrics (AAP) have found that ".....approximately 22% of the crib related injuries and 12% of all reported fatalities were related to drop-side related problems..." Beginning June 28, 2011, all cribs manufactured must comply with new safety standards. The details of the rule are available on CPSC's website at [CPSC Baby Crib Safety Standards](#).

If the parent is unable to purchase a new crib, what can they do to keep their baby safe?

If caregivers continue to use the current crib, the APA and CPSC recommend:

- ✓ Check CPSC's crib recall list to make sure that your crib has not been recalled

- ✓ Check the crib frequently to make sure all of the hardware is secured tightly and that there are no loose, missing, or broken parts
- ✓ If your crib has a drop-side rail, stop using that drop-side function. If the crib has been recalled, request a free immobilizer from the manufacturer or retailer (particular immobilizer will vary depending on the crib)
- ✓ Another option is to use a portable play yard, so long as it is not a model that has been recalled previously

Is the crib mattress firm and fitted snugly inside the crib (no extra room around edges)?

A small child can receive a fracture or suffocate if his or her head, body, or limb(s) becomes wedged between the crib side and the mattress. The mattress should fit snugly in the crib (or Pack-N-Play), with not more than two fingers width of space between the edge of the mattress and the side of the crib. Parents should not pad the mattress to make it softer.

Measure the distance between the crib mattress and the side of the crib on all four sides. If the mattress is too small, advise the parent to replace the mattress.

Bassinets must also have snug-fitting mattresses and sheets with no fluffy bedding or pillows.

Is your baby's crib empty of pillows, comforters, stuffed toys, bumper pads, and other soft items?

The U.S. Consumer Product Safety Commission (CPSC) has determined that soft surfaces such as pillows, quilts, comforters, sheepskins, and stuffed toys can be hazardous to infants. Infants have been found dead on their stomachs and on their backs with their faces covered by soft bedding.



Bathroom:

When your child is in the bathtub, is an adult always present?

Serious injury and death (drowning) can occur in the very short time a parent steps out of the bathroom and leaves an infant or child in the tub. A child can turn on the hot water and become burned in a matter of a few seconds. Tap water scald burns in the tub are serious because a large body area is often affected. If the parent must leave the bathroom, he/she should take the child along even if it is just for a few seconds.

Is your hot water heater set to never go above 120°F? When you run your child's bathwater, do you test the temperature first with your wrist or elbow?

Both of these questions involve water temperature. Tap water scald burns are generally more extensive and more severe than other scald burns. The bathtub is the most common site for tap water scalds to young children. The majority of scalds occurs when the child climbs or falls into the hot water, turns the hot water on himself, or is sitting in the tub when another child turns on the hot water.

Hot water should be in the safe range of 110° - 120° F. At this range, it takes a few minutes to cause a third degree burn. At temperatures of 140° F. or greater, it takes only a few seconds. Water at 120° F. is hot to the touch and is warm enough to clean clothes and wash dishes. Most dishwashers already have a heat booster so the water temperature does not need to be hotter than 120° F.

Degrees	Time it takes for third degree burn
155	1 second
148	2 seconds
140	5 seconds
133	5 seconds
127	1 minute
124	3 minutes

Check the temperature of the hot water with a water, meat or candy thermometer after letting the tap water run for three to five minutes. Insert the thermometer under the running water and read the temperature. Write the temperature on the checklist. If the reading is greater than 120°F., explain the danger to the parent. If the parents have access to their hot water heater, accompany the parents to the heater and show them how to turn the heater to a lower setting. Most heaters have a warm – medium – hot dial; the dial should be on the lowest setting. Explain that this action will also help them to save money on their gas or electric bill. Ideally, the hot water should be tested again twelve hours after turning it down.

If the parent does not have control over hot water temperature, they, or you, with the family's permission, should be encouraged to contact the landlord requesting action to turn the heater down. Safety valves are also available for purchase for individual faucets if the water cannot be adjusted.

Are there non-skid strips or a mat on the bottom of the bathtub?

Children can easily fall in slippery tubs or showers causing serious head injuries or fractures. Check the bathtub or shower for the presence of a mat or strips to prevent slipping.

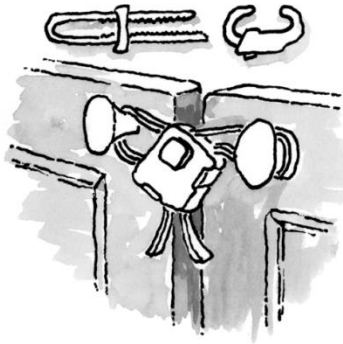
Safe Storage:

Are there safety latches or locks on cabinets and drawers that contain potentially dangerous items?

These items include:

- ✓ **Vitamins**
- ✓ **Medications, including over-the-counter medicines**
- ✓ **Cigarettes**
- ✓ **Tobacco Products such as e-juice or e-cigarettes**
- ✓ **Plastic bags**
- ✓ **Matches and lighters**
- ✓ **Knives, scissors, razor blades, and other sharp objects**
- ✓ **Cleaning supplies, pesticides, and other poisonous materials – keep these in their original containers**
- ✓ **Guns and ammunition – must be stored separately**
- ✓ **Energy drinks or alcoholic beverages**

Remember: Child-resistant packaging is not child proof



Ask parents to show you where they keep each of the items on the checklist– how do they store them?

All of these items should be stored safely out of children’s reach. In addition, they should be stored in a cabinet or drawer that has a lock or latch on it. Even when safely stored, keep containers that contain harmful and poisonous substances securely closed and use the original containers.

You can find safety latches or locks at discount stores such as Kmart, Target and Walmart. Your agency may consider providing safety supplies, such as cabinet locks and latches, to families at the time the home visitor is conducting the Home Safety Checklist. This strategy provides an immediate and effective way to reduce hazards to children.

Remind parents to call the MN Poison Center, 1-800-222-1222, if they think their child has come in contact with a poisonous substance by swallowing, breathing it in or splashing on skin or eyes. It is no longer advised to keep or use syrup of ipecac. In case of poisoning, call the MN Poison Center and the experts there will advise parents what to do.

Vitamins and Medications:

Children are often attracted to vitamins and medicines because of shape, color or smell. Vitamins with iron can be especially toxic. All vitamins and medicines should be stored either on a high shelf or in a cabinet with a safety latch or lock. If vitamins and medicines are stored within a child's reach, help the parent move them to a higher cabinet and install safety latches or locks. Another option is to obtain a locked box in which to store all medicines and vitamins. Recommend that parents buy medicines and vitamins with child resistant caps, avoid taking medicines in front of children, and never refer to medicines or vitamins as candy. Also, remind parents to be especially careful when the child is in the home of people without young children (they often leave medicines on the counter or table).

Cigarettes:

Nicotine is water soluble and rapidly absorbed through skin, lungs, and mucus membranes. One cigarette can contain from 8 to 20 mg of nicotine and a cigar up to 40 mg. Children has been poisoned by as little as 1 cigarette or 3 cigarette butts. Early symptoms include lethargy, vomiting, and seizures followed by a coma and respiratory arrest. Nicotine replacement products (gum, patches) may also be a source of nicotine poisoning.

All matches and lighters should be kept out of a child's reach. Even if parents are nonsmokers, remind them to be aware of matches visitors may bring into the home. Advise parents to tell children to bring all matches and lighters they find to a grownup.

June 2015: MDH releases health advisory about youth nicotine exposure

"The Minnesota Poison Control System saw a 35 percent jump in e-cigarette and e-juice poisonings among children from birth to 5 years old between 2013 and 2014. This marks the second year of significant increases in nicotine poisonings related to e-cigarette products, which can contain fatal levels of nicotine for children.

Today, the Minnesota Department of Health issued a nicotine health advisory to inform parents about the health dangers of accidental nicotine poisonings and the harms that can result from ongoing nicotine use among teens and among pregnant women.

"Many people think nicotine is addictive but not necessarily harmful on its own for teens and young adults, and that is not the case," said Minnesota Health Commissioner Dr. Ed Ehlinger. "We know there are clear health risks of nicotine exposure for youth."

The nicotine health advisory is based on a summary of the latest research on the health risks of nicotine. The advisory reports that nicotine may harm brain development during adolescence. Pregnant women should also be concerned due to evidence that nicotine can harm fetal brain and lung development. "

Knives and Sharp Objects:

All knives and other sharp objects should be kept in a high cabinet or in a drawer with a safety latch or lock. This includes objects in the bathroom, too. If sharp objects are in a low, unlatched drawer or cabinet, suggest that the parent move them to a higher location and install a safety latch or lock. It works best to store all of the sharp objects together.

Cleaning Supplies:

Cleaning supplies swallowed, inhaled, or splashed on the skin can cause mild to severe poisoning, chemical burns or death. All cleaning supplies should be stored in separate cabinets from food, on a high shelf out of a child's reach or in a cabinet with a safety latch or lock. It is very difficult for children to distinguish between food and poison packaging. If these supplies are within a child's reach or stored with food items, help the parent move them to a high cabinet and install a safety latch or lock

Aerosol cans and other flammable products must be stored in low cabinets away from heat sources. These products can become too warm and explode from heat. If applicable, ask the parent where cleaning supplies are kept in the garage including windshield washer fluid. Encourage them to find ways to store it up high or in a locked cabinet.

Guns:

Guns should be securely locked up when they are not being used so children cannot have access to them.

Ammunition should also be stored separately and locked up and away from the gun.

Children can have a natural curiosity about guns; many children play with toy weapons that do not seem different from the real thing. Guns are not manufactured with safety mechanisms to prevent unintentional discharge. Suggest or provide trigger locks for all guns in the house.

Energy Drinks:

Energy drinks may pose a risk for serious health effects in some children, especially those with diabetes, seizures, cardiac abnormalities or mood and behavior disorders. A new study, "**Health Effects of Energy Drinks on Children, Adolescents, and Young Adults**," in the March 2011 issue of *Pediatrics*, determined that energy drinks have no therapeutic benefit to children. Both the known and unknown properties of the ingredients, combined with reports of toxicity, may put some children at risk for adverse health events.

Typically, energy drinks contain high levels of stimulants such as caffeine, taurine, and guarana. Safe consumption levels have not been established for most adolescents. It is important for pediatric health care providers to screen for heavy use both alone and with alcohol, and to educate families and children at-risk for energy drink overdose, which can result in seizures, stroke and even sudden death.

From Healthychildren.org, a publication of the American Academy of Pediatrics published 2/14/2011

Kitchen:

Are small appliances in the kitchen (coffee maker, toaster) and bathroom (hairdryer, curling iron) unplugged and put away? If they cannot be stored in a cabinet or drawer, push them to the back of the counter.

Ask how those items are usually stored and if the child has ever tried to reach or pull something down. Check the counters and around the kitchen area for the presence of small appliances. These items should be unplugged and stored in cupboards or shelves, or pushed to the back of the counters out of reach. Help parents unplug and move any appliances stored inappropriately.

Small appliances such as toasters can be the cause of several types of injuries to a child including electrical burns if the child turns them on or inserts a hand or object into the appliance. Cuts or amputations could occur from sharp moving parts in a blender or food processor. Other injuries can happen when an appliance is pulled over onto the child, such as a coffee maker, and hot liquid is spilled onto the child.

The bathroom is also an extremely dangerous place to use and keep electrical appliances. These appliances can cause electrical burns and death if they fall into water or are touched by a wet child. Again, ask how those items are usually stored and if the child has ever tried to reach or pull something down. Check to see if electrical appliances are left plugged in or accessible to children and help parents to unplug and move them out of reach.

Check the bathroom for the presence and placement of a space heater. Move it away from any areas where it can come in contact with water or a wet child. Suggest that if space heaters are used, the room be heated prior to the bath and the heater removed while children are in the tub.

Are back burners on the stovetop used for cooking? Are pan handles turned toward the back of the stove?

Both of these questions involve children being near the stove when a parent is cooking. A young child can easily reach up and pull hot pans off of the stove causing scald burns. Ask the parent to show you which burners are used for cooking and how pan handles are turned. If the parent uses the front burners and/or pan handles are turned to the front, demonstrate the correct placement of pans. Counsel the parent about the dangers of scald burn injuries. It is best if the child is not allowed near the stove when cooking. The parent should never leave the room when cooking if the child is nearby.

Around the House:

Are the MN Poison Center phone number (1-800-222-1222) and other emergency contacts posted near all of your telephones, programmed in your cell phone or in an obvious location in your home?

It is not necessary to keep syrup of ipecac in your home. In case of poisoning, always call the poison center and the experts there will advise you on what to do.

The MN Poison Center will answer any questions regarding the toxicity of a medicine, product or plant. It does not cost anything to call the MN Poison Center and it is available 24 hours a day, 7 days a week.

Suggest that parents place a 911 sticker and the Minnesota Poison Center phone number on each phone, or in an obvious, central location in case of an emergency. Programming emergency contact numbers into a cell phone is another option in addition to having the information posted in the house.

Plants

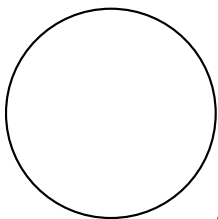
All indoor plants should be kept out of a child's reach. A child can be poisoned by eating only a few leaves of a poisonous plant. Check the location of house plants and help the parent to identify poisonous plants and remove them. You can find a helpful plant guide on the MN Poison Control web site at [Minnesota Poison Control](#). Remind parents of the importance of supervising children outdoors to avoid their access to poisonous bushes, berries and mushrooms.

Are small toys and objects that your baby could choke on out of reach and picked up off the floor?

It is important that objects containing button batteries (TV remotes, clocks, etc.) have a screw-secured battery cover; and toys with magnets out of reach of children.

All small items (including parts from toys of older siblings) and foods that can choke a child need to be kept out of reach. Inform the parent of the choking hazards associated with hot dogs. Small parts on toys manufactured for children under three years of age must be larger than 1.25 inches in diameter. They must be too large to fit into a specially designed cylinder 1.25 inches in diameter and 2.25 inches long (choke tube).

Circle with diameter of 1.25 inches



Ask the parents how they keep small items and foods like peanuts and hard round candies out of their child's reach. If parents have other children, it may be especially hard to keep small items from infants and toddlers. Discuss with the parents ways to keep small items off floors and other accessible surfaces.

Button Batteries:

As remote controls, battery powered electronics and toys with magnets become a common part of households, parents should be aware of the potential for hazardous ingestions. Even the smallest button batteries or magnets in the nose, ear, or vagina may cause tissues to die (tissue necrosis) as well as present choking hazards.

A secure battery compartment requiring the use of a screwdriver to open the compartment is preferred. Parents should be encouraged to check items before purchasing to avoid bringing toys with magnets and items with button batteries that do not have a secure cover, into the home. If they cannot replace hazardous items, encourage parents to keep these battery powered items and items with magnets out of the reach of babies and children.

- ✓ Children who have ingested magnets may have abdominal pain, vomiting, and fever. Because these symptoms are common in children and not usually caused by ingested objects, the true cause may not be suspected right away. Delaying treatment can lead to severe injuries to the stomach, intestines, digestive tract and even death.
- ✓ Contact your pediatrician or nearest emergency department immediately if you suspect your child has swallowed or been injured by a magnet or button battery.

Around the House (continued)

Are working carbon monoxide detectors installed within 10 feet of each room used for sleeping?

Carbon monoxide detectors should be tested monthly and the batteries changed every six months.

Every single-family home, and every housing unit in a multi-family dwelling, must have an approved and operational carbon monoxide alarm installed within ten feet of each room used for sleeping purposes.

See the state statute here, <http://www.fire.state.mn.us/CO/COAlarmStatute299F50.pdf>

Breathing in low levels of carbon monoxide can harm the brain, heart and other parts of the body. At high levels, the brain's lack of oxygen may result in loss of consciousness, coma and even death.

Placement:

Proper placement for carbon monoxide detectors is on a wall, high enough to be out of the way of children and pets. Carbon monoxide detectors do not have to be placed as high as smoke detectors. This is because carbon monoxide does not rise like smoke. Rather, it is more evenly distributed through the air.

Testing:

Carbon monoxide detectors should be tested monthly to ensure they are working. Follow the manufacturer's recommendations or use the test button. Carbon monoxide detectors will signal when the battery is running down but often for only 24 hours, so check the detector after being away from home for even a few days.

Maintenance:

Batteries should be replaced every six months. Detectors should be gently vacuumed with the vacuum hose at least twice yearly to keep them free of dust and cobwebs. Never paint detectors.

Are working smoke detectors placed in each sleeping room as well as in the hallways outside the sleeping rooms?

Smoke detectors should be tested monthly and the batteries changed every six months.

Placement:

Smoke detectors should be installed on every level of the home including the basement. One smoke detector should be placed outside every sleeping area. Smoke fills a room from the ceiling down so proper placement is on the ceiling; however, if the smoke detector is on the wall it should be installed between 6 and 12 inches from the ceiling.

Smoke detectors should not be placed in kitchens or garages, or in other spaces where temperature can fall below 32°F or exceed 100°F. Smoke detectors should not be located closer than three feet from the door to a kitchen or bathroom containing a tub or shower or forced air supply registers.

Make sure the smoke detector carries a UL or FM label. This will ensure the unit has been certified by an approved testing facility.

Testing:

Smoke detectors should be tested monthly to ensure they are working. Follow the manufacturer's recommendations or use the test button. Smoke detectors will signal when the battery is running down but often for only 24 hours, so check the detector after being away from home for even a few days.

Maintenance:

Batteries should be replaced every six months. Detectors should be gently vacuumed with the vacuum hose at least twice yearly to keep them free of dust and cobwebs. Never paint detectors.

What to do when the smoke detector is beeping or chirping? Check the batteries. If replacing the batteries does not stop the beeping/chirping, then check the detector for a sticker that gives the date it was installed. The actual detector may need to be replaced.

Is everyone living in your home aware of an emergency exit plan in case of a fire?

All households should have an emergency exit/fire escape plan and practice it. There are four important parts in an emergency exit plan:

- ✓ Maintain a properly placed smoke detector
- ✓ Draw the plan on paper and practice the plan
- ✓ Designate a meeting place outside
- ✓ Get out of the house and then call the fire department

Every home should have at least two unobstructed exits in case of a fire. If fire and/or smoke block one exit, a second exit is necessary to escape safely from fire. There should also be two ways out of every bedroom. In case the doorway is blocked, a window of sufficient size to exit easily must be accessible.

Is your home smoke-free (no one smokes inside your home)?

According to a June 2006 scientific report from the U.S. Surgeon General, second-hand smoke exposure is a known cause of Sudden Infant Death Syndrome (SIDS), respiratory problems, ear infections, and asthma attacks in infants and children. ([Surgeon General Reports and Fact Sheets](#))

Careless smoking, especially when under the influence of alcohol or drugs, can cause fires. A cigarette can smolder unnoticed in a sofa for hours before bursting into flames. This often happens when people are asleep.

If the parent does smoke, or has visitors who do, ask the parents how they dispose of cigarette butts and matches. Butts and matches should be put out in a large, deep ashtray and dumped out when cold or thrown into a toilet. Ask if parents ever smoke while in bed, when drinking alcohol or when using medication. If a parent smokes while in bed, ask if they keep a deep ashtray near the bed for proper disposal. If a parent smokes while under the influence of alcohol or medication, recommend that another person be responsible for checking under sofa and chair cushions for cigarette butts before going to sleep. This could be a lifesaving habit for nonsmokers who have visitors who smoke.

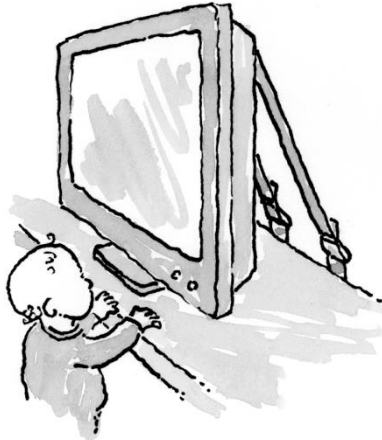
Encourage parents to stop smoking for health and safety reasons. For additional information and fact sheets on the effects of second hand smoke on children visit the American Academy of Pediatrics website at [American Academy of Pediatrics health topics](#).

For information on the impacts of smoking and smoke exposure while pregnant view “Preventing Smoking and Exposure to Secondhand Smoke Before, During and After Pregnancy” [CDC Tobacco use during pregnancy](#) or “Evidence-Based Smoking Cessation Intervention for Pregnant Women” [MDH smoking cessation interventions during pregnancy](#).

Around the House (continued)

Are heavy or unstable pieces of furniture, such as TVs, entertainment centers, and bookshelves, anchored to the floor or secured to the wall?

Some children like to climb and explore. If large pieces of furniture are not secured to the wall, they can fall over on the child if the child is trying to climb the bookshelf or pulling on the TV. Children have been severely injured or have died when heavy objects have been pulled down or fallen on them.



Safety straps or even Velcro can be used to attach some furniture to the wall. It is also helpful to avoid putting tempting items such as toys on top of furniture so that children don't climb up to get them.

Parents can secure TVs, VCRs, DVD players, microwaves, etc. to a cabinet or shelf with adhesive straps. It does not secure the furniture, i.e. TV stand, entertainment center, or bookshelf, but does provide some mitigation of the hazard for children. This is an option for renters who are not allowed to install a wall-mounted bracket to anchor some of these items.

Are safety/baby gates installed at the top and bottom of all stairs?

Ask parents to show you the safety/baby gates and how they use them. Safety/baby gates are used to prevent falls on stairs and can be used to prevent access to a room. They should be positioned at the top and the bottom of the stairs to prevent a toddler from falling down or crawling upstairs and falling back down. Gates should be securely anchored in the doorway or stairway they are blocking and be retained by means of an expanding pressure bar with the bar on the side away from the child.

Diamond-shaped accordion style gates should not be used; they can cause strangulation and death when the child's head is wedged through the gate or over the top if they attempt to crawl through or over the gate. Children have pulled gates over and fallen down the stairs.

Are stationary activity centers used instead of infant walkers?

The U.S. Consumer Product Safety Commission (CPSC) estimates that more children are injured in baby walkers than with any other nursery product. Almost all victims are under 15 months old. Most injuries are caused by falling down stairs, tipping over and burns from surfaces or hot liquids the walker enables them to reach. Drowning and poisoning are also more likely to occur in a walker. Most injuries happen even when an adult is present because they cannot respond fast enough.

Around the House (continued)

Walkers do not help infants walk sooner and can even delay development. New safety standards implemented in 1997 have not prevented all injuries. The American Academy of Pediatrics (AAP) and the National Association for Children's Hospitals and Related Institutions (NACHRI) have called for a ban on the manufacture and sale of baby walkers with wheels.

Committee on Injury and Poison Prevention, 2000–2001: Stationary activity centers can be promoted as a safer alternative to mobile walkers.

Are the windows in your house or apartment child-safe? Things to do:

- ✓ Move furniture away from windows.
- ✓ Keep windows, especially those reachable by children, locked or have window guards or stops to prevent them from being open more than four (4) inches.

Ask parents if their windows are "child-safe"; explain what is meant by this if they are unsure how to answer. Children have suffered permanent injury and death from falling out of windows. Careful supervision of children greatly reduces the risk of falls and injuries.

Window screens are not designed to keep children from falling through them. Keep furniture, including cribs, or anything children can use for climbing away from windows. Children may use these objects to climb to an open window and fall. The National Safety Council recommends windows that children can reach be closed and locked when children are around. Or, in the case of double-hung windows, lower the top sash only.

If parents are considering installing window guards or window fall prevention devices, they should be aware window guards must have a release mechanism so they can be opened for escape in a fire emergency. Consult the local fire department or building code official for more information about the proper use of window guards.

The window guard should be secured to the window frame with screws as shown below:



Are electrical cords in good condition (not frayed)? Arrange the cords so they are out of your child's reach.

Ask parents if they use extension cords and check their condition as well as the condition of appliance cords. Recommend replacement of worn, frayed cords. It is possible to reduce the use of extension cords by plugging in items only when they are being used. Where they must be used, check that they cannot be reached by children. In order to avoid a shock or burn, cords should not be frayed, placed under a rug or across a doorway. Help parents run cords between furniture and walls to keep children from being able to reach them.

Some of the most serious and disfiguring burn injuries to children are the result of children mishandling electrical cords. Scald injuries can occur when children pull on a dangling cord and are burned by a pot of coffee or other hot substance. Children sucking on live extension cords can receive permanent facial disfigurement from electrical burns. Outlet covers that fit over the top of cords already plugged in can protect a child from pulling an appliance plug from the outlet.

Talk to parents about the danger of fire from an overloaded extension cord, which can overheat and cause a fire. House fires caused by an electrical short are one of the leading causes of fire deaths in Minnesota.

If extension cords are being used extensively, it may be because the home has insufficient outlets. The kitchen is required by State Electrical Code to have two separate wall-type outlets and one light fixture; other rooms must have either two outlets or one outlet and one light fixture.

Are there shock prevention plugs or outlet covers on all unused electrical outlets?

Shock prevention plugs/outlet covers can prevent serious electrical shock or death caused by a child attempting to insert an object into an outlet. In homes with young children, all unused electrical outlets should be covered with shock prevention plugs/outlet covers. They are especially important in rooms where children frequently spend time.

Are you keeping your child safe from lead poisoning?

- ✓ Peeling paint or paint dust on walls and windows can have lead if your home was built before 1978
- ✓ Certain folk remedies may contain lead

Paint in older houses or apartments could contain lead. Children can get lead poisoning by swallowing lead paint or dust from peeling or chipped paint. Lead poisoning can be very serious and harmful especially for young children but it is preventable.

A yearly blood lead test is advised for children up to six years of age who:

- ✓ live, play, or spend time in older housing (built before 1978) with chipping or peeling paint
- ✓ live, play, or spend time in older housing (built before 1978) with recent or ongoing remodeling
- ✓ have brothers, sisters, housemates or playmates with moderate or high blood lead levels
- ✓ live near a roadway with heavy traffic or a business where lead is used
- ✓ live with an adult who works in a job or has a hobby where lead is used

To find out how to have their child tested, parents can call the local health department or the Minnesota Department of Health at 651-201-4620 or 800-657-3908.

Parents can keep their children safe from lead poisoning by checking for chipping or peeling paint on walls, window sills, and older, wooden cribs. Keeping floors and window sills clean from dust can also reduce the possibility of a child coming in contact with lead paint.

Other places where children can come in contact with lead include: toys made in other countries, antique toys or collectibles, pipes, jewelry and stoneware. Certain folk remedies can also contain lead, which can be poisonous for a small child. Ask parents if they use any medicines that are not purchased at a drug store or pharmacy.

Around the House (continued)

For more information on lead in folk medicines, visit the CDC's web site at [CDC fact sheet on folk medicines](#).

Pregnant or nursing mothers who are exposed to lead can pass that exposure on to their unborn baby or child.

Are the cords for window blinds, draperies or baby monitors out of children's reach?

If cords for blinds or draperies are looped, cut them to create two short cords.

Never put a crib, child's bed, or furniture near window blinds or drapery. Children can strangle on window blinds, drapery cords, and baby monitor cords or can fall through screens. Make sure all drapery, window blind cords and baby monitor cords are out of the child's reach. If window blinds or drapery cords are looped, cut them in half no matter where they are located.

In the Car:

Are age-appropriate child safety seats properly installed and used when children are riding in motor vehicles?

Infants up to 12 months and who weigh less than 20 pounds should be in a rear-facing car seat installed in the back seat. If the infant is less than 12 months and weighs more than 20 pounds, continue to position the infant in a rear facing car seat installed in the back seat until the infant is at least 12 months old. Also, if the infant is more than 12 months but weighs less than 20 pounds, continue to position the infant in a rear facing car seat installed in the back seat until the infant weighs at least 20 pounds. Never place a rear-facing child seat in front of an airbag.

Most babies will outgrow an infant seat (designed for babies 20-22 pounds) before age one. Parents can then change to a convertible seat with a higher rear-facing weight limit. Some rear-facing convertible seats are designed for up to 35 pounds. Recommend that parents check the car seat instruction manual or seat label for that seat's weight and height limits.

- In April 2009, the American Academy of Pediatrics newly recommended that toddlers should remain rear-facing in a convertible car seat until they have reached the maximum height and weight recommended for the model, or at least the age of 2 ([AAP News positioning car seats](#)).

When toddlers (at least one year old **and** at least 20 pounds) reach the highest weight allowed by rear-facing seats, parents need to switch to a child safety seat designed to be used forward-facing. This should be used until the child reaches the upper weight/height limit for the forward-facing child safety seat (when the top of the ears reach top of the seat, when shoulders are above the top slots), then move to a booster seat.

Booster Seats:

Effective July 1, 2009, a child who is both under age 8 and shorter than 4 feet 9 inches is required to be fastened in a booster seat that meets federal safety standards. Under this law, a child cannot use a seat belt alone until they are age 8 or 4 feet 9 inches tall.

It is recommended to keep a child in a booster seat based on their height rather than their age. Remind parents to check the instruction book or label of the child safety seat to be sure it is the right seat for their child's weight and height. Some booster seats come with a high back, others come without a back, but both must be used with a lap and shoulder belt. Booster seats without a back may only be used in vehicles with a head rest.

Children under the age of 13 should sit in the back seat of a vehicle. Children should not be allowed to ride in the cargo area of a truck or station wagon.

Does everyone wear seatbelts (or ride in an age-appropriate, properly installed child safety seat) while riding in motor vehicles?

Effective June 9, 2009, new legislation made the seat belt law a primary offense, which means law enforcement can stop motorists solely for seat belt violations, including unbelted passengers. Everybody of all ages in every seating position in the vehicle needs to be buckled up or riding in an approved child passenger safety restraint. A seat belt ticket can cost more than \$100.

The National Highway Safety Administration currently recommends that pregnant women wear their seat belts. The shoulder portion should be positioned over the collar bone. The lap portion should be placed under the abdomen as low as possible on the hips and across the upper thighs, never above the abdomen.

“The agency is currently reviewing the effect of air bags on pregnant women. NHTSA currently recommends that pregnant women wear their seat belts. The shoulder portion should be positioned over the collar bone. The lap portion should be placed under the abdomen as low as possible on the hips and across the upper thighs, never above the abdomen. Also, pregnant women should sit as far from the air bag as possible.” From: [National Highway Safety Administration Q and A airbags](#)



Resources

Using the Homes Safety Checklist to initiate a discussion with parents about their home environment can be an easier way to bring up potentially sensitive topics. You may sometimes find, however, that a common response to why a parent(s) is not making changes or adopting a safety practice is due to lack of resources.

Financial

What if parents can't afford to purchase safety supplies right away?

Carbon monoxide detectors:

Kidde distributed carbon monoxide detectors in 2008 to fire departments in some towns around the state. If you are near one of the sites listed, you may want to contact the fire department to inquire if they still have a supply for distribution. The towns include: Luverne, Albert Lea, Austin, Winona, St. Paul, Minneapolis, Willmar, Morris, Brainerd, Detroit Lakes, Grand Rapids, Hibbing, Virginia, International Falls, Thief River Falls and Crookston.

Cradle of Hope:

The purpose of the Cradle of Hope Grant is to provide last resort funding to pregnant women who have encountered expenses related to their pregnancy which they cannot handle. Cradle of Hope funding should only be offered when other services or funds are unavailable.

For a list of current crib/Pack-n-Play sites go visit the Cradle of Hope web site at [Cradle of Hope](#).

Car and booster seats:

Places to access free or low cost infant car seats and booster seats: [Dept. of Public Safety car seat distribution sites](#), look under "Car Seat Distribution Programs".

Information

The Consumer Product Safety Commission web site, [Consumer Product Safety website](#) is an excellent resource for home visitors. On this site you can find recall and safety information on products from 1973 on. The most recent recalls are easily accessible at the top of the main page by clicking on either the current month or the previous month hotlink.

The Minnesota Attorney General's Office has a web site for Landlords and Tenants (also available as a pdf document) [State of MN Office of Attorney General](#). This is a great resource for information on rights and responsibilities for both landlords and tenants and spells out the options a renter may have if the landlord is not making repairs to the housing unit.

Community and Family Health Division
Maternal & Child Health Section
PO Box 64882
St. Paul, MN 55164-0882
Phone: (651) 201-3760
Fax: (651) 201-3590
TDD: (651) 201-5797

Upon request, this material will be made available in an alternative format such as large print, Braille or cassette tape.