

**Safekids Information Centre Bibliography:  
A selection of items related to Cutting & Piercing injury  
prevention.**

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If you would like to see any of the items listed here, or have any other queries, please contact Safekids Information Specialist **Wayne Carter** at the Information Centre at [infocentre@safekids.org.nz](mailto:infocentre@safekids.org.nz) or phone 09 631 0724 and quote the Reference number(s).

Our database can also be searched online at [www.safekids.org.nz](http://www.safekids.org.nz).



**Building for the 21st century: Review of the Building Code: Performance requirements July 2007**

[www.dbh.govt.nz](http://www.dbh.govt.nz)

Department of Building and Housing

Wellington, Department of Building and Housing: 2007.

This document relates to the review of the New Zealand Code. This is of particular interest in terms of three areas: (1) the provision of hot water tempering valves which 'temper' the water to less than 50 degrees C (to reduce hot tap water burns to children), (2) the provision of safety glass (to reduce the chance of child cutting and piercing injuries) (3) the provision of barriers around spas and swimming pools (to reduce the risk of child drownings). Safekids has made submissions to the review in these areas.

**Reference number** 8836

**Toughened glass 2005**

Ministry of Consumer Affairs: Manatu Kaihokohoko

Wellington, Ministry of Consumer Affairs: 2005.

Factsheet alerts consumer to possible dangers of toughened glass and advises on care. See: <http://www.consumeraffairs.govt.nz/productsafety/consumerinfo/index.html>

**Reference number** 8390

**Safety begins at home. [short (10 cm) pamphlet] 2008**

<http://www.acc.co.nz>, [www.homesafety.co.nz](http://www.homesafety.co.nz)

Accident Compensation Corporation (ACC)

This pamphlet in the shape of a small house promotes home safety with five brief tips on how to start focusing on falls prevention and making sure sliding glass doors can be easily seen using stickers, frosting etc. It also refers people to the ACC home safety website [www.homesafety.co.nz](http://www.homesafety.co.nz). It is also available at this website in Maori, Samoan, Tongan, Korean and Chinese.

**Reference number** 9018

**Phoenix date palm injuries: A review of injuries from the Phoenix date palm treated at the Starship Children's Hospital 2000**

Adams, Christopher D.; Timms, Fiona J.; Hanlon, Michael

Australian and New Zealand Journal of Surgery 70 (May) 2002: 355-357.

Department of Paediatric Orthopaedics, Starship Children's Hospital

The purpose of this study was to review patients treated for penetrating Phoenix date palm injuries. Documentation of the clinical behaviour of these injuries was sought as they have different clinical outcomes to other foreign body injuries.

**Reference number** 5525



### **ATV and lawnmower injuries 2004**

Hockey, Richard; Scott, Debbie; Spinks, Dawn

Injury Bulletin 81 (Apr) 2004, entire issue.

Queensland Injury Surveillance Unit (QISU)

This issue of the Injury Bulletin from QISU focuses on ATV and lawnmower injuries. Data and statistics are presented and recommendations for prevention are provided.

**Reference number** 7816

### **Power lawnmower injuries 2003**

Robertson, William W.

Clinical Orthopaedics and Related Research (409) 2003: 37-42.

Department of Orthopaedic Surgery, Washington University School of Medicine

Power lawnmowers are among the most ubiquitous household tools, yet they pose significant danger to operator and bystanders. Despite of the United States Consumer Products Safety Commission's push to have safety standards established for walk-behind mowers in 1982 and for ride-on mowers in 1986, by 2000 approximately 80,000 injuries nationwide were estimated to be associated with power mowers. Large numbers of these injuries are thought to be preventable, especially those to individuals younger than 14 years. Orthopaedic surgeons treat a significant number of the injuries associated with mower use including lacerations, amputations, fractures, infections, and skin defects. To date, changes in mower design have seemed to be more successful than user education programs in decreasing the numbers of these injuries. Involving orthopaedists in safety education programs to help prevent injuries associated with power mower use may be one method of increasing user knowledge and preventing injury.

**Reference number** 6562

### **Prevention of lawnmower injuries in children 2003**

Gruel, Curtis R; Sullivan, J. Andy

Journal of the Oklahoma State Medical Association 96 (4) 2003: 187-188.

Orthopedic Surgery, University of Oklahoma College of Medicine

That power lawnmowers can be dangerous is obvious. They can result in penetrating injuries, lacerations and amputations, and burns. This brief article presents information about this topic.

**Reference number** 6590

### **Toughened glass 2003**

<http://www.consumer.vic.gov.au>

Consumer Affairs Victoria

Car windscreens, shop and office doors, cooktops, oven doors and tableware are examples of products made from toughened glass, a product that is much stronger than normal glass. This factsheet provides further information under the following headings; 1) How is it made?, 2) Strength and durability, 3) Spontaneous shattering, 4) Noise factor, and 5) Conclusion.

**Reference number** 7467

### **Unintentional cutting and piercing injury in the home 2002**

Clark, Belinda et al.

Hazard - <http://www.general.monash.edu.au/MUARC/hazard/haz52.pdf>

52 (Spring) 2002, entire issue.

Monash University Accident Research Centre (MUARC)

This issue of Hazard covers unintentional cutting and piercing injuries that occur in the home, the location of a large proportion of hospital-treated cutting and piercing cases. In the next issue we will include a brief report on intentional, assaultive cutting and piercing injury in all



settings.

Analysis of recent VEMD data reveals that 53% of unintentional cutting and piercing injuries presenting to Emergency Departments (EDs) occur in the home, as do 28% of total admitted injury cases for cutting and piercing injury. Annually, at least 10,580 hospital-treated unintentional cutting and piercing injuries occur in the home (1,250 hospital admissions and 9,330 ED presentations). The common mechanisms of these home injuries involve glass, powered hand tools, non-powered hand tools and nails. Injuries occur most frequently in males aged 25-29 and young children aged 0-4 years. The most common injury is open wounds to the hand and fingers.

**Reference number** 6284

### **Supplement: Unintentional cutting and piercing in the home- safety tips for operation of power tools, knives and lawnmowers 2002**

Hazard - <http://www.general.monash.edu.au/MUARC/hazard/haz52sup.pdf>  
52 (Suppl) Spring, 2002, entire issue.

Monash University Accident Research Centre (MUARC)

This is a two page resource which provides safety tips for the use and care of tools and implements which can cause unintentional cutting and piercing injuries.

**Reference number** 6285

### **Penetrating injuries in children: Is there a message? 2002**

Holland, A.J.A. et al.

Journal of Paediatrics and Child Health (38) 2002: 487-491.

The objective of this study was to determine the frequency, management and outcome of penetrating trauma in children. A retrospective review of penetrating injuries in children under 16 years of age admitted to the Children's Hospital at Westmead (CHW), and deaths reported to the New South Wales Paediatric Trauma Death (NPTD) Registry, from January 1988 to December 2000. Patient details, circumstances of trauma, injuries identified, management and outcome were recorded.

Results showed that thirty-four children were admitted to the CHW with penetrating injuries during the 13-year period. This represented 0.2% of all trauma admissions, but 3% of those children with major trauma. The injury typically involved a male, school-age child that fell onto a sharp object or was assaulted with a knife or firearm by a parent or person known to them. Twenty-five children (75%) required operative intervention for their injuries and 14 survivors (42%) suffered long-term morbidity. Thirty children were reported to the NPTD Registry over the same interval, accounting for 2.3% of all trauma deaths in New South Wales. Of these, a significant minority was injured by falls from a mower or a tractor towing a machine with blades. In conclusion, penetrating injuries are uncommon, but cause serious injury in children. There are two clear groups: (i) those dead at the scene or moribund on arrival, in whom prevention must be the main aim; and (ii) those with stable vital signs. Penetrating wounds should be explored in the operating theatre to exclude major injury. Young children should not ride on mowers or tractors.

**Reference number** 6286

### **Childhood cutting injury 2002**

<http://www.safekids.org.nz>

Auckland, Safekids New Zealand: 2002

This is a factsheet compiled by Safekids. It presents data and information under the following headings; 1) Key facts, 2) Who is most at risk? 3) Causes & Circumstances of Injury, and 4) What is safety glass?

**Reference number** 8121



### **Glass doors and windows- Think safe, play safe 1999**

<http://www.consumer-ministry.govt.nz/>

Ministry of Consumer Affairs - Manatu Kaihokohoko

Around 400 injuries a year occur from accidents with glass doors and windows involving children under 14 years old, according to the Ministry of Consumer Affairs. With children running in and out of the house and playing games, the Ministry is warning parents and caregivers to help children play it safe this summer.

"Many homes have sliding doors, glass side panels, glass conservatories, ceiling-to-floor windows and glass shower cubicles. These are at-risk areas, where impact could cause severe injuries," said Tony Leverton, Manager of the Ministry's Trading Standards Service. The Ministry recommends people take the following steps for a safer summer holiday:

-Put transfers or strips of dark tape on your sliding and opening doors, both at adult and child eye-levels.

-Keep the surrounding walk areas non-slip and free from loose rugs, children's toys and other items you could trip on.

-For extra safety, screen low level fixed panes of glass with furniture or plants.

-When replacing glass in high-risk areas, have an authorised installer put in safety glass.

**Reference number 7077**

### **Toddlers at risk for paper shredder injury in the home: easy access and severe injury. 2006**

Warren, Ramona C.; Foltin, George L.

Pediatrics 117 (2) Feb 2006: 535-538.

Departments of Pediatrics and Emergency Medicine, New York University School of Medicine, Bellevue Hospital Center, New York

A 2 year-old sustained severe injury to two fingers from a home paper shredder. Includes summary of the US Consumer Product Safety Commission's investigation of reported injuries and characteristics of paper shredders that might contribute to the injuries.

**Reference number 8501**

### **Reported incidence of injuries caused by street glass among urban children in Philadelphia. 1998**

Kakary, Martin A.

Injury Prevention 4, 1998: 148-149.

Harvard School of Public Health, Harvard University

Jefferson Medical College, Thomas Jefferson University

Objectives—First, to assess the incidence and cause of lacerations sustained by urban children from walking outdoors as well as to identify possible means of prevention. Second, to identify the type of health care sought after injury and to measure the extent of glass litter on the streets.

Setting—Children (18 years of age or younger) in the Ludlow community of Philadelphia.

Methods—A retrospective analysis of lacerations sustained while walking outdoors. A personal survey was conducted with 241 children on a door to door basis. Glass litter was measured by visual inspection of individual streets.

Results—Of 241 children, 83 (34%) had been cut at least once while walking outdoors. Of the 83, 62 were not wearing footwear at the time of injury. The majority of lacerations (86%) were caused by broken glass. Thirty nine of the 83 children received professional medical care for the laceration. Broken glass was estimated to be present on 30% of the outdoor walking area.

Conclusions—Broken glass is a significant health problem on littered urban streets. Preventive measures such as street cleaning, footwear education, and glass recycling incentives are needed to address this public health hazard.

**Reference number 9118**