UNSW SYDNEY

Foundational Systematic Literature Review

Home Safety: Prevention of Unintended Injury in the Home for Children and Young People with Physical or Sensory Disabilities

PEER REVIEWED

Authored by
Bess Fowler

1st ed. November 2026

DOI: 10.26288/jsab-jh33

ISBN: 978-0-7334-4137-0

Evidence Based Research Series
ISBN: 978-0-7334-3663-5



www.homemods.info

Abstract

Introduction: In Australia, unintentional injury in all children and young people is a significant, and preventable health burden to society, costing approximately A$289.2 million per year. Even though children and young people (0-18 years) with physical or sensory disabilities have at least double the risk of unintentional injury, compared to their typically developing counterparts, there is only limited, applicable research available on the effectiveness of home safety interventions. There is, however, sufficient high-quality foundation evidence for interventions in typically developing and socially disadvantaged groups, to develop applicable, general principles of injury prevention for the disabled. Nonetheless, considerable caution must be exercised when developing and adapting disability-specific injury prevention solutions, due to the increased risk, for example, of falling, associated with movement and balance disorders. Occupational therapists can use the available home safety evidence to guide assessment and planning for home changes, while tailoring recommendations to each child's abilities, development and family priorities. Modifications, safety equipment and assistive technology should address identified risks and be feasible within the family's housing and financial circumstances.

Methods: Study design: Quantitative systematic review. The main frames of reference are Haddon's Injury Prevention and Control Model, and the Child Safety Reference Framework

Ten databases were searched including Cochrane Collaboration Reviews, particularly Injury, PubMed, Web of Science, Home Modification Information Clearinghouse, and other on-line sources. 1,392 studies were identified, independently selected and reviewed by two authors and 56 studies were included.

Results: The home safety interventions supported by general research include Education (Home visits, hazard identification, safety education, supervision, fire escape plans, and first aid); Engineering (Health equipment, assistive technology, and home modification); Enforcement - Legislation (Smoke alarms and hot water regulation) and Equity (Equal access to environments and assistive technology).

Conclusion: While the research evidence on home safety for children and young people with physical and sensory disabilities is limited, sufficient quality evidence from the typically developing and socially disadvantaged is available to formulate a home safety framework to develop appropriate interventions for children and young people with specific disabilities.

Keywords

Home safety; unintentional injury; prevention; children and young people; physical and sensory disability; occupational therapy; home environment.

Contribution of Authors

This is the first edition of Evidence Based Practice Review: Ageing in Place with Dementia: Modifications and Design Innovations for the Home, authored by Bess Fowler (2026) for the Home Modification Information Clearinghouse, UNSW Sydney.

Acknowledgements

This material has been published by the Home Modification Information Clearinghouse (HMinfo) within the faculty of Built Environment, UNSW Sydney (University of New South Wales).

This material was produced with funding from the Australian Government Department of Health and the NSW Department of Family and Community Services.

HMinfo have a policy of undertaking a review process prior to the publication of research documents. The reviews are performed by Specialist Review Panels in accordance with the HMinfo Specialist Review Panel: Terms of Reference, available at the HMinfo website: www.homemods.info.

The following Specialist Review Panel members provided their expertise and feedback for this document:

Dr Konstantina Vasilakopoulou	Royal Melbourne Institute of Technology (RMIT)
Deborah Hammond	Occupational Therapy Australia (OTA)
Susan Dinley	Occupational Therapy Australia (OTA)

Liability Statement

The Home Modification Information Clearinghouse team gives no warranty that the information or data supplied contain no errors. However, all care and diligence has been used in processing, analysing and extracting the information. The Home Modification Information Clearinghouse will not be liable for any loss or damage suffered upon the direct or indirect use of the information supplied in this document.

Reproduction of Material

Any table or material published in this Evidence Based Practice Review, may be reproduced and published without further license, provided that due acknowledgement is made of this source.

The preferred acknowledgment style is:

> Fowler, B. (2026) Home Safety: Prevention of Unintended Injury in the Home for Children and Young People with Physical or Sensory Disabilities. Sydney: Home Modification Information Clearinghouse, UNSW Sydney. (November) [online]. DOI: 10.26288/jsab-jh33 Available from HMinfo website: www.homemods.info

Contents

Background **14**
Importance of the Review 14
Frames of Reference 15
Safe Communities - World Health Organisation 15
Injury Prevention and Control Model - Haddon's Matrix 15
Child Safety Reference Framework 16
International Classification of Functioning and Health - World Health Organisation 16
Disability Evacuation Framework 16
Occupational Performance 17
Safe Occupational Performance 17
Person-Centred Care 17
Occupational Therapy Practice Framework - OT Process 17
Epidemiology, Risk, Hazards, Injury Type and Mechanisms, Area of Home 17
Epidemiology 17
Place, Location, Types, Mechanisms, Patterns of Unintentional Injury 20
Economic cost 21
Functioning and Disability in Relation to Home Safety 21
Barriers and Facilitators for Injury Prevention and Control 22
Growth and Development 22
Social Determinants of Health 22
Prior Reviews 22

Objectives, and Research Question **24**
Objectives 24
Research question 24

Methods **25**
Research Question Refinement Strategy 25
Protocol 26
Data Extraction 26
Search - Interventions 27
Table 1: Summary of Problem, Intervention, Comparisons, Outcomes, Comparisons and Target Populations 27
Table 2: Search Terms for Home Safety Interventions for Children and Young People with Physical Disabilities, Vision or Hearing Loss 27
Selection Criteria 28
Inclusion Criteria 28
Exclusion Criteria 28

Foundational Systematic Literature Review: Home Safety: Prevention of Unintended Injury in the Home for Children and Young People with Physical or Sensory Disabilities. DOI: 10.26288/jsab-jh33 ISBN: November 2026. Our resources are current on the date of their publication. However, as funding programs, building codes and standards are regularly updated, it is always best to double check date of publication of both resources and standards version dates against current, policies, standards and codes. DOI: 10.26288/jsab-jh33 ISBN: 978-0-7334-4137-0

Results **32**
Studies 32
Table 3: Summary of Child Safety Good Practice Guide 41
Other Sources 45
Home Modification Information Clearing House (HMinfo) - Library search 45
Industry and Manufacturer Guidelines 46
Professional standards 46
Completeness and Quality of Evidence 47

Discussion and Conclusions **47**
Implications for practice 49
Implications for research 49

References **50**
1. Review title 68
2. Original language title 68
3. Anticipated or actual start date * 68
4. Anticipated completion date * 68
5. Stage of review at time of this submission 68
6. Named contact 68
7. Named contact email * 69
8. Named contact address 69
9. Named contact phone number 69
10. Organisational affiliation of the review * 69
11. Review team members' and their organisational affiliations 69
12. Funding sources/sponsors * 70
13. Conflicts of interest * 70
14. Collaborators 70
15. Review Question * 70
16. Searches* 70
17. URL to search strategy 71
18. Conditions or domains being studied 71
19. Participants/population* 71
20. Intervention(s), exposure(s) * 72
21. Comparator(s)/control 73
22. Types of study to be included initially * 73
23. Context 73
24. Primary outcome(s)* 74
25. Secondary outcomes * 74

26. Data extraction (selection and coding) 74
27. Risk of bias (quality) assessment * 75
28. Strategy for data synthesis * 76
References 76

Figures

Figure 1. Domains and disciplines of design innovations to support ageing in place with dementia **Error! Bookmark not defined.**
Figure 2. PRISMA flow diagram of the study selection process **Error! Bookmark not defined.**

Tables

Table 1. Inclusion and Exclusion Criteria **Error! Bookmark not defined.**
Table 2. Evidence Extraction: Detailed Characteristics of Included Studies **Error! Bookmark not defined.**
Table 3. Design-focused Thematic Heat-map Synthesis of Home Design Innovations Supporting Ageing in Place for People Living with Dementia in Domestic Settings **Error! Bookmark not defined.**
Table 4. Design Recommendations to Support Ageing in Place for People Living with Dementia in Domestic Settings **Error! Bookmark not defined.**

Foundational Systematic Literature Review: Home Safety: Prevention of Unintended Injury in the Home for Children and Young People with Physical or Sensory Disabilities. DOI: 10.26288/jsab-jh33 ISBN: November 2026. Our resources are current on the date of their publication. However, as funding programs, building codes and standards are regularly updated, it is always best to double check date of publication of both resources and standards version dates against current, policies, standards and codes. DOI: 10.26288/jsab-jh33 ISBN: 978-0-7334-4137-0

List of Abbreviations

Accessible Housing The modification or construction of a residential dwelling to allow people with disabilities to live more independently of their carers. It usually means that either during construction or during subsequent modifications, the property's living spaces, such as the bathroom, kitchen, porches, decking, and swimming pools, were tailored to the needs of the occupants with disabilities. (Council Approvals Group Trust Pty Ltd, 2024)

Activity (Activities) The execution of a task or action by an individual. (World Health Organisation, 2007)

Activity Limitations Activity limitations - Difficulties an individual may have in executing activities. (Bickenbach et al., 2021)

Activities of Daily Living (ADL)

Activities oriented towards taking care of your own body: bathing/showering; toileting and toilet hygiene; dressing; eating and swallowing; feeding; functional mobility; personal device care - personal; personal hygiene and grooming; sexual activity. (American Journal of Occupational Therapy, 2014)

Appraisal The process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context. (Law & McDeramid, 2014)

Assistive Technology (AT)

Assistive technology is equipment or devices that help you do things you can't do because of your disability. (Aplin & Gustafsson, 2023)

Assistive Technology(AT) Advisors

Including **-** Allied health practitioners. For example audiologists, occupational therapists, orthoptists, orthotists/prosthetists, physiotherapists, podiatrists, speech pathologists; orientation and mobility specialists for the vision sector. (Aplin & Gustafsson, 2023)

Assistive Technology (AT) Low Risk

Low risk AT products that are unlikely to cause harm in day-to-day life, available for trial and / or can be purchased in retail stores, or easy to set up and safely use without professional advice. (National Disability Insurance Scheme, 2023)

Assistive Technology (AT) High Risk

High risk AT products may be one or all of the following: complex, such as a power wheelchair, known to have caused harm used for a restrictive practice require professional advice, setup or training for safe use.(National Disability Insurance Scheme, 2023)

Bias - Risk of Bias(RoB) A bias is a systematic error, or deviation from the truth, in results or inferences.(Higgins, 2008)

Child Development Child development refers to the sequence of physical, language, thought and emotional changes that occur in a child from birth to the beginning of adulthood. (Kid Sense, 2024)

Child Safety Reference Framework (CSRF)

Evidence-based interventions, applicable at the sub-national level, covering four domains of child safety: road, home and water safety prevention.(Scholtes et al., 2017)

Domestic Life Includes household tasks - preparing meals; doing house work; caring for household objects; and assisting others.(World Health Organization, 2007)

Disability Total or partial loss of the person's bodily or mental functions. Describes a person's impairment of body or function, a limitation in activities or a restriction in participation when interacting with their environment. (Disability Discrimination Act 1991, 2018)

Environmental Factors The physical, social and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the person's functioning. (Bickenbach et al., 2021)

Environmental Interventions

These may be single interventions, or more complex interventions, such as adaptations of the home environment to reduce falls risk combined with education on fall hazards following a fall-risk assessment of the home environment. (Clemson et al., 2019)

Environmental Influence The ICF includes environmental factors in recognition of the important role of environment in people's functioning. These factors range from physical factors (such as climate, terrain or building design) to social factors (such as attitudes, institutions, and laws). Interaction with environmental factors is an essential aspect of the scientific understanding of 'functioning and disability' (World Health Organisation, 2001)

Evidence-Based Practice (EBP)

The integration of best research evidence with clinical expertise and patient values. (Sackett, 2000)

Fall An event that results in a person coming to rest inadvertently on the ground or on the floor or other lower level. (Gielen et al., 2015)

Functioning An umbrella term for body function, body structures, activities and participation. It denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors.(Bickenbach et al., 2021)

Functional Mobility Moving from one position or place to another (during performance of everyday activities), such as 'in-bed mobility', 'wheelchair mobility', and 'transfers'. (American Journal of Occupational Therapy, 2014)

Hazard A hazard is anything that has the potential to cause injury, illness or damage to your health. (Worksafe Australia, 2023)

Home Modification (HM) Changes made to the home environment to help people to be more independent and safer in their own home and reduce any risk of injury to their carers and care workers.(Carnemolla & Bridge, 2015)

Changes to the structure, layout or fittings of a participant's home that are required to enable the participant to safely access and move around their home. (NDIS, 2020)

Home Modifications - Minor (MHM)

Minor home modifications (are home modifications that do not change the structural parts of the home or cost no more than $20,000). We will need an assessment from a suitably qualified

occupational therapist on what changes to your home you need. (NDIS, 2020)

Home Modifications - Complex (CHM*)*

Complex home modifications are changes that may involve a few areas in your home. For example, might need to combine bathroom and toilet to give more room to use a hoist or shower chair. Assessment by specially qualified occupational therapist. (NDIS, 2020)

Home Safety The awareness and education of risks and potential dangers in and around a home which may cause bodily harm, injury, or even death to those residing in and around the physical structure of a home. (Wikipedia, 2020)

Injury Physical harm or damage to the body. Injury may be intentionally or unintentionally caused. An injury may be minor and require little or no care, or may be more serious, requiring treatment or hospitalisation and may result in permanent scarring, disability or death. (Kidsafe Victoria and Australia, 2023)

Injury Prevention Effective injury prevention measures identify injury causes, remove them or reduce people's exposure to them. (Injury Prevention in Victoria, 2024)

Interventions Directed towards impairments, limitations and restrictions, and relevant contextual factors can address the impact of the health condition and help to affect the ability of the patient to execute everyday tasks and participate in major life activities. (Bickenbach et al., 2021)

mHealth The use of mobile devices for health promotion, injury prevention and control. (Ranney et al., 2022)

Occupational Therapy(OT)

A client-centered health profession concerned with promoting health and well-being through occupation. (World Federation of Occupational Therapists, 2012)

Occupational Therapy Process (OT Process)

	Evaluation, Intervention and Outcomes (Boop et al., 2020a)
Occupational Performance	
	Accomplishment of the selected occupation resulting from the dynamic transaction among the client, their context, and the occupation. (Boop et al., 2020)
Parenting Programs	Interventions with a specified protocol, manual, or curriculum aimed at changing knowledge, attitudes, or skills covering a range of topics relevant to parenting. (Kendrick et al., 2013)
Participation	1. Nature and extent of involvement in life situations and events. (WHO & World Health Organization, 2001) and; 2. Comprising two essential elements: attendance and involvement. (Imms et al., 2016)
Physical Home Environment	
	Physical layout or amount of space and furniture in the home (Coster et al., 2012)
Risk	A risk is the likelihood of a hazard causing injury, illness or damage to your health. (Worksafe Australia, 2023)
Self-Care	The set of activities that comprise daily living, such as bed mobility, transfers, ambulation, dressing, grooming, bathing, eating and toileting. (Foti & Beohmer, 2016)
Social Determinants of Health (SDoH)	
	The World Health Organization (WHO) describes social determinants as 'the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life'. (Australian Institute of Health and Welfare, 2024)

Supervision	Direct watching and oversight of young children and includes anticipatory guidance and active engagement of younger children. (Morrongiello et al., 2006)
Target Population	Represents a specific subgroup within the population that is the main focus of a study or analysis. (Willie, 2023)
Vision Impairment	A measure of the type and severity of clinical or functional limitation of one or both eyes or visual information processing structures in the brain. (Teutch. S et al., 2016)
Vison Loss	Functional vision impairment including blindness. (Teutch. S et al., 2016)
Unintentional Injury	An unexpected, unintentional, and violent event, affecting a child, with or without detectable lesions, and subsequently leading to medical attention; the injury may have been caused by a fall, poisoning, drowning, burns, or traffic related crashes. (Gong et al., 2021)

Background

Importance of the Review

In Australia, unintentional injury in all children and young people is a major, preventable health burden to society. Unintentional injury is a financial burden on the Australian public healthcare system, of approximately A$289.2 per year. (Chowdhury et al., 2022)

Children and young people with physical disabilities, compared to their typically developing counterparts, have at least double the risk of unintentional injury. (Shi et al., 2015) Minimal research evidence, however, is available on injury prevention and control for home safety and to a lesser extent home modifications, for the target group. (Francescutti et al., 2019)

As there is quality research available on home safety in the typically developing (Emery et al., 2017)(Young et al., 2013) and socially disadvantaged (Keall et al., 2021) this review provides the foundation evidence to formulate robust injury prevention and control interventions for children and young people with physical or sensory disabilities.

Children and young people with physical disabilities, compared to their typically developing counterparts, have at least double the risk of unintentional injury (Shi et al., 2015) A previous systematic review in 2021 by Fowler and Kirwan (Fowler & Kirwan, 2021)and also Francescutti (Francescutti et al., 2019) found minimal research evidence on prevention and control interventions for home safety and to a lesser extent home modifications, for children and young people with physical and sensory disabilities.

As there is a notable absence of research evidence on unintentional injury prevention and control for those with physical and sensory disabilities, quality information available on home safety for the typically developing (Emery et al., 2017) (Kendrick et al., 2013) and socially disadvantaged (Möller H, Falster K, Ivers R, 2015)(Keall et al., 2021)are reviewed to provide the additional evidence to formulate robust interventions and assessment and outcome measures for children and young people with physical destabilise, vison or hearing loss. (Emery et al., 2017)

Considerable *caution*, however, must be exercised when developing home safety programs for groups with disabilities or individual occupational therapy programs for clients with disabilities, to ensure that the specific needs and wants of individuals are met.

Although home safety and physical environment modification are important and recognised interventions provided by occupational therapists. Ie ‘A suitably qualified occupational therapist is required to certify the effectiveness of the modification to meet your goals and likely future needs during design and on completion of the works. (National Disability

Insurance Scheme, 2020) High quality, quantitative research evidence is not available to guide practice in these ages and disability groups. (Fowler & Kirwan, 2021)

This review provides information on the available research evidence to design the highest-quality home safety interventions appropriate to the needs and wants of individual children and young people and their families to prevent injuries while optimising functioning in the home environment. (Boop et al., 2020).

Overall, this research will provide the foundation for effective evidence-based home safety interventions that will reduce the impact of unintentional injury in the home for children and young people with physical disabilities, their families and the wider community.

Frames of Reference

The frames of reference supporting this systematic review are:

Safe Communities - World Health Organisation

The 'World Health Organisation (WHO) Safe Communities' model for the prevention of injury is the foundation for the prevention of injury in the whole and sub populations, particularly for at risk groups, such as children. (Spinks et al., 2009)

Injury Prevention and Control Model - Haddon's Matrix

The main, specific injury prevention and control approach adopted in this project is the well-established epidemiological Injury Prevention and Control Model by Haddon, (Runyan, 2003), and the 'Three Es' (Giles et al., 2002), specifically **'*Education*'**, **'*Engineering*'** and '***Enforcement'***. An additional 'E' by Giles (Giles et al., 2020) is **'*Equity*'** - a dimension of particular relevance to people with a disability. This model also incorporates a 'Life course' approach (Hosking et al., 2011) that is compatible with the growth and development concepts outlined in the World Health Organisation, International Classification of Functioning and Health (Bickenbach et al., 2021) and of particular relevance to our target population of children and young people. (Adams, 2014)

'Education ' this component applies to, children and young people, parents or guardians (Kendrick et al., 2013) Home safety education programs include the awareness of safety hazards, such as stairs, baths, slippery floors, poor lighting, electricity, uneven surfaces, poisons and heat sources (Kendrick et al., 2013). Safety practices to counter these risks, including understanding the use of safety equipment and safe practices such as manual handling, developing escape plans particularly for fire, and learning first aid. (McKenzie et al., 2018) These home safety education programs are often offered via digital platforms such as Make Safe Happen®.(McKenzie et al., 2018)

Foundational Systematic Literature Review: Home Safety: Prevention of Unintended Injury in the Home for Children and Young People with Physical or Sensory Disabilities. DOI: 10.26288/jsab-jh33 ISBN: November 2026. Our resources are current on the date of their publication. However, as funding programs, building codes and standards are regularly updated, it is always best to double check date of publication of both resources and standards version dates against current, policies, standards and codes. DOI: 10.26288/jsab-jh33 ISBN: 978-0-7334-4137-0

The concepts of home hazard identification, (Morrongiello et al., 2016) home safety supervision, (Morrongiello et al., 2012) and first aid, (Burgess et al., 2017) are included under the heading 'Education' as these risks are a major part of improving safety knowledge behaviours for both parents, carers and children and young people with a physical or sensory disability.

'Engineering' encompasses the safety concept of eliminating or controlling hazards. An important principle in occupational health and safety is the approach of 'Engineering' is removing hazard, for example, thermostatic hot water mixing valves for bath tap temperature control and scalds (Kendrick et al., 2011) Also providing assistive technology, health equipment, structural modification of the home environment for the disabled person for example, grabrails, wheelchairs or walking aids, modifying the physical home environment by providing accessible spaces through simple and complex home modifications or housing adaptations, such as removal of baths and installation of accessible toilets (Keall et al., 2021)

'Enforcement' covers legislative requirements in the home such as smoke alarms to facilitate fire evacuation, water temperature controls bathrooms to prevent scads and burns (Scholtes et al., 2017) These elements are often part of ***'Engineering'***.

'Equity' relates to disabled people having equal access to all areas of the dwelling for example, sufficiently wide doorways (Foettinger et al., 2022). In addition, having access to assistive technology that is safe, affordable and effective, is an important aspect of the rights of people with a disability (Quinlivan, 2012)(Aplin & Gustafsson, 2023) Also, children from socially disadvantaged backgrounds are more likely to suffer unintentional injuries (Pearce et al., 2012)

Child Safety Reference Framework

The Child Safety Reference Framework (CSRF) is a policy advice tool that places evidence-based child safety interventions into a framework resembling the Haddon Matrix. The CSRF has four domains of child safety including road, water and home safety, and intentional injury prevention. The focus of this systematic review is home safety.

Of particular relevance, the CSRF considers that *all children should be viewed as a risk group* due to added risk associated with growth and development. (Scholtes et al., 2017)

International Classification of Functioning and Health - World Health Organisation

The World Health Organisation (WHO) International Classification of Functioning and Health (ICF)(World Health Organization, 2007)(Bickenbach et al., 2021) is a commonly used model in disability research and practice, as it focusses on functioning, a fundamental concept in occupational therapy. The WHO ICF components of 'Interaction', 'Environment', 'Health Condition',' Developing Child', 'Activity' and 'Participation' (Bickenbach et al., 2021) are particularly relevance in the home environment.

Disability Evacuation Framework

In relation to fire safety which applies equally to those with physical disability, vision or hearing loss, the Disability Evacuation Framework by Hostetter. (Hostetter & Naser, 2022) For example, do certain building component enable evacuation or require assistant from abled body individuals is the use of special equipment required. (Bukvic et al., 2021)

The following are important Occupational Therapy Frameworks

Occupational Performance

Is the 'Accomplishment of the selected occupation resulting from the dynamic transaction among the client, their context, and the occupation'. (Boop et al., 2020)

Safe Occupational Performance

In the context of home safety, the author has developed the concept of Safe Occupational Performance (Law et al., 1996) which combines the fundamental construct in occupational therapy of occupational performance with safety.

Person-Centred Care

Person- or client-centered care is another concept fundamental to occupational therapy practice and is particularly relevant to the individual's own home environment. (Whalley Hammell, 2015) (Mccoll & Pranger, 1994) (Morato-Espino & Gomez, 2021) (Law et al., 1990)(Lammi & Law, 2003)

Occupational Therapy Practice Framework - OT Process

Occupational Therapy is a client-centered health profession concerned with promoting health and well-being through occupation. (World Federation of Occupational Therapists, 2012) The model adopted for occupational therapy practice in this review is the American Occupational Therapy Association's, Occupational Therapy Practice Framework: Domain and Process (OT Process) is relevant to all interventions and includes evaluation, intervention and outcomes. (Boop et al., 2020) (Moll et al., 2014)

Epidemiology, Risk, Hazards, Injury Type and Mechanisms, Area of Home

Epidemiology

In Australia, a total child injury hospitalisation rate of 1,489 per 100,000, is reported in a large study of 686,409, (Mitchell et al., 2018) and provides a high-quality data profile of injury. This data linkage study includes the entire Australian population of children and young people

aged 0 -16 years experiencing injury-related hospital admissions over a 10-year period 2002-2012. (Mitchell et al., 2018)

Compared to their typically developing counterparts, however, more children and young people with disabilities suffer unintentional injuries. (Shi et al., 2015) A systematic review and meta-analysis, using a large sample of 83,286 children in China, compared those between 0-4 years and 5-9 years, found that children with *physical disabilities* experienced double the risk of unintentional injury compared to their typically developing peers.(Shi et al., 2015)

These findings are supported in another systematic review from China (Xiang et al., 2014) showing that children with a recognised disability status had more than twofold (2.39) increased risk of unintentional injury. In addition, the likelihood of injury for children with disabilities compared to the typically developing, using medically attended injuries as the primary outcome measure, shown in a case-control study, (Zhu et al., 2012) was 4.46, which is more than four and a half times higher risk. More boys than girls and higher level of injury were also observed in younger age groups comparand to older. (Gong et al., 2021)

After controlling for covariates, this pattern of injuries is similar as well, suggesting that children with *sensory* impairment tend to have increased risk of injury, particularly when they do not use aids as recommended. (Schwebel et al., 2015)

For *vision loss*, in young Swedish people 15-17 years, in a cross sectional survey, part of a larger national study, showed an increased risk of unintentional injury in those with visual and mobility impairment compared to their non disabled peers. The study demonstrates a 33% increased risk of injury the preceding 12 months, and a 53% increased risk of injury leading to hospitalization for those with any disability compared to their typically developing peers. (Jernbro et al., 2020) (Saad Ahmed et al., 2020)

In addition, those with *hearing loss* have higher risk for injury, in a large, 138,111 retrospective study of records, children and young people 1-18 years, with hearing loss who were treated in for injuries in hospital or emergency departments had more than twice (17.72 vs 8.58 per 100) respectively the rate of injury than a typically developing control group. (Mann et al., 2007)

Hazards and Risks

A hazard is anything that has the potential to cause injury, illness or damage to your health. (Worksafe Australia, 2023)

Hazards

Residents in homes with fewer hazards have less injuries than those living in homes with more hazards. Exposures, or hazards identified, in a WHO systematic review (Bhaumik et al., 2018) that included children, were ‘uneven floor surface, changes of floor levels,

steep stairs, variation in stair geometry, lack of guarding of stairs, landings and balconies, unsafe windows and doors, kitchen layout, lack of smoke/carbon monoxide detectors, unvented gas/solid fuel burning stoves, unsafe electric installation, open fires, unprotected hot surfaces, and no grab-rails or handles to baths/showers'. (Bhaumik et al., 2018)

The leading hazards in relation to structural housing elements associated with home injuries in children, are bathtubs, cabinets, carpets, ceiling/walls, counters, doors, fences, floors, nails, porches, stairs and windows. (Shields et al., 2016)

A cross-sectional study from the USA found that households with at least one resident with a disability, had a lower number of hazards in the home than those with no disabled residents. The dwellings were more likely to be single storied and a smaller number had stairs. Also more fall prevention strategies including grabrails and nonslip matts in the bathtub or shower are availabe. (Vladutiu et al., 2012)

Risk

A risk is the likelihood of a hazard causing injury, illness or damage to your health. (Worksafe Australia, 2023)

A study from Sweden of young people aged between 15-17 years showed a 33% increased risk of injury the preceding 12 months, and a 53% increased risk of injury leading to hospitalization for those with any disability including visual and mobility impairments, compared to their peers with no disability. In addition, those with the most severe disabilities had a higher risk. (Jernbro et al., 2020)

The understanding and perception of risk of injury in their children is an important consideration on whether parents recognise the problem and consider they are vulnerable in willingness to change safety behaviours. (Foettinger et al., 2021)

National Disability Insurance Scheme - Classification of Risk

In addition to benefits, aids and appliances also have inherent risks. The NDIS classifies the risks (of injury) as low and high risk. Assistive Technology (AT) products such as non-slip bath mats, that are categorised as low risk as these are unlikely to cause harm in day-to-day life; available for trial and / or can be purchased in retail stores and are easy to set up and safely use without professional advice.

In contrast, higher risk AT products may include complex products, such as a power wheelchair, known to have caused harm, used for a restrictive practice, or require professional advice,

setup or training for safe use an Assistive Technology Advisor, often an occupational therapist. (National Disability Insurance Scheme, 2023)

Place, Location, Types, Mechanisms, Patterns of Unintentional Injury

Place

Home is the most common, specified place of an incident causing injury (24.5%) for all children and young people aged 0-16 years. (Mitchell et al., 2018) This infromation has implications for delivering occupational therapy, particularly hazard reduction, such as support rails in the bathroom.

Location in the home environment

The specified locations of injury within the home environment are as follows; bathrooms (Head et al., 2013); Outdoor area 16%; Bedroom 9%; Indoor living area 6%; Kitchen 5%; Bathroom 4%; Garage 1%; Driveway to home 1%; Laundry 0.2%; Home unspecified place 57%.(Berecki-Gisolf et al., 2016)

Type

In relation the most common types of unintentional injuries, a large cross-sectional population study (n= 29,597) of children and young people of less than 18 year in China reported that falls accounted for 72% of hospital admissions. (Gong et al., 2021) There were 219 falls (56%), 80 burns (20.4%), 54 poisonings (13.8%), and 38 chokings (9.7%) Bernard (Bernard-Bonnin et al., 2003) The mean age was 2.2 years (range 1.4 to 3.3). (Bernard-Bonnin et al., 2003)

In a systematic review of Indigenous children and young people in the Australian Northern Territory, the type of injures included falls 28.2%, transport 15.2%, thermal 2.1%, poisoning 1.3%, drowning 0.2% and a substantial 42.2% uncategorised. (Robinson et al., 2016)

The type of injury varies with the developmental stage of the child or young person. When typically developing young children are first learning to stand up, walk and later run, they are subject to ‘developmental falls’ that do not usually require hospitalisation. For the child with a physical disability, however, a similar fall may result in a more severe injury that may require hospitalisation. (Flavin et al., 2006)

Mechanism

Age-related falls are the most common mechanism of injury. (Mitchell et al., 2018) For 66 of the 69 injury mechanisms studied, Aboriginal children had a higher rate of hospitalisation compared with non-Aboriginal children. (Möller et al., 2016a) Click or tap here to enter text. From n=120 injuries, the mechanism of injury included toys 10 (8.3%), furnishings 40 (33.3%), house features 42 (35.0%), food/beverage 13 (10.8%) and other 15 (12.5%). (Young et al., 2013)

Patterns

Injury patterns are related to gender, age and developmental stage of the child or young person. For the total Australian population, more boys than girls are injured: overall males accounting for just less than two thirds of injury related-hospitalization of those between 0-16 years. (Mitchell et al., 2018)

While it is recognised that children with disabilities have a higher rate of injury than the typically developing, (Zhu et al., 2012) there is minimal research with this group in relation to injuries caused for example, by toys, specifically from ride on cars. (Fraser et al., 2019) This circumstance is particularly concerning, as ride-on-toys account for 35% of all injuries and 42.5% of hospital admissions in people less than18 years old, treated in US Emergency Departments in the whole population. These injuries peaks at the age of 2 years with 80% occurring at home.

Economic cost

In Australia, unintentional injury in children and young people is a significant and preventable health burden for society. These unintentional injuries have significant financial burden on the Australian public healthcare system, approaching a total of A$332.4 million per year. (Chowdhury et al., 2022)

Functioning and Disability in Relation to Home Safety

Due to characteristics of growth and development, all children and young people who are typically developing, are at high risk of injury. (Scholtes et al., 2017)

A case-control study of 53 mid primary school children, with and without injuries found injuries related to reduced executive abilities in goal directed functional activities effectively may result in behaviors that increase the risk of unintentional child injury. (Rosenblum et al., 2022) Children with certain diagnoses, functional behavior features, and deficient executive function abilities may be at risk for unintentional injuries. Raising occupational therapists' awareness of these aspects may contribute to identifying, treating, and preventing accidental injuries among at-risk children. (Rosenblum et al., 2022)

In contrast, people with normal eyesight, use their intact visual skills to navigate safely around spaces and obstacles in the home environment. Those, with vison loss including depth perception, visual acuity, visual fields and perception can have compromised function, particularly mobility, leading to injuries. (Teutsch S et al., 2016)

One factor that remains poorly understood is the role of perception, perceptual development, and perceptual impairments in those with vision and hearing loss in child injury. (Schwebel et al., 2015)

Barriers and Facilitators for Injury Prevention and Control

Facilitators related to the approach used, focused messages, minimal changes, deliverer characteristics, equipment accessibility, behaviour change and including incentives. The barriers included complex interventions, cultural socio-economic, physical and behavioural barriers and deliverer constraints. (Ingram et al., 2012)

Growth and Development

Growth and development patterns change with age and the emphasis of safety intervention must adapt to the child's developmental age. (Mitchell et al., 2018) Interventions must also account for the growth and development emanating from changing needs and wants. (Hosking et al., 2011)

A longitudinal study of parents' expectations about infants' emerging behaviors and their safety strategies to moderate injury risk.(Cox et al., 2021) An important safety aspect of supervision for typically developing children and young people, adults view about the age at which children can be left home alone is 13 years, and to bathe alone is 7.5 years. (Mack et al., 2012)(Morrongiello et al., 2021)

Social Determinants of Health

The World Health Organization (WHO) describes the social determinants as 'the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life'. (Australian Institute of Health and Welfare, 2024)

There is moderate evidence that families living in disadvantaged areas, those with low incomes, those residing in rental accommodation, young mothers, single parents and people from ethnic minority groups for example Aboriginal Australians (Möller et al., 2016b)have an increased risk of unintentional injury. (Kendrick et al., 2009)(Berry et al., 2017)(Ghebreab et al., 2021)(Furmanek et al., 2017)

Some improvements in safety practices are apparent through targeting the socially disadvantaged, (Mayes et al., 2014) such as home safety visits, prescription and installation of aids. (Kendrick et al., 2009)(Padalko et al., 2020)

Prior Reviews

This current investigation into Home Safety is an extension of two quantitative systematic reviews published by the Home Modification Information Clearinghouse:

Fowler 2022, entitled: 'The Quality and Usability of Selected Evaluation and Outcome Measures in Home-based Occupational Therapy for Children and Young People with Physical Disabilities: Extended Findings from a Systematic Review'. (Fowler, 2022)

Available from: https://www.homemods.info/resources/hminfo-research-publications/evidence/the-quality-and-usability-of-selected-evaluation-and-outcome-

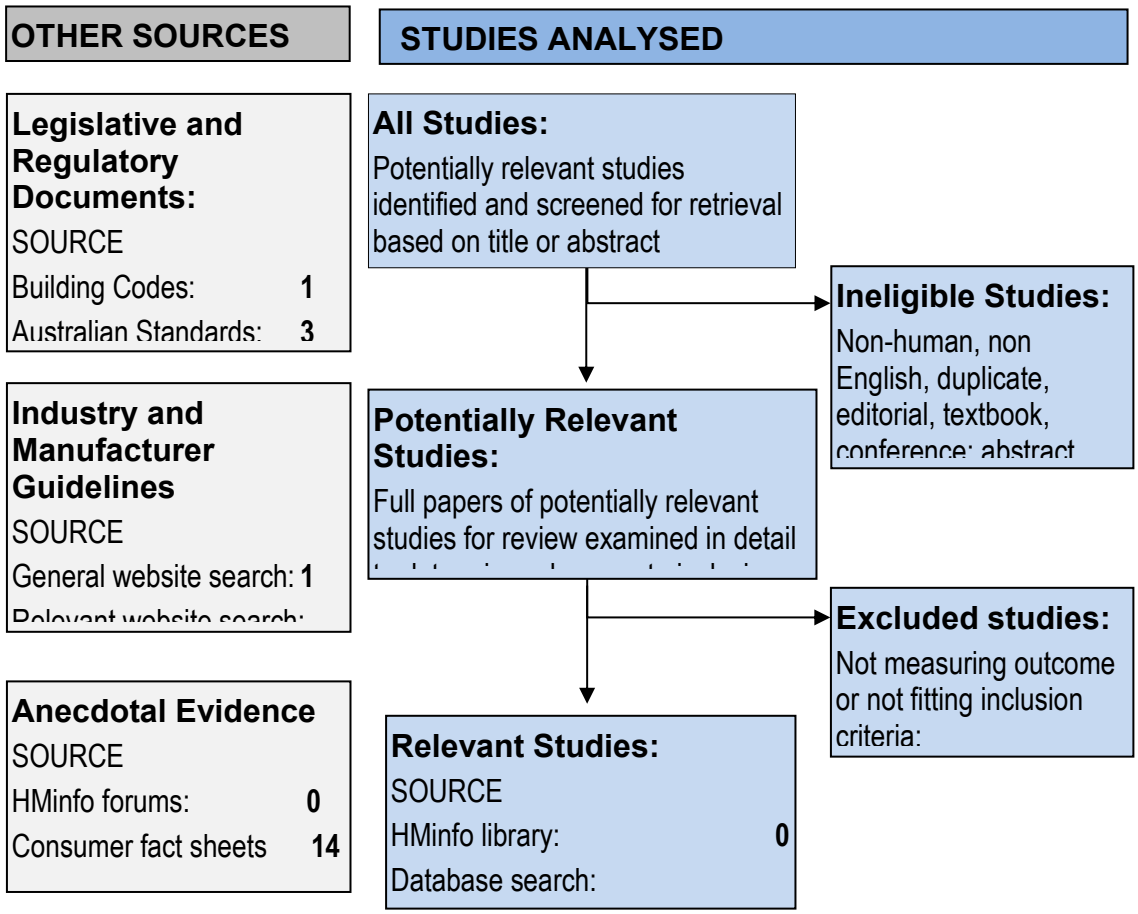
measures-in-home-based-occupational-therapy-for-children-and-young-people-with-physical-disabilities-extended-findings-from-a-systematic-review

Fowler and Kirwan, 2021, entitled: '*Evidence Based Practice Review: Activities, Participation, Accessibility and Safety in the Home Environment for Children and Young People with Physical Disabilities: A Systematic Review'* (Fowler & Kirwan, 2021)

Available from: https://www.homemods.info/resources/hminfo-research-publications/evidence/activities-participation-accessibility-and-safety-in-the-home-environment-for-children-and-young-people-with-physical-disabilities-a-systematic-review

The review process, with the number or relevant studies and other documentation, is outlined in Figure 1:

Figure 1. Number of Studies Analysed



Objectives, and Research Question

Objectives

1. To critically review the quantitative literature on injury prevention and home safety for children and young people with physical disabilities, vision, and hearing loss; and

2. To critically review the applicable literature on injury prevention and home safety for typically developing and socially disadvantaged children and young people; and

3. To provide evidence-based research findings to later develop home safety interventions applicable to the target groups.

Research question

What is the best quantitative research evidence available to develop appropriate home safety interventions for preventing unintentional injuries in children and young people with physical disabilities, vision or hearing loss?

Methods

Research Question Refinement Strategy

The previous systematic review of the literature (Fowler & Kirwan, 2021) on occupational therapy interventions for home safety and home modification for the target group, found only limited research. To avoid an 'empty' systematic review, this work is supplemented with the substantial, high-quality research from other related at risk reference populations, including the typically developing and the socially disadvantaged. (Scholtes et al., 2017)

Home injury prevention and control interventions for other groups, do not, however encompass vital areas such as the risks associated with impaired physical functions including limitations in movement and balance. Consequently a considerable caution must be exercised when preparing disability specific injury prevention occupational therapy programs. (Gaebler-Spira et al., 2002)

In addition to those with physical disability examined in the previous research, (Fowler & Kirwan, 2021) children and young people with vision or hearing loss, are included in this systematic review in line with the Child Safety Reference Framework. (Scholtes et al., 2017) People in these groups also carry an approximately two-fold increase in risk of unintentional injury (Mann et al., 2007) compared to their typically developing counterparts.

Randomized controlled trials are the most robust single study design (Howick et al., 2011) to assess the effects of interventions, and may be used to assess the effects of interventions to reduce hazards, such as the use of fireguards or smoke or carbon monoxide detectors. However, the authors expected that randomized trials comparing different levels of hazard in the home would be rare. Therefore, observational studies as well as experimental research is included in this review.

The basis for the inclusion criteria outlined in the previous systematic review is currently under examination following recommendations in the NDIS, that is Recommendation 2; 6.14- in the NDIS, following the publication of the report. https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/CapabilityandCulture/Report/List_of_recommendations

The current focus in the NDIS has evolved, in a positive development, from diagnostic categories, as outlined the existing NDIS lists A and B (List A - Conditions Which Are Likely to Meet the Disability Requirements in Section 24 of the NDIS Act, 2018) (List B -Permanent to Conditions for Which Functional Capacity Are Variable and Further Assessment of Functional Capacity Is Generally Required, 2018)

The term 'unintentional' injury (Roberts et al., 2022)(McKenzie et al., 2018) is used in this review, in preference to the less commonly employed term 'unintended'. (Tanskanen et al., 2015) The concept and term 'unintentional' was specifically employed in this systematic review, as intentional injury, which is a large, complex area and consequently was excluded from this investigation.

In relation to terminology, for clarity and common usage, standard definitions are applied where appropriate. These Include evaluation, intervention and outcomes from the Occupational Therapy Practice Framework, specifically the OT Process concept. (Boop et al., 2020) Also used is the definition of Complex Home Modification, that is defined as changes that may involve a few areas in the home from the Australian National Disability Insurance Scheme (NDIS), for example, the person might need to combine your bathroom and toilet to give you more room to use a hoist or shower chair..

The term ‘accident’ is not used in this review as it implies that the unintentional injury is not foreseeable or preventable. (Bonilla-Escobar & Gutiérrez, 2014)

The use of the term ‘young person’ is also preferred as it is considered more respectful, however ‘adolescent’ is also included in the search commonly used in the literature. (Phelan et al., 2011)(Jackman et al., 2021)

While carers and care workers are not the main focus of this review, these groups remain an essential part of injury prevention programs and this must be acknowledged. (Ghorbanpour et al., 2019)(Davy et al., 2014)

Protocol

Prospero, the International Prospective Register of Systematic Reviews, from the National Institute for Health Research in the United Kingdom, accepted the protocol for this systematic review in June 2023, reference number CRD42023431. (Fowler et al., 2023)

Appendix 1: Protocol in Prospero

Data Extraction

Using the established inclusion and exclusion criteria, nominated search terms, study designs and data sources, the identified publications were independently selected and reviewed by two authors (BF, TT). These authors, firstly independently reviewed identified studies potentially suitable for inclusion in the systematic review. The titles, then the potentially appropriate abstracts, and finally the full text articles were examined. Any discrepancies between the two authors in relation to final inclusion in the search, was adjudicated by the other author (KV).

Appendix 2: Example - Literature Search PubMed

Search - Interventions

Table 1: Summary of Problem, Intervention, Comparisons, Outcomes, Comparisons and Target Populations

Problem	Unintentional injuries in disabled children and young people in the home causing morbidity or mortality
Intervention	Injury prevention and control/home safety
Comparisons	Usual care versus intervention and relative risk of injury for those with disabilities compared to the typically developing and socially disadvantaged
Outcomes	Increased knowledge of, and actions to modify safety risks at home and reduce the incidence of home injuries such as medical treatment or admission to hospital
Target Populations	Children and young people with physical disabilities, vision or hearing loss, in the home environment

Table 2: Search Terms for Home Safety Interventions for Children and Young People with Physical Disabilities, Vision or Hearing Loss

Problem	Safety* AND Unintentional Injury AND Home OR Home Environment *AND Disabled Persons AND Child OR Adolescent OR Young Person
Intervention	Injury Prevention OR Injury Control OR Occupational Therapy *OR Home Safety Education OR Hazard Awareness OR Supervision OR Home Modification - Simple ** OR Home Modification - Complex ** OR Home Adaptions *OR Assistive Technology ** OR First Aid OR Smoke Detection and Alarms OR Escape Plans OR Home Accessibility
Comparisons	Usual Care OR Typically Developing Children and Young People OR Adolescent OR Socially Disadvantaged
Outcomes	Unintentional Injury and mortality/death OR Falls OR Burn Injury OR Neurological Injury OR Hospital emergency admissions for unintentional home injuries OR Medically attended home unintentional injuries OR or Self-reported home unintentional injury OR increased awareness and actions in the home hazards
Target Populations	Child* OR Children* OR Young People OR Persons OR Adolescent* AND 18 years and under AND Disabled Persons* AND Physical Disability OR Vision Loss OR Hearing loss AND Home OR Home Environment*

Search Strategy

The search dates are from January 1, 2005 to the end of June 2024 and restricted to English language publications or translations. An additional search prior to publication search in 2026 was undertaken of the main data bases to ensure that no additional studies matching the selection criteria were available.

The following 10 electronic bibliographic databases were searched: PubMed®, Medline, Cochrane Collaboration of Systematic Reviews - Injury Review Group, Cochrane Register of Controlled Trials, Web of Science, and the Home Modifications Information Clearinghouse and ProQuest Dissertations & Theses Database.

Other sources include Mendeley searches for online articles, ResearchGate for full-text papers, reference lists of eligible studies, webpages of identified interventions and key authors. Other relevant bodies searched include the National Disability Insurance Agency and Scheme, Standards Australia, in addition to contact with experts by email.

Selection Criteria

The inclusion and exclusion criteria for this study are mainly based on the rationale included in the original systematic review. (Fowler & Kirwan, 2021)

Inclusion Criteria

i) Children and young people 18 years and under;
ii) Having a long-term health condition (six months and over); and
iii) Predominantly physical disabilities, including neurological disorders - particularly cerebral palsy, developmental delay, congenital/genetic disorders, spinal cord or brain injuries, juvenile arthritis, amputation, vision loss and hearing loss (NDIS). (List A - Conditions Which Are Likely to Meet the Disability Requirements in Section 24 of the NDIS Act, 2018) - from NDIS; or (List B - Permanent Conditions for Which Functional Capacity Are Variable and Further Assessment of Functional Capacity Is Generally Required, 2018); and
iv) Experimental studies - Systematic reviews of randomised controlled trials; Meta-analyses; Randomised controlled trials; Non-randomised controlled trials; Controlled before and after studies; Pre-post designs; and Interrupted time series. (Bhaumik et al., 2018)(Howick et al., 2011); and
v) Observational studies - Case-control studies; Cohort studies; and Cross-sectional studies. (Bhaumik et al., 2018)(Howick et al., 2011)

Exclusion Criteria

i) Those individuals with Down Syndrome, mental health issues, intellectual disability, autism, and developmental co-ordination disorder; or
ii) Intentional injury; or
iii) Hospice, end-of-life, or palliative care services delivered in the home; or

iv) Infectious diseases; or
v) Carers and care workers; or
vi) Quality of life, pain, and psycho-social home environments.
vii) Protocols

Risk of Bias Assessment

The Oxford Centre for Evidence-Based Medicine (OCEBM) (Howick et al., 2011) is used in this review. The OCEBM method, previously used in the Fowler and Kirwan systematic review (Fowler & Kirwan, 2021) has the advantage of including research that provided useful evidence even though it is not of the highest quality.

Oxford Centre for Evidence-Based Medicine - Quantitative Evidence

Level 1: Systematic reviews of randomised controlled trails

Level 2: Randomised or observational study with dramatic effect

Level 3: Non-randomised controlled trails cohort/follow-up studies

Level 4: Case series, case-controlled studies, or historically controlled studies (Howick et al., 2011)

In the OCEBM the 'Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match the question), because of inconsistency between studies, or because the absolute effect size is very small; Level may be upgraded if there is a large or very large effect size.' (Howick et al., 2011)

Grading of Recommendations, Assessment, Development and Evaluations

In addition to the OCEBM the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) of evidence are also use to appraise the quality and strength of the recommendation of the quantitative studies.(Guyatt et al., 2009)

High	The authors have a lot of confidence that the true effect is similar to the estimated effect
Moderate	The authors believe that the true effect is probably close to the estimated effect
Low	The true effect might be markedly different from the estimated effect
Very Low	The true effect is probably markedly different from the estimated effect

Systematic reviews

The quality appraisal of systematic reviews employed the second version of 'A Measurement Tool to Assess Systematic Review - AMSTAR-2'.(Shea et al., 2017) AMSTAR consists of 16 items and has good face and content validity in measuring the quality of systematic reviews.

AMSTAR-2 Confidence levels:

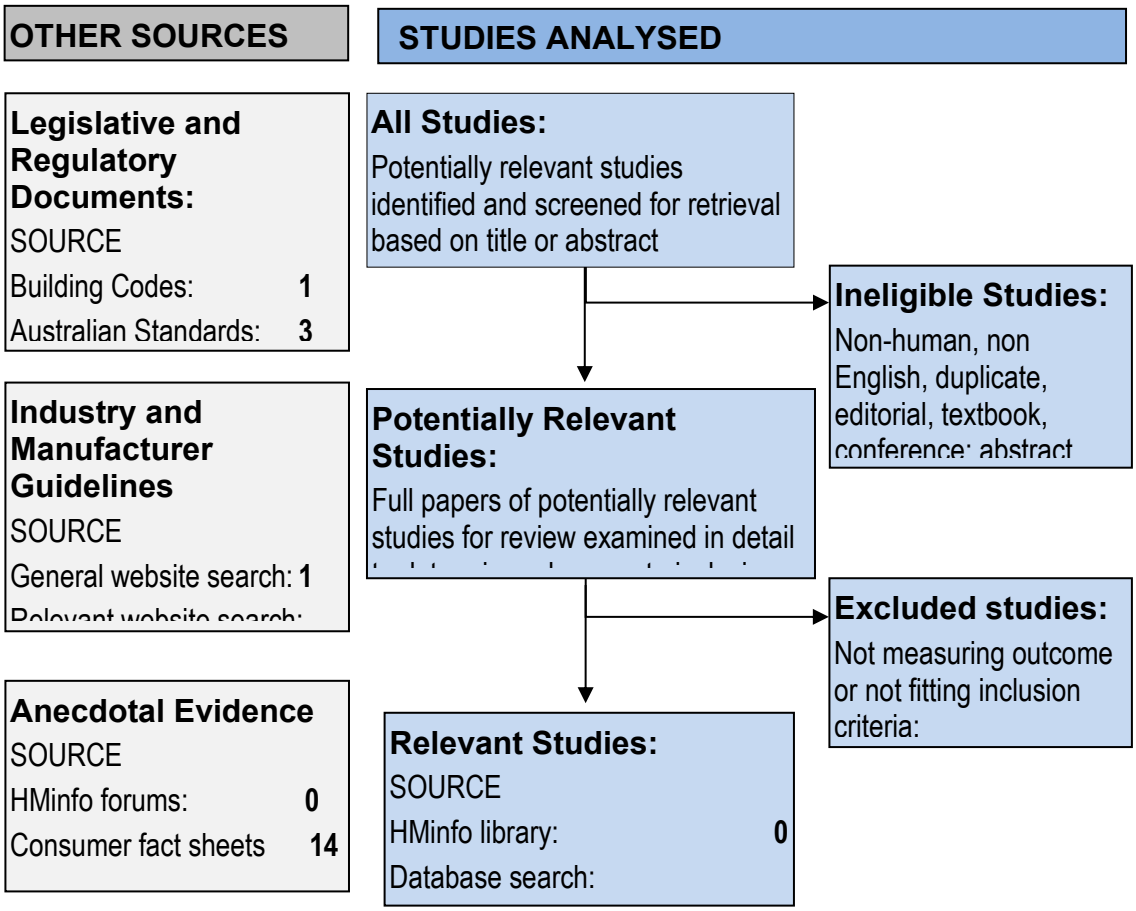
High	No or one non-critical weakness;
Moderate	More than one non-critical weakness;
Low	One critical flaw with or without non-weaknesses; and
Critically low	More than one critical flaw - multiple non-critical weaknesses. (Shea et al., 2017)

Appendix 3. Quality of Systematic Reviews - AMSTAR-2

Single studies

The Critical Appraisal Skills Program (CASP), Randomised Controlled Trial Standard Checklist was used to evaluate randomised controlled trials. The checklist consists of 11 questions, covering study design, methodological soundness, results, local applicability and an overall appraisal summary. CASP does not include overall ratings. (Critical Appraisal Skills Programme., 2024).

Appendix 4: Quality of Randomised Controlled Trials - CASP



Results

2. Findings

Studies

Overall, there were 59 named or generic intervention studies included and examined in this systematic review.

In complex interventions including more than one component such as education and engineering, the findings were allocated to the appropriate category or referenced in two or more areas.

Home safety interventions most commonly provided as one-to-one, face-to-face education, especially with the provision of safety equipment, are effective in increasing a range of safety practices. There is some evidence that such interventions may reduce injury rates, particularly where interventions are provided at home. (Kendrick et al., 2012)

The following findings are presented using the four Haddon's Matrix (Giles et al., 2020) categories including education, engineering, enforcement and equity, and arranged in quality of evidence (Howick et al., 2011) in descending date order starting from the most recent.

The following data are displayed in Table 3 including:

Study Details, Study Design and Level of Evidence; Setting; Numbers; Ages; Group; Interventions; Health Conditions; Quality; Outcomes, Findings and Comments.

To allow the reader to judge the quality, and therefore risk of bias, the studies are presented in Table 3 in descending order by level relative to the strength of the study design including Level 1 Systematic Reviews to Level 4 Case Series. The studies are also presented in descending date order of publication from most recent to oldest.

Table 3: Summary of Studies for Home Safety Injury Prevention Interventions

First Author Year Acronym	Study design Level	Setting	Total Number	Age	Group	Interventions	Health Conditions	Quality	Outcome Measures	Findings	Comments
Level 1: Systematic Reviews, Meta-analyses											
Abbassinia, 2019 (Abbassinia et al., 2019)	Level 1 Systematic Review Randomised control trials	Home	n=14 studies	Infants and children under 5 years	Typically developing	Home visit Safety education & improvements	Unintentional home injuries	High	Number of safety improvements	Interventions were effective - a good effect size	Most effective interventions are combinations
Rostami-Moez, 2019 (Rostami-Moez et al., 2019)	Level 1 Systematic Review	Home	n=15 studies	Children under 5 years	Typically developing	Home visit Safety education Behavioural change	Unintentional injuries - 50% in home	Moderate	Home visits Hazards	Educational intervention effective in preventing child injuries	No interventions on engineering or enforcement Self-report
Bhaumik, 2018 (Bhaumik et al., 2018)	Level 1 Systematic Review Experimental & observational studies	Home	n=20 studies n=6 experimental studies n=14 observational studies	Children under 5 years, older children and care givers. Also includes older adults	Typically developing Persons with differing abilities	Smoke & fire alarms Home hazards reduction Stairways & safety gates Window guards Unprotected hot stoves	Electrocution Fractures Burns or scalds	High	Hospitalisation due to injuries Mortality due to injury	People living in homes in which hazards had been reduced were less likely to sustain injuries	Outcomes are reported as the type of injury Not an outcome measure
Zou, 2015 (Zou et al., 2015)	Level 1 Systematic review Experimental & observational studies	Home	n=53 n=14 systematic reviews n=39 primary studies	Children & young people 0–19 years & families	Typically developing	Hazard identification Home safety education Free safety equipment Safe hot tap water temperature	Unintentional scalds	High	Burns safety outcomes scale - scalds Home safety checklist	Inventions are effective for safe hot tap water temperature Home safety education, & safety checks.	Financial assistance effective
Kendrick, 2013 (Kendrick et al., 2013)	Level 1 Systematic Review Meta-analysis Cochrane Collaboration	Home	n=43 studies n=37 studies in meta-analysis	Children and young people 19 years and under and their families	Typically developing & Socially disadvantaged	Safety education Equipment: Safe hot tap water temperature Working smoke alarms Fire escape plan Stair gates Socket covers Medicine & cleaning	Thermal Injuries Falls Poisoning Electrical Laceration & bruising Suffocation Drowning	High	Primary Self-reported or medically attended injury	Home safety education equally effective in the families whose children were at greater risk of injury	United Kingdom Major study High quality – final in series

						products out reach					
Young, 2013 (Young et al., 2013)	Level 1 Systematic Review	Home	n=13 studies	Pre-school Children	Typically developing	Use of safety equipment	Falls	Moderate	Medically attended childhood injury	Evidence for safety gates Furniture corner covers, No baby walkers. Mixed for non-slip mats, reduction of trip hazards, limited lighting in corridors.	Later reviews are better
Ingram, 2012 (Ingram et al., 2012)	Level 1 Systematic review	Home	n=57 studies	Children under 5 years and their families	Typically developing	Facilitators and barriers for injury prevention interventions	Home injuries	High	Including hospital & emergency department admissions	Facilitators focused messages, Minimal changes, Equipment accessibity, Behaviour change Incentives.	Uses Cochrane Also discusses home safety barriers
Smithson 2011 (Smithson et al., 2011)	Level 1 Systematic Review	Home	n=9 studies	Children and young people Up to 15 years	Typically developing Socially disadvantaged	Supplying and/or installing home safety equipment. Safety Education Risk assessment	Unintended injuries Thermal injury	High	Injury rates	Reduced injury rates where home safety equipment supplied	Injury rates need better definition
Turner, 2011 (Turner et al., 2011)	Level 1 Systematic Review Cochrane	Home	n=28 studies	Children Under 5 years (study includes all ages)	Typically developing	Modification of home environment Multifactorial	Injuries Falls	High	Medically attended	Insufficient evidence to show reduction in injuries	Later studies show benefit
Ryan, 2010 (Ryan, 2010)	Level 1 Review of Literature All types of studies	Home (Included)	n=10 studies	Children, Young people	Disabled Sensory – vison, hearing loss	Assistive Technology (AT)	Unintentional Injuries	Moderate	Death and hospitalisation	Concern as to the additional risk of unintended injuries caused by AT.	Very useful and discusses disabled
Level 2: Randomised Controlled Trials											
McKenzie, 2021 (McKenzie et al., 2021)	Level 2 Randomised Controlled Trial	Home	n=5,032 n=4,182 (I) n= 850 (C)	Children ≤12years Parents and caregivers	Typically developing	Increasing parents' safety knowledge & actions Ability to purchase safety products Make Safe Happen® app	Unintentional injury	Moderate High	Primary Safety knowledge Home safety practices	Use of 'Make Safe Happen®' app, significantly improved safety knowledge and safety actions.	Some loss to follow-up a limitation.
Burgess, 2019 (Burgess et al., 2018)	Level 2 Randomized Controlled Trial	Home	n=498 mothers	Children Youngest 5-12 months Mothers	Typically developing	Cool Runnings Intervention - app Burn first aid	Thermal injury-scalds	Moderate	Knowledge of burn risk Correct burn first-aid using questionnaire	Cool Runnings app effective improving knowledge about hot beverage scald risks and burn first aid	
Ning, 2019	Level 2 Randomised Controlled	Home	n=20 Preschooler n=10 (1)	Children 3-6 years	Typically developing	Home visit App based	Unintentional injury	High	Unintentional injury incidence	Improvement in home safety knowledge	3 to 6 months

(Ning et al., 2019)	Trial Cluster		n=10 (C) n=2,920 Care-givers			intervention Bao Hu San (Umbrella)			s past 3 months Self-reported supervision	but no reduction in unintended injury	follow up visits
Wang, 2018 (Wang et al., 2018)	Level 2 Randomised Controlled Trial	Home	n=277 Mother-toddler dyad n= 96 (I) n=186 (C)	Toddlers	Socially disadvantaged Low income	Safety promotion	Unintentional injury Falls Burn Injury Poisoning	Moderate	Check list of homes safety hazards	Significantly reduced safety problems	Problems = hazards follow-up at 12 months
Morrongiello, 2010 (Morrongiello et al., 2010)	Level 2 Randomised Controlled Trial	Home	n=54 Caregivers	Children aged 2-5 years	Typically developing	Super-vision for Home Safety ALTER intervention	Injuries Drowning, Falls, Burns, Poisoning	Moderate	Questionnaire supervision, beliefs	Produces desirable changes that can be expected to improve caregivers' home safety practices	
Keall, 2015 (Keall et al., 2015)	Level 2 Randomised Controlled Trial Cluster Single blind HIPI	Home	n=842 House-holds n=1,848 Occupants	Children and young people 0-9 years 187 (20%) 10-19 years 82 (9%)	Socially dis advantaged	Home modification Handrails, lighting, slip resistant surfaces, repairs	Falls	Moderate/ High	Rate of unintentional home falls per person per year Requiring medical treatment	Home modifications & repairs reduces injury 26% overall	Follow-up Over 4 years New Zealand
Ploubidis, 2015 (Ploubidis et al., 2015)	Level 2 Randomised Controlled Trial Cluster Secondary factor analysis	Child care centres but applied to home	n=1,112 Group 1: More fire safety behaviours Group 2: Less fire safety behaviours	Children under 5 years, and 30% socially disadvantaged	Socially disadvantaged	Fire safety and escape plan Have a torch Be aware sound of smoke alarm, Have access to door and window keys, Keep exits clear	Thermal injuries	Moderate	Do you have an escape plan?	Group 1 is two and a half times as likely to have an escape plan Escape plan needs to take account of child's mobility	United Kingdom Factor analysis parental fire safety and planning .
Lehna, 2015 (Lehna et al., 2015)	Level 2 Randomised controlled trial	Home	n=103 Parents Groups not provided	Infants Less than 1 year	Typically developing	DVD on home fire safety knowledge and practices	Burn injuries Burns and scalds	Moderate	Home safety checklist score	Statistically significant knowledge Increase	Decrease with retention overtime
Van Beelen, 2014 (Van Beelen et al., 2014)	Level 2 Randomised Controlled Trial	Home	n=1,292 Parents n=643 (1) n=649 (C)	Infants 5-7 months Baseline 17 months Follow-up	Typically developing	Home visits Home safety - web based tailored safety information BeSafe	Falls Burns Drowning Poisoning	Low	Web-based baseline & follow-up questionnaires	Supports application of Web-based, tailored, safety advice	
Morrongiello, 2012 (Morrongiello et al., 2012)	Level 2 Randomised Controlled Trial	Home	n=unavailable	Parents of children aged 2 to 5 years	Typically developing	Supervising for Home Safety (SHS) Hazard identification	Unintentional injury	Moderate	Supervision recording sheet	Significant increase in I group supervision	follow-up to 3 months

Phelan, 2011 (Phelan et al., 2011)	Level 2 Randomised Controlled Trial Nested	Home	n= 355 n=181 (I) n=174 (C)	Children 0-3 years Mothers	Typically developing Admitted to hospital with injury	Home visit, Installation of safety equipment Stair gates, locked cabinets, smoke alarms	All injuries	Moderate	Rate of modifiable medically attended injuries	Reduced exposure to hazards in homes	Home Observation Measures of the Environment
Kendrick, 2011 (Kendrick et al., 2011)	Level 2 Randomised Controlled Trial	Home	n=124 Families	Children less than 5 years	Social housing - Low socio-economic	Thermostatic Mixing Valves (TMVs) Educational leaflets	Burn injury	Moderate	Number of fitted TMVs at 3 and 12 months	TMVs and educational material effective	
Reich, 2011 (Reich et al., 2011)	Level 2 Randomised Controlled Trial	Home	n=167 Three groups	Infants - Less than 18 months	Low income first time mothers Socially disadvantaged	Home visits Hazard identification Safety Practices Educational baby books	Injury prevention and promotion	Moderate	Percentage engaging in safe behaviours	Fewer hazards and more knowledge	
Christy, 2010 (Christy et al., 2010)	Level 2 Randomised Controlled Trial	Home	n=393 20%	Children and young people 8-16 years Vision loss	Low vision	Rehabilitation	Unintentional injury	Moderate	Changes age-related vision loss, impairment &effectiveness of low vision rehabilitation training.	Information from this trial has the potential to shape policy and practice pertaining to low vision rehabilitation services	Outcomes assessed 9 months after baseline
Powell, 2010 (Powell et al., 2010)	Level 2 Randomised Controlled Trial	Home	n=371 Families n=190 (I) n=181(C)	Parents of children less than 6 years	Typically developing	Injury Prevention Program (TIPP) Safe home model kitchen bathroom living room and bedroom	Falls Burns Drowning	Moderate	Questionnaire on safety knowledge	Effective in improving safety knowledge.	
Odendaal, 2009 (Odendaal et al., 2009)	Level 2 Randomised Controlled Trial	Home	n=377 n=194 (I) n=183 (C)	Children Not defined	Socially dis-advantaged -low income	Home visit Hazard identification	Unintentional injuries Electrical Poisoning Burns Falls	Moderate	Baseline & follow-up assessment of injury risk Diary, interviews focus groups	A significant reduction poisoning hazards in intervention households	Four visits over 4 months
Swart, 2008 (Swart et al., 2008)	Level 2 Randomised Controlled Trial Cluster	Home	n=515 Households	Child =<10 years in household	Socially dis-advantaged -low income	Home visit Home hazard assessment Counselling to reduce falls Safety devices	Thermal injury Electrical injuries Poisoning Falls	Moderate	Level of safety practice	Significant reduction in burn injury but not other outcomes	Home visits by community members, trained in injury prevention
Kendrick, 2007 (Kendrick et al., 2007)	Level 2 Randomised Controlled Trial Cluster	For Home	n=459	Children 7-10 years	Typically developing	Risk Watch program	Falls Poisoning Fire, burns	Moderate	Safety knowledge, Observed safety skills Self-reported safety	At follow-up I group had showed greater knowledge of fire No evidence increased	Good quality study 20 primary schools

									behaviour.	safety behaviours	
King, 2005 (King et al., 2005)	Level 2 Randomised Controlled Trial	Home	n=1,172	Children less than 8 years	Typically developing Presenting to hospital with injury	Home visit Hazard identification	Injuries	Low	Number of injuries requiring medical attention	Sustained, modest, effective-ness intervention.	Follow-up at 36 months
Level 3: Non-randomised controlled trials, cohort and follow-up studies											
Taylor 2023 (Taylor et al., 2023)	Level 3 Controlled Before and after study	Home	n=361 Families	Infants 2-7 months	Socially disadvantaged	Home visit Evidence-based home safety program Family mentors Home safety activities	Thermal injuries Falls Poisonings	Moderate	Medical attended injuries Working smoke alarm Storing poisons out of reach	Primary outcomes – no difference Effective storing poisons safely More safety practices.	Follow-up 2 Years Power of study questioned
Hanna, 2022 (Hanna et al., 2022)	Level 3 Repeated measures	Home	n=9	Children 0-4 years	Socially disadvantage-aged	Home visit Home Safety Hero	Unintentional home injury	Low	Learning reaction time engagement	Improvement in average time to identify hazards	Low numbers Software based serious game simulation
Hill, 2022 (Hill et al., 2022) .	Level 3 Controlled Interrupted Time Series (Clusters of areas)	Home	n=57,656 Homes	Children less than 5 years	Socially disadvantage-aged	Home safety equipment Safe At Home - National Home Safety Equipment Scheme	Unintentional home injuries	Moderate	Hospital admission rates for unintended injury	Greater reductions in admission rates as equipment provision increased.	England & Wales Large numbers Effects not maintained beyond 2 years
Myers, 2022 (Myers et al., 2022)	Level 3 Longitudinal Study	Home	n=6,334 Received home visit	Infants and children 0-4 years	Socially disadvantaged Low socio-economic	Home visits	Injuries Burns and falls	Moderate	Hospitalisation and injury severity score	Significant reduction in hospital emergency visit over five years	Bedouin children Large study
Bhatta, 2021 (Bhatta et al., 2021),	Level 3 Cross Sectional Survey	Home	n=740 Households	Children Less than 5 years	Typically developing Injury in the previous 3 months	Home visit Hazard assessment Environ-mental interventions Hazard reduction in home	Unintentional home injuries	Moderate	Medical treatment One day away from normal activities	Increased frequency of hazards was associated with an increased injury risk.	
Ma, 2021 (Ma et al., 2021)	Level 3 Cross Sectional Survey	Home	n=488 Parents	Children 0-3 years	Typically developing Disabled excluded	Parents' attitudes as mediators between knowledge and behaviours	Unintentional injuries	Low	Face to face surveys Parents' knowledge, attitudes & behaviours to home safety	Parents attitudes play varying mediating roles between knowledge and different behaviours.	
Mohammadinia, 2018 (Mohammadinia et al., 2018)	Level 3 Cross Sectional Survey	Home	n=200 family homes	Children Under 5 years	Socially disadvantaged	Home safety information (Card)	Unintended injuries	Low	Safety checklist including physical, kitchen, bath, toys, and	Home safety by the parents improves their child's safety environment.	No controls

									first-aid kit		
Afshari, 2017 (Afshari et al., 2017)	Level 3? Quasi-Experimen t-al Pre- and Post	Home	n=72 mothers 36 (I) 36 (2)	Childr en Under five years	Typicall y develop ing Socially disadva ntaged	Model-based education	Home related injuries	Low	Questionnaire Knowledg e Attitude Beliefs and caring	Significant Improvement In knowledge and performance in home related injury prevention	Iran
Kumari, 2017 (Kumari & Sharma, 2017)	Level 3 Pre-post Design Controlled	Home	n=60 n=30 (I) n=30 (C) Mothers	Toddl ers 1-3 years	Typicall y develop ing children Rural	Safety training	Unintentional injuries Burns Chocking Ingestion Falls	Low	Safety questionnaire	After providing the teaching strategy, the result had revealed significant difference between pre- & post-test knowledge score of the mothers.	Controlled Limited numbers
Morrongiello, 2016 (Morrongiello et al., 2016a)	Level 3 Randomized Pre- & post-Design	Home	n=not available	Childr en 4-6 years	Typicall y develop ing children	'Safety Detective Program' Educatio n	Burns, Falls, Drowning, Poisoning	Moderate	Knowledg e of home safety hazards and risk of injury Photo sort	Children in the intervention, but not the control, group exhibited significant gains in their knowledge and understanding of home safety hazards and injury-risk behaviors to avoid injury	Classroom-Based Intervention for the home
Istre, 2014 (Istre et al., 2014)	Level 3 Population Study with Interventio n & Follow-up	Home	n=8,134 households comparison groups	Childr en than 5 years (and those over 65)	Socially disadva ntaged	Smoke alarms provision and installatio n	Thermal injuries	Low/ Moderate	House fire related death and injury	Smoke alarms installation effective at preventing deaths and injuries from house fires, but the duration of effectiveness was less than 10 years.	Large numbers
Mayes, 2014 (Mayes et al., 2014)	Level 3 Pre- & post-Design	Home	n=80 families with toddlers	Childr en 15-48 months	Typicall y develop ing Socio-economic status of parents	Hazard identification Parental ability to recognise hazards in series of 65 photos of typical home hazards	Unintended injuries Falls Chocking Poisoning	Low	Home Accident Prevention Inventory - Revised (Lutzker & Bigelow, 2002)\ (HAPI-R)	Worse in lower income and young parents	No control group Convenience sampling Limited research on hazard identification
Bogusze wski, 2012 (Bogusz ewski et al., 2012)	Level 3 Controlled Trial Not Randomised	Not stated	n=103 n=39 (I) n=64 (C)	Childr en and young peopl e 10-16 years	Visually impaire d Typicall y develop ing (Sighte d)	Falls Safe falling down	Falls 578 and 176 injuries	Low	Test of Susceptib ility to Injury During the Fall	Physical activity and especially exercises of safe falls skills can be important element of prevention of falls.	Polish Small numbers Boys fall more often than girls
Level 4: Case series, case controlled studies, historically controlled											
Rosenbl um, 2022 (Rosenbl um et	Level 4 Case-Control Study	Home	n=53 n=32 injuries n=21 no injuries	Childr en 10.3 years Interv ention	Childre n with and without	Proposed	Unintentional injuries includin g	Low	Behavior Rating Inventory of Executive	Children with certain diagnoses, functional behavior features, and	Israel Raising OTs awareness in identifyi

al., 2022b)			25 girls, 27 boys	9.3 years Control	disabilities		Fractures Burns Head injury Cuts Fracture and cuts		Function (BRIEF)*	deficient executive function abilities may be at risk for unintentional injuries	ng, treating, and preventing unintentional injuries among at-risk children.
Shields, 2022 (Shields et al., 2022)	Level 4 Case-series Follow up 5 to 7 years	Home	n=158 homes 391 Lithium Batteries		Typically developing	Provision and installation of sealed lithium battery alarms	Thermal injury	Low	Smoke alarm presence and functionality	54% 7% not working 39% missing	Home owners more likely to maintain smoke alarms than renters
Temsah, 2022 (Temsah et al., 2022)	Level 4 Pre–post experiment-al study	Home	n=308 Parents Caregiver	Children & adolescents 0-17 years	Typically developing	Enhancing parental knowledge of safety	Unintentional injuries	Moderate	Safety questionnaire Childhood and adolescents	Significant increase in safety knowledge and attitudes	Saudi Arabia
Ahmed, 2020 (Saad Ahmed et al., 2020)	Level 4 Case Series Two Groups	Home	n=100 parents of children with retinoblastoma	0-5 year	Low vision	Home safety education program for parents, first aid	Unintentional injury	Low	Parent knowledge and practice	Greater than 75% of parents improved in safety knowledge.	
Kendrick, 2017 (Kendrick et al., 2017)	Level 4 Case Control Study Multicentre	Home	n=567 injured children n=2,320 community controls	Young childr en	Typically developing	Prevention practices for poisoning	Poisoning	Moderate	Medically attended Poisoning Self-reported injury on poisoning safety practices	Storing medicine out of reach Putting medicines away immediately after use Significant	High quality large numbers
Slemaker, 2017 (Slemaker et al., 2017)	Level 4 Case Series Nested	Home	n= 82 Care-givers	Young childr en	Socially disadvantaged High risk of neglect	SafeCare R + Home Safety module - Latino Cultural adaptation	Fatalities and unintended injuries	Low	HAPI-R (Mandel, Bigelow, & Lutzker, 1998) Home Safety Satisfaction Survey	Support of SafeCare R + Home Safety module to prevent exposure to hazards for Latino children	Part of a larger study
Benford, 2015 (Benford et al., 2015)	Level 4 Multicentre case-control study	Home	n=582 n=2,460 – controls	Children Less than five years	Typically developing	Risk and protective factors	Falls on one level	Low	Medically attended injuries	No safety practices, use of safety equipment or home hazards associated with a reduced risk of fall on one level.	Contradictory findings
Schwebel, 2015 (Schwebel et al., 2015b)	Level 4 Pre and post	Home	n=76 n=Dog (I) n=Fire (C)	Children 3.5--6 years	Typically developing	Interactive software package Pictures, doll's house, Live dog	Injury Dog bites	Low	Pre-and post-evaluation of safety knowledge	Taught children knowledge and safe engagement with dogs	
Lehna, 2014 (Lehna et al., 2014)	Level 4 Before and after study Groups – with and without special needs	Home	n=47 Parents	Children	Special needs	Home fire safety information Video disk	Thermal injuries	Moderate	Fire safety knowledge behaviour and ability	Parents of children with special needs had a significant increase in knowledge and behaviour	Parents of special needs children had contact with health professionals

Cagle, 2006 (Cagle et al., 2006)	Level 4 Pre and post test	Home	n=900 n=173 consented to follow-up home visit	Parents	High risk – define	Thermostatic valves (anti scald devices) Home visit	Thermal injuries - scalds	Low/moderate	Home safety knowledge – pre and post intervention	Reduction in hospital admissions for scalds	Quality no control group Follow-up 6-12 months
Lamb, 2006 (Lamb et al., 2006)	Level 4 Case control studies x 2 Matched	Home (and fire, road)	Study 1 n=145 (I) n=36 (C) Study 2 n= 511 (I) n=160 (C)	Children 10-11 years	Children from typically developing and socially disadvantaged schools	Life-skills program on safety skills Knowledge, performance and retention of safety skills	Safety Education Does not give injuries	Low	Five performance & knowledge test: observation on safety skills. pictorial quiz.	Life-skills package improved both knowledge and performance but had shortcomings in retention	
LeBlanc, 2006 (LeBlanc et al., 2006)	Level 4 Case control study	Home	n=692 n=346 (I) n=346 (C)	Children Less than 7 years	Typically developing children	Home visit Hazard assessment	Falls Burns or scald Ingestion or chocking	Low-moderate	Receiving treatment in hospital emergency department	Homes of children with injuries differed from those of children without injuries	Home visitor assessed home for hazards
Yang, 2006 (Yang et al., 2006)	Level 4 Cross Sectional Survey	Home	n=691 rural households	Children and disabled	Socially disadvantaged	Checking perceived risk home fire, existing smoke alarms working status home fire safety practices	Thermal injuries	Low	Percentage presence of fire escape plan	42% households fire escape plan. 57%practiced Households with disabled less likely to have plan	
Frist Author, Year Acronym	**Study design Level**	**Setting**	**Total number**	**Age**	**Group**	**Intervention/s**	**Injuries**	**Quality**	**Outcome Measures**	**Findings**	**Comment**

ALTER=Change Activity, Location, Timing, Environment and Resources; BeSAFE=Be Safe; BD=Blue Dog; CRI=Cool Runnings Intervention; FAST=First Aid; HIPI=Home Injury Prevention Intervention; HSH=Home Safety Hero; HSSP=Home Safety Supervisory Program; IPB=Injury Prevention Briefing; HVP=Home Visitation Program; iBsafe=Interactive Bite and Bike Safety; MSH®=Make Safe Happen®; SDP=Safety Detective Program for Children;SHT-UFC=Safe Home Toolkit for Under-Five Children; SHS=Supervising for Home Safety; TIPP=The Injury Prevention Program; HIPI=Home Injury Prevention Intervention; MHIPI= Māori Home Modification Injury Prevention;
HSSP=Home Safety Supervisory Program; SAH= Safe At Home - National Home Safety Equipment Scheme; TIPP=The Injury Prevention Program; Umbrella=Bao Hu San; C=Controls; I=Intervention

This systematic review uses the Australian version of the Child Safety Good Practice Guide (Scholtes et al., 2017) on unintentional child injury prevention and safety promotion - Table 3 (below).This summary relies primarily on evidence from systematic reviews (Level 1) and randomised controlled trials (Level 2). In this guide the term 'child' applies to anyone under 18 years.

Table 4: Summary of Child Safety Good Practice Guide

Haddon	Evidence statement	Transfer & implementation points
Education	**Home safety visits** Home visits reduce the frequency of injury. (Myers et al., 2022)(Ning et al., 2019) (Rostami-Moez et al., 2019) (Van Beelen et al., 2014)(Ingram et al., 2012)	Prevention programs provided by home visitors reduce injuries (Abbassinia et al., 2019)(King et al., 2005)
	Hazard identification, reduction and risk assessment People living in homes where hazards have been identified and reduced are less likely to sustain injuries than those who receive no injury prevention interventions (Bhaumik et al., 2018)(Lehna et al., 2015)(Phelan et al., 2011)(Reich et al., 2011) Increased frequency of hazards associated with an increased injury risk (Bhatta et al., 2021) Hazard identification and risk assessment improve home safety (Abbassinia et al., 2019) (Bhaumik et al., 2018) (Mohammadinia et al., 2018) (Wang et al., 2018) (Zou et al., 2015) (Reich et al., 2011)	Hazard identification is an integral part of a home visit (Russell et al., 2013)(Vladutiu et al., 2012) Hazards in the home can be self-reported (George et al., 2021) (Slemaker et al., 2017) The Safety Detective Program for young children is effective (Morrongiello et al., 2016)
	Home safety education programs Education in home safety is effective in reducing unintended injury (McKenzie et al., 2021)(Saad Ahmed et al., 2020)(Kendrick et al., 2013)	Safety education interventions promote fewer hazards and more safety knowledge (Reich et al., 2011) Using computer applications such as Make Safe Happen® (McKenzie et al., 2021) and BeSafe increases parents' safety knowledge and actions (Van Beelen et al., 2010) A home safety book to identify more hazards for babies is effective (Morrongiello et al., 2021)

	Home safety supervision Supervision is an effective approach to reducing unintended injuries (George et al., 2021)(Schell et al., 2015) Supervision must be combined with other approaches such as environmental modification - engineering and education, to be effective (Morrongiello et al., 2016)	The Home Safety Program increases the time children are supervised (Morrongiello et al., 2013) Home safety supervision includes understanding the parent's belief systems. (Morrongiello et al., 2016) Safe Sibs - training older siblings to be better supervisors, is effective. (Schell et al., 2015)
	First aid Applying first aid in the event of an unintended injury is effective (Hill et al., 2022)(Avau et al., 2018)	Need to learn basic first aid particularly for burn injury(Hill et al., 2022)
Engineering	**Home safety equipment and assistive technology** Providing and/or installing home safety equipment reduces injury rates (Hill et al., 2022)(Russell et al., 2013) (Smithson et al., 2011)	The National Home Safety Scheme (United Kingdom) is associated with reduced injury-related hospital admissions (Hill et al., 2022)(Turner, 2011) Injury rates are reduced when home safety equipment is supplied and installed. (Russell et al., 2013)
	Home modification Home modification and repairs reduces injury in socially disadvantaged populations, including children and young people (Keall et al., 2021)(Bhaumik et al., 2018)	Free installation is effective for socially disadvantaged people. (Kendrick et al., 2016) (Kendrick et al., 2009) The Home Injury Prevention Intervention is effective. (Keall et al., 2015)
	Falls Falls are a major cause unintentional injury in the home (Hill et al., 2022)	Prevention programs reduce injuries such as falls (Abbassinia et al., 2019)(King et al., 2005) Fall prevention strategies include grabrails and nonslip mats in the bathtub or shower. (Vladutiu et al., 2012) Safe falling skills are effective in vision loss (Boguszewski et al., 2013)
	Home fire escape plans Having a fire escape plan is effective (Taylor et al., 2023) (Ploubidis et al., 2015) A multi-component preschool home safety intervention is effective in encouraging families to have fire	Fire escape plans include the availability of a torch, awareness of sound made by own smoke alarm, keys for doors and windows being readily available (Taylor et al., 2023)(Ploubidis et al., 2015)

	escape plans and adopting more home safety practices (Taylor et al., 2023)	Household with children have more escape plans, however, those with disabled people less likely to have plans (Yang et al., 2006)
	Smoke alarms Properly installed and functioning smoke alarms reduce the incidence of burn injuries (Bhaumik et al., 2018) (Lehna et al., 2015)(Lehna, 2014) **Carbon monoxide detectors** Carbon monoxide detectors prevent fires and burn injury in the home (Phelan et al., 2011)	Those with hearing loss need alternative smoke alarms to sound such as flashing lights. (Better Hearing Australia, 2023)
	Thermal injuries Temperature controls on hot water taps are effective reducing burn injuries (Dixon et al., 2019)(Zou et al., 2015) (Kendrick et al., 2013) (Odendaal et al., 2009)	Financial assistance to acquire hot water temperature control devises reduces burn injury (Zou et al., 2015)
	Poisons Secure storage of poisons removes a larger portion of poisoning than parental supervision (Taylor et al., 2023)	A multicomponent preschool child safety intervention is effective in encouraging more families storing poisons safely (Taylor et al., 2023)
Enforcement	**Legislation** Requiring installation of smoke detectors in new and existing housing, when combined with multicomponent community campaigns, is effective in reducing unintended injury (Phelan et al., 2011)	Maintenance of smoke alarms - batteries checked yearly will impact effectiveness (Better Hearing Australia, 2023)
Equity	**Social disadvantage** Children from socially disadvantaged backgrounds are more likely to suffer unintended injuries (Layton et al., 2023)(Clapham et al., 2018)(Moller, 2017)(Pearce et al., 2012)	Home safety interventions for socially disadvantaged, and fitting equipment are effective (Padalko et al., 2020) (Russell et al., 2013) (Kendrick et al., 2009) Awareness of socio economic status of clients important in injury prevention programs (Rosenblum et al., 2022) (Pearce et al., 2012)
	Assistive technology Access to assistive technology is a right of people with disability (Layton et	

	al., 2023)(Quinlivan, 2012)(Ryan, 2010)	Assistive technology needs to be safe, effective and affordable (Layton et al., 2023)
	Equal access to buildings People with disabilities should have equal access to all areas of a dwelling (Foettinger et al., 2022)	 Activities, mobility and participation requires sufficiently wide doorways (Foettinger et al., 2022)

Other Sources

Home Modification Information Clearing House (HMinfo) - Library search

Using the key word 'Home Safety'.

The HMinfo Library search identified the following publications mainly as Consumer Fact Sheets:

1. *Biomechanics (Bridge, 2003)*
2. *Coating for Tiled Floors* (Whitfield et al., 2005)
3. *Grabrails - Sit to Stand Transfers* (Seton et al., 2006)
4. *Home Design Carers Young People* (Davy et al., 2014)
5. *Home Modifications* (Carnemolla & Bridge, 2018) (Carnemolla & Bridge, 2015) (Camemolla & Bridge, 2012) (Cowell et al., 2007)
6. *Landscape Modification: an alternative to residential access ramps* (Camemolla & Bridge, 2012)
7. *Lighting* (Vasilakopoulou & Bridge, 2018)
8. *Home Fire Safety Escape*(Oram, 2005)
9. *Home Water Management - Includes thermostatic values, taps* (Gohar et al., 2008)
10. *Fire Safety Smoke Alarms* (Von Behrens, 2006) (Quin, 2015)
11. *Electrical Zones in the Bathroom* (Barlow & Bridge, 2017)
12. *Caring for Carers* (Davy et al., 2014)

Systematic Reviews

Evaluation and Outcome Measures (Fowler, 2022)
Occupational Therapy in the Home Interventions (Fowler & Kirwan, 2021)

Legislation

Disability Discrimination and Equity

Commonwealth of Australia. Disability Discrimination Act 1991, Act no 26 Australia: Commonwealth of Australia; 2018.

Australia's Disability Strategy 2021-31 includes policy priorities to support Inclusive Homes and Communities https://www.disabilitygateway.gov.au/document/3106

National Disability Insurance Agency, Scheme

National Disability Insurance Scheme Act No. 20, 2013 Available from: https://www.ndis.gov.au/about-us/governance/legislation. Latest version Compilation No. 17 1 July 2022; Includes amendments: Act No. 27, 2022 Registered: 12 July 2022- Part 4 Children p74 and Parental Responsibility p75.

National Disability Insurance Scheme – Capability and Culture Report 2023

https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/CapabilityandCulture/Report . (Coker, 2023)

Regulatory Documents

Livable Housing requirements and the National Construction Code (NCC2022)

Adaptable housing, which means it can be easily adapted to become accessible for wheelchair users, if the need should arise. An accessible home meets Australian Standard AS4299-1995

Standards Australia (AS 1428.1:2021) Design for access and mobility, Part 1: General requirements for access - New building work

Standards Australia, Standards New Zealand (AS/NZS 1428.4.1:2009 AMDT 2) Means to assist the orientation of people with vision impairment.

Australian Standard 1428.3-1992
Design for access and mobility Part 3: Requirements for children and adolescents with physical disabilities. (Standards Australia, 1992)

Industry and Manufacturer Guidelines

National Construction Code

https://ncc.abcb.gov.au/editions/2019-a1/ncc-2019-volume-two-amendment-1/part-39-safe-movement-and-access/part-392-barriers

https://www.cdc.gov/ncbddd/disabilityandsafety/child-safety.html

Professional standards

Competency

Standard 2:

‘An occupational therapist’s knowledge, skills and behaviours in practice are formed by relevant and contemporary theory, practice knowledge and evidence, and are maintained and developed by ongoing professional development and learning.’ Australian Occupational Therapy Competency Standards. (Occupational Therapy Competency Standards, 2018)

Safety and Quality

Patient Safety and Quality Systems - Required to use evidence-based practice

Australian Commission on Safety and Quality in Health Care. Clinical Guidance for Allied Health Professionals 2019. Clinical Governance for Allied Health Practitioners (Australian Commission on Safety and Quality in Health Care., 2020)

National Disability Insurance Scheme: Quality and Safeguards Commission - for participants https://www.ndiscommission.gov.au

Occupational Therapy Practice Framework

Occupational Therapy Practice Framework: Domain and Process Fourth edition (Boop et al., 2020)

Completeness and Quality of Evidence

The main deficits identified in the original systematic review (Fowler & Kirwan, 2021) were insufficient research evidence in the target group for home modifications and safety. This is the reason for drawing on the more extensive home safety literature from the typically developing and socially disadvantaged children and young people living in residential accommodation in the community. While this information is covered extensively there are risks in translating this knowledge into practice due to the unique requirements - needs and wants - of individual children and young people with physical and sensory disabilities and their families - compared to the typically developing.

In addition, compared to those with physical disabilities and vision loss, only minimal literature on those with hearing loss was identified.

Discussion and Conclusions

This systematic review aimed to critically review the quantitative research literature on home safety for children and young people with physical disabilities, vision and hearing loss as well as the typically developing and socially disadvantaged. The evidence obtained was graded for quality and will be used to justify and develop occupational therapy home safety interventions applicable to the nominated target groups.

For decades occupational therapists have provided services in the home to improve functional independence and safety for children and young people with disabilities and their families. The proposed interventions will augment and support the existing services provided by occupational therapists for functional independence and safety for clients the home.

As expected from the previous systematic review Fowler & Kirwan ,(2021) the current search identified that there was minimal evidence in relation to home safety for individuals with physical and sensory disabilities. Even though the risk of unintentional injury in this group is at least twice that observed for typically developing children and young people. (Shi et al., 2015)

In contrast however, for typically developing and socially disadvantaged groups, the current literature review establishes that there is high-quality evidence for home safety interventions compared to those with physical and sensory disabilities.

In particular, the work of Kendrick, (Kendrick, Mulvaney, et al., 2012) often published in Cochrane Collaboration Reviews, provides high-quality evidence on safety education and practices. In addition the work of Morrongiello (Morrongiello et al., 2012) in parental supervision and similarly Keall et al. (2021) in safety equipment and home modification.

The evidence from these sources needs to be applied to an understanding of the theory of injury prevention and control, for example using the Haddon Matrix with the four areas of education, engineering, enforcement and equity.(Giles et al., 2002)(Giles et al., 2020)

The Haddon Matrix provides an integrated understanding of health and safety prevention concepts and interventions. The inclusion of ‘equity’ is supported as disability discrimination or inequity is a challenge to many disabled people and their families. This is particularly true in relation to access to specialised services in the home such as occupational therapy and the provision of assistive technology, often related to safety.

In addition the application of frameworks such as client-centred care, (Mccoll & Pranger, 1994) occupational performance. (Law, Baptiste, McColl, Opzoomer, Polatajko, Pollock, et al., 1990) and the relationship to the WHO International Classification of Functioning (Bickenbach et al., 2021) in the interrelationship between health conditions, the person and the environment. Also of particular important of safety in relation to the changes apparent in a child and young persons’ growth and development.

Application of information and models to children and young people with disabilities

The information from the general literature will be used in conjunction with an understanding of the underlying safety principles to develop and justify specific home safety programs interventions. The needs of children and young people with particular disabilities resulting in recognized functional limitation such as difficulty with balance for those with mobility issues and lack of sensory input for those who with visual and hearing impairment. The challenge is to ensure that the home safety programs devised is suitable for groups of disabled children and young people and more importantly the needs of the individual and their families and carers.

Another issue related to the rate of unintentional injury in the home for children and young people is the social determinants of health. For example, low socio-economic conditions can affect home safety, for example, if a family and their disabled child lives in rented apartment they may not be able to make the necessary environmental adjustment such as the installation of support rails. Such factors should be considered to be 'red flags' of which the occupational therapist must be aware of when undertaking environmental modification for the disabled.

Implications for practice

The main implication for practice is the pressing need to develop and translate tailored evidence-based home safety evidence for occupational therapy in the home. Home changes should be planned as part of a person- and family-centred safety approach, informed by assessment of the child's daily activities, functional and sensory needs, development and home environment. Modifications, safety equipment and assistive technology may reduce hazards and support safe participation, alongside education and supervision. Because disability-specific evidence remains limited, occupational therapists should adapt relevant findings to each child and family, consider barriers such as rental conditions and affordability, and review changes as needs evolve.

The current systematic review and the resultant home safety intervention provides quality evidence for occupational therapy practice in the home particularly for example in the development of individualised fire safety evacuation plans. Home safety services are not delivered in isolation but part of an established invention focusing on improving of disabled person's functioning in the home. This synergistic service is described in the concept of 'safe occupational performance.'

Implications for research

The main purpose of the current systematic review is to locate frameworks and research evidence as a foundation for the development of home safety interventions for children and young people with physical disabilities, vision or hearing loss.

The proposed intervention is entitled Safe@Home Equity. This future research will require the adapting of the proposed home safety programs to the specific abilities, impairments, needs and wants of individuals within the target groups.

When developed, the Safe@Home Equity intervention, following an extensive consultation process with consumers, industry and occupational therapists, the intervention will be tested by rigorous research.

Also, ongoing research is in progress to critically appraise assessment and outcome measures on all aspects of the delivery of occupational therapy home safety services in the home environment.

References

Abbassinia, M., Barati, M., & Afshari, M. (2019). Effectiveness of interventions in the prevention of home injuries among children under 5 years of age: A systematic review. Archives of Trauma Research, 8(4), 190. https://doi.org/10.4103/atr.atr_22_19

Adams, J. (2014). Using the Haddon Matrix to Identify Patient Handling Problems. Am J Safe Patient Handling and Movement, 4(2).

Afshari, M., Moghimbeigi, A., Mahdi-Hazavehei, S. M., & Rezapur-Shahkolai, F. (2017). Effect of a model-based educational program for mothers, on home-related injury prevention among under-five-year children in rural Twiserkan, Iran. The Turkish Journal of Pediatrics, 59(6). https://doi.org/10.24953/turkjped.2017.06.005

American Journal of Occupational Therapy. (2014). Activities of Daily Living. In OT-Practice-Framework-Table-1-Occupations (Vol. 68, Number Supplement 1, pp. S19–S21).

Aplin, T., & Gustafsson, L. (2023). Assistive technology funding and policy in Australia: Moving towards a healthier assistive technology ecosystem. In Australian Occupational Therapy Journal. John Wiley and Sons Inc. https://doi.org/10.1111/1440-1630.12895

Australian Commission on Safety and Quality in Health Care. (2020). Clinical governance for allied health practitioners. In Australian Commission on Safety and Quality in Health Care. (pp. 1–3).

Australian Institute of Health and Welfare. (2024, July). Social Determinants of Health. Australian Government.

Avau, B., Borra, V., Vanhove, A. C., Vandekerckhove, P., De Paepe, P., & De Buck, E. (2018). First aid interventions by laypeople for acute oral poisoning. In Cochrane Database of Systematic Reviews (Vol. 2018, Number 12). https://doi.org/10.1002/14651858.CD013230

Barlow, G., & Bridge, C. (2017). DIYmodify Factsheet: Electrical Zones in the Bathroom. Home Modification Information Clearinghouse.

Benford, P., Young, B., Coupland, C., Watson, M., Hindmarch, P., Hayes, M., Goodenough, T., Majsak-Newman, G., & Kendrick, D. (2015). Risk and protective factors for falls on one level in young children: Multicentre case–control study. Injury Prevention, 21(6). https://doi.org/10.1136/injuryprev-2015-041581

Bernard-Bonnin, A.-C., Pless, B., Robitaille Phd, Y., Leblanc, J., King, J., Tenenbein, M., Klassen, T. P., Bernard-Bonnin, A. C., Pless, I. B., Robitaille, Y., & Leblanc, J. (2003). Home injury patterns in children: A comparison by hospital sites. Paediatr Child Health, 8(7).

Berry, S., Carr, P. A., Kool, B., Mohal, J., Morton, S., & Grant, C. (2017). Housing tenure as a focus for reducing inequalities in the home safety environment: evidence from Growing Up in New Zealand. Australian and New Zealand Journal of Public Health, 41(5), 530–534. https://doi.org/10.1111/1753-6405.12695

Better Hearing Australia. (2023). Smoke Alarm Regulations Pose Challenge for People with Hearing Loss.

Bhatta, S., Mytton, J., & Deave, T. (2021). Home environmental change for child injury prevention in Nepal: A qualitative study. Journal of Child Health Care. https://doi.org/10.1177/13674935211052156

Bhaumik, S., Allen, C., Gupta, S., Ludolph, R., & Clarke, M. (2018). Report of the Systematic Review of Housing Safety Hazards and Injuries: Report for the WHO World health Organisation - Housing and Health Guidelines. WHO Housing and Health Guidelines, (Web Annex E), 1–88. http://apps.who.int/bookorders.

.

Bickenbach, J., Alarcos, C., Selb, M., & Stucki, G. (2021). ICF Core Sets, Manual for Clinical Practice, 2 ed. In ICF Research Branch, Hogrefe Publishing (pp. 2–19).

Boguszewski, D., Zabłocka, M., & Adamczyk, J. (2012). Susceptibility to injury during a fall among blind children. Postepy Rehabilitacji, 26(2), 63–70. https://doi.org/10.2478/rehab-2013-0039

Boguszewski, D., Zabłocka, M., Adamczyk, J. G., Boguszewska, K., & Białoszewski, D. (2013). Evaluation of susceptibility to injuries resulting from falls of children with visual impairment. 6(1), 7–16. https://doi.org/10.5507/euj.2013.001

Bonilla-Escobar, F. J., & Gutiérrez, M. I. (2014). Injuries are not accidents: Towards a culture of prevention. In Colombia Medica (Vol. 45, Number 3). https://doi.org/10.25100/cm.v45i3.1462

Boop, C., Cahill, S., Davis, C., Dorsey, J. Gibbs, V., Herr, B. Kearney, K.Griffin Lannigan, E., Metzger, L. Miller, J. Owens, A., Rives, K. Synovec, C., Winistorfer, W., & Lieberman, D. (2020). Occupational therapy practice framework: Domain and process fourth edition. In American Journal of Occupational Therapy (Vol. 74, Number August). https://doi.org/10.5014/ajot.2020.74S2001

Bridge, C. (2003). Basic biomechanical and anatomical principles underpinning grabrail prescription for sit - to - stand transfers (May), 1–14.

Bukvic, O., Carlsson, G., Gefenaite, G., Slaug, B., Schmidt, S. M., & Ronchi, E. (2021). A review on the role of functional limitations on evacuation performance using the International

Classification of Functioning, Disability and Health. In Fire Technology (Vol. 57, Number 2). https://doi.org/10.1007/s10694-020-01034-5

Burgess, J. D., Kimble, R. M., Watt, K. A., & Cameron, C. M. (2017). Hot tea and tiny tots don't mix: A cross-sectional survey on hot beverage scalds. Burns, 43(8). https://doi.org/10.1016/j.burns.2017.05.008

Burgess, J., Watt, K., Kimble, R. & Cameron, C. (2018). Combining technology and research to prevent scald injuries (the cool runnings intervention): Randomized controlled trial. Journal of Medical Internet Research, 20(10). https://doi.org/10.2196/10361

Cagle, K. M., Davis, J. W., Dominic, W., & Gonzales, W. (2006). Results of a focused scald-prevention program. Journal of Burn Care and Research, 27(6), 859–863. https://doi.org/10.1097/01.BCR.0000245423.79531.50

Camemolla, P., & Bridge, C. (2012). Landscape Modification: an alternative to residential access ramps.

Carnemolla, P., & Bridge, C. (2015). Systematic Review : Evidence on Home Modifications. Home Modification Information Clearinghouse. http://s3-ap-southeast2.amazonaws.com/wh1.thewebconsole.com/wh/6294/images/systematic_review_270415.pdf

Carnemolla, P., & Bridge, C. (2018). A scoping review of home modification interventions – Mapping the evidence base. Indoor and Built Environment, 34:4, 384-. https://doi.org/10.1177/1420326x18761112

Chowdhury, A., Health, B., & Khanam, R. (2022). Economic Costs of Childhood Unintentional Injury in Australia-Review of LSAC Data. https://doi.org/10.13140/RG.2.2.26347.72483/1

Christy, B., Keeffe, J. Nirmalan, P., & Rao, G (2010). A randomized controlled trial assessing the effectiveness of strategies delivering low vision rehabilitation: Design and baseline characteristics of study participants. Ophthalmic Epidemiology, 17(4). https://doi.org/10.3109/09286586.2010.483752

Clemson, L., Stark, S., Pighills, A., Torgerson, D., Sherrington, C., & Lamb, S. (2019). Environmental interventions for preventing falls in older people living in the community. In Cochrane Database of Systematic Reviews (Vol. 2019, Number 2). John Wiley and Sons Ltd. https://doi.org/10.1002/14651858.CD013258

Coker, L. (2023). Capability and Culture of the National Disability Insurance Agency.

Coster, W., Law, M., Bedell, G., Khetani, M., Anaby, D., Teplicky, R., Lin, C., & Disability, C. C. for C. (2012). The Participation and Environment Measure for Children and Youth (PEM--CY): An innovative measure for home, school and community.

Council Approvals Group Trust Pty Ltd. (2024). Council Approval.

Cowell, F., Bridge, C., & Mathews, S. (2007). Home Modification Information Needs of Occupational Therapists Practicing in NSW. Home Modification Information Clearinghouse, University, 5(July), 1–36.

Cox, A., Morrongiello, B. A., & Bryant, L. (2021). A longitudinal study of parents' expectations about infants' emerging behaviors and their safety strategies to moderate injury risk. Social Science and Medicine, 291. https://doi.org/10.1016/j.socscimed.2021.114481

Critical Appraisal Skills Programme. (2024). (CASP checklist for randomised controlled trials (RCTs). https://casp-uk.net/casp-checklists/CASP-checklist-randomised-controlled-trials-RCT-2024.pdf

Davy, Laura., Adams, Toni., & Bridge, Catherine. (2014). Caring for the carer : home design and modification for carers of young people with disability: 1st Edition. Home Modification Information Clearinghouse, UNSW Australia.

Disability Discrimination Act 1991, Pub. L. Act no 26 (2018). https://www.legislation.gov.au/Details/C2018C00125

Dixon, C. A., Ammerman, R. T., Johnson, B. L., Lampe, C., Hart, K. W., Lindsell, C. J., & Mahabee-Gittens, E. M. (2019). A randomized controlled field trial of iBsafe—a novel child safety game app. MHealth, 5. https://doi.org/10.21037/mhealth.2019.01.02

Emery, C, Kendrick, D., Mulvaney, C., Ye, L., Stevens, T., Mytton, A., & Stewart-Brown, S. (2017). Parenting interventions for the prevention of unintentional injuries in childhood. Paediatrics and Child Health (Canada), 22(4), 220–222. https://doi.org/10.1002/14651858.CD006020.pub3

Fernandez, M., Ruiter, R., Markham, C., & Kok, G. (2019). Intervention mapping: Theory-and evidence-based health promotion program planning: Perspective and examples. Frontiers in Public Health, 7(AUG). https://doi.org/10.3389/fpubh.2019.00209

Flavin, M, Dostaler, M., Simpson, K., Brison, R., & Pickett, W. (2006). Stages of development and injury patterns in the early years: A population-based analysis. BMC Public Health, 6, 1–10. https://doi.org/10.1186/1471-2458-6-187

Foettinger, L., Doerwald, F., & Bammann, K. (2021). Understanding parental risk perception regarding unintentional injuries of infants and toddlers within the home: a grounded theory approach. Journal of Risk Research, 24(11). https://doi.org/10.1080/13669877.2020.1863850

Foti, M., & Beohmer, K. (2016). Quick Reference Dictionary For Occupational Therapy: Sixth Edition (2015). Occupational Therapy In Health Care, 30(3), 724. https://doi.org/10.3109/07380577.2016.1141349

Fowler, B. (2022). The quality and usability of selected evaluation and outcome measures in home-based occupational therapy for children and young people with physical disabilities: extended findings from a systematic review. In Home Modification Information Clearinghouse, University of New South Wales, Sydney Australia: 22 December (Number First Edition, pp. 1–71).

Fowler, B., & Kirwan, T. (2021). Activities, Participation, Accessibility and Safety in the Home Environment for Children and Young People with Physical Disabilities. In Home Modification Clearing House (Number October). https://doi.org/10.26288/615ff688a6ce9

Francescutti, L. H., Sleet, D. A., Hill, L., & Xiang, H. (2019). Unintentional injuries to disabled persons: An unrecognized yet preventable problem. In Lifestyle Medicine: Third Edition (pp. 1349–1354). https://doi.org/10.1201/9781315201108-121

Fraser, A., Doan, D., Lundy, M., Bevill, G., & Aceros, J. (2019). Pediatric safety: Review of the susceptibility of children with disabilities to injuries involving movement related events. Injury Epidemiology, 6(1), 1–9. https://doi.org/10.1186/s40621-019-0189-8

Furmanek, S., Lehna, C., & Hanchette, C. (2017). Theory-based cartographic risk model development and application for home fire safety. Journal of Burn Care and Research, 38(3), e653–e662. https://doi.org/10.1097/BCR.0000000000000440

Gaebler-Spira D., Gaebler-Spira, D., & Thornton, L. (2002). Injury prevention for children with disabilities. Am., Phys Med Rehabil Clin N, 13(4), 891–906. https://doi.org/.doi: 10.1016/s1047-9651(02)00023-2. PMID: 12465566.

George, A., G, R., & Shetty, S. (2021). Effect of a Home Safety Supervisory Program on Occurrence of Childhood Injuries: A Cluster Randomized Controlled Trial. Indian Pediatrics, 58(6), 548–552. https://doi.org/10.1007/s13312-021-2238-y

Ghebreab, L., Kool, B., Lee, A., & Morton, S. (2021). Risk factors of unintentional injury among children in New Zealand: a systematic review. Australian and New Zealand Journal of Public Health, 45(4), 403–410. https://doi.org/10.1111/1753-6405.13125

Ghorbanpour, Z., Hosseini, S., Vameghi, R., Rassafiani, M. Dalvand, H., Rezasoltani, P., Rassafiani, M., Dalvand, H., & Rezasoltani, P. (2019). The effect of mothering handling training at home on the motor function of children with cerebral palsy: A pilot randomized controlled trial.

Journal of Occupational Therapy, Schools, and Early Intervention, 12(3), 273–283. https://doi.org/10.1080/19411243.2019.1590751

Gielen, A. C., McDonald, E. M., & Shields, W. (2015). Unintentional Home Injuries Across the Life Span: Problems and Solutions. Annual Review of Public Health. https://doi.org/10.1146/annurev-publhealth-031914-122722

Giles, A., Bauer, M., & Jull, J. (2020). Equity as the fourth “E” in the “3 E’s” approach to injury prevention. Injury Prevention, 26(1). https://doi.org/10.1136/injuryprev-2019-043407

Giles, A., Bauer, M., & Jull, J. (2002). The 3 E’s and Haddon: an introduction to injury prevention theory. Journal of Science and Medicine in Sport, 5(4). https://doi.org/10.1016/s1440-2440(02)80249-3

Gohar, N., Oram, L., & Millikan, L. (2008). Home Water Management.

Gong, H., Lu, G., Ma, J., Zheng, J., Hu, F., Liu, J., Song, J., Hu, S., Sun, L., Chen, Y., Xie, L., Zhang, X., Duan, L., & Xu, H. (2021). Causes and Characteristics of Children Unintentional Injuries in Emergency Department and Its Implications for Prevention. Frontiers in Public Health, 9. https://doi.org/10.3389/fpubh.2021.669125

Guyatt, G., Oxman, A., Vist, G., Kunz, R., Falck-Ytter, Y., Alonso-Coello, P., & Schünemann, H. J. (2009). GRADE: An emerging consensus on rating quality of evidence and strength of recommendations. In Chinese Journal of Evidence-Based Medicine (Vol. 9, Number 1, pp. 8–11).

Hanna, J. L., Wright, M. F., & Azar, S. T. (2022). Use of a serious game simulation to build early childhood staff capacity for reducing unintentional childhood injuries. Journal of Safety Research, 82, 85–92. https://doi.org/10.1016/j.jsr.2022.04.008

Head, E. N., Stevens, J. A., & Haileyesus, T. (2013). Bathroom injuries in children less than 15 years old. Injury Prevention, 19(5). https://doi.org/10.1136/injuryprev-2012-040600

Higgins, J. A. D. (2008). Assessing risk of bias in included studies. In Cochrane Statistical Methods Group and the Cochrane Bias Methods Group.: Chapter 8.

Hill, T., Coupland, C., Kendrick, D., Jones, M., Akbari, A., Rodgers, S., Watson, M. C., Tyrrell, E., Merrill, S., & Orton, E. (2022). Impact of the national home safety equipment scheme a € Safe at Home’ on hospital admissions for unintentional injury in children under 5: A controlled interrupted time series analysis. Journal of Epidemiology and Community Health, 76(1), 53–59. https://doi.org/10.1136/jech-2021-216613

Hosking, J., Ameratunga, S., Morton, S., & Blank, D. (2011). A life course approach to injury prevention: A “lens and telescope” conceptual model. BMC Public Health, 11. https://doi.org/10.1186/1471-2458-11-695

Hostetter, H., & Naser, M. Z. (2022). Characterizing disability in fire: A progressive review. In Journal of Building Engineering (Vol. 53). Elsevier Ltd. https://doi.org/10.1016/j.jobe.2022.104573

Howick, J., Chalmers, I., Glasziou, P., Greenhalgh, T., Heneghan, C., Liberati, A., & Hodgkinson, M. (2011). Explanation of the 2011 Oxford Centre for Evidence-Based Medicine (OCEBM) Levels of Evidence (Background Document). In Oxford Centre For Evidence-based Medicine.

Imms, C., Adair, B., Keen, D., Ullenhag, A.Rosenbaum, P., & Granlund, M. (2016). “Participation”: A systematic review of language, definitions, and constructs used in intervention research with children with disabilities. Developmental Medicine and Child Neurology, 58(1), 29–38. https://doi.org/10.1111/dmcn.12932

Ingram, J. C., Deave, T., Towner, E., Errington, G., Kay, B., & Kendrick, D. (2012). Identifying facilitators and barriers for home injury prevention interventions for pre-school children: A systematic review of the quantitative literature. Health Education Research, 27(2), 258–268. https://doi.org/10.1093/her/cyr066

Injury Prevention in Victoria. (2024). Injury Prevention. Department of Health, Victoria.

Istre, G., McCoy, M., Moore, B., Roper, C., Stephens-Stidham, S., Barnard, J., Carlin, D., Stowe, M., & Anderson, R. (2014). Preventing deaths and injuries from house fires: An outcome evaluation of a community-based smoke alarm installation programme. Injury Prevention, 20(2), 97–102. https://doi.org/10.1136/injuryprev-2013-040823

Jackman, M., Sakzewski, L., Morgan, C., Boyd, R., Brennan, S., Langdon, K., Toovey, R., Greaves, S., Thorley, M., Novak, I., & Jackman, M., Sakzewski, L., Morgan, C., Boyd, R., Brennan, S., Langdon, K., Novak, I. (2021). Interventions to improve physical function for children and young people with cerebral palsy: international clinical practice guideline. Developmental Medicine and Child Neurology. https://doi.org/10.1111/dmcn.15055

Jernbro, C., Bonander, C., & Beckman, L. (2020). The association between disability and unintentional injuries among adolescents in a general education setting: Evidence from a Swedish population-based school survey. Disability and Health Journal, 13(1), 100841. https://doi.org/10.1016/J.DHJO.2019.100841

Keall, M. D., Tupara, H., Pierse, N., Wilkie, M., Baker, M. G., Howden-Chapman, P., & Cunningham, C. (2021). Home modifications to prevent home fall injuries in houses with Māori occupants (MHIPI): a randomised controlled trial. The Lancet Public Health, 6(9), e631–e640. https://doi.org/10.1016/S2468-2667(21)00135-3

Keall, M., Pierse, N., Howden-Chapman, P., Cunningham, C., Cunningham, M., Guria, J., & Baker, M. (2015). Home modifications to reduce injuries from falls in the Home Injury Prevention Intervention (HIPI) study: A cluster-randomised controlled trial. The Lancet, 385(9964), 231–238. https://doi.org/10.1016/S0140-6736(14)61006-0

Kendrick, D., Groom, L., Stewart, J., Watson, M., Mulvaney, C., & Casterton, R. (2007). "Risk watch": Cluster randomised controlled trial evaluating an injury prevention program. Injury Prevention, 13(2), 93–98. https://doi.org/10.1136/ip.2006.013862

Kendrick, D., Majsak-Newman, G., Benford, P., Coupland, C., Timblin, C., Hayes, M., Goodenough, T., Hawkins, A., & Reading, R. (2017). Poison prevention practices and medically attended poisoning in young children: Multicentre case-control study. Injury Prevention, 23(2). https://doi.org/10.1136/injuryprev-2015-041828

Kendrick, D., Mulvaney, C., Stevens, T., Mytton, J., Ye, L., & Stewart-Brown, S. (2012). Parenting interventions to prevent unintentional injury: update and extension of a Cochrane systematic review. Injury Prevention. https://doi.org/10.1136/injuryprev-2012-040580f.2

Kendrick, D., Mulvaney, C., & Watson, M. (2009). Does targeting injury prevention towards families in disadvantaged areas reduce inequalities in safety practices? Health Education Research. https://doi.org/10.1093/her/cym083

Kendrick, D., Mulvaney, C., Ye, L., Stevens, T., Mytton, J., & Stewart-Brown. (2013). Parenting interventions for the prevention of unintentional injuries in childhood

(Review). Cochrane Database of Systematic Reviews, (3). https://doi.org/10.1002/14651858.CD006020.pub3.www.cochranelibrary.com

Kendrick, D., Stewart, J., Smith, S., Coupland, C., Hopkins, N., Groom, L., Towner, E., Hayes, M., Gibson, D., Ryan, J., O'Donnell, G., Radford, D., Phillips, C., & Murphy, R. (2011). Randomised controlled trial of thermostatic mixer valves in reducing bath hot tap water temperature in families with young children in social housing. Archives of Disease in Childhood, 96(3), 232–239. https://doi.org/10.1136/adc.2009.175059

Kendrick, D., Wynn, P., Young, B., Mason-Jones, A., Ilyas, N., Achana, F., Cooper, N., Hubbard, S., Sutton, A., Smith, S., Mulvaney, C., Watson, M., & Coupland, C. (2012). Systematic review and meta-analysis evaluating the effectiveness of home safety interventions (education and provision of safety equipment) for child injury prevention. Injury Prevention, 18(Suppl 1). https://doi.org/10.1136/injuryprev-2012-040590a.11

Kendrick, D., Zou, K., Ablewhite, J., Watson, M., Coupland, C., Kay, B., Hawkins, A., & Reading, R. (2016). Risk and protective factors for falls on stairs in young children: Multicentre case-control study. Archives of Disease in Childhood, 101(10), 909–916. https://doi.org/10.1136/archdischild-2015-308486

Kid Sense. (2024). Child Development. Kid Sense Child Development Corporation Pty Ltd.

Kidsafe Victoria and Australia. (2023). Injury. Child Accident Prevention Foundation of Victoria.

King, W. J., LeBlanc, J. C., Barrowman, N. J., Klassen, T. P., Bernard-Bonnin, A. C., Robitaille, Y., Tenenbein, M., & Pless, I. B. (2005). Long term effects of a home visit to prevent childhood injury: Three year follow up of a randomized trial. Injury Prevention, 11(2). https://doi.org/10.1136/ip.2004.006791

Kumari, P., & Sharma, S. (2017). Knowledge of Mothers about the Risk of Domestic Accident among Toddlers: Effectiveness of Strategy for Teaching about Home Safety. 7(3), 1–7. www.stmjournals.com

Lamb, R., Joshi, M. S., Carter, W., Cowburn, G., & Matthews, A. (2006). Children's acquisition and retention of safety skills: The lifeskills program. Injury Prevention, 12(3). https://doi.org/10.1136/ip.2005.010769

Lammi, B., & Law, M. (2003). The effects of Family-Centred Functional Therapy on the occupational performance of children with cerebral palsy. Canadian Journal of Occupational Therapy, 70(5), 285–297. https://doi.org/10.1177/000841740307000505

Law, M., Baptiste, S., McColl, M., Opzoomer, A., Polatajko, H., & Pollock, N. (1990). The Canadian Occupational Performance Measure: An Outcome Measure for Occupational Therapy. Canadian Journal of Occupational Therapy, 57(2), 82–87. https://doi.org/10.1177/000841749005700207

Law, M., Cooper, B., Strong, S., Stewart, D. Rigby, P., & Letts, L. (1996). The Person-Environment-Occupation Model: A transactive approach to occupational performance. Canadian Journal of Occupational Therapy, 63(1), 9–23. https://doi.org/10.1177/000841749606300103

Law, M., & McDeramid, J. (2014). Evidence-Based Rehabilitation: A Guide to Practice (M. Law & J. MacDermid, Eds.; Third Edit). Slack Incorporated.

Layton, N., Brusco, N., Callaway, L., Henley, L., & Wang, R. H. (2023). It is time for nationally equitable access to assistive technology and home modifications in Australia: An equity benchmarking study. Australian Journal of Social Issues. https://doi.org/10.1002/ajs4.290

LeBlanc, J. C., Pless, I. B., King, W. J., Bawden, H., Bernard-Bonnin, A. C., Klassen, T., & Tenenbein, M. (2006). Home safety measures and the risk of unintentional injury among young children: A multicentre case-control study. CMAJ, 175(8). https://doi.org/10.1503/cmaj.050592

Lehna, C. (2014). Study Findings on Burn Care Research are Outlined in Reports for University of Louisville (Community partnership to promote home fire safety in children with special needs). In Health and Medicine Week: AtlantaOct (Vol. 24, Number Oct, p. 464).

Lehna, C., Fahey, E., Janes, E., Rengers, S., Williams, J., Scrivener, D., & Myers, J. (2015). Home fire safety education for parents of newborns. Burns, 41(6). https://doi.org/10.1016/j.burns.2015.02.009

Lehna, C., Janes, E. G., Rengers, S., Graviss, J., Drane Scrivener, S., Tom Knabel, S., Myers, J. A., Scrivener, D., Tom Knabel, S., Myers, J. A., Drane Scrivener, S., Tom Knabel, S., & Myers, J. A. (2014). Impact of children with special needs on differences in fire-safety education priorities, preferred method of education, and parent actions. Journal of Burn Care and Research, 35(2), 162–168. https://doi.org/10.1097/BCR.0b013e31828a480a

List A – Conditions Which Are Likely to Meet the Disability Requirements in Section 24 of the NDIS Act (2018).

List B – Permanent Conditions for Which Functional Capacity Are Variable and Further Assessment of Functional Capacity Is Generally Required (2018).

Ma, X., Zhang, Q., Jiang, R., Lu, J., Wang, H., Xia, Q., Zheng, J., Deng, W., Chang, F., & Li, X. (2021). Parents' attitudes as mediators between knowledge and behaviours in unintentional injuries at home of children aged 0-3 in Shanghai, Eastern China: A cross-sectional study. BMJ Open, 11(12). https://doi.org/10.1136/bmjopen-2021-054228

Mack, K. A., Dellinger, A., & West, B. A. (2012). Adult opinions about the age at which children can be left home alone, bathe alone, or bike alone: Second Injury Control and Risk Survey (ICARIS-2). Journal of Safety Research, 43(3), 223–226. https://doi.org/10.1016/j.jsr.2012.06.001

Mann, J. R., Zhou, L., McKee, M., & McDermott, S. (2007). Children with hearing loss and increased risk of injury. Annals of Family Medicine, 5(6), 528–533. https://doi.org/10.1370/afm.740

Mayes, S., Roberts, M. & Stough, C. (2014). Risk for household safety hazards: Socioeconomic and sociodemographic factors. Journal of Safety Research, 51, 87–92. https://doi.org/10.1016/j.jsr.2014.09.002

Mccoll, M., & Pranger, T. (1994). Theory and practice in the Occupational Therapy Guidelines for Client-centred Practice. Canadian Journal of Occupational Therapy, 61(5), 250–259. https://doi.org/10.1177/000841749406100505

McKenzie, L., Roberts, K., Clark, R., McAdams, R., Abdel-Rasoul, M., Klein, E., Keim, S., Kristel, O., Szymanski, A., Cotton, G., Shields, C., Clark, R.McAdams, R., Abdel-Rasoul, M.Klein, E. Keim, S.Kristel, O., Szymanski, A., Cotton, C. G., & Shields, W. C. (2018). A

randomized controlled trial to evaluate the Make Safe Happen® app - a mobile technology-based safety behavior change intervention for increasing parents' safety knowledge and actions. Injury Epidemiology, 5(1), 5. https://doi.org/10.1186/s40621-018-0133-3

McKenzie, L. B., Roberts, K. J., McAdams, R. J., Abdel-Rasoul, M., Kristel, O., Szymanski, A., Keim, S. A., & Shields, W. C. (2021). Efficacy of a mobile technology-based intervention for increasing parents' safety knowledge and actions: a randomized controlled trial. Injury Epidemiology, 8(1). https://doi.org/10.1186/s40621-021-00350-w

Mitchell, R., Curtis, K., & Foster, K. (2018). A 10-year review of child injury hospitalisations, health outcomes and treatment costs in Australia. In Injury Prevention (Vol. 24, Number 5, pp. 344–350). https://doi.org/10.1136/injuryprev-2017-042451

Mohammadinia, L., Khorasani-Zavareh, D., Gharibzadeh, S., Roshanferk, P., & Malekafzali, H. (2018). Social determinants of health and home safety for under-five children in a neighbor's Tehran, Iran. International Journal of Preventive Medicine, 9(1). https://doi.org/10.4103/ijpvm.IJPVM_60_17

Moll, S., Gewurtz, R., Krupa, T., Law, C., Larivière, N., & Levasseur, M. (2014). "Do-Live-Well": A Canadian framework for promoting occupation, health, and well-being: « Vivez-Bien-Votre Vie » : un cadre de référence canadien pour promouvoir l'occupation, la santé et le bien-être. Canadian Journal of Occupational Therapy, 82(1), 9–23. https://doi.org/10.1177/0008417414545981

Möller, H., Falster, K., Ivers, R., Falster, M., Randall, D., Clapham, K., & Jorm, L. (2016). Inequalities in hospitalized unintentional injury between aboriginal and non-aboriginal children in New South Wales, Australia. American Journal of Public Health, 106(5), 899–905. https://doi.org/10.2105/AJPH.2015.303022

Möller H, Falster K, Ivers R, Falster MO, Clapham K, J. L. (2017). Closing the Aboriginal child injury gap: targets for injury prevention. J Public Health., 41(1), 8–14.

Möller H, Falster K, Ivers R, J. L. (2015). Inequalities in unintentional injuries between indigenous and non-indigenous children: a systematic review. Injury Prevention, Apr(21), e144-52.

Morato-Espino, P. G., & Gomez, I. N. (2021). Utilizing Child-centered Approach in Occupational Therapy: Are Occupational Therapists Ready for It? Journal of Occupational Therapy, Schools, and Early Intervention, 14(1). https://doi.org/10.1080/19411243.2020.1835599

Morrongiello, B., Bell, M., Park, K., & Pogrebtsova, K. (2016). Evaluation of the Safety Detective Program: A Classroom-Based Intervention to Increase Kindergarten Children's Understanding of Home Safety Hazards and Injury-Risk Behaviors to Avoid. Prevention Science, 17(1), 102–111. https://doi.org/10.1007/s11121-015-0581-8

Morrongiello, B., Corbett, M., Bryant, L., & Cox, A. (2021). Understanding Infants' In-Home Injuries: Context and Correlates. Journal of Pediatric Psychology, 46(9), 1025–1036. https://doi.org/10.1093/jpepsy/jsab032

Morrongiello, B., Corbett, M., McCourt, M., & Johnston, N. (2006). Understanding unintentional injury risk in young children II. The contribution of caregiver supervision, child attributes, and parent attributes. Journal of Pediatric Psychology, 31(6). https://doi.org/10.1093/jpepsy/jsj073

Morrongiello, B., Marquis, A. R., & Cox, A. (2021). A RCT testing if a storybook can teach children about home safety. Journal of Pediatric Psychology, 46(7). https://doi.org/10.1093/jpepsy/jsab002

Morrongiello, B., Read, A., & Zdzieborski, D. (2010). Parental supervision of school-age children at home: "I think he is in his room playing a video game." Injury Prevention, 16(Supplement 1), A115–A115. https://doi.org/10.1136/ip.2010.029215.413

Morrongiello, B., Sandomierski, M., Zdzieborski, D., & McCollam, H. (2012). A randomized controlled trial evaluating the impact of the Supervising for Home Safety program on parent appraisals of injury risk and need to actively supervise. Health Psychology, 31(5), 601–611. https://doi.org/10.1037/a0028214

Morrongiello, B., Zdzieborski, D., Sandomierski, M., & Munroe, K. (2013). Results of a randomized controlled trial assessing the efficacy of the Supervising for Home Safety program: Impact on mothers' supervision practices. Accident Analysis and Prevention. https://doi.org/10.1016/j.aap.2012.06.007

Myers, V., Malkin, G., Nir, N., Orr, D., & Baron-Epel, O. (2022). Evaluation of an intervention to reduce child injury in Bedouin communities in Southern Israel. Injury Prevention, 28(1). https://doi.org/10.1136/injuryprev-2020-044013

Myers, V., Orr, D., Vered-Chen, L., & Baron-Epel, O. (2022). Design and implementation of a multifaceted injury prevention intervention in Bedouin children in southern Israel. Injury Prevention, 28(1). https://doi.org/10.1136/injuryprev-2021-044201

Mytton, J., Stewart-Brown, S., Hewison, C., Potter, B., Azuike, V., & Park, P. (2012). The first-aid advice and safety training (fast) parent programme to prevent unintentional home injuries in preschool children. Injury Prevention, 18(Suppl 1), A98.2-A98. https://doi.org/10.1136/injuryprev-2012-040590d.6

National Disability Insurance Scheme. (2023, February 22). Assistive technology product risk table.

NDIS. (2020a). Home modifications explained. National Disability Insurance Scheme. https://www.ndis.gov.au/participants/home-and-living/home-modifications-explained

NDIS. (2020b). Home-equipment-and-supports/home-modifications-explained. https://www.ndis.gov.au/participants/home-and-living/home-modifications-explained

Ning, P., Cheng, P., Schwebel, D. Yang, Y., Yu, R., Deng, J., Li, S., & Hu, G. (2019). An app-based intervention for caregivers to prevent unintentional injury among preschoolers: Cluster randomized controlled trial. JMIR MHealth and UHealth, 7(8), 1–13. https://doi.org/10.2196/13519

Occupational Therapy Competency Standards, A. (2018). Occupational Therapy Board. https://otaus.com.au/publicassets/e15160a1-f1e5-ec11-9452-005056be13b5/Occupational-Therapy-Board---Standards---Australian-occupational-therapy-competency-standards-2018%20%201.pdf

Odendaal, W., van Niekerk, A., Jordaan, E., & Seedat, M. (2009). The impact of a home visitation programme on household hazards associated with unintentional childhood injuries: A randomised controlled trial. Accident Analysis and Prevention, 41(1), 183–190. https://doi.org/10.1016/j.aap.2008.10.009

Oram, L. (2005). Home Fire Safety. Home Modification Information Clearinghouse .

Padalko, A., Gawaziuk, J., Chateau, D., Sareen, J., & Logsetty, S. (2020). Social determinants associated with pediatric burn injury: A population-based, case-control study. Journal of Burn Care and Research, 41(4), 743–750. https://doi.org/10.1093/jbcr/iraa045

Pearce, A., Li, L., Abbas, J., Ferguson, B., Graham, H., & Law, C. (2012). Does the home environment influence inequalities in unintentional injury in early childhood? Findings from the UK Millennium Cohort Study. Journal of Epidemiology and Community Health, 66(2), 181–188. https://doi.org/10.1136/jech.2011.139626

Phelan, K. J., Khoury, J., Xu, Y., Liddy, S., Hornung, R., & Lanphear, B. P. (2011). A randomized controlled trial of home injury hazard reduction: The HOME injury study. Archives of Pediatrics and Adolescent Medicine, 165(4), 339–345. https://doi.org/10.1001/archpediatrics.2011.29

Ploubidis, G. B., Edwards, P., & Kendrick, D. (2015). Measuring behaviours for escaping from house fires: Use of latent variable models to summarise multiple behaviours. BMC Research Notes, 8(1). https://doi.org/10.1186/s13104-015-1769-5

Powell, E. C., Malanchinski, J., & Sheehan, K. M. (2010). A randomized trial of a home safety education intervention using a safe home model. Journal of Trauma - Injury, Infection and Critical Care, 69(SUPPL. 4). https://doi.org/10.1097/TA.0b013e3181f1ec2e

Quin, J. (2015). Fire Safety-Smoke Alarms. https://doi.org/10.26288/5c493af88238f

Quinlivan, S. (2012). The United Nations Convention on the Rights of Persons with Disabilities: An introduction. In ERA Forum. https://doi.org/10.1007/s12027-012-0252-1

Ranney, M., Stettenbauer, E., Delgado, M., Yao, K., & Orchowski, L. (2022). Uses of mHealth in Injury Prevention and Control: a Critical Review. Current Epidemiology Reports. https://doi.org/10.1007/s40471-022-00312-w

Reich, S. M., Penner, E. K., & Duncan, G. J. (2011). Using baby books to increase new mothers' safety practices. Academic Pediatrics, 11(1), 34–43. https://doi.org/10.1016/j.acap.2010.12.006

Roberts, K., McAdams, R., & McKenzie, L. (2022). Stay-at-home, Safe at Home? A survey of parental home safety practices before and during the COVID-19 pandemic. Injury Epidemiology, 9. https://doi.org/10.1186/s40621-022-00396-4

Robinson, G., Moss, B., & Leckning, B. (2016). Prevention of unintentional injury in childhood: A selective review of the evidence on unintentional injury, parental supervision and prevention.

Rosenblum, S., Nardi-Moses, T., Goez, H., & Demeter, N. (2022). Children Who Experience Unintentional Injuries: Their Functional Profiles. Occupational Therapy International. https://doi.org/10.1155/2022/6731339

Rostami-Moez, M., Kangavari, M., Teimori, G., Afshari, M., Ebrahimi Khah, M., & Bande Elahi, K. (2019). Cultural adaptation for country diversity: A systematic review of injury prevention interventions caused by domestic accidents in children under five years old. Medical Journal of The Islamic Republic of Iran. https://doi.org/10.47176/mjiri.33.124

Runyan, C. W. (2003). Introduction: Back to the future - Revisiting Haddon's conceptualization of injury epidemiology and prevention. In Epidemiologic Reviews (Vol. 25, pp. 60–64). https://doi.org/10.1093/epirev/mxg005

Russell, K., Morrongiello, B., Kendrick, D., Young, B., Mason-Jones, A. J., Ilyas, N., Achana, F. A., Cooper, N. J., Hubbard, S. J., Sutton, A. J., Smith, S., Wynn, P., Mulvaney, C. A., Watson, M. C., & Coupland, C. (2013). Home safety education and provision of safety equipment for injury prevention (Review). In Evidence-Based Child Health (Vol. 8, Number 3, pp. 761–939). https://doi.org/10.1002/ebch.1911

Ryan, S. E. (2010). Injury risk compensation in children with disabilities: Could assistive technology devices have a dark side? In Disability and Rehabilitation: Assistive Technology (Vol. 5, Number 3, pp. 199–208). https://doi.org/10.3109/17483101003602548

Saad Ahmed, S., Mohammed, H., Elhusseiny Shelil, A., & Elzomor, H. (2020). Assessment of Home Accident Among children with Retinoblastoma. Egyptian Journal of Health Care, 11(2), 155–169. https://doi.org/10.21608/ejhc.2020.94757

Sackett, D. L. (2000). How to practice and teach EBM. Evidence-Based Medicine, New York:

Schell, S. L., Morrongiello, B. A., & Pogrebtsova, E. (2015). Training older siblings to be better supervisors: An RCT evaluating the “Safe Sibs” program. Journal of Pediatric Psychology, 40(8), 756–767. https://doi.org/10.1093/jpepsy/jsv030

Scholtes, B., Schröder-Bäck, P., Mackay, M., Vincenten, J., & Brand, H. (2017). Child safety reference frameworks: A policy tool for child injury prevention at the sub-national level. In Central European Journal of Public Health (Vol. 25, Number 2). https://doi.org/10.21101/cejph.a4477

Schwebel, D. McClure, L. & Severson, J. (2015). Evaluating a website to teach children safety with dogs. Injury Prevention, 21(1), 1–6. https://doi.org/10.1136/injuryprev-2014-041286

Seton, Hayley., Bridge, C. (2006). University of Sydney. Faculty of Architecture., University of Sydney. Faculty of Health Sciences., & Home Modification and Maintenance Information Clearinghouse. Evidence based research : effectiveness of grabrail orientations during the sit to stand transfer. Home Modification and Maintenance Information Clearinghouse, University of Sydney.

Shea, B., Reeves, B., Wells, G., Thuku, M., Hamel, C., Moran, J., Moher, D., Tugwell, P., Welch, V., Kristjansson, E., & Henry, D. (2017). AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ (Online), 358, 1–9. https://doi.org/10.1136/bmj.j4008

Shi, X., Shi, J., Wheeler, K., Stallones, L., Ameratunga, S., Shakespeare, T., Smith, G., & Xiang, H. (2015). Unintentional injuries in children with disabilities: a systematic review and meta-analysis. Injury Epidemiology, 2(1). https://doi.org/10.1186/s40621-015-0053-4

Shields, W., McDonald, E., Frattaroli, S., Bishai, D., Ma, X., & Gielen, A. (2016). Structural housing elements associated with home injuries in children. Injury Prevention, 22(2), 105–109. https://doi.org/10.1136/injuryprev-2015-041621

Shields, W., Omaki, E., Villalba, J., & Gielen, A. (2022). It Is Not the Batteries! Smoke Alarm Presence and Functionality 5 to 7 Years Post-installation of Sealed Lithium Battery Alarms. Journal of Burn Care and Research, 43(5), 1135–1139. https://doi.org/10.1093/jbcr/irab249

Slemaker, A., Espeleta, H. C., Heidari, Z., Bohora, S. B., & Silovsky, J. F. (2017). Childhood Injury Prevention: Predictors of Home Hazards in Latino Families Enrolled in SafeCare®+. Journal of Pediatric Psychology, 42(7), 738–747. https://doi.org/10.1093/jpepsy/jsx045

Smithson, J., Garside, R., & Pearson, M. (2011). Barriers to, and facilitators of, the prevention of unintentional injury in children in the home: A systematic review and synthesis of qualitative research. In Injury Prevention (Vol. 17, pp. 119–126). https://doi.org/10.1136/ip.2010.026989

Spinks, A., Turner, C., Nixon, J., & McClure, R. J. (2009). The “WHO Safe Communities” model for the prevention of injury in whole populations. In Cochrane Database of Systematic Reviews: Art. No.: (Number Issue 2, pp. 1–20). https://doi.org/10.1002/14651858.CD004445.pub3

Standards Australia. (1992). Design for access and mobility Part 3: Requirements for children and adolescents with physical disabilities. AS 1428.3-1992.

Swart, L., Van Niekerk, A., Seedat, M., & Jordaan, E. (2008). Paraprofessional home visitation program to prevent childhood unintentional injuries in low-income communities: A cluster randomized controlled trial. Injury Prevention. https://doi.org/10.1136/ip.2007.016832

Taylor, M. J., Orton, E., Patel, T., Timblin, C., Clarke, R., Watson, M. C., Hayes, M., Jones, M., Coupland, C., & Kendrick, D. (2023). Effectiveness of systematically delivered evidence-based home safety promotion to improve child home safety practices: A controlled before-and-after study. Injury Prevention, 29(3).

Temsah, M. H., Aljamaan, F., Alhaboob, A., Almosned, B., Alsebail, R., Temsah, R., Senjab, A., Alarfaj, A., Aljudi, T., Jamal, A., Habash, A., Alsohime, F., Almazyad, M., Alabdulhafid, M., Hasan, G., Assiri, R., Alqahtani, W., Alherbish, A., Alhasan, K., & Al-Eyadhy, A. (2022). Enhancing parental knowledge of childhood and adolescence safety: An interventional educational campaign. Medicine (United States), 101(3), E28649. https://doi.org/10.1097/MD.0000000000028649

Teutch. S, McCoy. M, Woodbury. R, & Welp. A. (2016). Making Eye Health a Population Health Imperative. In S. M. Teutsch, M. A. McCoy, R. B. Woodbury, & A. Welp (Eds.), Making Eye Health a Population Health Imperative. National Academies Press. https://doi.org/10.17226/23471

Teutsch S, Welp A, Woodbury R, & McCoy M. (2016). National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Public Health Approaches to Reduce Vision Impairment. In Washington, DC: National Academies Press.

Turner, S., Arthur, G., Lyons, R., Weightman, A., Mann, M., Jones, S., John, A., & Lannon, S. (2011). Modification of the home environment for the reduction of injuries. Cochrane Database of Systematic Reviews. https://doi.org/10.1002/14651858.cd003600.pub3

Van Beelen, M. E. J., Beirens, T. M. J., Den Hertog, P., Van Beeck, E. F., & Raat, H. (2014). Effectiveness of web-based tailored advice on parents’ child safety behaviors: Randomized controlled trial. Journal of Medical Internet Research, 16(1). https://doi.org/10.2196/jmir.2521

Van Beelen, M. E. J., Beirens, T. M. J., Struijk, M. K., Den Hertog, P., Oenema, A., Van Beeck, E. F., & Raat, H. (2010). “BeSAFE”, effect-evaluation of internet-based, tailored safety information combined with personal counselling on parents’ child safety behaviours: Study design of a randomized controlled trial. BMC Public Health, 10, 1–8. https://doi.org/10.1186/1471-2458-10-466

Vasilakopoulou, K., & Bridge, C. (2018). Evidence Based Practice Review Lighting your Way into Home Modifications. In Home Modification Information Clearinghouse: 2nd Ed (Number December). ISBN: 978-0-7334-3849-3 Evidence Based Practice Review Series ISBN: 978-0-7334-3663-5 www.homemods.info. https://doi.org/10.26288/5c249498d91dc

Vladutiu, C., Casteel, C., Marshall, S., McGee, K., Runyan, C., & Coyne-Beasley, T. (2012). Disability and home hazards and safety practices in US households. Disability and Health Journal, 1, 49–54. https://doi.org/10.1016/j.dhjo.2011.10.003

Von Behrens, Tanja.(2006) Home Modification Information Clearinghouse. Home smoke alarms : hard wired and battery-powered systems : summary bulletin. Home Modification and Maintenance Information Clearinghouse, University of Sydney.

Wang, Y., Gielen, A. C., Magder, L. S., Hager, E. R., & Carolina, N. (2018). A randomised safety promotion intervention trial among low- income families with toddlers. Injury Prevention, 24(1), 41–47. https://doi.org/10.1136/injuryprev-2016-042178.A

Whalley Hammell, K. R. (2015). Client-centred occupational therapy: The importance of critical perspectives. Scandinavian Journal of Occupational Therapy, 22(4), 237–243. https://doi.org/10.3109/11038128.2015.1004103

Whitfield, K., Bridge, C., & Mathews, S. (2005). Evidence Based Research : Selecting Coatings for Tiled Floors Problem Statement. Home Modification Clearinghouse, (August), 1–18.

World Health Organization. (2001). In International Classification of Functioning, Disability and Health (ICF World Health Organization, 1–10. https://doi.org/htpp/www.who.int.classifications

Wikipedia. (2020). Home Safety. Wikipedia, The Free Encyclopedia. https://en.wikipedia.org/wiki/Home_safety

Willie, M. M. (2023). Distinguishing Between Population and Target Population: A Mini Review. Surgery Research Journal, 3(2). https://doi.org/10.33425/2768-0428.1027

Worksafe Australia. (2023, June). Risk. Tasmanian Government.

World Federation of Occupational Therapists. (2012). About Occupational Therapy.

World Health Organisation. (2007). International classification of functioning, disability and health: children and youth version: ICF-CY. In World Health Organization.

World Health Organization. (2007). International Classification of Functioning, Disability and Health. Children & Youth Version. In WHO Press. https://doi.org/10.1007/s13398-014-0173-7.2

Xiang, H., Wheeler, K. K., & Stallones, L. (2014). Disability status: A risk factor in injury epidemiologic research. In Annals of Epidemiology (Vol. 24, Number 1, pp. 8–16). https://doi.org/10.1016/j.annepidem.2013.10.014

Yang, J., Peek-Asa, C., Allareddy, V., Zwerling, C., & Lundell, J. (2006). Perceived risk of home fire and escape plans in rural households. American Journal of Preventive Medicine, 30(1), 7–12. https://doi.org/10.1016/j.amepre.2005.08.045

Young, B., Wynn, P. M., He, Z., & Kendrick, D. (2013). Preventing childhood falls within the home: Overview of systematic reviews and a systematic review of primary studies. Accident Analysis and Prevention, 60, 158–171. https://doi.org/10.1016/j.aap.2013.08.001

Zhu, H., Xia, X., Xiang, H., Yu, C., & Du, Y. (2012). Disability, home physical environment and non-fatal injuries among young children in China. PLoS ONE, May(5), e37766. https://doi.org/10.1371/journal.pone.0037766

Zou, K., Wynn, P. M., Miller, P., Hindmarch, P., Majsak-Newman, G., Young, B., Hayes, M., & Kendrick, D. (2015). Preventing childhood scalds within the home: Overview of systematic reviews and a systematic review of primary studies. Burns, 41(5), 907–924. https://doi.org/10.1016/j.burns.2014.11.002

Appendices

Appendix 1: Protocol

Home Safety – Appendix 1

Protocol - Prospero

1. Review title

A Foundation Systematic Review of the General Literature on the Prevention of Unintended Injury to Develop Home Safety Programs for Children and Young People with Physical Disabilities, Vision and Hearing Loss

2. Original language title

Not applicable

3. Anticipated or actual start date *

01 January 2023

4. Anticipated completion date *

30 June 2024

5. Stage of review at time of this submission

Preliminary searches - yes - partial

Piloting of the study selection process - yes - partial

Formal screening of search results against eligibility criteria - yes - partial

Data extraction – yes - partial

Review team details

6. Named contact

Dr Bess Fowler PhD OT

7. Named contact email *

Bessiefowler952@gmail.com

8. Named contact address

11/61 Troy Terrace Jolimont, Western Australia 6014

9. Named contact phone number

0414938828

10. Organisational affiliation of the review *

School of Built Environment

Home Modification Information Clearinghouse (HMInfo)

University of New South Wales

11. Review team members' and their organisational affiliations

Dr Bess Fowler PhD, MSc, Post Grad Dip HlthSc, Grad Dip OH&S, BAppSc (OT), Independent Epidemiologist and Clinical Researcher

Dr Konstantina Vasilakopoulou PhD, Home Modification Information Clearinghouse, (HMInfo) within the School of Built Environment, UNSW Sydney (University of New South Wales), Australia.

Therese Trouchet BAppSc (OT), PGDip (Rehab) MHSc(Rehab), Independent Clinical Researcher and Occupational Therapist.

12. Funding sources/sponsors *

No funding body.

13. Conflicts of interest *

The authors declare that they have no known conflicts of interest.

14. Collaborators

Dr Julie Owen PhD, Cultural Advisor (First Nations Peoples - Aboriginal and Torres Straight Islanders) Library for All Program

julie.owen@libraryforall.org

Mobile:0438322838

www.libraryforall.org/our-yarning

15. Review Question *

What is the best quantitative research evidence available to develop appropriate home safety interventions for preventing unintentional injuries in children and young people with physical disabilities, vision or hearing loss?

16. Searches*

The search dates include January 1st 2005 to the 30thJune 2023, and are restricted to English language publications or translations.

The following electronic bibliographic databases will be searched: Cochrane Collaboration of Systematic Reviews, Injury, Eye and Vision, Ear, Nose and Throat Cochrane Review Groups, Cochrane Register of Controlled Trials, MEDLINE®, PubMed®, Home Modifications Information Clearinghouse, and Google Scholar.

Other sources will include Mendeley searches for online articles, ResearchGate for full-text papers, reference lists of eligible studies, webpages of identified interventions, evaluation and outcome measures, key authors, relevant major journals including the Australian Occupational Therapy Journal, the American Journal of Occupational Therapy, Injury Epidemiology, Injury Prevention, Burns, American Journal of Physical Medicine and Rehabilitation. Other relevant bodies including the National Disability Insurance Agency and Scheme, Standards Australia, in addition to contact with experts by email.

The search strategy will include only terms relating to, or describing the interventions.

The searches will be re-run immediately prior to the final analyses to identify any relevant further studies to identify and retrieve for inclusion.

17. URL to search strategy

See Appendix 1 PubMed

18. Conditions or domains being studied

Children and young people 0-18 years of age, with physical disabilities, vision or hearing loss.

19. Participants/population*

The inclusion and exclusion criteria for this study are based mainly on the rationale included in the original systematic reviews [1] and evaluation and outcome measures. [2]

The primary inclusion criteria are:

1. Children and young people 18 years and under;
2. Having a long-term health condition (six months and over); and
3. Predominantly physical disabilities, including neurological disorders – particularly cerebral palsy, developmental delay, congenital/genetic disorders, spinal cord or brain injuries, juvenile arthritis, amputation, vision loss or hearing loss [3] from NDIS; or [4]
4. Receiving or eligible for occupational therapy in the home [1]

The secondary inclusion criteria is:

1. Typically developing, socially disadvantaged, intellectual disability, or autism in children and young people

The primary exclusion criteria are:

1. Intentional injury; or
2. Hospice, end-of-life, or palliative care services delivered in the home; or
3. Infectious diseases; or
4. Carers and care workers; or Quality of life, pain, and psycho-social home environments

20. Intervention(s), exposure(s) *

Interventions

Injury prevention and control

The specific injury prevention and control frameworks adopted in this review are by Haddon, Conceptualisation of Injury Epidemiology and Prevention [5], and the 'Three Es' [6] 'Education', 'Engineering' and 'Enforcement. An additional 'E' [7] is 'Equity' - a dimension of particular relevance to people with a disability.

'*Education*' applies to both parents, clients, families, and care workers. Home safety programs include the awareness of safety hazards, such as stairs, slippery floors, poor lighting, uneven surfaces and heat sources.[8] Safety practices to counter these risks include employing safety equipment and actions, developing escape plans particularly for fire, and learning first aid. These home safety education programs are often offered via digital platforms such as Make Safe Happen. [9]

In addition people are educated in safe occupational performance practices, that is, to 'do the tasks and do it safety' such as safe transfer techniques from bed to chair or using fall restraints in wheel chairs.

'*Engineering*' comprises providing assistive technology to the disabled person for example, grabrails, wheelchairs or walking aids, modifying the physical home environment by providing accessible spaces through simple and complex home modifications or housing adaptations, such as removal of baths and installation of accessible toilets.

'*Enforcement*' is related to such legislative requirements in the home as smoke alarms. The presence of these need to be checked regularly and installed if not in place.

'*Equity*' relates to the disabled having equal access to all areas of the dwelling etc for activities mobility and participation - for example, sufficiently wide doorways and having access to all spaces in the home.

Interventions also take into account the growth and development resulting in changing needs and wants. [10]

Disabilities

The World Health Organization International Classification of Function, (WHO ICF) Child and Youth (C&Y) [11] [12] is increasingly used in disability research and practice as it focusses on function, a fundamental concept in occupational therapy. There are four related relevant WHO ICF C&Y[11] components including 'Interaction', 'Environment', 'Developing Child' and 'Activity and Participation'.

Disabilities adversely impact on the maximal safe functional independence of children and young people with a physical disability, hearing or vison loss. This is particularly true as they engage in activities such as eating, bathing, dressing, toileting; functional mobility such as moving from a bed to a chair, walking and participating in play and recreation in the home environment.

The interventions for injury prevention and control are directed towards overcoming the negative consequences of the impairments, limitations and restrictions caused to children and young people by experiencing a long-term physical health condition of six months and over. [12]

21. Comparator(s)/control

The comparators will be children or young people with physical disability, vision or hearing loss who do not have interventions to prevent or control unintended injuries. The comparison groups will preferably be related to the specific disability subgroups such as vision loss.

Other comparators may include the suitable supplementary groups.

22. Types of study to be included initially *

For the ***primary target*** population of children and young people with physical disabilities, vision or hearing loss, there is limited high quality literature available on home safety and home modifications interventions. Consequently, in addition to any randomised controlled trials, systematic reviews, meta analyses, cross-sectional surveys, case control studies and case series, will be reviewed. [13]

As the main purpose of the current systematic review is to develop suitable home safety interventions for the primary target group, ***supplementary groups*** providing additional literature for the typically developing, [14] socially disadvantaged children and young people. [15] [16] Other conditions such as intellectual disability, autism, and will also be systematically reviewed.

Due to the large quantity of high quality literature for these supplementary groups, only meta analyses, systematic reviews and randomised and non-randomised controlled trials (including cluster) will be reviewed. [17]

23. Context

The context of these interventions is the interaction of the disabled person within the individual's own home environment in the community. Some sessions may be provide in distant location via video conferencing. [18] [19]

The focus of the occupational therapy in the home (OTIH) consultation is client and family centered care, which is of utmost importance as the occupational therapy takes place in the individual's own private home.

24. Primary outcome(s)*

1. Knowledge of injury risk appraisals for unintended injury in the home amongst parents and care workers. [14]
2. Possession of safety equipment and safety practices. [20]
3. Incidence of medically attended, emergency department or hospital admissions in 6-12 months after the intervention. [21]

25. Secondary outcomes *

1. Presence of a fire escape plan with specific contingencies for the child or young person.
2. Undertaken first aid course in the previous year.
3. Mortality associated with unintended injury in the home

26. Data extraction (selection and coding)

Using the nominated search terms and data sources, the identified studies in the searches will be independently selected and reviewed by two authors (BF & TT) based on the established inclusion and exclusion criteria.

These authors will firstly independently appraise the titles, then the potentially appropriate abstracts, and finally the full text articles for potentially suitable studies, for justifiable inclusion in the review. Additional studies identified through other sources, such as reference lists, will be appraised using the same approach.

Any discrepancies between the two authors in relation to final inclusion, will be adjudicated by the other author VK.

Detailed records of original search numbers, inclusions, exclusions and duplicates will be maintained for reporting in the final manuscript.

Data will be extracted using the format employed in the previous systematic review by Fowler and Kirwan, 2021, entitled: '*Evidence Based Practice Review: Activities, Participation,*

Accessibility and Safety in the Home Environment for Children and Young People with Physical Disabilities: A Systematic Review' [1] namely:

First Author, Reference, Year, Study Design, Total Numbers, Age/Gender, Interventions, GRADE, Outcomes.

The data extraction forms and summary findings tables will be arranged in the following headings for the **primary target population**: Children and Young People 0-18 years, Physical Disabilities, Vision or Hearing Loss.

And for the **supplementary groups**: Typically Developing, Other disabilities; Socially Disadvantaged Children, Intellectual Disability and Autism in Children and Young People 0-18 years.

27. Risk of bias (quality) assessment *

The Oxford Centre for Evidence-Based Medicine (OCEBM) [22] will be used in this review. The OCEBM method has previously been employed in paediatric occupational therapy research [23] and has the advantage of including research that has useful evidence even though it is not of the highest quantitative level of systematic reviews or randomised controlled trials as used in the Cochrane Collaboration.

Quantitative Evidence
Level 1: Systematic reviews of randomised controlled trails
Level 2: Randomised or observational study with dramatic effect
Level 3: Non-randomised controlled trails cohort/follow-up studies
Level 4: Case series, case-controlled studies, or historically controlled studies

In the Oxford Centre for Evidence-Based Medicine the 'Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match the question), because of inconsistency between studies, or because the absolute effect size is very small; Level may be upgraded if there is a large or very large effect size.'

Throughout this systematic review the terms Levels 1-4 will be used but only referenced here.[22]

In addition to the OCEBM the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) of evidence are also use to appraise the quality and strength of the recommendation of the quantitative studies.[24]

High	The authors have a lot of confidence that the true effect is similar to the estimated effect
Moderate	The authors believe that the true effect is probably close to the estimated effect

Low	The true effect might be markedly different from the estimated effect
Very Low	The true effect is probably markedly different from the estimated effect

The quality appraisal of systematic reviews employed the second version of 'A MeaSurement Tool to Assess Systematic Review - AMSTAR-2'.[25] AMSTAR consists of 16 items and has good face and content validity in measuring the quality of systematic reviews. In the current work, as reviews are directed towards measurement not intervention, randomised controlled trials or metanalyses are not usually included.

AMSTAR-2 Confidence levels:

High	No or one non-critical weakness
Moderate	More than one non-critical weakness
Low	One critical flaw with or without non-critical weaknesses
Critically low	More than one critical flaw - multiple non-critical weaknesses. [25]

28. Strategy for data synthesis *

We will provide a narrative synthesis of all interventions based in tabular format by the main target populations including those children and young people with physical disabilities,

These data will not be used will undertake quantitative synthesis due to the limited number and quality of studies for the main target groups.

References

1. Fowler B, Kirwan T. Activities, Participation, Accessibility and Safety in the Home Environment for Children and Young People with Physical Disabilities [Internet]. Home Modification Clearing House. 2021. 1–49 p. Available from: https://www.homemods.info/resources/hminfo-research-publications/evidence/activities-participation-accessibility-and-safety-in-the-home-environment-for-children-and-young-people-with-physical-disabilities-a-systematic-review
2. Fowler B. The quality and usability of selected evaluation and outcome measures in home-based occupational therapy for children and young people with physical disabilities: extended findings from a systematic review. Vol. 22 Decemeber, Home Modification Information Clearing House, University of New South Wales, Sydney Australia. 2022. p. 1–71.
3. National Disability Insurance Scheme. List A – Conditions which are likely to meet the disability requirements in section 24 of the NDIS Act [Internet]. 2018. Available from: https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/list-conditions-which-are-likely-meet-disability-requirements-section-24-ndis-act,
4. National Disability Insurance Scheme. List B – Permanent conditions for which functional

capacity are variable and further assessment of functional capacity is generally required [Internet]. 2018. Available from: https://ourguidelines.ndis.gov.au/home/becoming-participant/applying-ndis/list-b-conditions-are-likely-result-permanent-impairment

5. Runyan CW. Introduction: Back to the future - Revisiting Haddon's conceptualization of injury epidemiology and prevention. Vol. 25, Epidemiologic Reviews. 2003. p. 60–4.
6. Giles A, Bauer M, Jull J. The 3 E's and Haddon: an introduction to injury prevention theory. J Sci Med Sport [Internet]. 2002 [cited 2023 Jan 15];5(4). Available from: http://dx.doi.org/10.1136/injuryprev-2019-043407
7. Giles A, Bauer M, Jull J. Equity as the fourth "E" in the "3 E's" approach to injury prevention. Inj Prev. 2020;26(1).
8. Kendrick D, Mulvaney C, Ye L, Stevens T, Mytton J, Stewart-Brown. Parenting interventions for the prevention of unintentional injuries in childhood (Review). Cochrane Database Syst Rev. 2013;(3).
9. McKenzie L, Roberts K, McAdams R, Abdel-Rasoul M, Kristel O, Szymanski A, et al. Efficacy of a mobile technology-based intervention for increasing parents' safety knowledge and actions: a randomized controlled trial. Inj Epidemiol. 2021;8(1).
10. Hosking J, Ameratunga S, Morton S, Blank D. A life course approach to injury prevention: A "lens and telescope" conceptual model. BMC Public Health. 2011;11.
11. World Health Organization. International Classification of Functioning, Disability and Health. Children & Youth Version. [Internet]. WHO Press. 2007. Available from: https://apps.who.int/iris/handle/10665/43737
12. Bickenbach J, Alarcos C, Selb M, Stucki G. ICF Core Sets, Manual for Clinical Practice, 2 ed. ICF Research Branch, Hogrefe Publishing. 2021. p. 2–19.
13. Boguszewski D, Zabłocka M, Adamczyk JG, Boguszewska K. Evaluation of susceptibility to injuries resulting from falls of children with visual impairment. Eur J Adapt Phys Act. 2013;6(1).
14. Kendrick D, Young B, Mason-Jones AJ, Ilyas N, Achana FA, Cooper NJ, et al. Home safety education and provision of safety equipment for injury prevention (Review). Vol. 8, Evidence-Based Child Health. 2013.
15. Wynn P, Stewart J, Kumar A, Clacy R, Coffey F, Cooper N, et al. Keeping children safe at home: protocol for a case-control study of modifiable risk factors for scalds. Inj Prev. 2014 Oct 1;20(5):e11.
16. Keall MD, Pierse N, Howden-Chapman P, Cunningham C, Cunningham M, Guria J, et al. Home modifications to reduce injuries from falls in the Home Injury Prevention Intervention (HIPI) study: A cluster-randomised controlled trial. Lancet. 2015 Jan 17;385(9964):231–8.
17. Romli MH, Mackenzie L, Lovarini M, Tan MP, Clemson L. The interrater and test-retest reliability of the Home Falls and Accidents Screening Tool (HOME FAST) in Malaysia: Using raters with a range of professional backgrounds. J Eval Clin Pract. 2017;
18. Barrett-Lennard A. The ROAM Project Part 1: Exploring new frontiers in video conferencing to expand the delivery of remote O&M services in regional Western Australia. Int J Orientat Mobil. 2017;8(1):101–18.
19. Read J, Jones N, Fegan C, Cudd P, Simpson E, Mazumdar S, et al. acceptability and potential benefits of using digital technology to undertake occupational therapy home assessments. 2020;
20. Watson M, Kendrick D, Coupland C. Validation of a home safety questionnaire used in a randomised controlled trial. Inj Prev. 2003;9(2).
21. Morrongiello BA, Corbett M, Brison RJ. Identifying predictors of medically-attended

injuries to young children: Do child or parent behavioural attributes matter? Inj Prev. 2009;15(4).

22. Howick J, Chalmers I, Glasziou P, Greenhalgh T, Heneghan C, Liberati A, et al. Explanation of the 2011 Oxford Centre for Evidence-Based Medicine (OCEBM) Levels of Evidence (Background Document). Oxford Centre For Evidence-based Medicine. 2011.

23. Novak I, Hines M, Goldsmith S, Barclay R. Clinical prognostic messages from a systematic review on cerebral palsy [Internet]. Vol. 130, Pediatrics. 2012. p. e1285–312. Available from: https://doi.org/10.1542/peds.2012-0924

24. Guyatt G, Oxman A, Vist G, Kunz R, Falck-Ytter Y, Alonso-Coello P, et al. GRADE: An emerging consensus on rating quality of evidence and strength of recommendations. Vol. 9, Chinese Journal of Evidence-Based Medicine. 2009. p. 8–11.

25. Shea B, Reeves B, Wells G, Thuku M, Hamel C, Moran J, et al. AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ. 2017;358:1–9.

Appendix 2: Example of Literature Search, PubMed

BVF

Total Number = 200
Include = 37
Exclude =162
Duplicate = 1

Items 1-200 of 1000 (Display the 200 citations in PubMed)

1. Prevention of unintentional childhood injury.

   Theurer WM, Bhavsar AK.

   Am Fam Physician. 2013 Apr 1;87(7):502-9.

   PMID: 23547592 Review. Duplicate

2. Prevention of Unintentional Childhood Injury.

   DeGeorge KC, Neltner CE, Neltner BT.

   Am Fam Physician. 2020 Oct 1;102(7):411-417.

   PMID: 32996759 Review.

3. Home safety education and provision of safety equipment for injury prevention (Review).

   Kendrick D, Young B, Mason-Jones AJ, Ilyas N, Achana FA, Cooper NJ, Hubbard SJ, Sutton AJ, Smith S, Wynn P, Mulvaney C, Watson MC, Coupland C.

   Evid Based Child Health. 2013 May;8(3):761-939. doi: 10.1002/ebch.1911.

   PMID: 23877910 Review.

4. Home safety education and provision of safety equipment for injury prevention.

   Kendrick D, Young B, Mason-Jones AJ, Ilyas N, Achana FA, Cooper NJ, Hubbard SJ, Sutton AJ, Smith S, Wynn P, Mulvaney C, Watson MC, Coupland C.

   Cochrane Database Syst Rev. 2012 Sep 12;2012(9):CD005014. doi: 10.1002/14651858.CD005014.pub3.

   PMID: 22972081 **Free PMC article.** Review.

5. Home safety education and provision of safety equipment for injury prevention.

   Kendrick D, Coupland C, Mulvaney C, Simpson J, Smith SJ, Sutton A, Watson M, Woods A.

   Cochrane Database Syst Rev. 2007 Jan 24;(1):CD005014. doi: 10.1002/14651858.CD005014.pub2.

   PMID: 17253536 Updated. Review. Updated – use the most recent

6. Child pedestrian safety knowledge, behaviour and road injury in Cape Town, South Africa.

   Koekemoer K, Van Gesselleen M, Van Niekerk A, Govender R, Van As AB.

   Accid Anal Prev. 2017 Feb;99(Pt A):202-209. doi: 10.1016/j.aap.2016.11.020. Epub 2016 Dec 10.

   PMID: 27960100 Pedestrian

7. Identifying facilitators and barriers for home injury prevention interventions for pre-school children: a systematic review of the quantitative literature.

   Ingram JC, Deave T, Towner E, Errington G, Kay B, Kendrick D.

   Health Educ Res. 2012 Apr;27(2):258-68. doi: 10.1093/her/cyr066. Epub 2011 Aug 26.

   PMID: 21873613 **Free PMC article.** Review. Qualitative

8. Home safety practices to prevent child injury and its association with family and children's daily routines in Japan: A cross-sectional study.

   Honda C, Naruse T, Tsuchiya-Ito R, Yamamoto N, Nagata S.

   Jpn J Nurs Sci. 2020 Jan;17(1):e12274. doi: 10.1111/jjns.12274. Epub 2019 Jun 19.

   PMID: 31216107 ?nursing

9. Home-related injuries among under-five-year children and mothers' care regarding injury prevention in rural areas.

   Rezapur-Shahkolai F, Afshari M, Moghimbeigi A, Hazavehei SMM.

   Int J Inj Contr Saf Promot. 2017 Sep;24(3):354-362. doi: 10.1080/17457300.2016.1200628. Epub 2016 Jul 8.

   PMID: 27387854 Cross sectional Measures

10. Preventing unintentional injuries to children in the home: a systematic review of the effectiveness of programmes supplying and/or installing home safety equipment.

    Pearson M, Garside R, Moxham T, Anderson R.

    Health Promot Int. 2011 Sep;26(3):376-92. doi: 10.1093/heapro/daq074. Epub 2010 Dec 3.

    PMID: 21131627 Review.

11. Home and child safety on reality television.

    Manganello JA, McKenzie LB.

    Health Educ Res. 2009 Feb;24(1):49-53. doi: 10.1093/her/cym088. Epub 2008 Jan 23.

    PMID: 18218616 – Not applicable

12. Impact of the national home safety equipment scheme 'Safe At Home' on hospital admissions for unintentional injury in children under 5: a controlled interrupted time series analysis.

    Hill T, Coupland C, Kendrick D, Jones M, Akbari A, Rodgers S, Watson MC, Tyrrell E, Merrill S, Orton E.

    J Epidemiol Community Health. 2022 Jan;76(1):53-59. doi: 10.1136/jech-2021-216613. Epub 2021 Jun 22.

    PMID: 34158405 **Free PMC article.**

13. Child and adolescent injury report card: New Zealand 2009.

    Bland V, Shepherd M, Ameratunga S, Carter W, Chambers J, Hassall I, Kool B, Richards G, Sapolu-Reweti P, Dalziel S.

    J Paediatr Child Health. 2011 Nov;47(11):783-7. doi: 10.1111/j.1440-1754.2011.02026.x. Epub 2011 Apr 7. Background only not intervention

    PMID: 21470329

14. Barriers to, and facilitators of, the prevention of unintentional injury in children in the home: a systematic review and synthesis of qualitative research. -

    Smithson J, Garside R, Pearson M.

    Inj Prev. 2011 Apr;17(2):119-26. doi: 10.1136/ip.2010.026989. Epub 2010 Nov 21.

    PMID: 21097943 **Free PMC article.** Review. Qualitative - background

15. Child and adolescent injury as a result of falls from buildings and structures. ?

    Pressley JC, Barlow B.

    Inj Prev. 2005 Oct;11(5):267-73. doi: 10.1136/ip.2004.007724.

    PMID: 16203834 **Free PMC article.** Epidemiology

16. Physical environment of the home and adolescent injury risk.

    Schwebel DC, Janice Gilliland M, Moore JG.

    Int Emerg Nurs. 2009 Jan;17(1):47-51. doi: 10.1016/j.ienj.2008.07.003. Epub 2008 Sep 2.

    PMID: 19135015 Good background but not intervention

17. Mapping Child Safety Seat Use in Cases of Fatal or Incapacitating Child Motor Vehicle Injury in Cook County, Illinois from 2011 to 2015.

    Salow VA, Simon NE, Sheehan K. MVA

    J Community Health. 2019 Jun;44(3):605-609. doi: 10.1007/s10900-019-00626-9.

    PMID: 30796584 Motor vehicle

18. Home safety measures and the risk of unintentional injury among young children: a multicentre case-control study.

    LeBlanc JC, Pless IB, King WJ, Bawden H, Bernard-Bonnin AC, Klassen T, Tenenbein M.

    CMAJ. 2006 Oct 10;175(8):883-7. doi: 10.1503/cmaj.050592. Epub 2006 Sep 22.

    PMID: 16998079 **Free PMC article.**

19. Reliability and validity of the injury prevention project home safety survey.

    Mason M, Christoffel KK, Sinacore J.

    Arch Pediatr Adolesc Med. 2007 Aug;161(8):759-65. doi: 10.1001/archpedi.161.8.759.

    PMID: 17679657 Measure

20. Association Between Unintentional Child Injury in the Home and Parental Implementation of Modifications for Safety.

    Jones VC, Shields W, Ayyagari R, Frattaroli S, McDonald EM, Gielen AC.

JAMA Pediatr. 2018 Dec 1;172(12):1189-1190. doi: 10.1001/jamapediatrics.2018.2781.

PMID: 30304344 **Free PMC article.**

21. Determination of Injury Risks and Safety Measures Taken by Mothers of Children With an Intellectual Disability and Autism Spectrum Disorder.

Yıldırım Sarı H, Girli A, Ozturk Ozgonenel S, Rowley H.

Int J Nurs Knowl. 2016 Feb;27(2):95-103. doi: 10.1111/2047-3095.12079. Epub 2015 Mar 10.

PMID: 25759189 ?intellectual disability and autism?

22. Child injury risks are close to home: parent psychosocial factors associated with child safety.

Rhodes KV, Iwashyna TJ.

Matern Child Health J. 2007 May;11(3):269-75. doi: 10.1007/s10995-006-0171-2. Epub 2007 Jan 10.

PMID: 17216351 Parents

23. Burn prevention.

Grant EJ.

Crit Care Nurs Clin North Am. 2004 Mar;16(1):127-38. doi: 10.1016/j.ccell.2003.09.005.

PMID: 15062419 Review. Out of date range -2005

24. The history of injury control and the epidemiology of child and adolescent injuries.

Grossman DC.

Future Child. 2000 Spring-Summer;10(1):23-52. Out of date range -2005

PMID: 10911687

25. Preventable childhood injuries.

Lovejoy S, Weiss JM, Epps HR, Zionts LE, Gaffney J.

J Pediatr Orthop. 2012 Oct-Nov;32(7):741-7. doi: 10.1097/BPO.0b013e31824b753c.

PMID: 22955541 Review.

26. Evaluation of the Safety Detective Program: A Classroom-Based Intervention to Increase Kindergarten Children's Understanding of Home Safety Hazards and Injury-Risk Behaviors to Avoid.

Morrongiello BA, Bell M, Park K, Pogrebtsova K.

Prev Sci. 2016 Jan;17(1):102-11. doi: 10.1007/s11121-015-0581-8.

PMID: 26245526

27. Design and implementation of a multifaceted injury prevention intervention in Bedouin children in southern Israel.

Myers V, Orr D, Vered-Chen L, Baron-Epel O.

Inj Prev. 2022 Feb;28(1):68-73. doi: 10.1136/injuryprev-2021-044201. Epub 2021 Jun 28.

PMID: 34183439

28. Childhood trampoline injuries.

Thi Huynh AN, Andersen MM, Petersen P, Hansen TB, Kirkegaard H, Weile JB.

Dan Med J. 2018 Nov;65(11):A5512.

PMID: 30382018 Epidemiology Background

29. Development and initial psychometric examination of the Home Safety and Beautification Assessment in mothers referred to treatment by child welfare agents.

Donohue B, Pitts M, Chow GM, Benning SD, Soto-Nevarez A, Plant CP, Allen DN.

Psychol Assess. 2016 May;28(5):523-538. doi: 10.1037/pas0000197. Epub 2015 Aug 31.

PMID: 26322799 **Free PMC article.** Measures

30. Injury prevention and care: an important public health agenda for health, survival and safety of children.

Gururaj G.

Indian J Pediatr. 2013 Mar;80 Suppl 1:S100-8. doi: 10.1007/s12098-012-0783-z. Epub 2012 Jun 21.

PMID: 22718091 Background – general

31. Managing children's risk of injury in the home: does parental teaching about home safety reduce young children's hazard interactions?

Morrongiello BA, McArthur BA, Bell M.

Accid Anal Prev. 2014 Oct;71:194-200. doi: 10.1016/j.aap.2014.04.016. Epub 2014 Jun 12.

PMID: 24929823

32. Accidental or inflicted?

Thompson S.

Pediatr Ann. 2005 May;34(5):372-81. doi: 10.3928/0090-4481-20050501-11.

PMID: 15948348 Review. Intended Injuries

33. Commentaries on 'Home safety education and provision of safety equipment for injury prevention'.

Russell K, Morrongiello B, Phelan KJ.

Evid Based Child Health. 2013 May;8(3):940-3. doi: 10.1002/ebch.1912.

PMID: 23877911 **Free PMC article.** No abstract available.

Not intervention

34. Comparison of the risk-taking behaviours of children and the practices adopted by their caregivers for improving home safety.

Hong J, Min J, Kong KA, Park BH, Lee B, Shon JH, Sohn JH, Park H.

Public Health. 2008 Oct;122(10):1079-88. doi: 10.1016/j.puhe.2008.01.015. Epub 2008 May 20. Probably not

PMID: 18495188

35. Playground injury prevention.

Purvis JM, Hirsch SA.

Clin Orthop Relat Res. 2003 Apr;(409):11-9. doi: 10.1097/01.blo.0000057780.39965.2c.

PMID: 12671480 Review. Out of date

36. Firearm Practices, Perceptions of Safety, and Opinions on Injury Prevention Strategies Among California Adults.

Pallin R, Wintemute GJ, Kravitz-Wirtz N.

JAMA Netw Open. 2021 Aug 2;4(8):e2119146. doi: 10.1001/jamanetworkopen.2021.19146.

PMID: 34342649 **Free PMC article.** Guns – adults

37. Collaborative child home injury prevention in Thailand: An action research study.

    Machin AI, Ngamsuoy A, Pearson P.

    Nurs Health Sci. 2018 Jun;20(2):206-213. doi: 10.1111/nhs.12403. Epub 2018 Jan 18.

    PMID: 29349899 Action research – background

38. Assessment of Home Safety in Children From Kentuckiana.

    Jackson B, Alaradi M, Ling J, Lehna C.

    Pediatr Nurs. 2016 May-Jun;42(3):131-6.

    PMID: 27468515 Measures

39. Parents' Attitudes to Risk and Injury to Children and Young People on Farms.

    Nilsson K.

    PLoS One. 2016 Jun 30;11(6):e0158368. doi: 10.1371/journal.pone.0158368. eCollection 2016.

    PMID: 27362751 **Free PMC article.** Farms

40. Adult opinions about the age at which children can be left home alone, bathe alone, or bike alone: Second Injury Control and Risk Survey (ICARIS-2).

    Mack KA, Dellinger A, West BA.

    J Safety Res. 2012 Jul;43(3):223-6. doi: 10.1016/j.jsr.2012.06.001. Epub 2012 Jun 30.

    PMID: 22974688 **Free PMC article.** Background – not intervention – Measures - very useful article CDC

41. Disability and home hazards and safety practices in US households.

    Vladutiu CJ, Casteel C, Marshall SW, McGee KS, Runyan CW, Coyne-Beasley T.

    Disabil Health J. 2012 Jan;5(1):49-54. doi: 10.1016/j.dhjo.2011.10.003.

    PMID: 22226298 - asked for article thru ResearchGate

42. Child injury: Does home matter?

    Osborne JM, Davey TM, Spinks AB, McClure RJ, Sipe N, Cameron CM.

Soc Sci Med. 2016 Mar;153:250-7. doi: 10.1016/j.socscimed.2016.02.017. Epub 2016 Feb 15.

PMID: 26928586 Background

43. A randomized controlled trial evaluating the impact of the Supervising for Home Safety program on parent appraisals of injury risk and need to actively supervise.

Morrongiello BA, Sandomierski M, Zdzieborski D, McCollam H.

Health Psychol. 2012 Sep;31(5):601-11. doi: 10.1037/a0028214. Epub 2012 Jun 18.

PMID: 22708521 Clinical Trial.

44. Preventing unintentional childhood injury at home: injury circumstances and interventions.

Simpson JC, Nicholls J.

Int J Inj Contr Saf Promot. 2012;19(2):141-51. doi: 10.1080/17457300.2011.635208. Epub 2011 Dec 2.

PMID: 22136531

45. Home injuries in Italy: patterns of injury and the most exposed people.

Ferrante P, Marinaccio A, Iavicoli S.

Int J Inj Contr Saf Promot. 2013;20(1):36-41. doi: 10.1080/17457300.2012.663761. Epub 2012 Mar 2.

PMID: 22385149 Background – epidemiology

46. Maternal mental illness and the safety and stability of maltreated children.

Kohl PL, Jonson-Reid M, Drake B.

Child Abuse Negl. 2011 May;35(5):309-18. doi: 10.1016/j.chiabu.2011.01.006.

PMID: 21620157 **Free PMC article.** Mental Illness

47. Child Safety Reference Frameworks: a Policy Tool for Child Injury Prevention at the Sub-national Level.

Scholtes B, Schröder-Bäck P, Mackay M, Vincenten J, Brand H.

Cent Eur J Public Health. 2017 Jun;25(2):120-128. doi: 10.21101/cejph.a4477.

PMID: 28662322 Background not intervention

48. Use of the modified Delphi technique to identify and rate home injury hazard risks and prevention methods for young children.

Katcher ML, Meister AN, Sorkness CA, Staresinic AG, Pierce SE, Goodman BM, Peterson NM, Hatfield PM, Schirmer JA.

Inj Prev. 2006 Jun;12(3):189-94. doi: 10.1136/ip.2005.010504.

PMID: 16751451 **Free PMC article.**

49. Understanding toddlers' in-home injuries: II. Examining parental strategies, and their efficacy, for managing child injury risk.

Morrongiello BA, Ondejko L, Littlejohn A.

J Pediatr Psychol. 2004 Sep;29(6):433-46. doi: 10.1093/jpepsy/jsh047.

PMID: 15277586

50. Risk factors and parental risk perception of unintentional home injuries of children under 6 years in Germany: A secondary data analysis.

Foettinger L, Doerwald F, Kalbitz A, Bammann K.

J Safety Res. 2022 Jun;81:326-332. doi: 10.1016/j.jsr.2022.03.009. Epub 2022 Mar 26.

PMID: 35589303

51. Home treadmill injuries in infants and children aged to 5 years: a review of Consumer Product Safety Commission data and an illustrative report of case.

Abbas MI, Bamberger HB, Gebhart RW.

J Am Osteopath Assoc. 2004 Sep;104(9):372-6.

PMID: 15452102 Review. Background Out of date range

52. Fingertip injury epidemiology: an Indian perspective.

Samantaray SA, Oommen J, Thamunni CV, Kalathingal K, Koyappathody HM, Shet SM, Joseph S, Pydi RV.

J Plast Surg Hand Surg. 2022 Aug;56(4):224-228. doi: 10.1080/2000656X.2021.1962332. Epub 2021 Aug 8.

PMID: 34369266 Background

53. Home injury risks to young children in Karachi, Pakistan: a pilot study.

Khan UR, Chandran A, Zia N, Huang CM, Stewart De Ramirez S, Feroze A, Hyder AA, Razzak JA.

Arch Dis Child. 2013 Nov;98(11):881-6. doi: 10.1136/archdischild-2013-303907. Epub 2013 Aug 30.

PMID: 23995075 **Free PMC article.** Background

54. Gun Safety in the Home Initiative.

Hageman JR.

Pediatr Ann. 2019 Jun 1;48(6):e212. doi: 10.3928/19382359-20190515-01.

PMID: 31185108 No abstract available. Guns

55. Fireworks-Related Injury in Children.

Dowd MD.

Pediatr Ann. 2018 Jun 1;47(6):e227-e229. doi: 10.3928/19382359-20180522-02.

PMID: 29898232 Not applicable

56. Engagement in safety practices to prevent home injuries in preschool children among white and non-white ethnic minority families.

Mulvaney C, Kendrick D.

Inj Prev. 2004 Dec;10(6):375-8. doi: 10.1136/ip.2004.005397.

PMID: 15583260 **Free PMC article.** Clinical Trial.

57. Trampoline centre injuries in children and adolescents: a systematic review and meta-analysis.

Nunez C, Eslick GD, Elliott EJ.

Inj Prev. 2022 Oct;28(5):440-445. doi: 10.1136/injuryprev-2022-044530. Epub 2022 Jun 13.

PMID: 35697515 Not at home

58. Pediatric Lawnmower Injuries.

Lee TS, Luhmann JD, Luhmann SJ, Quayle KS.

Pediatr Emerg Care. 2017 Dec;33(12):784-786. doi: 10.1097/PEC.0000000000001109.

PMID: 28398934 Background

59. Pediatric Firearm-Related Injuries in the United States.

Parikh K, Silver A, Patel SJ, Iqbal SF, Goyal M.

Hosp Pediatr. 2017 Jun;7(6):303-312. doi: 10.1542/hpeds.2016-0146.

PMID: 28536190 Review. -Guns

60. Children home alone unsupervised: modeling parental decisions and associated factors in Botswana, Mexico, and Vietnam.

Ruiz-Casares M, Heymann J.

Child Abuse Negl. 2009 May;33(5):312-23. doi: 10.1016/j.chiabu.2008.09.010. Epub 2009 May 27.

PMID: 19477517 Background Neglect

61. Quality and safety in home and ambulatory settings.

Benike L, Cognetta-Rieke C, Dahlby M, Disch J.

Nurs Clin North Am. 2012 Sep;47(3):323-31. doi: 10.1016/j.cnur.2012.05.007.

PMID: 22920423 Quality and safety

62. At risk child: a contemporary analysis of injured children in London and the South East of England: a prospective, multicentre cohort study.

Elbourne C, Cole E, Marsh S, Rex D, Makin E, Salter R, Brohi K, Edmonds N, Cleeve S, O'Neill B; Paediatric Evaluation of the London Trauma System (PELoTS) Collaborators.

BMJ Paediatr Open. 2021 Nov 5;5(1):e001114. doi: 10.1136/bmjpo-2021-001114. eCollection 2021.

PMID: 34796283 **Free PMC article.** Background

63. The association between presence of children in the home and firearm-ownership and -storage practices.

Connor SM.

Pediatrics. 2005 Jan;115(1):e38-43. doi: 10.1542/peds.2004-1105.

PMID: 15629964 Guns

64. Evaluating a smartphone application to improve child passenger safety and fire safety knowledge and behaviour.

Omaki E, Shields WC, McDonald E, Aitken ME, Bishai D, Case J, Gielen A.

Inj Prev. 2017 Feb;23(1):58. doi: 10.1136/injuryprev-2016-042161. Epub 2016 Sep 5.

PMID: 27597399 Child passenger

65. Preventing injuries must be a priority to prevent disease in the twenty-first century.

Dorney K, Dodington JM, Rees CA, Farrell CA, Hanson HR, Lyons TW, Lee LK; and the Injury Free Coalition for Kids®.

Pediatr Res. 2020 Jan;87(2):282-292. doi: 10.1038/s41390-019-0549-7. Epub 2019 Aug 29.

PMID: 31466080 Review. Background

66. Children's acquisition and retention of safety skills: the Lifeskills program.

Lamb R, Joshi MS, Carter W, Cowburn G, Matthews A.

Inj Prev. 2006 Jun;12(3):161-5. doi: 10.1136/ip.2005.010769.

PMID: 16751445 **Free PMC article.**

67. Characteristics and predictors of home injury hazards among toddlers in Wenzhou, China: a community-based cross-sectional study.

Qiu X, Wacharasin C, Deoisres W, Yu J, Zheng Q.

BMC Public Health. 2014 Jun 23;14:638. doi: 10.1186/1471-2458-14-638.

PMID: 24953678 **Free PMC article.** Epidemiology

68. Child home injury mortality in Europe: a 16-country analysis.

Sengoelge M, Hasselberg M, Laflamme L.

Eur J Public Health. 2011 Apr;21(2):166-70. doi: 10.1093/eurpub/ckq047. Epub 2010 Apr 29.

PMID: 20430805 Background

69. Dishwasher-related injuries: survey and literature review.

Muhsen WS, Khadim MF.

Int J Inj Contr Saf Promot. 2015;22(1):86-8. doi: 10.1080/17457300.2013.870581. Epub 2014 Jan 30.

PMID: 24479886 Review. Epidemiology

70. Unintentional home injuries across the life span: problems and solutions.

Gielen AC, McDonald EM, Shields W.

Annu Rev Public Health. 2015 Mar 18;36:231-53. doi: 10.1146/annurev-publhealth-031914-122722. Epub 2015 Jan 12.

PMID: 25581150 Review. Background

71. Keeping our children safe: piloting a hospital-based home-visitation program in Israel.

Shalev L, Luder A, Spitzer S, Krupik D, Essa-Hadad J, Rudolf MCJ.

Isr J Health Policy Res. 2022 Apr 11;11(1):21. doi: 10.1186/s13584-022-00525-w.

PMID: 35410306 **Free PMC article.** Pilot

72. Association of Parental Mental Illness With Child Injury Occurrence, Hospitalization, and Death During Early Childhood.

Yang SW, Kernic MA, Mueller BA, Simon GE, Chan KCG, Vander Stoep A.

JAMA Pediatr. 2020 Aug 1;174(8):e201749. doi: 10.1001/jamapediatrics.2020.1749. Epub 2020 Aug 3.

PMID: 32568391 **Free PMC article.** Parental mental illness

73. Home safety and low-income urban housing quality.

Gielen AC, Shields W, McDonald E, Frattaroli S, Bishai D, Ma X.

Pediatrics. 2012 Dec;130(6):1053-9. doi: 10.1542/peds.2012-1531. Epub 2012 Nov 12.

PMID: 23147973 **Free PMC article.** Clinical Trial.

74. Maternal low- and high-depressive symptoms and safety concerns for low-income preschool children.

Conners-Burrow NA, Fussell JJ, Johnson DL, McKelvey LM, Whiteside-Mansell L, Bokony P, Kraleti S.

Clin Pediatr (Phila). 2013 Feb;52(2):171-7. doi: 10.1177/0009922812473776.

PMID: 23378480 Maternal depression

75. Deprived children or deprived neighbourhoods? A public health approach to the investigation of links between deprivation and injury risk with specific reference to child road safety in Devon County, UK.

Hewson P.

BMC Public Health. 2004 May 10;4:15. doi: 10.1186/1471-2458-4-15.

PMID: 15134585 **Free PMC article.** Road Safety

76. Parent Communication and Decision Making About Firearm Storage.

Kroshus E, Kesner T, Steiner MK, Rivara FP.

Ann Behav Med. 2022 Oct 3;56(10):1082-1087. doi: 10.1093/abm/kaac047. Guns

PMID: 36001359

77. Enhancing parental knowledge of childhood and adolescence safety: An interventional educational campaign.

Temsah MH, Aljamaan F, Alhaboob A, Almosned B, Alsebail R, Temsah R, Senjab A, Alarfaj A, Aljudi T, Jamal A, Habash A, Alsohime F, Almazyad M, Alabdulhafid M, Hasan G, Assiri RA, Alqahtani WMA, Alherbish A, Alhasan K, Al-Eyadhy A.

Medicine (Baltimore). 2022 Jan 21;101(3):e28649. doi: 10.1097/MD.0000000000028649.

PMID: 35060555 **Free PMC article.**

78. Accidental hanging injuries in children: recognition and management.

Paul SP, Paul R, Heaton PA.

Br J Hosp Med (Lond). 2017 Oct 2;78(10):572-577. doi: 10.12968/hmed.2017.78.10.572.

PMID: 29019723 Review. Background

79. Paediatric injury in Beirut: a multicentre retrospective chart review study.

Al-Hajj S, Ariss AB, Bachir R, Helou M, Zaghrini E, Fatouh F, Rahme R, El Sayed MJ.

BMJ Open. 2022 Mar 25;12(3):e055639. doi: 10.1136/bmjopen-2021-055639.

PMID: 35338061 **Free PMC article.** Background

80. Home Fire Safety Practices and Smoke Detector Program Awareness in an Urban Pediatric Emergency Department Population.

Wood RL, Teach SJ, Rucker A, Lall A, Chamberlain JM, Ryan LM.

Pediatr Emerg Care. 2016 Nov;32(11):763-767. doi: 10.1097/PEC.0000000000000943.

PMID: 27753714

81. Home unintentional non-fatal injury among children under 5 years of age in a rural area, El Minia Governorate, Egypt.

Kamal NN.

J Community Health. 2013 Oct;38(5):873-9. doi: 10.1007/s10900-013-9692-y.

PMID: 23636416 Epidemiology

82. New developments in pediatric venous thromboembolism and anticoagulation, including the target-specific oral anticoagulants.

Lyle CA, Sidonio RF, Goldenberg NA.

Curr Opin Pediatr. 2015 Feb;27(1):18-25. doi: 10.1097/MOP.0000000000000173.

PMID: 25564186 Review. Not applicable

83. Child Housing Assessment for a Safe Environment (CHASE): a new tool for injury prevention inside the home.

Shields WC, Gielen AC, Frattaroli S, Musci RJ, McDonald EM, Van Beeck EF, Bishai DM.

Inj Prev. 2020 Jun;26(3):215-220. doi: 10.1136/injuryprev-2018-043054. Epub 2019 Jun 3.

PMID: 31160373 Measures

84. Societal values and policies may curtail preschool children's physical activity in child care centers.

Copeland KA, Sherman SN, Kendeigh CA, Kalkwarf HJ, Saelens BE.

Pediatrics. 2012 Feb;129(2):265-74. doi: 10.1542/peds.2011-2102. Epub 2012 Jan 4.

PMID: 22218842 **Free PMC article.** Child care centres

85. Position Statement on Active Outdoor Play.

Tremblay MS, Gray C, Babcock S, Barnes J, Bradstreet CC, Carr D, Chabot G, Choquette L, Chorney D, Collyer C, Herrington S, Janson K, Janssen I, Larouche R, Pickett W, Power M, Sandseter EB, Simon B, Brussoni M.

Int J Environ Res Public Health. 2015 Jun 8;12(6):6475-505. doi: 10.3390/ijerph120606475.

PMID: 26062040 **Free PMC article.** Review. Policy statement not intervention

86. Parental safety concerns--a barrier to sport and physical activity in children?

Boufous S, Finch C, Bauman A.

Aust N Z J Public Health. 2004 Oct;28(5):482-6. doi: 10.1111/j.1467-842x.2004.tb00032.x.

PMID: 15707192 Clinical Trial. Sport and physical activity

87. Evaluation of a mobile safety center's impact on pediatric home safety behaviors.

Furman L, Strotmeyer S, Vitale C, Gaines

BMC Public Health. 2021 Jun 8;21(1):1095. doi: 10.1186/s12889-021-11073-4.

PMID: 34098915 **Free PMC article.**

88. Parenting interventions for the prevention of unintentional injuries in childhood.

Kendrick D, Barlow J, Hampshire A, Polnay L, Stewart-Brown S.

Cochrane Database Syst Rev. 2007 Oct 17;(4):CD006020. doi: 10.1002/14651858.CD006020.pub2.

PMID: 17943875 Updated. Review.

89. Accidental poisoning in children: a single centre case series study in Bangladesh.

Ahmed A, Hasanul Banna Siam M, Shojon M, Mahdi Hasan M, Raheem E, Hossain MS.

BMJ Paediatr Open. 2022 Jul;6(1):e001541. doi: 10.1136/bmjpo-2022-001541. Epub 2022 Jul 20.

PMID: 36053604 **Free PMC article.** Case study

90.

Anaphylaxis in the young adult population.

Gupta RS.

Am J Med. 2014 Jan;127(1 Suppl):S17-24. doi: 10.1016/j.amjmed.2013.09.010. Epub 2013 Oct 1.

PMID: 24384134 Review. Medical

91.

Mothers' home-safety practices for preventing six types of childhood injuries: what do they do, and why?

Morrongiello BA, Kiriakou S.

J Pediatr Psychol. 2004 Jun;29(4):285-97. doi: 10.1093/jpepsy/jsh030.

PMID: 1514835 Out of date range

92.

Effectiveness of anticipatory guidance: recent developments.

Nelson CS, Wissow LS, Cheng TL.

Curr Opin Pediatr. 2003 Dec;15(6):630-5. doi: 10.1097/00008480-200312000-00015.

PMID: 14631211 Review. Out of date range

93.

Pediatric trampoline injuries.

Hurson C, Browne K, Callender O, O'Donnell T, O'Neill A, Moore DP, Fogarty EE, Dowling FE.

J Pediatr Orthop. 2007 Oct-Nov;27(7):729-32. doi: 10.1097/BPO.0b013e318155ab1.

PMID: 17878774 Epidemiology

94.

Fire and scald burn risks in urban communities: who is at risk and what do they believe about home safety?

Parker EM, Gielen AC, McDonald EM, Shields WC, Trump AR, Koon KM, Jones V.

Health Educ Res. 2013 Aug;28(4):599-611. doi: 10.1093/her/cyt046. Epub 2013 Mar 13.

PMID: 23487557 **Free PMC article.** Epidemiology

95.

Don't touch the gadget because it's hot! Mothers' and children's behavior in the presence of a contrived hazard at home: implications for supervising children.

Morrongiello BA, McArthur BA, Goodman S, Bell M.

J Pediatr Psychol. 2015 Jan-Feb;40(1):85-95. doi: 10.1093/jpepsy/jsu056. Epub 2014 Jul 23.

PMID: 25060600 – check level of study design

96.

Parental perceptions of barriers and facilitators to preventing child unintentional injuries within the home: a qualitative study.

Ablewhite J, Peel I, McDaid L, Hawkins A, Goodenough T, Deave T, Stewart J, Kendrick D.

BMC Public Health. 2015 Mar 24;15:280. doi: 10.1186/s12889-015-1547-2.

PMID: 25885179 **Free PMC article.** Qualitative - background

97.

Prevalence of household meat grinder-induced severe hand injuries: A retrospective clinical study.

Duman İG.

Ulus Travma Acil Cerrahi Derg. 2022 Nov;28(11):1622-1626. doi: 10.14744/tjtes.2021.55866.

PMID: 36282161 English. Epidemiology

98.

Effects of parental viewing of children's risk behavior on home safety practices.

Brown KJ, Roberts MC, Mayes S, Boles RE.

J Pediatr Psychol. 2005 Oct-Nov;30(7):571-80. doi: 10.1093/jpepsy/jsi044. Epub 2005 Feb 23.

PMID: 16166246 Background

99.

Volunteer driven home safety intervention results in significant reduction in pediatric injuries: A model for community based injury reduction.

Falcone RA Jr, Edmunds P, Lee E, Gardner D, Price K, Gittelman M, Pomerantz W, Besl J, Madhavan G, Phelan KJ.

J Pediatr Surg. 2016 Jul;51(7):1162-9. doi: 10.1016/j.jpedsurg.2015.11.020. Epub 2015 Dec 8.

PMID: 26792663 Clinical Trial. Community

100.

Retrospective study of injury rates among children and adults in the Lublin Region of Poland.

Domżał-Drzewicka R, Saracen A, Rząca M, Węgorowski P, Stanisławek A, Michalak BP.

Ann Agric Environ Med. 2016 Jun 2;23(2):297-303. doi: 10.5604/12321966.1203894.

PMID: 27294636 Epidemiology

101.

Parental Knowledge of Trampoline Safety in Children.

Beno S, Ackery A, Colaco K, Boutis K.

Acad Pediatr. 2018 Mar;18(2):166-171. doi: 10.1016/j.acap.2017.03.015. Epub 2017 Apr 14.

PMID: 28414102

102.

The role of Aboriginal family workers in delivering a child safety-focused home visiting program for Aboriginal families in an urban region of New South Wales.

Clapham K, Bennett-Brook K, Hunter K.

Health Promot J Austr. 2018 Aug;29(2):173-182. doi: 10.1002/hpja.174. Epub 2018 Jun 6.

PMID: 29742300

103.

Home delivery of an injury prevention kit for children in four French cities: a controlled randomized trial.

Sznajder M, Leduc S, Janvrin MP, Bonnin MH, Aegerter P, Baudier F, Chevallier B.

Inj Prev. 2003 Sep;9(3):261-5; discussion 265. doi: 10.1136/ip.9.3.261.

PMID: 12966017 **Free PMC article.** Clinical Trial. Out of date range

104.

A review of state regulations to promote physical activity and safety on playgrounds in child care centers and family child care homes.

Cradock AL, O'Donnell EM, Benjamin SE, Walker E, Slining M.

J Phys Act Health. 2010 Mar;7 Suppl 1:S108-19. doi: 10.1123/jpah.7.s1.s108.

PMID: 20440004 State regulations

105.

Watercraft and watersport injuries in children: trauma mechanisms and proposed prevention strategies.

Keijzer R, Smith GF, Georgeson KE, Muensterer OJ.

J Pediatr Surg. 2013 Aug;48(8):1757-61. doi: 10.1016/j.jpedsurg.2013.03.055.

PMID: 23932618 Watersports

106.

Don't run with scissors: young children's knowledge of home safety rules.

Morrongiello BA, Midgett C, Shields R.

J Pediatr Psychol. 2001 Mar;26(2):105-15. doi: 10.1093/jpepsy/26.2.105.

PMID: 11181886 Out of date range

107.

Emergency physicians' knowledge and provision of child passenger safety information.

Zonfrillo MR, Nelson KA, Durbin DR.

Acad Emerg Med. 2011 Feb;18(2):145-51. doi: 10.1111/j.1553-2712.2010.00971.x.

PMID: 21314773 Passenger safety

108.

Parenting interventions for the prevention of unintentional injuries in childhood.

Kendrick D, Mulvaney CA, Ye L, Stevens T, Mytton JA, Stewart-Brown S.

Cochrane Database Syst Rev. 2013 Mar 28;2013(3):CD006020. doi: 10.1002/14651858.CD006020.pub3.

PMID: 23543542 **Free PMC article.** Review.

109.

Parenting interventions and the prevention of unintentional injuries in childhood: systematic review and meta-analysis.

Kendrick D, Barlow J, Hampshire A, Stewart-Brown S, Polnay L.

Child Care Health Dev. 2008 Sep;34(5):682-95. doi: 10.1111/j.1365-2214.2008.00849.x.

PMID: 18796060 Review.

110.

Preventing Firearm Violence in Youth Through Evidence-Informed Strategies.

Society for Adolescent Health and Medicine.

J Adolesc Health. 2020 Feb;66(2):260-264. doi: 10.1016/j.jadohealth.2019.11.295.

PMID: 31952569 Firearms

111.

[Unintentional injuries in the home environment: home safety].

Paes CE, Gaspar VL.

J Pediatr (Rio J). 2005 Nov;81(5 Suppl):S146-54. doi: 10.2223/JPED.1402.

PMID: 16355258 Review. Portuguese.

112.

Maternal worries, home safety behaviors, and perceived difficulties.

Hendrickson SG.

J Nurs Scholarsh. 2008;40(2):137-43. doi: 10.1111/j.1547-5069.2008.00218.x.

PMID: 18507568 Maternal

113.

The First-aid Advice and Safety Training (FAST) parents programme for the prevention of unintentional injuries in preschool children: a protocol.

Mytton JA, Towner EM, Kendrick D, Stewart-Brown S, Emond A, Ingram J, Blair PS, Powell J, Mulvaney C, Thomas J, Deave T, Potter B.

Inj Prev. 2014 Feb;20(1):e2. doi: 10.1136/injuryprev-2012-040689. Epub 2013 Jan 8.

PMID: 23302145 Clinical Trial.

114.

Preventing childhood scalds within the home: Overview of systematic reviews and a systematic review of primary studies.

Zou K, Wynn PM, Miller P, Hindmarch P, Majsak-Newman G, Young B, Hayes M, Kendrick D.

Burns. 2015 Aug;41(5):907-24. doi: 10.1016/j.burns.2014.11.002. Epub 2015 Apr 1.

PMID: 25841997 **Free PMC article.** Review.

115.

[From child accident prevention at home to safety promotion: the commitment of the international francophone network].

Baudier F; Réseau francophone de promotion de la sécurité et de prévention des traumatismes; Union régionale des caisses d'assurance maladie de Franche-Comté.

Arch Pediatr. 2005 Nov;12(11):1567-9. doi: 10.1016/j.arcped.2005.07.018. Epub 2005 Oct 6.

PMID: 16214310 French. No abstract available.

116.

Parent's and children's judgements about their outdoor environment in relation to children's injuries.

Moussa A, Hamid S, Elaheh A, Reza MM.

J Pak Med Assoc. 2013 Dec;63(12):1504-8.

PMID: 24397094 Outdoor environment – not home

117.

Descriptive Epidemiology of Unintentional Childhood Injuries in India: An ICMR Taskforce Multisite Study.

Nooyi SC, Sonaliya KN, Dhingra B, Roy RN, Indumathy P, Soni RK, Kumar N, Chudasama RK, Kumar CS, Singh AK, Mohan VR, Kumar BSN; For ICMR Taskforce on Childhood Injuries.

Indian Pediatr. 2021 Jun 15;58(6):517-524. Epidemiology

PMID: 34176793

118.

Unintended Consequences of COVID-19 on Pediatric Falls From Windows: A Multicenter Study.

Theodorou CM, Brown EG, Jackson JE, Castle SL, Chao SD, Beres AL.

J Surg Res. 2022 Nov;279:187-192. doi: 10.1016/j.jss.2022.05.022. Epub 2022 May 30.

PMID: 35779448 **Free PMC article.** Epidemiology

119.

Factors associated with mothers' beliefs and practices concerning injury prevention in under five-year children, based on health belief model.

Poorolajal J, Cheraghi P, Hazavehei SM, Rezapur-Shahkolai F.

J Res Health Sci. 2012 May 29;13(1):63-8. Mothers

PMID: 23772008

120.

Parents' perceptions of unintentional paediatric burn injuries - A qualitative study.

Holden MR, Watson MC, Clifford MJ.

Burns. 2020 Aug;46(5):1179-1192. doi: 10.1016/j.burns.2019.12.009. Epub 2020 Mar 17.

PMID: 32192866 Qualitative

121.

Comparison of childhood household injuries and risk factors between urban and rural communities in Ghana: A cluster-randomized, population-based, survey to inform injury prevention research and programming.

Stewart B, Gyedu A, Otupiri E, Nakua E, Boakye G, Mehta K, Donkor P, Mock C.

Injury. 2021 Jul;52(7):1757-1765. doi: 10.1016/j.injury.2021.04.050. Epub 2021 Apr 16.

PMID: 33906741 Background

122.

Fall-related traumatic brain injury in children ages 0-4 years.

Haarbauer-Krupa J, Haileyesus T, Gilchrist J, Mack KA, Law CS, Joseph A.

J Safety Res. 2019 Sep;70:127-133. doi: 10.1016/j.jsr.2019.06.003. Epub 2019 Jun 21.

PMID: 31847987 **Free PMC article.** Epidemiology

123.

Improving the Frequency and Documentation of Gun Safety Counseling in a Resident Primary Care Clinic.

Gastineau KAB, Stegall CL, Lowrey LK, Giourgas BK, Andrews AL.

Acad Pediatr. 2021 Jan-Feb;21(1):117-123. doi: 10.1016/j.acap.2020.07.013. Epub 2020 Jul 14.

PMID: 32673765 Gun safety

124.

Varying Effect of a Randomized Toddler Home Safety Promotion Intervention Trial by Initial Home Safety Problems.

Wang Y, Gielen AC, Magder LS, Hager ER, Black MM.

Matern Child Health J. 2020 Apr;24(4):432-438. doi: 10.1007/s10995-019-02845-x.

PMID: 31832912 **Free PMC article.**

125.

Implementation of a firearm safety guidance training program for pediatric providers.

Johnson BL, Beckworth K, Bhalakia A, DeMello A, Naik-Mathuria B.

J Pediatr Surg. 2022 Aug;57(8):1622-1629. doi: 10.1016/j.jpedsurg.2021.07.016. Epub 2021 Aug 5.

PMID: 34452756 Firearms

126.

The association between pediatric injury risks and parenting behaviours.

Jaques ML, Weaver TL, Weaver NL, Willoughby L.

Child Care Health Dev. 2018 Mar;44(2):297-303. doi: 10.1111/cch.12528. Epub 2017 Oct 6.

PMID: 28983939 Epidemiology

127.

Lawnmower injuries in children.

Nugent N, Lynch JB, O'Shaughnessy M, O'Sullivan ST.

Eur J Emerg Med. 2006 Oct;13(5):286-9. doi: 10.1097/00063110-200610000-00008.

PMID: 16969234 Epidemiology

128.

Educational and ecological assessment for unintentional injuries among children under 7 years: directed qualitative research based on PRECEDE-PROCEED model.

Lael-Monfared E, Rakhshanderou S, Ramezankhani A, Ghaffari M.

Inj Prev. 2022 Aug;28(4):365-373. doi: 10.1136/injuryprev-2022-044521. Epub 2022 Mar 4.

PMID: 35246473 Measures

129.

Do partners with children know about firearms in their home? Evidence of a gender gap and implications for practitioners.

Coyne-Beasley T, Baccaglini L, Johnson RM, Webster B, Wiebe DJ.

Pediatrics. 2005 Jun;115(6):e662-7. doi: 10.1542/peds.2004-2259.

PMID: 15930193 Clinical Trial. Firearms

130.

Fractures and amputations in children and adolescents requiring hospitalization after farm equipment injuries.

Lubicky JP, Feinberg JR.

J Pediatr Orthop. 2009 Jul-Aug;29(5):435-8. doi: 10.1097/BPO.0b013e3181aa21ab.

PMID: 19568012 Farm

131.

Multi-sectoral action for child safety-a European study exploring implicated sectors.

Scholtes B, Schröder-Bäck P, Förster K, MacKay M, Vincenten J, Brand H.

Eur J Public Health. 2017 Jun 1;27(3):512-518. doi: 10.1093/eurpub/ckx010.

PMID: 28206588

132.

A randomized controlled trial of home injury hazard reduction: the HOME injury study.

Phelan KJ, Khoury J, Xu Y, Liddy S, Hornung R, Lanphear BP.

Arch Pediatr Adolesc Med. 2011 Apr;165(4):339-45. doi: 10.1001/archpediatrics.2011.29.

PMID: 21464382 **Free PMC article.** Clinical Trial.

133.

[Trend and current characteristics of road traffic injury in children based on data from the National Injury Surveillance System in China from 2006 to 2013].

Ye P, Deng X, Gao X, Wang Y, Er Y, Ji C, Jin Y, Yang C, Duan L, Wang L.

Zhonghua Liu Xing Bing Xue Za Zhi. 2015 Jan;36(1):7-11.

PMID: 25876856 Chinese. Epidemiology

134.

How useful are home safety behaviours for predicting childhood injury? A cohort study.

Kendrick D, Watson M, Mulvaney C, Burton P.

Health Educ Res. 2005 Dec;20(6):709-18. doi: 10.1093/her/cyh021. Epub 2005 Mar 8.

PMID: 15755775 Epidemiology

135.

Trampoline Park and Home Trampoline Injuries.

Kasmire KE, Rogers SC, Sturm JJ.

Pediatrics. 2016 Sep;138(3):e20161236. doi: 10.1542/peds.2016-1236. Epub 2016 Aug 1.

PMID: 27482060

136.

Where children and adolescents drown in Queensland: a population-based study.

Wallis BA, Watt K, Franklin RC, Nixon JW, Kimble RM.

BMJ Open. 2015 Nov 26;5(11):e008959. doi: 10.1136/bmjopen-2015-008959.

PMID: 26610762 **Free PMC article.** Drowning

137.

Social Determinants Associated with Pediatric Burn Injury: A Population-Based, Case-Control Study.

Padalko A, Gawaziuk J, Chateau D, Sareen J, Logsetty S.

J Burn Care Res. 2020 Jul 3;41(4):743-750. doi: 10.1093/jbcr/iraa045.

PMID: 32352522 **Free PMC article.** Background

138.

Home safety practices in an urban low-income population: level of agreement between parental self-report and observed behaviors.

Lee LK, Walia T, Forbes PW, Osganian SK, Samuels R, Cox JE, Mooney DP.

Clin Pediatr (Phila). 2012 Dec;51(12):1119-24. doi: 10.1177/0009922812460083. Epub 2012 Sep 11.

PMID: 22967813 Measures

139.

Injury prevention for children with disabilities.

Gaebler-Spira D, Thornton LS.

Phys Med Rehabil Clin N Am. 2002 Nov;13(4):891-906. doi: 10.1016/s1047-9651(02)00023-2.

PMID: 12465566 Review. Out of date range but very useful – include in the discussion

140.

Do maternal depressive symptoms, stress and a lack of social support influence whether mothers living in deprived circumstances adopt safety practices for the prevention of childhood injury?

Mulvaney C, Kendrick D.

Child Care Health Dev. 2006 May;32(3):311-9. doi: 10.1111/j.1365-2214.2006.00590.x.

PMID: 16634976 Clinical Trial. Maternal

141.

Preventing unintentional home injuries among children: exploring the perceptions of Iranian health professionals.

Barat A, Watson MC, Mulvaney CA.

Prim Health Care Res Dev. 2019 Oct 30;20:e146. doi: 10.1017/S1463423619000835.

PMID: 31663491 **Free PMC article.** Heath professionals

142.

Paediatric treadmill friction injuries.

Jeremijenko L, Mott J, Wallis B, Kimble R.

J Paediatr Child Health. 2009 May;45(5):310-2. doi: 10.1111/j.1440-1754.2008.01329.x. Epub 2008 Jun 12.

PMID: 18557805 Epidemiology

143.

Lawnmowers Versus Children: The Devastation Continues.

Garay M, Hennrikus WL, Hess J, Lehman EB, Armstrong DG.

Clin Orthop Relat Res. 2017 Apr;475(4):950-956. doi: 10.1007/s11999-016-5132-5. Epub 2016 Oct 26.

PMID: 27785676 **Free PMC article.** Epidemiology

144.

Incidence, Distribution, and Cost of Lawn-Mower Injuries in the United States, 2006-2013.

Hottinger DG, Nasr I, Canner JK, Kattail D, Koka R, Schwengel D.

Public Health Rep. 2018 Sep/Oct;133(5):570-577. doi: 10.1177/0033354918785909. Epub 2018 Aug 1.

PMID: 30067452 **Free PMC article.** Epidemiology

145.

Developing tailored positive parenting messages for a clinic-based communication programme.

Weaver NL, Weaver TL, Nicks SE, Jupka KA, Sallee H, Jacobsen H, Henley W, Jaques M.

Child Care Health Dev. 2017 Mar;43(2):289-297. doi: 10.1111/cch.12418. Epub 2016 Oct 25.

PMID: 27781327 Not applicable

146.

Pedestrian injuries in children: who is most at risk?

Feng XY, Nah SA, Lee YT, Lin YC, Chiang LW.

Singapore Med J. 2015 Nov;56(11):618-21. doi: 10.11622/smedj.2015170.

PMID: 26668406 **Free PMC article.** Not home

147.

Evaluation and management of pediatric hand injuries resulting from exercise machines.

Vouis J, Hadeed J.

J Craniofac Surg. 2009 Jul;20(4):1030-2. doi: 10.1097/SCS.0b013e3181abb1c6.

PMID: 19553858 Review. Epidemiology

148.

Firearm Storage and Adult Alcohol Misuse Among Washington State Households With Children.

Morgan ER, Gomez A, Rivara FP, Rowhani-Rahbar A.

JAMA Pediatr. 2019 Jan 1;173(1):37-43. doi: 10.1001/jamapediatrics.2018.3624.

PMID: 30452502 **Free PMC article.** Firearms

149.

Pediatric Injuries Related to Window Blinds, Shades, and Cords.

Onders B, Kim EH, Chounthirath T, Hodges NL, Smith GA.

Pediatrics. 2018 Jan;141(1):e20172359. doi: 10.1542/peds.2017-2359. Epub 2017 Dec 11.

PMID: 29229682 Epidemiology

150.

Fatal unintentional injuries in the home in the U.S., 2000-2008.

Mack KA, Rudd RA, Mickalide AD, Ballesteros MF.

Am J Prev Med. 2013 Mar;44(3):239-46. doi: 10.1016/j.amepre.2012.10.022.

PMID: 23415120 **Free PMC article** Epidemiology

151.

A fresh look at the costs of non-fatal consumer product injuries.

Lawrence BA, Spicer RS, Miller TR.

Inj Prev. 2015 Feb;21(1):23-9. doi: 10.1136/injuryprev-2014-041220. Epub 2014 Aug 1.

PMID: 25084777 Costs

152.

[Injury control from the perspective of contextual pediatrics].

Blank D.

J Pediatr (Rio J). 2005 Nov;81(5 Suppl):S123-36. doi: 10.2223/JPED.1400.

PMID: 16355256 Review. Portuguese.

153.

Toppled television sets and head injuries in the pediatric population: a framework for prevention.

Cusimano MD, Parker N.

J Neurosurg Pediatr. 2016 Jan;17(1):3-12. doi: 10.3171/2015.2.PEDS14472. Epub 2015 Sep 29.

PMID: 26416669 Review.

154.

Firearm Storage in Homes With Children With Self-Harm Risk Factors.

Scott J, Azrael D, Miller M.

Pediatrics. 2018 Mar;141(3):e20172600. doi: 10.1542/peds.2017-2600. Epub 2018 Feb 21.

PMID: 29467279 Firearms

155.

Trampoline safety in childhood and adolescence.

Council on Sports Medicine and Fitness, American Academy of Pediatrics; Briskin S, LaBotz M.

Pediatrics. 2012 Oct;130(4):774-9. doi: 10.1542/peds.2012-2082. Epub 2012 Sep 24.

PMID: 23008455

156.

Risk factors of in-home unintentional injuries among 0-6-year-old children in Changsha city of China: a cross-sectional survey based on Bronfenbrenner's ecological system theory.

Ma Y, Song J, Hu M, Yang R, Yang P.

BMC Pediatr. 2022 Oct 17;22(1):598. doi: 10.1186/s12887-022-03661-z.

PMID: 36253748 **Free PMC article.** Epidemiology

157.

[Home accidents among small children and preventive potential].

Myklestad I, Engeland A.

Tidsskr Nor Laegeforen. 2000 Nov 20;120(28):3376-9.

PMID: 11187189 Norwegian. Out of date range

158.

National survey of the injury prevention activities of children's centres.

Watson MC, Mulvaney CA, Kendrick D, Stewart J, Coupland C, Hayes M, Wynn P; Keeping Children Safe programme team.

Health Soc Care Community. 2014 Jan;22(1):40-6. doi: 10.1111/hsc.12059. Epub 2013 Jul 9.

PMID: 23837887 **Free PMC article.** Not home

159.

Children and firearms in Turkish homes.

Hizel S, Ozcebe H, Sanli C, Albayrak M, Uner S.

Child Care Health Dev. 2008 Jan;34(1):32-4. doi: 10.1111/j.1365-2214.2007.00765.x.

PMID: 18171441 Firearms

160.

Risk for household safety hazards: Socioeconomic and sociodemographic factors.

Mayes S, Roberts MC, Stough CO.

J Safety Res. 2014 Dec;51:87-92. doi: 10.1016/j.jsr.2014.09.002. Epub 2014 Oct 7.

PMID: 25453181 Background

161.

Child understandings of the causation of childhood burn injuries: Child activity, parental domestic demands, and impoverished settings.

Titi N, van Niekerk A, Ahmed R.

Child Care Health Dev. 2018 May;44(3):494-500. doi: 10.1111/cch.12484. Epub 2017 Jul 18.

PMID: 28718941 Epidemiology

162.

Epidemiology of lawnmower-related injuries in children: A 10-year review.

Bachier M, Feliz A.

Am J Surg. 2016 Apr;211(4):727-32. doi: 10.1016/j.amjsurg.2015.11.025. Epub 2016 Jan 6.

PMID: 26992357 Epidemiology

163.

Children's indoor and outdoor play patterns in Ahwaz City: implications for injury prevention.

Soori H.

East Mediterr Health J. 2006 May-Jul;12(3-4):372-81.

PMID: 17037706 Epidemiology - check out play

164.

Storage Practices of US Gun Owners in 2016.

Crifasi CK, Doucette ML, McGinty EE, Webster DW, Barry CL.

Am J Public Health. 2018 Apr;108(4):532-537. doi: 10.2105/AJPH.2017.304262. Epub 2018 Feb 22.

PMID: 29470124 **Free PMC article.** Firearms

165.

Validation of a HOME Injury Survey.

Phelan KJ, Khoury J, Xu Y, Lanphear B.

Inj Prev. 2009 Oct;15(5):300-6. doi: 10.1136/ip.2008.020958.

PMID: 19805597 **Free PMC article.** Measures

166.

Social and environmental risk factors for road traffic injuries among children under five in rural China.

Liu Y, Wang M, Kang L, He C, Miao L, Chen L, Zhong S, Zhu J, Liang J, Li Q, Wang Y, Liu H.

Medicine (Baltimore). 2020 Apr;99(17):e19825. doi: 10.1097/MD.0000000000019825.

PMID: 32332628 **Free PMC article.** Road

167.

[Current status and change trend of violence against children in China from 2006 to 2015, an analysis on data from National Injury Surveillance System].

Yang L, Gao X, Jin Y, Ye PP, Wang Y, Deng X, Er YL, Shen T, Duan LL.

Zhonghua Liu Xing Bing Xue Za Zhi. 2017 Sep 10;38(9):1222-1225. doi: 10.3760/cma.j.issn.0254-6450.2017.09.016.

PMID: 28910936 Chinese. Intended Injury

168.

A qualitative examination of causal factors and parent/caregiver experiences of non-fatal drowning-related hospitalisations of children aged 0-16 years.

Awan B, Wicks S, Peden AE.

PLoS One. 2022 Nov 23;17(11):e0276374. doi: 10.1371/journal.pone.0276374. eCollection 2022.

PMID: 36417407 **Free PMC article.** Qualitative

169.

Glass table injuries: A silent public health problem.

Trivedi U, Chauhan D, Villegas C, Bueser R, Livingston D, Bonne S.

Am J Surg. 2020 Nov;220(5):1296-1299. doi: 10.1016/j.amjsurg.2020.07.002. Epub 2020 Jul 26. Epidemiology

PMID: 32782080

170.

Does injury prevention education initiate household changes in a Spanish-speaking minority population?

Setien MA, Han D, Zuniga GC, Mier N, Lucio RL, Treviño L.

J Community Health. 2014 Feb;39(1):167-72. doi: 10.1007/s10900-013-9755-0.

PMID: 23974955

171.

Patterns and Outcomes of High-Voltage vs Low-Voltage Pediatric Electrical Injuries: An 8-Year Retrospective Analysis of a Tertiary-Level Burn Center.

Gurbuz K, Demir M.

J Burn Care Res. 2022 May 17;43(3):704-709. doi: 10.1093/jbcr/irab178.

PMID: 34523680 Epidemiology

172.

Ingestion or aspiration of foreign bodies by children.

Paul SP, Sanjeevaiah MK, Routley C, Kane M.

Emerg Nurse. 2013 Nov;21(7):32-6. doi: 10.7748/en2013.11.21.7.32.e1231.

PMID: 24219687 Epidemiology

173.

Epidemiology of Nonfatal Injuries Among Schoolchildren.

ALBashtawy M, Al-Awamreh K, Gharaibeh H, Al-Kloub M, Batiha AM, Alhalaiqa F, Hamadneh S.

J Sch Nurs. 2016 Oct;32(5):329-36. doi: 10.1177/1059840516650727. Epub 2016 Jun 2.

PMID: 27255142 Epidemiology

174.

Treadmill injuries in the pediatric population.

Juang D, Fike FB, Laituri CA, Mortellaro VE, St Peter SD.

J Surg Res. 2011 Sep;170(1):139-42. doi: 10.1016/j.jss.2011.02.015. Epub 2011 Mar 11.

PMID: 21470636 Epidemiology

175.

A seven-year study on head injuries in infants, Iran---the changing pattern.

Fakharian E, Mohammadzadeh M, Behdad S, Babamohammadi A, Mirzadeh AS, Mohammadzadeh J.

Chin J Traumatol. 2014;17(3):153-6.

PMID: 24889978 Epidemiology

176.

An Updated Look at Television-Related Pediatric Head and Neck Injuries: Safer Products and a Shifting Paradigm.

Oleck NC, Berlin RS, Leverant E, Paskhover B.

J Craniofac Surg. 2021 Jun 1;32(4):1632-1635. doi: 10.1097/SCS.0000000000007547.

PMID: 33606438 Not applicable

177.

Individual-level injury prevention strategies in the clinical setting.

DiGuiseppi C, Roberts IG.

Future Child. 2000 Spring-Summer;10(1):53-82.

PMID: 10911688 Review. Out of date range

178.

Determination of factors affecting prevention of burns among children under five years old using PRECEDE model: A cross-sectional study in urban and rural populations.

Rezapur-Shahkolai F, Shaterabadi S, Soltanian AR, Hazavehi SMM.

Burns. 2022 Mar;48(2):328-336. doi: 10.1016/j.burns.2021.01.013. Epub 2021 Feb 9.

PMID: 34955293 Epidemiology

179.

Childhood Injury Prevention: Predictors of Home Hazards in Latino Families Enrolled in SafeCare®.

Slemaker A, Espeleta HC, Heidari Z, Bohora SB, Silovsky JF.

J Pediatr Psychol. 2017 Aug 1;42(7):738-747. doi: 10.1093/jpepsy/jsx045.

PMID: 28369463 **Free PMC article. Find**

180.

A Multicenter Evaluation of a Firearm Safety Intervention in the Pediatric Outpatient Setting.

Campbell BT, Thaker S, Fallat ME, Foley DS, McClure E, Sakran JV, Nasr IW, Ziegfeld S, Ehrlich PF, Snodgrass M, Levy M, Naik-Mathuria BJ, Johnson B, Demello AS, Jones S, Watters JM, Burke P, Allee L, Kozyckyj T, Letton RW, Kuhls DA, Bulger EM, Stewart RM.

J Pediatr Surg. 2020 Jan;55(1):140-145. doi: 10.1016/j.jpedsurg.2019.09.044. Epub 2019 Oct 25.

PMID: 31753607 Firearms

181.

Impact of children with special needs on differences in fire-safety education priorities, preferred method of education, and parent actions.

Lehna C, Janes EG, Rengers S, Graviss J, Scrivener D, Knabel T, Myers JA.

J Burn Care Res. 2014 Mar-Apr;35(2):162-8. doi: 10.1097/BCR.0b013e31828a480a.

PMID: 23511292

182.

Children treated for lawn mower-related injuries in US emergency departments, 1990-2014.

Ren KS, Chounthirath T, Yang J, Friedenberg L, Smith GA.

Am J Emerg Med. 2017 Jun;35(6):893-898. doi: 10.1016/j.ajem.2017.03.022. Epub 2017 Mar 14.

PMID: 28325679 Epidemiology

183.

Baby gate-related injuries among children in the United States, 1990-2010.

Cheng YW, Fletcher EN, Roberts KJ, McKenzie LB.

Acad Pediatr. 2014 May-Jun;14(3):256-61. doi: 10.1016/j.acap.2013.12.006. Epub 2014 Feb 13.

PMID: 24530221 Epidemiology

184.

Planning of a community-based approach to injury control and safety promotion in a rural community.

Loos C, Oldenburg B, O'Hara L.

Aust J Rural Health. 2001 Oct;9(5):222-8. doi: 10.1046/j.1440-1584.2001.00399.x.

PMID: 11736845 out of date

185.

Injuries from falling objects in the United Arab Emirates.

Grivna M, Eid HO, Abu-Zidan FM.

Int J Inj Contr Saf Promot. 2015;22(1):68-74. doi: 10.1080/17457300.2013.863784. Epub 2013 Dec 18.

PMID: 24345025 Epidemiology

186.

Community gun safety in Central Pennsylvania.

Wargo C, Erdman DA, Smith JG, Widom K, Reardon J.

J Trauma Nurs. 2013 Jan-Mar;20(1):67-73. doi: 10.1097/JTN.0b013e318287b58e.

PMID: 23459436 Guns

187.

Global childhood unintentional injury study: multisite surveillance data.

He S, Lunnen JC, Puvanachandra P, Amar-Singh, Zia N, Hyder AA.

Am J Public Health. 2014 Mar;104(3):e79-84. doi: 10.2105/AJPH.2013.301607. Epub 2014 Jan 16.

PMID: 24432924 **Free PMC article.** Epidemiology

188.

"Where does the high road lead?" Potential implications of cannabis legalization for pediatric injuries in Canada.

Karbakhsh M, Smith J, Pike I.

Can J Public Health. 2018 Dec;109(5-6):752-755. doi: 10.17269/s41997-018-0137-3. Epub 2018 Sep 27.

PMID: 30264194 **Free PMC article.** Not applicable

189.

A randomized trial of a home safety education intervention using a safe home model.

Powell EC, Malanchinski J, Sheehan KM.

J Trauma. 2010 Oct;69(4 Suppl):S233-6. doi: 10.1097/TA.0b013e3181f1ec2e.

PMID: 20938315 Clinical Trial.

190.

Traumatic hand amputations among children in Greece: epidemiology and prevention potential.

Panagopoulou P, Antonopoulos CN, Iakovakis I, Dessypris N, Gkiokas A, Pasparakis D, Michelakos T, Kanavidis P, Soucacos PN, Petridou ET.

Inj Prev. 2012 Oct;18(5):309-14. doi: 10.1136/injuryprev-2011-040121. Epub 2011 Dec 17.

PMID: 22180619 Epidemiology

191.

The epidemiology of lawn trimmer injuries in the United States: 2000-2009.

Leinert J, Griffin R, Blackburn J, McGwin G Jr.

J Safety Res. 2012 Apr;43(2):137-9. doi: 10.1016/j.jsr.2012.03.001. Epub 2012 Apr 4.

PMID: 22710000 Epidemiology

192.

Perceptions of firearm-related harm among US adults living in firearm-owning households: a nationally representative study.

Rowhani-Rahbar A, Haviland MJ, Azrael D, Miller M.

Inj Prev. 2022 Feb;28(1):86-89. doi: 10.1136/injuryprev-2021-044389. Epub 2021 Dec 9.

PMID: 34887332 Firearms

193.

Supervising for Home Safety Program: A Randomized Controlled Trial (RCT) Testing Community-Based Group Delivery.

Morrongiello BA, Hou S, Bell M, Walton K, Filion AJ, Haines J.

J Pediatr Psychol. 2017 Aug 1;42(7):768-778. doi: 10.1093/jpepsy/jsw083.

PMID: 27771617 Clinical Trial.

194.

Contemporary hazards in the home: keeping children safe from thermal injuries.

Deave T, Goodenough T, Stewart J, Towner E, Majsak-Newman G, Hawkins A, Coupland C, Kendrick D.

Arch Dis Child. 2013 Jul;98(7):485-9. doi: 10.1136/archdischild-2012-302901. Epub 2013 Apr 16.

PMID: 23592729

195.

Older siblings as potential supervisors of younger siblings: sibling supervisors' recognition of injury-risk behaviours and beliefs about supervisee risk taking and potential injury outcomes.

Morrongiello BA, Schell SL, Stewart J.

Child Care Health Dev. 2015 Jul;41(4):581-6. doi: 10.1111/cch.12175. Epub 2014 Jul 10.

PMID: 25040061

196.

Unintentional pediatric injuries in São Paulo. How often is it severe?

Abib SCV, Françóia AM, Waksman R, Dolci MI, Guimarães HP, Moreira F, BoarettoCezillo MV, Góes AM Júnior.

Acta Cir Bras. 2017 Jul;32 (7):587-598. doi: 10.1590/s0102-865020170070000010.

PMID: 28793043 Epidemiology

197.

Injuries associated with bathtubs and showers among children in the United States.

Mao SJ, McKenzie LB, Xiang H, Smith GA.

Pediatrics. 2009 Aug;124(2):541-7. doi: 10.1542/peds.2008-2489. Epub 2009 Jul 13.

PMID: 19596735 Epidemiology

198.

Evaluating a website to teach children safety with dogs.

Schwebel DC, McClure LA, Severson J.

Inj Prev. 2015 Feb;21(1):e2. doi: 10.1136/injuryprev-2014-041286. Epub 2014 May 28.

PMID: 24871960 **Free PMC article.** Clinical Trial.

199.

Bathroom injuries in children less than 15 years old.

Head EN, Stevens JA, Haileyesus T.

Inj Prev. 2013 Oct;19(5):316-9. doi: 10.1136/injuryprev-2012-040600. Epub 2013 Jan 15.

PMID: 23322258 Epidemiology

200.

Childhood burns in south eastern Nigeria.

Okoro PE, Igwe PO, Ukachukwu AK.

Afr J Paediatr Surg. 2009 Jan-Jun;6(1):24-7. doi: 10.4103/0189-6725.48571.

PMID: 19661661 Epidemiology

Appendix 3: AMSTAR-2 - Systematic Reviews

Systematic Review	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Quality
Abbassinia, 2019 (Abbassinia et al., 2019)	✓-	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	✓	✓	✓	✓	High
Rostami-Moez, 2019 [1]	✓-	✓	✓	✓	✓	✓	✓	✓	✓	No	N/A	N/A	✓	✓	✓	No	Moderate
Bhaumik, 2018 [2]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	✓	✓	✓	✓	High
Zou, 2015 [3]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	✓	✓	✓	✓	High
Kendrick, 2013(Kendrick et al., 2013)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	✓	✓	✓	✓	High Cochrane
Young, 2013 [5]	✓	✓	✓	✓	?	?	No	✓	✓	✓	N/A	N/A	✓	✓	✓	✓	Moderate
Ingram, 2012 [6]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	✓	✓	✓	✓	High
Turner, 2011 [7]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yes	Yes	✓	✓	✓	✓	High Cochrane

Ryan, 2010 [8]	✓	✓	✓	✓	✓-	✓-	x	✓	✓	x	N/A	N/A	✓	✓	✓	✓-	Moderate

Legend ✓= Yes; ✓- =Partial Yes; x =No; MA=Metanalysis; N/A=Not applicable; RoB=Risk of Bias

References

1. Rostami-Moez M, Kangavari M, Teimori G, Afshari M, Ebrahimi Khah M, Bande Elahi K. Cultural adaptation for country diversity: A systematic review of injury prevention interventions caused by domestic accidents in children under five years old. Med J Islam Repub Iran. 2019;

2. Bhaumik S, Allen C, Gupta S, Ludolph R, Clarke M. Report of the Systematic Review of Housing Safety Hazards and Injuries: Report for the WHO World health Organisation - Housing and Health Guidelines. WHO Housing and health guidelines [Internet]. 2018;1–88. Available from: http://apps.who.int/bookorders.

3. Zou K, Wynn PM, Miller P, Hindmarch P, Majsak-Newman G, Young B, et al. Preventing childhood scalds within the home: Overview of systematic reviews and a systematic review of primary studies. Burns. 2015 Aug 1;41(5):907–24.

4. Kendrick D, Mulvaney C, Ye L, Stevens T, Mytton J, Stewart-Brown. Parenting interventions for the prevention of unintentional injuries in childhood (Review). Cochrane Database of Systematic Reviews. 2013;(3).

5. Young B, Wynn PM, He Z, Kendrick D. Preventing childhood falls within the home: Overview of systematic reviews and a systematic review of primary studies. Accid Anal Prev [Internet]. 2013 [cited 2024 Oct 23];60:158–71. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0001457513003126

6. Ingram JC, Deave T, Towner E, Errington G, Kay B, Kendrick D. Identifying facilitators and barriers for home injury prevention interventions for pre-school children: A systematic review of the quantitative literature. Health Educ Res. 2012;27(2):258–68.

7. Turner S, Arthur G, Lyons R, Weightman A, Mann M, Jones S, et al. Modification of the home environment for the reduction of injuries. Cochrane Database of Systematic Reviews. 2011 Feb 16;

8. Ryan SE. Injury risk compensation in children with disabilities: Could assistive technology devices have a dark side? Vol. 5, Disability and Rehabilitation: Assistive Technology. 2010. p. 199–208.

9. Shea B, Reeves B, Wells G, Thuku M, Hamel C, Moran J, et al. AMSTAR 2:

A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ (Online). 2017;358:1–9.

Quality Critical of Systematic Reviews - AMSTAR 2

No	Questions	Yes	Partial -Yes	No	Meta Analysis
		✓	✓-	x	Yes/No
1	Did the research questions and inclusion criteria for the review include the components of PICO?				
2	Did the report of the review contain an explicit statement that the review methods were established prior to the conduct of the review and did the report justify any significant deviations from the protocol?				
3.	Did the review authors explain their selection of the study designs for inclusion in the review?				
4.	Did the review authors use a comprehensive literature search strategy?				
5.	Did the review authors perform study selection in duplicate?				
6.	Did the review authors perform data extraction in duplicate?				
7.	Did the review authors provide a list of excluded studies and justify the exclusions?				

8.	Did the review authors describe the included studies in adequate detail?				
9.	Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?				
10.	Did the review authors report on the sources of funding for the studies included in the review?				
11.	If meta-analysis was performed did the review authors use appropriate methods for statistical combination of results?				
12.	If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis?				
13.	Did the review authors account for RoB in individual studies when interpreting/ discussing the results of the review?				
14.	Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?				
15	If they performed quantitative synthesis did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of				
16.	Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?				

1. Rostami-Moez M, Kangavari M, Teimori G, Afshari M, Ebrahimi Khah M, Bande Elahi K. Cultural adaptation for country diversity: A systematic review of injury prevention interventions caused by domestic accidents in children under five years old. Med J Islam Repub Iran. 2019;

2. Bhaumik S, Allen C, Gupta S, Ludolph R, Clarke M. Reort of the Systematic Review of Housing Safety Hazards and Injuries: Report for the WHO World health Organisation - Housing and Health Guidelines. WHO Housing and health guidelines [Internet]. 2018;1–88. Available from: http://apps.who.int/bookorders.

3. Zou K, Wynn PM, Miller P, Hindmarch P, Majsak-Newman G, Young B, et al. Preventing childhood scalds within the home: Overview of systematic reviews and a systematic review of primary studies. Burns. 2015 Aug 1;41(5):907–24.

4. Kendrick D, Mulvaney C, Ye L, Stevens T, Mytton J, Stewart-Brown. Parenting interventions for the prevention of unintentional injuries in childhood (Review). Cochrane Database of Systematic Reviews. 2013;(3).

5. Young B, Wynn PM, He Z, Kendrick D. Preventing childhood falls within the home: Overview of systematic reviews and a systematic review of primary studies. Accid Anal Prev [Internet]. 2013 [cited 2024 Oct 23];60:158–71. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0001457513003126

6. Ingram JC, Deave T, Towner E, Errington G, Kay B, Kendrick D. Identifying facilitators and barriers for home injury prevention interventions for pre-school children: A systematic review of the quantitative literature. Health Educ Res. 2012;27(2):258–68.

7. Turner S, Arthur G, Lyons R, Weightman A, Mann M, Jones S, et al. Modification of the home environment for the reduction of injuries. Cochrane Database of Systematic Reviews. 2011 Feb 16;

8. Ryan SE. Injury risk compensation in children with disabilities: Could assistive technology devices have a dark side? Vol. 5, Disability and Rehabilitation: Assistive Technology. 2010. p. 199–208.

9. Shea B, Reeves B, Wells G, Thuku M, Hamel C, Moran J, et al. AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ (Online). 2017;358:1–9.

Grade:

High: No or one non-critical weakness; Moderate: More than one non-critical weakness; Low: One critical flaw with or without non-critical weaknesses:

Critically low; More than one critical flaw - multiple non-critical weaknesses. [9] p6

Appendix 4: CASP - Randomised Controlled Trials

Study	A			B			C			D	
	1	2	3	4	5	6	7	8	9	10	11
McKenzie, 2021 (McKenzie et al., 2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ning, 2019 (Ning et al., 2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Burgess, 2018 (Burgess et al., 2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wang, 2018 (Wang et al., 2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Cant tell
Morrongiello, 2010 (Morrongiello et al., 2010)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Keall, 2015 (Keall et al., 2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ploubidis, 2015 (Ploubidis et al., 2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes
Lehna, 2015 (Lehna et al., 2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Van Beelen, 2014 (Van Beelen et al., 2014)	Yes	Yes	No	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kendrick, 2013 (Kendrick et al., 2013)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Morrongiello, 2012 (Morrongiello et al., 2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Can't tell
Phelan, 2011 (Phelan et al., 2011)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kendrick, 2011 (Kendrick et al., 2011)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Reich, 2011 (Reich et al., 2011)	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Christy, 2010 (Christy et al., 2010)	Yes	Yes	Can't tell	Yes	Can't tell	Can't tell	Yes	Yes	Yes	Yes	Yes
Powell, 2010 (Powell et al., 2010)	Yes	Yes	Cant tell	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell
Rehmani, 2010 (Rehmani & LeBlanc, 2010)	Yes	Yes	Can't tell	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Odendaal, 2009 (Odendaal et al., 2009)	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Swart, 2008 (Swart et al., 2008)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes
Kendrick, 2007 (Kendrick et al., 2007)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
King, 2005 (King et al., 2005)	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Can't tell	Can't tell	Yes	Yes	Yes

References

1. McKenzie LB, Roberts KJ, McAdams RJ, Abdel-Rasoul M, Kristel O, Szymanski A, et al. Efficacy of a mobile technology-based intervention for increasing parents' safety knowledge and actions: a randomized controlled trial. Inj Epidemiol. 2021;8(1).

2. Ning P, Cheng P, Schwebel DC, Yang Y, Yu R, Deng J, et al. An app-based intervention for caregivers to prevent unintentional injury among preschoolers: Cluster randomized controlled trial. JMIR Mhealth Uhealth. 2019;7(8):1–13.

3. Burgess J, Watt K, Kimble RM, Cameron CM. Combining technology and research to prevent scald injuries (the cool runnings intervention): Randomized controlled trial. J Med Internet Res. 2018;20(10).

4. Wang Y, Gielen AC, Magder LS, Hager ER, Carolina N. A randomised safety promotion intervention trial among low- income families with toddlers. 2018;24(1):41–7.

5. Morrongiello BA, Read A, Zdzieborski D. Parental supervision of school-age children at home: “I think he is in his room playing a video game.” Injury Prevention [Internet]. 2010 [cited 2023 Jun 14];16(Supplement 1):A115–A115. Available from: https://doi.org/10.1093/jpepsy/jsq065

6. Keall M, Pierse N, Howden-Chapman P, Cunningham C, Cunningham M, Guria J, et al. Home modifications to reduce injuries from falls in the Home Injury Prevention Intervention (HIPI) study: A cluster-randomised controlled trial. The Lancet. 2015 Jan 17;385(9964):231–8.

7. Lehna C, Fahey E, Janes EG, Rengers S, Williams J, Scrivener D, et al. Home fire safety education for parents of newborns. Burns. 2015;41(6).

8. Van Beelen MEJ, Beirens TMJ, Den Hertog P, Van Beeck EF, Raat H. Effectiveness of web-based tailored advice on parents’ child safety behaviors: Randomized controlled trial. J Med Internet Res. 2014;16(1).

9. Kendrick D, Mulvaney C, Ye L, Stevens T, Mytton J, Stewart-Brown. Parenting interventions for the prevention of unintentional injuries in childhood (Review). Cochrane Database of Systematic Reviews. 2013;(3).

10. Morrongiello BA, Sandomierski M, Zdzieborski D, McCollam H. A randomized controlled trial evaluating the impact of the Supervising for Home Safety program on parent appraisals of injury risk and need to actively supervise. Health Psychology. 2012;31(5):601–11.

11. Phelan KJ, Khoury J, Xu Y, Liddy S, Hornung R, Lanphear BP. A randomized controlled trial of home injury hazard reduction: The HOME injury study. Arch Pediatr Adolesc Med. 2011;165(4):339–45.

12. Kendrick D, Stewart J, Smith S, Coupland C, Hopkins N, Groom L, et al. Randomised controlled trial of thermostatic mixer valves in reducing bath hot tap water temperature in families with young children in social housing. Arch Dis Child. 2011 Mar;96(3):232–9.

13. Reich SM, Penner EK, Duncan GJ. Using baby books to increase new mothers’ safety practices. Acad Pediatr. 2011 Jan;11(1):34–43.

14. Christy B, Keeffe JE, Nirmalan PK, Rao GN. A randomized controlled trial assessing the effectiveness of strategies delivering low vision rehabilitation: Design and baseline characteristics of study participants. Ophthalmic Epidemiol. 2010;17(4).

15. Powell EC, Malanchinski J, Sheehan KM. A randomized trial of a home safety education intervention using a safe home model. Journal of Trauma - Injury, Infection and Critical Care. 2010;69(SUPPL. 4).

16. Rehmani R, LeBlanc JC. Home visits reduce the number of hazards for childhood home injuries in Karachi, Pakistan: A randomized controlled trial. Int J Emerg Med. 2010 Dec;3(4):333–9.

17. Odendaal W, van Niekerk A, Jordaan E, Seedat M. The impact of a home visitation programme on household hazards associated with unintentional childhood injuries: A randomised controlled trial. Accid Anal Prev. 2009 Jan;41(1):183–90.

18. Swart L, Van Niekerk A, Seedat M, Jordaan E. Paraprofessional home visitation program to prevent childhood unintentional injuries in low-income communities: A cluster randomized controlled trial. Injury Prevention. 2008;

19. Kendrick D, Groom L, Stewart J, Watson M, Mulvaney C, Casterton R. “Risk watch”: Cluster randomised controlled trial evaluating an injury prevention program. Injury Prevention. 2007;13(2):93–8.

20. King WJ, LeBlanc JC, Barrowman NJ, Klassen TP, Bernard-Bonnin AC, Robitaille Y, et al. Long term effects of a home visit to prevent childhood injury: Three year follow up of a randomized trial. Injury Prevention. 2005;11(2).

June 2026. DOI: 10.26288/gatz-bq24
ISBN: 978-0-7334-4125-7 Evidence Based Practice Review Series ISBN: 978-0-7334-3663-5 **www.homemods.info**

CASP Randomised Controlled Trial Standard Checklist

Name of Measure

Reference

Section A: Is the basic study design valid for a randomised controlled trial?				
		Yes	No	Can't tell
1.	Did the study address a clearly focused research question?			
2.	Was the assignment of participants to interventions randomised?			
3.	Were all participants who entered the study accounted for at its conclusion?			
Section B: Was the study methodologically sound?				
4.	Were the participants 'blind' to intervention they were given? Were the investigators 'blind' to the intervention they were giving to participants? Were the people assessing/analysing outcome/s 'blinded'?			
5.	Were the study groups similar at the start of the randomised controlled trial?			
6.	Apart from the experimental intervention, did each study group receive the same level of care (that is, were they treated equally)?			
Section C: What are the results?				
7.	Were the effects of intervention reported comprehensively?			
8.	Was the precision of the estimate of the intervention or treatment effect reported?			
9.	Do the benefits of the experimental intervention outweigh the harms and costs?			
Section D: Will the results help locally?				
10.	Can the results be applied to your local population/in your context?			
11.	Would the experimental intervention provide greater value to the people in			

	your care than any of the existing interventions?			
	APPRAISAL SUMMARY: Record key points from your critical appraisal in this box. What is your conclusion about the paper? Would you use it to change your practice or to recommend changes to care/interventions used by your organisation? Could you judiciously implement this intervention without delay*?*			

Appendix 5: PRISMA - Checklist

studies were identified and included namely **Section/topic**	#	**Checklist item**	**Reported on page #**
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both. *Yes, Systematic Review in Title*	Page 1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number. *Yes, Abstract*	Page 1
INTRODUCTION *(BACKGROUND)*			
Rationale	3	Describe the rationale for the review in the context of what is already known. *Yes, Introduction*	Page 3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS). *Yes, Table 1*	Page 7
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number. *Yes, PROSPERO*	Page 7 Supplementary Files
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale. *Yes*	Page 8
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched. *Yes*	Page 7
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. *Yes, PubMed - Home Safety*	Supplementary Files

Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis). *Yes, Oxford Centre for Evidence-Based Medicine, AMSTAR 2 & CASP*	Supplementary Files
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators. *Yes, Data Extraction*	Page 7
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made. *Yes*	Supplementary Files
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis. *Yes, Risk of Bias*	Page 8
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means). *Yes, Table 2*	Page 13-19
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	N/A

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies). *Yes, Table 2, Grading of Recommendations, Assessment, Development and Evaluations (GRADE),* *A Measurement Tool to Assess Systematic Review (AMSTAR-2), Critical Appraisal Skills Program for Randomised Controlled Trials. (CASP)*	Page 13-19 Supplementary Files
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N/A
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram. *Yes, Figure 1*	Page 6
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations. *Yes, Table 1*	Page 7

June 2026. DOI: 10.26288/gatz-bq24
ISBN: 978-0-7334-4125-7 Evidence Based Practice Review Series ISBN: 978-0-7334-3663-5 **www.homemods.info**

Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12). *Yes, for Systematic Reviews and Randomised Controlled Trials*	Supplementary Files
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot. *Tables 2 and 3*	Pages 13-19, 20-21
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	N/A
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15). *Yes, Limitations*	Page 22
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	N/A
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers). *Yes, Table 2 and Conclusions*	Pages 13-19 22-23
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias). *Yes, Table 2 and Limitations*	Pages13-19 22
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research. *Yes, Conclusions*	Pages 22-23
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review. *No funding*	Page 22

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: **www.prisma-statement.org**.