

# Is Your Baby Safe at Home?



Department of Health

Online Version



Childhood injury occurs most commonly at home. Parents play an important role in taking preventive measures to ensure their living environment is safe. Complete this checklist to see whether your home environment is childproof.

**Is Your Baby Safe at Home?**

1. Have you ever left your child alone at home or to the care of older children?

**Yes**      **No**

2. Do you have a first-aid kit at home?



3. Do you know first-aid?

**Bedroom**

**(Questions 1- 9 are particularly important for babies in the first 6 months)**

1. Have you placed your baby on the back to sleep and have his arms uncovered by blanket?



**Yes**      **No**      **Not applicable**

2. Have you placed your baby to sleep on a quilt, pillow, sheepskin or bean bag?

3. Have you put soft and fluffy objects and loose bedding at where your baby sleeps?

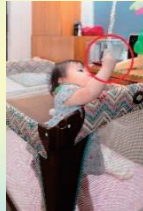
4. Do you put your baby in his own baby cot to sleep?



- |  | Yes                      | No                       | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|
| 5. If you sleep with your baby in the same bed, does your baby have his own blanket?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If you or other adults sleep with the baby in the same bed, are the adults smokers or very tired, or have they taken alcohol or drug? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you slept with your baby on sofa?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your baby wear light and comfortable clothing at bedtime?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the room where your baby sleeps well-ventilated with a comfortable temperature?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the distance between the vertical bars of the baby cot less than 6cm (2.5 inches)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the size of the mattress fit the size of the baby cot?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the height of the cot rails less than 3/4 of your baby's height?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

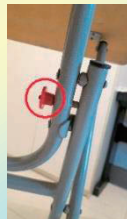







- |  | Yes                      | No                       | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|
| 13. Have you ever left your baby alone on the sofa or bed without guards (even for just a brief moment)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there any rope hanging near the bed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is there a secured ladder on the bunk bed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is there any gap between the bunk bed and the wall?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |









### Living Room

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. After you put your baby in a stroller, baby walker or high chair, have you secured the safety strap and kept the wheels locked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you covered the sharp edges of furniture with corner protectors?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you locked and stowed the foldable furniture away in a secured place?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

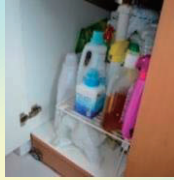


- |  |   | Yes                      | No                       | Not applicable           |
|--|---|--------------------------|--------------------------|--------------------------|
| 4. Are sockets covered with protective covers?                                 |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are doors open fixed in position with stoppers or magnets?                  |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have any items been stacked in a way such that children can climb up high?  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you installed window guards and kept them locked?                      |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you tied up curtain cords and put them out of the reach of your child? |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have tables or doors made of fragile glass at home?                  |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you stored matches and lighters away properly?                        |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Kitchen

- |   |   | Yes                      | No                       | Not applicable           |
|---|---|--------------------------|--------------------------|--------------------------|
| 1. Do you carry your baby on your back or front while working in the kitchen?                               |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all sharp utensils stored out of the reach of children?  |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is medicine stored in places where children can reach?   |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is electric kettle or hot water flask placed out of the reach of children?                               |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you installed a gate at the kitchen door to prevent young children (particularly under 3) entering? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are handles of cooking utensils turned inward on the stove?  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you reuse drinking bottles to store detergents and other chemicals?                                   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |    |   | Yes                      | No                       | Not applicable           |
|----|---|--------------------------|--------------------------|--------------------------|
| 8. | Have you stored or locked up detergents in cupboards where children cannot reach? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



### Bathroom

- |    |   |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|
| 1. | Do you use a plastic basin for bathing your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|--------------------------|



- |    |   |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|
| 2. | Have you ever left your child in the bath alone (even for just a brief moment)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|--------------------------|

- |    |   |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|
| 3. | When preparing to bathe your child, do you put cold water in before hot water and test the water temperature with your elbow? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|--------------------------|



- |    |   |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|
| 4. | Do you put an anti-slip mat in the bathtub? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|--------------------------|



- |    |  |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|
| 5. | Is the floor of your bathroom always kept dry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|--------------------------|

- |    |   |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|
| 6. | Is your bathroom door always kept closed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|--------------------------|

- |    |  |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|
| 7. | Have you left utensils filled with water around? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|--------------------------|



You have completed this questionnaire. Please check your answers.

**Is Your Baby Safe at Home?**      Y=Yes      N=No

1.N 2.Y 3.Y

### **Bedroom**

1.Y 2.N 3.N 4.Y 5.Y 6.N 7.N 8.Y 9.Y 10.Y 11.Y 12.N 13.N  
14.N 15.Y 16.N

### **Living Room**

1.Y 2.Y 3.Y 4.Y 5.Y 6.N 7.Y 8.Y 9.N 10.Y

### **Kitchen**

1.N 2.Y 3.N 4.Y 5.Y 6.Y 7.N 8.Y

### **Bathroom**

1.Y 2.N 3.Y 4.Y 5.Y 6.Y 7.N

If your answers are the same as above, congratulations! You have provided a safe environment for your child.

If any of your answers are 'not applicable', you still need to take note of the situations as they might happen in the future.

If any of your answers are different from the above, please improve on the circumstances concerned to ensure a safe environment for your child.