

# Survey

## Baby products injury

Childhood injury is a major public health problem. This survey aims to gain a better understanding of the frequency and extent of injuries associated with baby products in Canada. The dissemination and knowledge transfer regarding certain bans/advisories and recalls on these products will also be assessed.



**Your contribution is greatly appreciated.**

1. In the past 12 months, have you seen injuries associated with cribs, baby walkers or strollers?

Yes \_\_\_ No \_\_\_ **If no, please proceed to question 2.**

If yes, specify the type of incident and how many you observed, for each product:

Type of incidents	Cribs	Baby walkers	Strollers
	Number seen	Number seen	Number seen
Minor injury			
Abrasion/laceration			
Asphyxiation/threat to breathing			
Burn/scalds			
Concussion/intracranial injury			
Skull fracture			
Upper extremity fracture			
Lower extremity fracture			
Other fracture, <b>specify:</b>			
Amputation			
Other, <b>specify:</b>			

2. Are you aware of the following actions taken by Health Canada?

Action	Yes	No	If yes, how did you learn about this ban/warning/recall?
Prohibition for import, sale and distribution of baby walkers with wheels under Canadian law since 2005.			
Advisory warning about amputation/laceration hazard posed by strollers with hinge mechanisms.			
Recall of some stroller models.			

- |  | Yes | No  |
|--|-----|-----|
| 3. Should communication of these hazards to paediatric health professionals be improved?<br>If yes, specify preferred format _____                                       | ___ | ___ |
| 4. Do you advise parents/caregivers of infants and young children on:  |     |     |
| 4.1 Safety practices in their home and community environments?   | ___ | ___ |
| 4.2 Hazards associated with baby products?   | ___ | ___ |
| If yes, how often have you done so in the past 12 months?  |     |     |
| Routinely ( $\geq 5$ times a week) ___ Frequently (at least once a week) ___   |     |     |
| Occasionally (at least once a month) ___ Rarely (less than once a month) ___ Never ___   |     |     |
| 5. Do you need patient education materials on selection of safe baby products?<br>If yes, specify preferred format _____   | ___ | ___ |
| 6. I am a paediatrician ___ a paediatric subspecialist (specify) _____<br>My subspecialty practice does not include appropriate opportunities to provide such advice ___ |     |     |

**Please return this survey with your monthly reporting form.  
Thank you for your participation.**

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