



INJURY

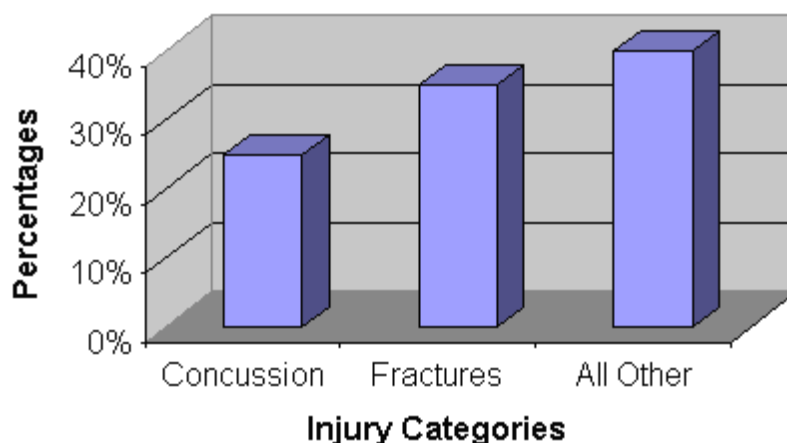
BULLETIN

c/o Mater Hospitals, South Brisbane 4101
Ph 61 7 38408569 Fax 61 7 38401684 E-Mail Mail@qisu.qld.gov.au
Website: <http://www.qisu.qld.gov.au>

CHILDREN'S BUNK BED INJURIES

When children fall from bunk beds they sustain a wide variety of injuries including lacerations (often involving the face and mouth), bumps, bruises and abrasions. More serious though, are the concussion and broken bones.

Most Common Bunk Bed Injuries



QISPP, which is based at the Mater Children's Hospital, collects information on all injuries treated at south-east Queensland hospitals. Statistics for the last six years reveal an average of 63 bunk bed injuries each year on the southside alone.

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* QISU data is based on emergency department presentations to the following hospitals: Mater Children's Hospital, Mater Adult Hospital, Mater Private Emergency Care Centre, Queen Elizabeth II Jubilee Hospital, Redland Hospital, Logan Hospital, Royal Children's Hospital, Mt Isa Hospital and Mackay and district hospitals.

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Hospital Admission:

In 1989, there were 16 cases of concussion associated with falls from bunk beds and **all of these required admission to hospital**. Another 21 children sustained fractures, most commonly involving the forearm. The elbow, foot and wrist were also common fracture sites. **A third of all fractures required hospital admission.**

The High Risk Group in terms of age is 1 to 10 years. This group sustains around 90% of all injuries. Very few children less than 12 months old sustain bunk bed injuries. However, these few demonstrate the fact that children of this age cannot, and should not be expected to cope with such a precarious sleeping arrangement.

Prevention:

- * **behaviour** On the basis of QISPP data, it could be said that over half of these injuries could be prevented if children didn't play on the top bunk. A number of these injuries occurred as the result of being pushed off or pulled from the bunk by another child.

- * **design** There were also a number of reports of the injuries occurring as the child tried to get into or out of the bunk. This may be related to the design of bunk ladders. For example, injury descriptions described missed footing, feet slipping off rungs, and tripping up (and down) the ladder.

- * **removal of obstacles** Bunks are often bought as space-savers and it is difficult to overcome the problem of small bedrooms. However, where possible, the areas adjacent to the bunk should be kept free of obstacles. Injuries are often the result of the child hitting something such as a "train set", a "desk", or an open drawer" on the way down.

- * **safe positioning** Bunks should be placed well away from windows. One obvious risk of placing a bunk too close to a window is that the child will fall right out -and this has happened! One serious laceration occurred as the result of a child sticking his foot through the window glass as he fell.

- * **safety rails** Finally, it is interesting to note that in 96% of cases no safety device was reported. Guard rails are particularly important for children in the younger age bracket. They are also indicated for older children who are unused to sleeping in a top bunk and they often add a justifiable feeling of security.