

CHILDHOOD TRAUMA: SLEEPING HAZARDS

Bunk bed injuries common but preventable

TRALEE PEARCE
JUNE 3, 2008

Bunk beds, long a fixture at summer camps and cottages, remain a stubbornly constant cause of childhood injuries, according to a new U.S. study.

"We know that these are preventable injuries. We know they are falls," says study author Gary Smith, whose team looked at more than 500,000 cases of non-fatal bunk-bed-related injuries treated in U.S. emergency departments from 1990 to 2005. Most of the injuries occurred in males, and half of those treated were under six years old.

In Canada, the Public Health Agency of Canada has been collecting similar data from children's hospitals.

They are compiling a new report, but preliminary data from 2002 to 2006 show about 1,550 cases of bunk-bed injuries, a number that has remained relatively steady over the past decade.

Print Edition - Section Front



[Enlarge Image](#)



The U.S. figures were also constant over the 16-year period. However, Dr. Smith notes that they may only be the tip of the iceberg, as some children may be treated in clinics or by private doctors.

Experts from both countries want to get the message out that these injuries can be more serious than previously understood, and that there is no reason they cannot be prevented.

"There has been this feeling over the years that these things will happen, and there's nothing we can do about it, it's part of growing up," says Dr. Smith, director of the centre for injury research and policy at the Nationwide Children's Hospital in Columbus, Ohio. "That isn't the case."

Dr. Smith's study, which appears in the current issue of the journal *Pediatrics*, paints a detailed picture of the injuries kids face when they fall from bunk beds or get stuck between the bed and a wall.

Armed with such data, Dr. Smith and his colleagues are offering more specific safety recommendations.

Because young children have a high centre of gravity, they tend to fall on their heads and faces and can sustain some of the most severe brain injuries. So, Dr. Smith says, it bears repeating the common advisory that children under 6 sleep only on bottom bunks.

The long-term consequences of traumatic brain injury are better known today, he says.

Twenty years ago, a small child admitted to hospital for a traumatic brain injury would be released and considered fine. Now, research suggests that a significant minority of children with seemingly mild or moderate traumatic brain injuries experience very serious long-term effects: recurrent headaches, loss of concentration and problems with inhibiting behaviour.

"It's almost like they have ADHD [attention deficit hyperactivity disorder]," he says.

While the study did not include fatalities, Dr. Smith says the worst-case scenario for children under 6 is strangulation. At that age, the waist is narrower than the head. If there is no guardrail between the bed and a wall, children can slip between them until their head gets stuck.

Newly manufactured bunk beds come with guardrails on both sides and no gaps greater than 3½ inches.

Older kids tend to break their fall with their arms, resulting in fractures. And teens and young adults land feet first, sustaining soft-tissue injuries to their feet and legs.

The Montreal Children's Hospital sees about 50 bunk-bed injuries a year in its emergency department, says Debbie Friedman, director of trauma programs at the hospital. Of those, 8 to 10 per cent of the children suffer injuries that are serious and require hospitalization. Fifty per cent occur in kids four years old and younger.

Two recent cases involved a collision with a ceiling fan and a fall out of a window from a top bunk, both resulting in an intensive-care stay and rehabilitation.

Because parents often rely on bunk beds in small spaces and they are a fixture at summer camps, Ms. Friedman says she wouldn't call for a ban, but urges parents to comply with manufacturers' warnings.

Bunk beds may not be the best choice for some adults, either, according to Dr. Smith's research. A surprising finding was the rise in bunk-bed injuries among adults in the 18-to-21 age range, compared with the 14-to-17 age group.

Possible reasons include the use of university bunk beds not originally intended for adults, a demographic prone to risk-taking behaviours, and alcohol use.

Whatever the case, experts such as Ms. Friedman and Dr. Smith say bunk-bed injuries at any age are no mere accidents.

"Kids are going to push their limits," Dr. Smith says. "But they shouldn't have to pay the price of a broken bone or a traumatic brain injury."

Tips from the top

Never allow a child under 6 in the top bunk; even older children may not be ready, depending on their personality.

Top bunks must have guardrails on all four sides.

Never place bunk beds within reach of ceiling fans or light fixtures, or near a window.

Allow only one person on the top bunk.

Keep the area around the bed carpeted and free of objects and furniture.

Source: Dr. Gary Smith

and Debbie Friedman

© Copyright 2008 CTVglobemedia Publishing Inc. All Rights Reserved.

CTVglobemedia

globeandmail.com and The Globe and Mail are divisions of CTVglobemedia Publishing Inc., 444 Front St. W., Toronto, ON Canada M5V 2S9
Phillip Crawley, Publisher