



# Practitioner briefing:

*Preventing blind cord injuries*

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**Practitioner briefing: Preventing blind cord injuries**

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## 1. Introduction

This briefing is designed to be useful to practitioners working with children under the age of 5 years. It aims to increase practitioner knowledge of the risks posed by blind cords and provide preventive information and resources.

The focus of this briefing is the prevention of blind cord injuries, but it should be noted that all cords/chains that form or are capable of forming a loop present a potential risk of strangulation injuries in young children. These include curtain tie-backs, drawstring bags, school bags and long pacifier cords.

## 2. Background

The majority of existing blinds use a cord/chain as a mechanism to open the blind. These cords usually form a loop and hang freely at one side of the blind. This free hanging loop is believed to be the primary cause of blind cord injuries.

The number of fatal and non-fatal blind cords injuries is not known. The complexity of current data collection issues at emergency departments and inconsistencies in the recording and coding of cause of death from blind cord injuries have led to a lack of reliable data. However, based on media reports and coroners information (where available), the Royal Society for the Prevention of Accidents (RoSPA) has identified a total of 28 fatal blind cord injuries occurring in the UK since 1999. The numbers of non-fatal injuries are not known.

From the information gathered by RoSPA, it has been identified that fatal injuries predominantly occurred in children aged 12-48 months with peak prevalence between the ages of 23-24 months. This latter age group accounted for more than half of all reported blind cord deaths. The deaths most commonly occur in a child's bedroom, but also happen in other rooms within the home.

Unlike other unintentional injuries, those caused by blind cords do not appear to be more common in children living in areas of deprivation and therefore in reducing blind cord injuries a whole population approach is necessary.

### Case examples

The following case examples have been included in this briefing to provide a more in-depth understanding of how blind cord injuries occur.

Example 1:

A 22 month old boy was admitted to hospital following accidental hanging from a blind cord. On the day of the incident, around 6.30pm, the mother left the child and his elder sister playing in the bedroom. After around 4 minutes, the mother returned to find the little boy hanging by the neck on the chain of a blind cord. He was not breathing. She removed the cord. The child was revived, admitted to hospital and later released.

*Source: Paediatric Hospital Department in England, published in the British Medical Journal, July 2013.*

Example 2:

A 17 month old girl strangled herself on a blind cord whilst trying to retrieve a photo that had fallen behind a curtain. Her mum had left her on her own in the living room for a few minutes and thought she was watching television. Her mum returned to find her hanging on a beaded cord. She called for an ambulance and despite 70 minutes of resuscitation efforts, the little girl sadly died.

*Source: Telegraph newspaper in November 2013*

### **3. New European standard for blind cords**

A new European standard for blind cords was introduced in February 2014. The new standard (BS EN 13120:2009+A1:2014) requires that all blinds manufactured after this date must be 'safe by design' or supplied with separate child safety devices.

A blind is 'safe by design' if it has a cordless, tensioned or concealed mechanism or if cords and chains break automatically when under pressure. Separate child safety devices include a tensioning system or a cord tidy, such as a cleat. These devices should always be fitted and used appropriately and in accordance with the manufacturers' instructions.

Where blinds are professionally installed, child safety devices must be fitted. For blinds that are supplied only, child safety devices must be included in the packaging, along with fitting instructions. All new blinds manufactured after February 2014 must carry appropriate safety warnings and cords must not exceed a specified maximum length.

The new standard is relevant to the following types of blinds: Austrian, festoon, honeycomb, panel, plantation shutters, pleated, roller, roll-up, roman and vertical.

Further information on the new standard is available on the British Blind and Shutter Association (BBSA) website:

[http://www.bbsa.org.uk/admin/uploads/bbsa\\_mis\\_brochure\\_-\\_web.pdf60.pdf](http://www.bbsa.org.uk/admin/uploads/bbsa_mis_brochure_-_web.pdf60.pdf)

Whilst the new standard is a very welcome improvement to the safety of blinds, it is important to note that the majority of blinds currently used in domestic settings are likely to be manufactured before the new standard came into force. Therefore blind cords will still pose a significant risk to children for a considerable period of time.

### 3. Preventing blind cord injuries

#### Recommendations for practitioners

In order to prevent blind cord injuries, the following actions are recommended.

##### 1. Increase knowledge and awareness with practitioners

A key aspect of reducing all injuries, including those caused by blind cords, is to increase awareness of the issue, identify preventive measures and to implement those measures. Raising awareness with internal and external members of the children's workforce is a vital aspect of prevention. This should include colleagues who work directly with parents and those working in settings and community facilities.

To assist practitioners in sharing and cascading knowledge, Children in Wales has developed a tool that can be used by practitioners (see resources section). This session plan has been designed to be delivered by practitioners to practitioners and can be used during staff and developmental meetings, events, information sessions and other cascading opportunities. The session takes no longer than 15 minutes to deliver.

##### 2. Increase knowledge and awareness with parents and carers

Those working directly with families are ideally placed to increase parental/carer knowledge and increase awareness of the risks posed by blind cords. Practitioners should provide the following preventive information:

- All blind cords and chains should be securely and safely tidied away. Cleat hooks, cord winders or tidies should be used. Where cleat hooks and similar tidies are used, they should be fitted as close to the top of the blind as possible, but still ensuring that adults can safely reach in order to operate the blind.
- In a child's bedroom cots, furniture and other nursery equipment should be moved away from the window. Even young children in cots may be able to reach an unsecured blind cord.
- Parents mistakenly believe that their child will cry out if they become entangled in a blind cord. This is not the case and parents should be aware of how silent these injuries usually are and how quickly they can happen.
- Promote the purchase of blinds that adhere to the new European standard; BS EN 13120:2009+A1:2014.
- Preventive information can be given to parents in both the home setting (1:1) and within group sessions, either as part of an ongoing parenting programme or as a 'one-off' session. The attached session plan can be adapted for group delivery.

### 3. Provision and installation of blind cord tidies or cleats

Blind cord tidies should be included in the type of equipment supplied through Home Safety Equipment Schemes. However, as with all safety equipment, it is essential that the schemes not only provides tidies, but are also responsible for fitting them.

- Where equipment is provided but not fitted, the likelihood of installation by the householder is very low. In a recent carbon monoxide prevention project with 100 parents, Children in Wales and Public Health Wales identified that less than 10% of the 100 parents who participated in the pilot installed their free alarm. Whilst this relates to alarms only, it is comparable in terms of the fitting process (2 wall plugs and 2 screws). NICE guidance (PH 29 & 30) recommends that schemes should provide and install equipment.
- The type of tidy supplied should also be taken into consideration. Children in Wales identified that parents would only accept tidies if they deemed them to be aesthetically pleasing. Brass cleat hooks were preferred by 81% of parents (123/152), whereas plastic tidies were only acceptable to 19/152. To increase acceptance, schemes may wish to offer parents a choice of cleat hooks or cord tidies before installation.

### 4. Modelling good practice in settings

Statutory, community and childcare settings should ensure all blind cords are safe and secure at all times. Blind cord hazards should be included in the risk assessments of settings and all staff should be aware of the issue and the need to ensure all blind cords are safe. This preventive measure should be included in the policies or practice of settings or organisations. This not only helps to keep children safe whilst attending the setting, but promotes positive action to parents and carers.

## 4. Resources

### British Blind and Shutter Association (BBSA)

As part of their *Make it Safe* campaign, the BBSA has produced a range of information on blind cord injuries and their prevention. This information is freely available to download.

Website: <http://www.makeitsafe.org.uk>

English, Welsh, Polish leaflets: <http://www.bbsa.org.uk/domestic/child-safety/26>

Videos: <http://www.makeitsafe.org.uk/make-it-safe-video>

## Preventing Blind Cords Injuries – Awareness Raising Session

### Background

Blind cords, chains, curtain tie-backs and other looped window dressings pose a serious risk of strangulation and suffocation to young children. Since 1999, 28 children across the UK have died as a result of a blind cord injury. It is not known how many more children have suffered non-fatal injuries or near misses.

Those most at risk of blind cords injuries are children under the age of 5 years and unusually for unintentional injuries, this is across the population as a whole and not just in areas of deprivation.

In order to reduce the risk of these injuries happening, Children in Wales has developed this session plan.

### Aims

- To increase practitioner awareness and knowledge of blind cord injuries and effective interventions
- To enable practitioners to cascade this knowledge to colleagues and other members of the children's workforce
- To reduce blind cord injuries by sharing effective interventions with families and the childcare workforce

### Delivering the session

This session plan aims to increase practitioner awareness and knowledge of the risks posed by blind cords, enabling practitioners to give effective prevention advice to families. The session has been designed to be delivered by practitioners to practitioners during staff and developmental meetings and events, information sessions and through cascading opportunities.

The awareness session takes 15 minutes and has been designed to be delivered by any practitioners, regardless of previous accident prevention knowledge.

The session plan may initially appear lengthy, however it has been specifically developed to support delivery by providing detailed information, prompts and timings. Developed in conjunction with practitioners, our pilot sessions identified that this format was preferred by practitioners. Those delivering the sessions stated that the additional information enabled them to answer questions and increased their confidence in delivering the session.

Whilst this session plan has been developed for delivery to practitioners, it can be easily adapted for delivery to parents.

# Preventing Blind Cords Injuries – Awareness Raising Session

| Time (mins) | Aims of the session:   | Key messages   | Notes  | Resources needed |
|-------------|--|--|--|------------------|
| 0.00 - 4.00 | <p><b><u>Overarching aims of the whole session:</u></b></p> <p>a) To increase practitioner awareness and knowledge of blind cord injuries and effective interventions</p> <p>b) To enable practitioners to cascade blind safety information to colleagues and other members of the children’s workforce</p> <p>c) To enable members of the children’s workforce to raise awareness with and give advice to the families and childcare settings they work with</p> <p><b><u>Aims of this section:</u></b></p> <p>To raise awareness of who is most at risk of a blind cord injury</p> | <p>1. Introduction &amp; purpose of the presentation</p> <p><b>We will be talking about blind cords, so before I begin, I just want to explain what I mean by ‘blind cords’</b></p> <p>“Any blind, curtain or window covering that has a mechanism or includes a window dressing that forms a loop, poses a danger to children. Throughout this presentation, I will refer to blind cords, but this term will include chains and other looped cords found on a blind.”</p> <p><b>The need for prevention:</b></p> <p>3. • Since 1999, 28 children across the UK have died as the result of a blind cord injury. The majority of these deaths have been caused by a hanging blind cord</p> <p>• All of these deaths were preventable</p> <p><b>Who is at risk?</b></p> <p>All children are at risk, however, those most at risk are:</p> <p>4. • Children aged between 12 – 48 months</p> <p>• With the risk peaking between 23-24 months old</p> | <p><b>Introduction</b> – Tell the group about your presentation, e.g:</p> <ul style="list-style-type: none"> <li>• Take 15 minutes to talk about blind cord injuries</li> <li>• Who they affect</li> <li>• How they happen</li> <li>• And most importantly, how to prevent them</li> </ul> <p><b>Explanation of the term ‘blind cord’:</b><br/><i>(You may wish to use a cord or string to demonstrate a loop or, if possible, use the blinds in the room you are talking in)</i></p> <p>This will include:</p> <ul style="list-style-type: none"> <li>• The cords on the back of a blind (e.g.roman blind)</li> <li>• The cords that run through a blind (e.g.venetian blind)</li> <li>• Any cord, chain or tie back that forms a looped cord on a window dressing</li> <li>• Roller, vertical blinds and festoon blinds.</li> </ul> <p>Due to data and reporting issues, this figure has been collated from media reports only. It is therefore possible that the figure may be greater.</p> <p>It is not known how many children have suffered non-fatal serious and disabling injuries.</p> <p>It is important to note that all children are at risk. Unlike other accidents, where the risk is greatest in children living in areas of deprivation, blind cord injuries affect the whole population.</p> <p>From the deaths to date, it has been identified that certain age groups have the greatest number of deaths.</p> | Cord or string   |

# Preventing Blind Cords Injuries – Awareness Raising Session

| Time (mins) | Aims of this section:                                  | Key messages   | Notes   | Resources needed |
|-------------|--|--|---|------------------|
| 4.00 - 7.00 | a) <b>To understand how blind cord injuries happen</b> | <p><b>1. How do they happen?</b><br/>Children become entangled in blind cords for a number of reasons, including:</p> <ul style="list-style-type: none"> <li>• Playing at the window</li> <li>• Climbing onto the sill</li> <li>• Reaching for items on the window sill</li> <li>• Looking out of the window</li> </ul> <p>A child can quickly become caught up in the cord, even a single loop. Injuries can occur when they fall from the sill, or try to ‘wriggle’ out of the cord. The cord then tightens and restricts their airway and in many cases, leaves the child suspended from the cord.</p> <p><b>2. These injuries happen quickly and silently as the following case study shows.</b></p> <p><b>Case Study:</b><br/>Read one of the following reports to the group. These reports are typical of how quickly and easily the accidents happen.</p> <p>1) Is a report from a Paediatric Hospital Department in England, published in the BMJ (British Medical Journal) in July 2013.</p> <p>2) Is taken from the Telegraph newspaper in November 2013</p> | <p>It is important for practitioners to understand how injuries can happen. This will help them identify the risks in homes and settings and also help them when they raise awareness with parents.</p> <p>There are many reasons for entanglement, those listed opposite indicate just a few of those reasons.</p> <p>Although blind cord injuries can happen anywhere in the home, the majority happen in the child’s bedroom.</p> <p><i><b>Optional:</b> many practitioners have found it useful to see a visual representation of the loop. Using cord or string, you may wish to show a loop</i></p> <p><b>Read Case Report 1 or 2:</b></p> <p>1) A 22 month old boy was admitted to hospital following accidental hanging from a blind cord. On the day of the incident, around 6.30pm, the mother left the child and his elder sister playing in the bedroom. After around 4 minutes, the mother returned to find the little boy hanging by the neck on the chain of a blind cord. He was not breathing. She removed the cord. The child was revived, admitted to hospital and later released.</p> <p>2) A 17 month old girl strangled herself on a blind cord whilst trying to retrieve a photo that had fallen behind a curtain. Her mum had left her on her own in the living room for a few minutes and thought she was watching television. Her mum returned to find her hanging on a beaded cord. She called for an ambulance and despite 70 minutes of resuscitation efforts, the little girl sadly died.</p> | Cord / string    |

# Preventing Blind Cords Injuries – Awareness Raising Session

| Time (mins)  | Aims of the section:  | Key messages  | Notes   | Resources needed |
|--------------|---|---|---|------------------|
| 7.00 - 10.00 | <p>a) To give practitioners a greater understanding of why parents may not implement advice.</p> <p>b) To enable practitioners to discuss perceptions with parents and provide advice and support accordingly</p> | <p>1. Parental perception:</p> <p>Before we look at how to prevent these injuries, it is worth noting some parental perceptions around blind cord injuries.</p> <p>Understanding their views may help to identify the information that parents need to be given in order to make changes.</p> <p>A discussion with parents has shown that:</p> <ul style="list-style-type: none"> <li>Parents believed that deaths were caused by a child physically wrapping the cord around themselves</li> <li>Parents believed they would hear their child in trouble and would be able to stop the injury</li> <li>Parents all stated that their children are never left alone</li> <li>The majority of parents thought that this type of accident wouldn't happen to them.</li> </ul> | <p>Understanding the thoughts and perceptions of parents is crucial to all areas of accident prevention.</p> <p>Children in Wales has spoken in detail with parents to ascertain their perception of blind cords, risk and injuries (<i>total of 152 parents</i>).</p> <p>Knowing parental perceptions helps practitioners to identify the type of information parents need and the level of detail. For example, explaining to a parent about how quickly and silently blind cord injuries happen may not be enough.</p> <p>In our discussions with parents, they all stated that without detail, the terms 'silently' and 'quickly' did not mean anything to them. Without exception, parents needed to understand the 'why'</p> <p>Based on this information, we then told them the following.</p> <p><i>"Blind cord injuries can happen in just a couple of minutes. That's the time it takes to make a cup of tea or put the shopping away or hang out the washing. You would be unlikely to hear the accident happening because as the cord gets caught around their neck, the airway becomes restricted. This means that they are unlikely to be able to shout for help."</i></p> <p>The parents stated that this information and the opportunity to discuss it, would firstly enable them to see that it could happen to their child and secondly, to do something about their own risks at home.</p> |                  |

# Preventing Blind Cords Injuries – Awareness Raising Session

| Time (mins)   | Aims of the section:   | Key messages   | Notes   | Resources needed  |
|---------------|--|--|---|---|
| 10.00 - 13.00 | a) To identify measures that are effective in reducing the risk of blind cord injuries | <p><b>1. Preventing blind cord injuries</b><br/>Blind cord injuries are completely preventable.</p> <p><b>For interventions, there are 2 categories to consider:</b></p> <ol style="list-style-type: none"> <li>1) New Blinds</li> <li>2) Existing Blinds</li> </ol> <p><b>Firstly new blinds:</b> If parents are buying new blinds, they should:</p> <ul style="list-style-type: none"> <li>• Buy from a reputable retailer</li> <li>• Ensure that their new blind conforms to the standards<br/>BS EN 13120: 2009 + A1:2014</li> </ul> <p><b>Secondly, existing blinds:</b></p> <p><b><u>This is the most important category to consider as the standards are new and the majority of blinds will still pose a risk.</u></b></p> <p><b>Prevention advice for families with existing blinds:</b></p> <ul style="list-style-type: none"> <li>• Fit a blind cord cleat or a blind cord tidy <b>and use it every time</b></li> <li>• Move beds, cots and other furniture away from windows if possible</li> <li>• Do not tie cords or chains together as this will form a loop</li> <li>• Check all blinds in the house, not just in the child’s bedroom.</li> </ul> | <p><b>New Standards:</b><br/>From February 2014, a new blind cord standard came into force. This means that blinds manufactured after this date must comply with this standard.</p> <p>The standard means that new blinds are safer by design. To view the new standard, visit the Make It Safe website.<br/><a href="http://www.Makeitsafe.org.uk">www.Makeitsafe.org.uk</a></p> <p><b>Optional Visual Aid:</b><br/>You may wish to show examples of blind cord cleats and tidies. You may also wish to use any available blinds (in the room) as an example.</p> <p><b>Cutting a blind cord is not generally effective.</b> Cutting a looped blind cord may result in the following:</p> <ul style="list-style-type: none"> <li>• 2 loose cords may become entangled with each other and therefore form a loop. <b>This does not reduce the risk</b></li> <li>• A blind that no longer works. For example, roller blind mechanisms often need the whole length of the cord to work</li> </ul> <p><b>It is important to remember that many blinds have cords that cannot be made safe by hooks and tidies. For example, roman and venetian blinds. Can these be replaced or removed?</b></p> | <p><b>Cleat hook and/or blind cord tidy (examples shown below)</b></p>  |

# Preventing Blind Cords Injuries – Awareness Raising Session

| Time (mins)   | Aims of the section:  | Key messages   | Notes  | Resources needed  |
|---------------|---|--|--|---|
| 13.00 - 15.00 | <p>a) To identify what practitioners can do to reduce the risk of fatal, serious and disabling blind cord injuries with families</p> <p>b) To identify what practitioners can do to reduce the risk of fatal, serious and disabling blind cord injuries within childcare settings</p> | <p>1. <b>Reducing the risk with families:</b><br/>In order to reduce the risk, we need to raise awareness and share this information with families and other practitioners.</p> <p><b>There are many opportunities to do this. For example; with families through:</b></p> <ul style="list-style-type: none"> <li>• Home visits</li> <li>• Through childcare settings</li> <li>• Parenting groups</li> <li>• Family support interventions</li> <li>• Sessional family work</li> <li>• Leisure and play activities and facilities</li> <li>• Ante natal &amp; midwifery</li> <li>• Housing</li> <li>• Community safety</li> </ul> <p><b>With other practitioners through:</b></p> <ul style="list-style-type: none"> <li>• Team meetings, conferences, seminars</li> <li>• internal bulletins, emails, staff inductions and training</li> </ul> <p><b>As a summary, the key information to share is:</b></p> <ul style="list-style-type: none"> <li>• <b>Blind cord injuries are preventable</b></li> <li>• <b>They can happen to any child</b></li> <li>• <b>They happen with minutes and are usually silent</b></li> <li>• <b>Use cleat hooks or cord tidies</b></li> <li>• <b>Move beds, cots and furniture away from windows</b></li> </ul> | <p><b>Advise the group that</b> “just a couple of minutes spent talking with the family in the home will raise awareness and could save a child from being fatally or seriously injured”</p> <p><b>Advising parents:</b> face to face advice and support is more effective than just a leaflet drop. This allows the parents to ask questions and understand their own individual risk better. Parents state that they prefer the information to be given directly, either through a 1:1 or in groups.</p> <p><b>Leaflets are available and these will help to support verbal advice.</b> They can be downloaded from the <i>Make It Safe</i> website: <a href="http://www.Makeitsafe.org.uk">www.Makeitsafe.org.uk</a> or from Children in Wales website <a href="http://www.childreninwales.org.uk/resources/accident-prevention/">http://www.childreninwales.org.uk/resources/accident-prevention/</a> English <a href="http://www.plantynghymru.org.uk/adnoddau-2/atal-damweiniau/">http://www.plantynghymru.org.uk/adnoddau-2/atal-damweiniau/</a> Welsh</p> <p><b>In childcare and parenting group settings,</b> we need make sure that good practice is promoted by ensuring that any cords, chains and loops are safe. This not only ensures the children are safe in these settings, but helps to promote the interventions with parents.</p> <p><b>FINISH:</b><br/>Thank group for listening</p> | <p><b>Optional Make It Safe leaflet</b><br/>Download a copy of this leaflet to show practitioners. The leaflet is available in English and in Welsh</p> |