



CHILD SAFETY MONTH – AUGUST 2006

During **CHILD SAFETY MONTH** the Child Accident Prevention Foundation (CAPFSA) and other stakeholders set out to raise awareness and promote actions that would assist in reducing the unacceptably high rate of childhood injuries and deaths. With this health month, emphasis were placed on creating a safer environment for children.

This year CAPFSA highlighted the dangers that children face daily in the home, the school, and on the road and during play in the community. This month further aimed to: provide clear and accurate safety information to the public; encourage local communities to take part in child safety activities and to encourage the media to provide positive coverage of the importance of child injury prevention.

Various activities took place during the month. This included: workshops, safety demonstrations, exhibitions radio and television programmes and resource distribution. One of the main focus areas of CAPFSA for this month was burn prevention.

Here follows some feedback relating to activities during child safety month:

VALHALLA PARK EXHIBITION

CAPFSA in conjunction with other role players i.e. Department of Community safety – Traffic Safety, Paraffin Safety Association, ESKOM and Childline held a week long exhibition at Valhalla Park Library on 21 - 25 August 2006.

Schools from the community and community members visited the library to view the exhibitions. Safety presentations were also conducted by these organisations daily for the groups of learners that visited.

Michelle Grewelaar from the Valhalla Park Library co-ordinated the project and CAPFSA is grateful for this kind of initiative.



Volunteer Rukea Abdroef displayed safety messages at Groote Schuur Hospital



Continued on page 2

EXHIBITIONS AT GROOTE SCHUUR AND RED CROSS CHILDREN'S HOSPITAL

Rukea Abdroef whom is a CAPFSA volunteer had a weeklong safety display from 7 - 11 August at Groote Schuur Hospital. This annual display received a lot of interest from medical students, staff and visitors who visit the hospital.

A month long display of safety messages was also visited by parents visiting the Red Cross Children's Hospital.

MEDIA

During Child Safety Month print, broadcasting and electronic media was used to create awareness and convey safety messages to the boarder sector of the public.

Educational leaflets and posters were distributed to various health facilities.

CAPFSA would like to thank the media for their continued support and assistance in creating awareness around child safety and injury prevention.

CHILD INJURY PREVENTION WORKSHOP

The Health Promotion (Department of Health) and CAPFSA hosted a one-day workshop on Child Injury Prevention on 16 August at the Johnson & Johnson Hall, Red Cross Children's Hospital. The focus of this workshop was on the prevention of and the immediate response to all types of burns experienced by children.

Ashley van Niekerk from the Medical Research Council (CVILP) gave an overview on the incidence of burn injuries to children in the Western Cape and the risk factors associated with burns. Professor Heinz Rode gave delegates a practical overview of the immediate response to a burn injury and the importance of cooling a burn with cold water. Other topics on the agenda were the Candle in a Jar demonstrations by Sr. Schulman and Pumla Nyakaza from Red Cross Children's

Continued from page 1

Hospital, the Home Visitation Project (Arrie Odendaal, MRC CVILP) and the promotion of the “Cool a Burn” concept. Practical implementation and work shopping of the Cool a burn concept and prevention intervention on burn injuries also received considerable attention.

Eighty Health Promoters, Nutrition advisers, IMCI co-ordinators, representatives of crèche associations and staff involved with promoting child health from NGO’s attended the workshop.

Delegates found the workshop informative and relevant and enjoyed the group interactions around burn prevention.

Candle in a Jar demonstrations and distribution at Red Cross Children’s Hospital

Two of the main causes of shack fires are fallen paraffin stoves and fallen candles. People in informal settlements face huge emotional challenges and financial losses due to fire. One way in which candles can be used more safely is to place a candle cut in half in a recycled large glass jar one third filled with dry sand. The sand will act as a fire extinguisher if the jar containing a lighted candle is knocked over. The sand also holds the candle upright, and the reflective surfaces of the glass jar increases the efficiency of the candlelight. This concept idea has been developed at The Red Cross Children’s Hospital and is known as the Candle Project.

The Candle Project was taken to Khayelitsha for trials in the community earlier this year, and during Child Safety Month it was demonstrated as part of safety education to parents/caregivers in the main Outpatient waiting areas of the Children’s Hospital, where it was very well received. Ten demonstration sessions were held, and 250 units consisting of a large glass jar, a measured volume of sand, and two candle halves were distributed.

Parents in the main waiting areas of Red Cross Children’s Hospital Out Patients Department watched the Candle-in-a-Jar-with-Sand-Project demonstrations with keen interest. About 250 jars with sand and candles were distributed to people living over a wide area of the Western Cape, from Vredenburg to Ocean View, and George during the

demonstrations. Parents, Community Leaders, school children and good neighbours came forward with offers to spread the message that a candle used in a jar with sand can save lives (if used correctly) and family homes from destruction. CAPFSA’s aim is that the Candle Project should be self-sustaining, as people adopt the habit of using recycled jars with sandy soil from their back yards in the jar to extinguish the candle flame should the jar be knocked over.

We would like to thank all the staff of the Red Cross Children’s hospital and individuals from the community who have given donations of large glass jars. Thank you also to staff members and volunteers who helped to fill sandbags, pack jars and cut candles.

One of the advantages of the Candle Project is that it places no financial burden on families – it costs nothing to set up. The glass jar is recycled from household use. Even if families cannot afford to buy food products in glass jars, they could ask their employer for one or ask colleagues or friends.

The Candle Project is good for every one; we virtually all resort to candles during power outages or if the prepaid metre runs out of credit.

CAPFSA plans to take the Candle Project forward, by continuing education and demonstrations in informal settlements, and by approaching target groups, such as the Fire Department, Disaster Management CBO’s and NGO’s to carry the message, that **a safer candle is a Candle in a Jar.**



Continued on page 3



CAPFSA Reporter

Do you have any Safety News, Information or Comments?

Write to:

The Editor

CAPFSA Reporter

P.O. Box 791

Rondebosch

7701 Cape Town

SOUTH AFRICA

Tel: (021) 685 5208

Fax: (021) 685 5331

E-mail:

capfsa@pgwc.gov.za

http://www.childsafe.org.za/

CONTRIBUTORS

Cape Argus

Cape Times

Critical Health Perspectives

Nelmarie du Toit

Independent On Line

Injury Prevention Journal

Layers of Safety Campaign

Pumla Nyakaza

Parasafe

Louis Reynolds

Dorothy Schulman

Social Work Department

Pelonomi Hospital – Free State

Len Stephens

Colin Vale

World Health Organization

PRINTING & LAYOUT

University Document Management Services

DISTRIBUTION

Giovanna Adams

Opinions expressed in the CAPFSA Reporter are not necessarily those of the Child Accident Prevention Foundation of Southern Africa

Continued from page 2

HOME VISITATION PROGRAMME

In recognition of Child Safety Month, the Department of Health, MRC and the UNISA Crime Violence and Injury Lead Programme launched a safety home visitation project in Makhaza Khayelitsha. According to Ashley van Niekerk the project leader, 720 homes in Khayelitsha, Manenberg, Langa and Mitchells Plain were targeted to be reached by this project. Community Health workers who have been trained on various safety issues will be visiting homes for four months to educate caregivers in the home.



Minister P Uys (MEC Health Western Cape, Khayelitsha community member, Pumla Nyakaza (CAPFSA), Arrie Odendaal (MRC CVILP) and Prof Sebastian van As (Red Cross Children's hospital and CAPFSA)

The MEC of Health Mr. Uys attended the launch and in his address he highlighted the importance of targeting these safety issues and intervening especially in winter where there are fires and electricity hazards. He encouraged the community to prevent injuries rather than to treat them.

The programme was ended with a visit to a home, which is one of the sites (Endlovini – Khayelitsha) where the project will take place. Representatives from the Child Accident Prevention Foundation also attended and safer use of candles was promoted.

Carmageddon: the hidden war between motor cars and people

Louis Reynolds

El socialismo puede llegar solo en bicicleta.

(Socialism can only come by bicycle)

José Antonio Viera-Gallo, Assistant Secretary of Justice in the government of Salvador Allende.

There is a silent, ongoing, global war between motor cars and people. It is silent because, though it kills many times more people than armed conflicts and terrorist acts combined, it seldom hits the headlines in the way they do. It is ongoing because it rages and will continue to rage around us day and night. And it is global because, though it started in the rich world just over a century ago, it has spread throughout the world and is now spreading like wildfire through poor countries.

I have called this war Carmageddon, from the biblical word Armageddon, a dramatic and catastrophic conflict, especially one seen as likely to destroy the world or the human race. This article is a brief description of Carmageddon and its four theatres of war.

Theatres of war

The first, *Motorcarnage*, the daily killing on the roads, is the one we are most aware of. The second is *oil wars*: large and small armed conflicts in pursuit of the world's remaining oil reserves. Third, there is *global ecocide*, the part played by cars in climate change and global warming, probably the most serious threat to human life in history. Finally, there is *social ecocide*, the degradation of communal life and culture brought about by our dependency on cars to move ourselves around.

Motorcarnage

The killing vaguely comes into our sub consciousness in the daily 'traffic report' we hear on the radio, which tells us where to expect delays or which alternative routes we can use when there has been a violent incident involving motor vehicles: 'there has been a terrible collision on the M2 near Bellville, expect some delays, or take an alternative route through so-and-so...' It seldom mentions the victims.

Deaths due to motor vehicles exceed those due to armed conflict by several fold. Annual traffic deaths number more than 1.2

million, those due to armed conflict around 310,000.¹ In 2004, terrorist acts killed 1907 people around the world, a 3-fold increase over the year before.²

Most of those killed and maimed by Motorcarnage do not belong to the car-owning classes; militarists would see these deaths as "collateral damage". Overwhelmingly they are from poor countries and poor communities in rich countries. In 2002, for example, of all children killed, 96% were from low-income and middle-income countries, and in rich countries the risk for children in families without a car is twice that of children in car owning families.³

Motoring journalists often refer to motor cars as weapons. For example, Dennis Droppa says the BMW 5M is "more than just a cruise missile"⁴. It has "the ammo to take on the supercharged E-55 even though the Benz outguns it". His colleague, Michelle Lupini agrees: "I reckon the BMW 5M has to be the ultimate driving weapon on the road today."⁵ Many other cars have been referred to as weapons.

Oil wars

Examples of oil wars include the illegal invasion and occupation of Iraq, the repeated attempts to overthrow President Hugo Chavez in Venezuela, the botched coup attempt in Equatorial Guinea, and the struggles between local communities and oil companies in Nigeria and Latin America.

We can expect oil wars to escalate for 3 reasons. Firstly, the world's oil production is predicted to peak soon (if it hasn't already). After the peak, oil production will decrease. Secondly, demand will continue to increase, particularly in the light of rapid economic growth and the motorisation of the new superpowers like China and India. This will mean massive increases in oil prices, with far-reaching effects on the daily lives of everyone. Third, the US sees control of oil as a major strategic issue in terms of its foreign policies. The west coast of Africa with its oil reserves is likely to be a contested area in future oil wars.



Continued on page 4

Global ecocide

Cars are among the largest contributors to carbon dioxide and other emissions from combustion of oil and play a large role in climate change.

Climate change already kills an estimated 160,000 people each year⁶ but the future looks even more threatening. Once again it will be the poor, the people who don't belong to the car-owning classes, who will suffer the most. The Intergovernmental Panel on Climate Change is the foremost authority in this field.⁷ IPCC models show that climate change will threaten health "particularly in lower income populations, predominantly within tropical/subtropical countries". They confidently predict that climate change will lead to an increase in heat-related death and illness, more epidemics of infectious diseases after storms and floods, and make significant impacts from the displacement of populations in response to rises in sea level and greater storm activity.

Crop yields will decrease as temperatures rise. Food prices will increase globally, and vulnerable populations will become hungrier. Though some places may see an overall increase in rainfall, dryer parts of the world are likely to become dryer with climate change. South Africa is expected to become hotter and wetter in the east, and hotter and dryer in the west. Malaria will spread to temperate areas. This will add to migrations and political instability in many areas of the world.

The Royal Society has produced an excellent document debunking of the 'controversies' surrounding climate change.⁸

Social ecocide

The motor car's war against communal life and culture is perhaps the most subtle and pervasive theatre of the war. Cars have changed our perception of place, space and time, and our relationships with others. It is not possible to explore this in detail here.

Our dependency on cars stems from the myth that the motor car promotes our rights to personal mobility and freedom. As counterintuitive as this may seem, it is very far from the truth.

Fundamentally, the motor car is a vehicle of inequality. To understand this, ask yourself 3 questions: (1) do you claim the right to drive a private car freely and within the traffic laws and regulations? (2) do you grant the same right to everyone else over the age of 18 who is competent to drive? (3) would you be prepared to live in a world where everyone exercised this right? Such a world would simply grind to gridlock. We only have to look at what happened when large numbers of people got into their cars to evacuate New Orleans and Houston in the wake of Hurricane Katrina to get an idea of how the world would look.

The problem with cars is that, no matter how 'green' they become with new technology, their level of usefulness decreases as more people use them. If everyone owned one, they would be useless. Thus, inevitably, they can only give mobility to a minority. And, since private car ownership leads to increasing commuting distances even for those who do not own them, car-less people are sentenced to immobility (unless public transport is good). In direct contrast to the car bicycles would remain useful even if everyone owned one, and the world would be a better place. No matter how elegant and high tech, the motor car is a crude, dirty, dangerous and wasteful form of transport.

Ivan Illich⁹ pointed out that "beyond a critical speed, no one can save time without forcing another to lose it." Speeds above what we can achieve with our muscles – ie of the order of bicycle speeds – are fundamentally inequitable. The only way to change this is to limit personal transport to bicycle speeds.

Finally: put people before cars

The motor car is both a symbol of, and a metaphor for, the kind of industrialisation and economic growth that needs massive amounts of energy, produces massive amounts of waste, and is fundamentally unsustainable. The motor car cannot take us down the road to equity and social justice. Instead, it is taking the world down a one way road to destruction.

We must pursue economic and growth policies that put people first, where their work and leisure areas are within the community, close together. Where children can explore their environment safely. We should promote small local business and industry, and base our transport policies should be based on walking, bicycles and good public transport.

It won't be easy, because of the massive vested interests around this issue, including the car industry, big oil, the road industry, and so on. But probably the biggest obstacle is ourselves and our car addiction.

¹World Health Organisation. *World Health Report* 2001.

²Cole, David. *Are we safer?* *New York Review of Books*. March 9 2006, p 15.

³Roberts I, Norton R, Jackson R, Dunn R, Hassall I. Effect of environmental factors on risk of injury of child pedestrians by motor vehicles: a case-control study. *BMJ* 1995;310:91-4

⁴Dennis Droppa *DriveTimes* 14 October 2004.

⁵Michelle Lupini, Editor, *Cars in Action*, in: *This Day*. 29 September, 2004.

⁶World Watch Institute 2005. *State of the World 2005. Trends and Facts – Changing the Oil Economy*.

⁷IPCC documents and reports are freely accessible on-line on their website. <http://www.ipcc.ch/>

⁸<http://www.royalsoc.ac.uk/trackdoc.asp?id=1630&pld=2986>

⁹See: Ivan Illich: *Energy and Equity*. Available on line at <http://reactor-core.org/energy-and-equity.html>

SOURCE: Critical Health Perspectives. Number 3 2006
<http://www.phmovementsa.org/>

NEW WATER SAFETY PAMPHLET

AQUANET generously sponsored the development and printing of an educational pamphlet on the prevention of drowning. As drowning are the second cause of unnatural deaths to children in South Africa it is vital that prevention effort are put in place to make children, adults and the public at large aware of the dangers around water.

Pamphlet on Prevent drowning is available from CAPFSA
Tel 021 6855208 or
capfsa@pgwc.gov.za
or visit our website
www.childsafe.org.za



USE CANDLES WITH CARE

Candle-related fires have been identified as a growing problem. The Child Accident Prevention Foundation together with other stakeholders are taking initiatives in making sure that communities are educated on the dangers that candles might pose. High numbers of shack and other fires, due to human error or consumer misuse occur over and over again. There are many victims, some of who are children, who suffer severe burn injuries resulting in long-term scarring both physical and psychological. There are also numerous media reports of deaths from burn injuries due to fallen candles.

Candles are not only utilized by families that do not have access to electricity. Candles are also used during power outages, when pre-paid electricity runs out, when electricity has been cut off and also for social events.

Tragic and preventable examples

- Toddlers burn to death in their sleep – Candle in their room fell over.
- Two boys die in fire near Durban – Father left them with burning candle.
- Four people die in shack fire – Burning candle fell over.
- One-month-old baby severely burnt – Candle fell onto his bed.
- Candles burns down home – 12 year old boy fell asleep with candle.
- Candle burns down bathroom – candle placed on side of bath and left unattended.

It is said that most candle users do not have access to candle holders, which have been made specifically for candle use and therefore use anything they can find. Examples include placing candles straight onto table with a bit of wax, saucers, cups, pieces of wood and others. Many of these are not safe which ultimately also leads to candles falling over.



CAPFSA feel strongly that Candle manufacturers could also play an important role in preventing burn injuries from candles. It is suggested that all candle manufacturers should include warning messages on their packaging. Manufacturers should also look at the length of the wick of their candles so that these are not too long. Some candles are sold with wicks that are as long as 30 - 40 and more mm. This is dangerous, wicks should preferable not be longer than 5 - 7 mm.

CAPFSA and other individuals are looking at different methods that we

think could assist communities who use candles to use them safely. Here are just a few initiative or ideas of safe use of candles that has been coming to the fore over the past months.

CANDLE IN A JAR

Dorothy Schulman a nurse from Red Cross Children's Hospital was touched by this unacceptable numbers of shack fires and felt something needs to be done. She came with an idea of a simple preventative measure – **a candle in a glass jar**. She hoped that with her idea the number of fires and burn injuries could be reduced especially where candles are used.

One way in which candles can be used more safely is to place a candle cut in half in a recycled large glass jar one third filled with dry sand. The sand will act as a fire extinguisher if the jar containing a lighted candle is knocked over. The sand also holds the candle upright, and the reflective surfaces of the glass jar increases the efficiency of the candlelight. This idea has been developed at The Red Cross Children's Hospital and is known as the Candle Project.



The Child Accident Prevention Foundation took the project to an informal area in Site C Khayelitsha that exclusively use candles as source of lightning for the testing. Ten households were chosen for the experiment and were given a period of five days to use the candle in a glass jar to evaluate the efficiency of the candle. Feedback received from the research was very positive. Everyone felt the idea was excellent and they would recommend the use of the candle to other people to use.

See child safety month article for more information on the candle project.

Safe use of candles in a glass jar

- Never leave a burning candle unattended.
- Always supervise children near fire/flame/candle.
- Place your candle jar on a sturdy, uncluttered surface away from the edges & any place where it could be knocked over by children.
- Light the jar candle carefully ensuring that you do not burn yourself. If you find it difficult to light the candle using your hands – use another candle.
- Extinguish all candles when you leave the house or go to sleep.
- Never leave young children unattended in a room with a candle.
- Always keep candles away from anything that can burn i.e. curtains, newspaper, clothing and hanging decorations.
- Place lit candles away from windows or near doorways, where drafts could bring combustibles in contact with flame.

General care of candle in a glass jar

- Always remove the wax from the sand/soil every time your candle is finished or burn down.
- Ensure that you refill the glass jar with sand/soil with every change of candle to the exact level 1/3 full.
- Should the glass start to get darker, clean it as you are removing the wax.
- Only use half a candle in the glass jar.

Continued on page 12

NEWS REPORTS

DOG BITES

Neighbours' Rottweiler bites Westlake toddler

A Westlake couple are distraught after their two-year-old son was bitten by the neighbours' Rottweiler.

The Rottweiler gave the toddler six punctures on his thighs and buttocks.

According to the owners of the dog and the parents of Christiaan Ten Velden, the incident occurred while Christiaan and a domestic worker, whom the family know only as Thandi, were out for their afternoon stroll.

The dog, Duke, approached the two and Thandi screamed and picked up the toddler.

The Duke's owner, Roxy Doyle, who saw the incident, said the eight-month-old puppy had wanted to sniff the two but when Thandi panicked Duke had "retaliated".

Doyle said she had pleaded with Thandi to remain calm.

Mother Lucy received a call asking her to rush home.

Doyle drove the mother and toddler to a nearby hospital.

Doyle's boyfriend, Chris Lowe, said the gate was left open by the builders renovating their house.

Christiaan's father, Bruce, said he had reported the incident to the police.

Source: Cape Argus, 2 June 2006.

FIRE ARMS

What's bad for dealers may be good for the SA public

Gun owners have engaged in a flurry of discussions this week which have given only part of the picture of how the closure of Cavendish Guns links up with our constitution rights.

Since 1994, South Africa has experienced extraordinary levels of gun violence: 208 000 people were killed in gun violence between 1994 and 2003; many more were injured, many, many more were traumatised, while South Africans as a whole have experienced new levels of fear and isolation.

Police and security experts agree that this has been linked to increased access to guns, particularly handguns, and that it is not only increased levels of crime at work, but increased levels of inter-personal violence – that is violence between friends and within families – where easy access to guns allows conflict to rapidly escalate from arguments to murders.

Far stricter gun control is urgently needed to bring the level of gun violence down. Gun control is always a compromise.

While gun owners claim that the Firearms Control Act infringes on their right to property, the wider public understands that it protects our rights to life and to security of the person "which includes, among other things, the right to be free from all forms of violence from either public or private sources".

The Firearms Control Act is not intended to disarm gun owners, but to limit gun ownership to people who are fit to own a gun and who actually need one.

We believe that this limitation is well worth it, if it saves lives.

The new system of gun control has had a variety of effects.

On one hand, gun dealers have experienced a drop in gun sales and certain gun shops have been forced to close. On the other hand, tens of thousands of guns have been brought in and destroyed, and the number of gun-related deaths has dropped even below 1994 levels.

So, what is bad for the gun dealer may be very good for the South African public.

With that in mind, we urge parliament as it considers the Firearms Control Amendment Bill not to weaken the law, but in fact to strengthen it, to better protect women and children in violent homes, and to allow communities to have a say about whether gun dealers should be established in their areas, to begin with.

Margy Keagan, Gun Free South Africa

Source: Weekend Argus 03 June 2006

Firearm loss disappoints

South African gun owners have disappointingly lost over 50 000 firearms over the past three years, Safety and Security Minister Charles Nqakula said last week.

Speaking in the national assembly during debate on his budget vote, Nqakula said that between April 1, 2003 and March 31 this year, police collected 187 772 firearms.

"It is extremely disappointing that South African gun owners over the last three years lost 50 864 firearms," he said.

Source: Sunday Argus, 4 June 2006

Toddler killed in street shooting

June 12 2006 at 02:05am

A two-year old girl was killed in the cross-fire between two men outside her home in Durbanville in the Western Cape, police said on Sunday.

Captain Elliot Sinyangana said the girl was playing near her house at Versantekraal on Saturday night when she was hit by a bullet fired in a shootout between two men, aged between 21 and 24, who were chasing each other down the street.

The girl died on the scene. The two gunmen were arrested and a firearm confiscated, Sinyangana said.

The men were taken to the Durbanville police station. They faced charges of murder and possession of an illegal firearm.

Independent On line

BURNS

Toddler dies in KZN shack fire

A three-year-old boy was burnt to death in a shack fire in Durban, KwaZulu-Natal police said today.

The toddler was left in his Quarry Road East shack, one of the last few informal structures there, with a candle, while the mother went to collect water on Sunday night, police spokeswoman Inspector Rani John said.

– Sapa

Source: Cape Argus, Monday 3 July 2006.

Three-year-old burns to death

June 12 2006 at 03:45pm

A three-year-old girl burned to death in a corrugated-iron house at Ikageng, outside Potchefstroom, after a blanket apparently fell on top of a burning paraffin stove at the weekend.

North West police spokesperson Superintendent Louis Jacobs said Bokamos Tlhale's mother left the home for a few minutes late on Sunday night.

When Gloria Tlhale, 20, returned she found the flames so severe that she was unable to rescue her child.

Police have opened an inquest docket. – Sapa

<http://www.iol.co.za/index.php>

Granny and two grandsons die in Gugs blaze

A grandmother and two of her grandsons died when their Guguletu home caught alight in the early hours of yesterday morning.

Florida Peter, 69, Xolile, 8 and Ntokozo, 5, had been unable to evacuate their home.

Peter's eldest grandson Levi, 16, managed to escape the flames.

Family and neighbours are still battling to understand how the NY 38 home caught fire at 5am.

Peter's nephew Zingisa Ntongana, who also lives in Guguletu, said a neighbour told him she only woke up when she heard a window break.

"She screamed and woke all the other people up," Ntongana said.

"But when they arrived, the house was already too far gone."

Ntongana said that neighbours had told him they could not get into the house because of the burglar bars.

They eventually managed to enter the house from the back where they found Levi.

Ntombomzi Ntongana, who lives in Delft, said she had just been told to go to Guguletu because the house was burning.

She said that her mother, sister and the three children lived in the house.

An official at Cape Town Fire Control said last night that eight firemen and five tenders had attended to the fire.

It was reported at 5:05am and the fire was contained by 5:30am, the official said.

Source: Cape Argus, 10 July 2006.

Girl dies after explosion at home

August 13 2006 at 06:03pm

A 10-year-old girl has died in an explosion at her home in Harrismith, said Free State police on Sunday.

"It is suspected that there was a flammable liquid in the spare room which is used to store vehicle spare parts," said Superintendent Motarafi Ntepe.

Grade Two pupil Ntombikayise Twala, of Makgolokweng village near Harrismith, was sent to the room at 10pm by her parents to fetch a candle, but "an explosion occurred and the spare room caught fire", said Ntepe.

"Ntombikayise was engulfed in flames and because of heavy smoke she was unable to escape."

Her mother was admitted to the Thebe provincial hospital in Harrismith with serious burns. Her father's burns were treated at the scene.

No foul play was suspected, said Ntepe. – Sapa

<http://www.int.iol.co.za/index.php>

Father, children die of fumes from open fire used to warm home

By Staff Writer

Gas inhalation from a fire used to ward off the winter cold yesterday claimed the lives of a Heinz Park father and his two young children. His wife survived, but is in a serious condition.

Spokesman Billy Jones said last night that Nyanga police were investigating following the deaths of the man, 36, and his two boys, aged seven months and four years, in Angelier Street, Heinz Park.

"The father died later on at the Mitchell's Plain Day Hospital. The mother was also found unconscious in the house and taken to a nearby hospital where her condition was serious, but stable," he said.

"They were found, still in their beds, about 12.20pm by relatives... They broke the bedroom window to look inside and forced the front door open to assist the family.

"A metal bin in which a fire was made was found inside in the bedroom. It was apparently used to heat the house. It appears that the couple and their children went to sleep last night while the fire was still burning and they suffered gas inhalation as a result of this fire," said Jones.

Cape Times on June 19, 2006.



INTERNATIONAL NOTES AND NEWS

New International effort to prevent child and adolescent injuries.

Developing policies to prevent injuries and violence: guidelines for policy-makers and planners was launched in April 2006 at the 8th World Conference on Injury Prevention and Safety Promotion and can be downloaded from WHO's Department of Injuries and Violence Prevention website at http://www.who.int/violence_injury_prevention/en/ or ordered by contacting vip@who.int

WHO has developed a Plan of Action for child injury prevention and is working with UNICEF and other partners on a World Report on child injury (due 2008).

For further information please contact Ian Scott (scotti@who.int) or go to http://www.who.int/violence_injury_prevention/en/index.html where all WHO's documents on child injury prevention can be found.

Plans for the first United Nations Global Road Safety Week

United Nations General Assembly resolution A/60/5 on Improving global road safety, adopted in October 2005, invited the UN regional commissions and WHO to jointly organise the first United Nations Global Road Safety Week. The Week is to be held from 23-29 April 2007, with a theme of "young road users" – as young people constitute a major group at risk of death, injury and disability on the road. The objectives of the Week are to: raise awareness about the societal impact and costs of road traffic injuries and to promote action around key factors which have a major impact on preventing road traffic injuries (helmets, seat-belts, drink driving, speeding and infrastructure). The slogan for the Week is "Road Safety is No Accident" which highlights the fact that improving road safety does not happen by accident, but requires deliberate efforts on the part of many sectors of society – governmental and nongovernmental alike.

During the Week it is envisaged that a large number of international, national and local events will be hosted all over the world. These may include high level policy discussions on road safety, launches of new road safety strategies or plans of action, implementing new legislation related to

road safety, or other advocacy events, including some involving national media. Many partners will participate including governments, United Nations agencies, civil society organisations and the private sector.

The main global even for the Week will be hosted at the Palais des Nations in Geneva, Switzerland, and will include the following:

- World Youth Assembly for Road Safety: The Assembly will be modeled on the format of the United Nations General Assembly, involving delegations of young people from around the world. Delegates will develop a road safety resolution, and use the forum to exchange ideas and experiences on ways to promote road safety in their countries.
- Second Global Road Safety Stakeholders' Forum: The Forum will convene representatives of governments, United Nations agencies, civil society and the private sector to share experiences and define ways to contribute collectively towards advancing road safety efforts around the world.

For further information, please visit the Week's web site www.who.int/roadsafety/projects/week/en/index.html or contact traffic@who.int

Source: The road ahead – The WHO Newsletter on Road Safety, June 2006.

DEVELOPING POLICIES TO PREVENT INJURIES AND VIOLENCE:

Guidelines for policymakers and planners

Developing policies to prevent injuries and violence: guidelines for policy-makers and planners was launched in April 2006 at the 8th World Conference on Injury Prevention and Safety Promotion and can be downloaded from WHO's Department of Injuries and Violence Prevention website at http://www.who.int/violence_injury_prevention/en/ or ordered by contacting vip@who.int

Continued on page 8

Drowning is Number One Killer of Chinese Children says the WHO

At least 57 000 people in China perished by accidental drowning during 2004 according to the ministry of Health, but the World Health Organization (WHO) says the actual number of fatalities could have been as high as 112 000 and ranks drowning as the number one cause of death among under 15's on the mainland. The problem was discussed during a 2-day conference in November, which yielded "wide acknowledgement" of the need for improved quality and dissemination of data, according to a concluding statement issued in late January. Discrepancies between the WHO and the government estimates stem from different methods of counting. The Ministry of Health bases its figures on certified deaths at sentinel sites, but the WHO points out that such sites cover only 10% of the population, mainly across Central and Eastern China. Ministry of Health statistics do, however, suggest that drowning is more serious in rural areas. Approximately 44% of all child deaths in urban areas are the result of drowning, but the figure rises to 58% in rural areas.

Source: Injury Prevention 2006; 12:146.

Young Drivers Face Heightened Crash Risk

Young drivers face heightened crash risk By SMARTRISK Staff. A new report put out by the Traffic Injury Research Foundation looks at the effectiveness of the current graduated licensing systems in Ontario, British Columbia and Oregon and makes suggestions towards improving the current programs.

Despite the introduction of graduated licensing in most of Canada and the US, young drivers are still at a greater risk of collision. The report, entitled "Reducing the Crash Risk for Young Drivers," suggests that there are two major factors influencing the higher crash risk among young drivers. First, age-related factors, such as peer pressure, heightened risk-taking behaviour, and thrill-seeking behaviour, and second, experience related factors, such as underdeveloped motor skills, risk perception and decision-making.

Findings

- The report focuses on two major studies, which compare and evaluate the effectiveness of the graduated licensing systems in Ontario and Oregon and British Columbia and Oregon respectively.
- The report found evidence that a later entry age and a longer learner's stage was effective in lowering the crash rate. These results could be seen when comparing Ontario's graduated licensing system, where the entry age is 16, and learner's stage is one year long, with Oregon's graduated licensing system, where the entry age is 15 and the learner's stage is only six months long.
- In the intermediate stage of licensing, the report found that nighttime restrictions (such as curfews) and passenger restrictions were associated with a lower crash rate.

Suggestions for improvement

The report finds two major reasons for the high collision rate among young drivers in a graduated licensing system:

1. Some graduated licensing systems lack important features such as an entry age of at least 16, a learner's stage of one year, and an intermediate stage with nighttime and passenger restrictions.
2. Compliance from young drivers towards the graduate licensing system is not always ideal. Increased policing and enforcement of the restrictions along with increased parental responsibility in ensuring compliance with the programs can help to reduce this problem.

The full report is authored by Dan Mayhew, Herb Simpson, Deanna Singhal, and Katherine Desmond, and can be found at

www.aaafoundation.org/pdf/ReducingTeenCrashes.pdf
<http://www.smartrisk.ca>

Parents 'must be more aware of mall dangers'

August 07 2006 at 08:46am

Chicago – Shopping carts, escalators and lawn mowers injure 35 000 American children every year and should be redesigned, researchers said on Monday.

Last year in the United States, 24 000 children were hurt badly enough to go to the hospital after falling out of shopping carts or topping over while they rode, a statement from the American Academy of Pediatrics said.

Three-quarters of the injuries were to the head or neck.

Some children got injured when they were trapped in carts, or fell off while riding on the outside or while standing up inside the basket, the report published in the academy's journal, Paediatrics, said.

The group urged doctors to support changes in cart designs. Meanwhile, parents ought to consider using strollers or wagons, shopping online from home or encouraging children to walk when they are old enough to do so.

Escalators and lawn mowers also cause thousands of injuries to US children each year, reports in Paediatrics said.

Many of the 2 000 annual injuries on escalators occur when a shoe, clothing or a stroller becomes trapped in the space between the moving stairs and the side wall.

Reducing that gap would help, as would having caregivers remove children from strollers before taking an escalator, the report said.

Regulations making lawn mowers safer could deter the more than 9 000 injuries sustained each year. Boys suffer nearly four out of five mower injuries, including burns, fractures, and fingers and toes that are lacerated by spinning blades.

Source: <http://www.int.iol.co.za/index.php>

European Child Safety Alliance launches Child Safety Good Practice Guide at 1st European Conference

The need for knowledge of what works is a reality among those working to reduce the burden of unintentional injuries amongst Europe's children. Good use of evidence is central to achieving this and knowing 'what works' is at the heart of developing good policy and programmes. The European Child Safety Alliance, a programme of Eurosafe, recently launched a new resource developed to assist policy and programme developers with the identification, selection and implementation of good practices to prevent unintentional injuries in children.

The Child Safety Good Practice Guide builds on previous work by the European Child Safety Alliance and child safety researchers from around the globe and is a step in supporting countries in Europe to move toward evidence-based good practice. The purpose of the guide is to enable Member States to examine strategy options for unintentional child injury, move away from what has 'always been done' and move toward good investments – strategies that are known to work or have the greatest probability of success. These are highlighted in "at-a-glance" tables, which provide referenced evidence statements and strategy transfer and implementation points. Arranged by injury category and the 3 E's (engineering, enforcement and education) the tables allow readers to quickly identify evidence-based good practice and best investments for having a real impact on childhood injury. As such the guide also serves a tool to raise awareness and communicate those strategies/interventions that have an evidence-base. It also provides practical advice on how to use good practice in strategic and action planning for unintentional injury prevention and safety promotion and stresses the importance of taking the time to address transferability issues prior to final selection of strategies. Further, where available examples of 'real world' success in at least one setting in Europe are provided as learning tools for those considering uptake, transfer and implementation of select strategies/interventions.

Access to the guide is available on the Alliance's website (www.childsafetyeurope.org) where individual "at-a-glance" tables and case studies can be accessed or the entire document download in PDF format. In addition, limited hard copies are available from the Alliance for €15 plus shipping and handling.

The Dangers of Helium Inhalation

There have been 2 deaths (and an injury) in the US associated with helium balloons. This is an explanation from "slate.com".

<http://www.slate.com/id/2143631/?nav=tap3>

Stay Out of That Balloon! The dangers of helium inhalation.

By Daniel Engber

Posted Tuesday, June 13, 2006, at 6:37 PM ET

On June 3, the bodies of two college students were found in a giant Helium balloon <http://www.suntimes.com/output/news/cst-nws-balloon05.html> in Florida. The week before, a 10-year-old in New Jersey collapsed at a birthday party <http://www.pressofatlanticcity.com/news/local/ocean/story/6401641p-6255-226c.html> after sucking helium from a balloon. Is helium really that dangerous?

It can be. Breathing in pure helium deprives the body of oxygen, as if you were holding your breath. If you couldn't breathe at all, you'd start to die in minutes – as soon as your body exhausted the supply of oxygen stored in the blood. But helium speeds up this process: When the gas fills your lungs, it creates a diffusion gradient that washes out the oxygen. In other words, each breath of helium you take sucks more oxygen out of your system. After inhaling helium, the body's oxygen level can plummet to a hazardous level in a matter of seconds. You don't have to worry about fatal asphyxiation if you're sucking from a helium balloon at a party. At worst you'll keep going until you get lightheaded and pass out-at which point you'll stop inhaling helium and your body's oxygen levels will return to normal. Of more concern is the possibility that you'll hurt yourself when you fall down. (The boy in New Jersey bumped his head and needed three stitches.) It's far more dangerous to suck helium out of a pressurized tank: If the gas comes in too quickly, your lungs might burst and hemorrhage http://www.cganet.com/N2O/helium_safety.asp.

Of course you're putting yourself in grave danger anytime you climb inside a giant helium balloon. The college kids in Florida weren't the first to attempt this stunt. In 2002, a case report from a Japanese medical journal described a similar episode: A drunken adolescent poked his head into an advertising balloon and asphyxiated. Several authors have also reported cases of suicide by helium inhalation. Death by helium still seems to be quite rare. U.S. Poison Control Centers reported only two fatalities <http://www.aapcc.org/annual.htm> between 2000 and 2004. There's still an outcry from concerned parents whenever helium inhalation makes its way into popular culture http://news.bbc.co.uk/2/hi/uk_news/2941160.stm. Federal Express had to pull a commercial that depicted the munchkins from The Wizard of Oz sucking balloons to keep their voices at a high pitch. Geoffrey, the Toys "R" Us giraffe, got a slap on the hoof for doing the same. At the same time, doctors use a mixture of helium and oxygen (called "heliox" <http://www.chestjournal.org/cgi/content/full/116/2/296>) to help patients with upper-respiratory blockages. The treatment works because the helium is a very light gas <http://science.howstuffworks.com/question185.htm>, and it's easier to push it through an obstructed airway. (We get funny voices when we inhale helium because the lighter gas makes our vocal chords vibrate differently.)

How Dangerous is My Pool?

The Medical Research Council (MRC) of South Africa consistently (1999, 2000, 2001, 2002, 2003, 2004) lists the following as the three leading causes of accidental death in children under the age of 5 years:

1. Motor vehicle accidents, where the child is a pedestrian
2. Fires, such as shack fires
3. **Drownings**

What this means for you is:

Since you drive your child around and you live in a middle- or upper-class home, the most likely way you will lose your child is through a drowning. 102 people died in home drownings in 2003 – most of them children aged 1 to 4 years.

Your pool is a luxury, making it safe for your child is an absolute necessity.

What Can I Do to Make My Pool Safer?

The good news is, it is relatively easy and inexpensive to make your pool safer, but you can ONLY achieve this by adding multiple **LAYERS OF SAFETY**, in combination, to make it almost impossible for your child to reach or enter your pool, Jacuzzi or spa without you knowing.

You should NEVER rely on only one barrier to safeguard your child. For example, studies in the USA show that children are twice as likely to drown in fenced pools because a fence creates a false sense of security. 70% of all child pool drownings occur in fenced pools.

Thinking that you can maintain safety by keeping an eye on your child around the pool is another dangerously common mistake – made by 90% of parents and guardians of drowning victims in the USA.

Even a good quality pool net is effective only if it is properly fitted and on! When the net is removed, other Layers of Safety must be in place to protect your child. NO semi-solid or solid cover is recommended for safety.

Take responsibility for your child's life and add Layers of Safety to your pool today.



In order to make your pool safer, you must use **TWO OR MORE** of the following Layers of Safety:

- & A good, subsurface pool alarm to alert you if your child enters your pool without you noticing.
- & A well-maintained, SABS approved fence, with a lockable, self-latching, spring-loaded gate.
- & A well-fitted, good quality net that can hold your child above water over the entire surface of the pool.
- & Door and gate alarms at the entrances to your pool area.

You should also encourage safety-conscious behaviours, including:

- & Never leave a child alone around your pool, even for a few minutes to answer the phone etc.
- & Never allow yourself to be distracted while watching children around the pool.
- & Learn to perform child CPR – lives can be saved by immediate, effective First Aid.
- & As soon as your child is old enough, swimming lessons are a must.



Visit www.layersofsafety.co.za for detailed tips, hints, strategies and more.

CHILD SAFETY EDUCATION AND TRAINING

YES PROGRAMME 2006

CAPFSA participated in the Youth Environmental Schools (YES) Programme which ran from Monday 5th to Friday 9th June 2006. The Yes Programme is an initiative of the City of Cape Town in conjunction with the Western Cape Education Department (WCED). This year's was the 8th successful event that reached more than 30 000 learners.

Four schools who had an interest in injury prevention booked CAPFSA for workshops. Most schools requested CAPFSA to do presentations on burn prevention. Hence it was winter and burns were more prominent.



Learners practicing how to crawl low under smoke in case of a fire.

The presentations were conducted in the Johnson & Johnson Hall at Red Cross Children's Hospital with class numbers ranging from 50 to 70 learners. The presentations were done in a workshop format that allowed students to take part in the learning process.



Learners from Chapel Street Primary School

Each learner also received a safety activity book from CAPFSA. The teachers who accompanied the learners also benefited from the lessons. They committed to take the information further in the classrooms. CAPFSA received positive feedback about the workshops and information from the teachers who accompanied the learners.

TRAINING AT ZANAKHANYO TRAINING CENTRE – KHAYELITSHA



CAPFSA was once again requested to conduct training during May 2006 at Zanakhanyo Training Centre in Khayelitsha. Twenty-four unemployment women from this center were equipped with knowledge on how to prevent injuries in and

around home. These women will take this information gained from CAPFSA and apply it in their homes once they finish with their five-week intensive training to communities where they will be employed as home managers.

These women really appreciated the training they have received. They felt the training is a necessity as their children are always at risk of getting injured due to the unsafe environment they are exposed to.

SAFETY IS FUN

The Chrysalis Academy in partnership with Road Safety Management initiated a project for the students of the Academy. The theme was "SAFETY IS FUN". The Child Accident Prevention Foundation of S.A. and other organizations like Paraffin Safety Association, Eskom, Sport Science Institute and Women in Construction also participated in this project.

During the week of the 23-28 of July 2006 about one hundred and six (106) students from the Academy receive learners' license classes in the mornings and in the afternoon sessions, safety was incorporated. On the 27 July, CAPFSA had a presentation session with these learners on child injury prevention. Again on the 17 August CAPFSA exhibited at the Academy during a Women's Day ceremony.

The students from the Academy gained a lot from CAPFSA's involvement. To quote one of the students "I have learned a lot and there has been a lot of things I took for granted, placing myself, my family and the community I come from at risk. Once I go back home, I will do a home safety checklist". Most of the students felt that the information gained is very instrumental to their communities.

CANDLE SAFETY EDUCATION

Pumla Nyakaza who was part of the Candle in a Jar Project, took the project further by having a demonstration and education session on the safe use of candles, with staff of Communicare – Social Services in Kraaifontein. This office serves Bloekombos and Wallacedene, which are informal settlements that were frequented by fires in the last years.

Social Workers, Community Developers and students placed at this office received education and were impressed with the idea of a candle in a glass jar. Sharon Lameyer a social worker from the office quoted a case they had where a four-year-old child was burnt to death after his father left him with a burning candle. It is due to cases like these that Jenny Bester who is the head of the office felt that the project of this nature was vital for the areas they serve. This office is planning to have a meeting to strategize about how they will feed the information gained on the safe use of candles, to their communities.



Communicare Team from the Kraaifontein office that will take the candle project further

Invitations are open to all NGO's, CBO's and government departments who feel that this project will be instrumental in preventing fires and burn injuries in communities, to contact CAPFSA for a presentation and demonstration.

PUMLA NYAKAZA CAPFSA

Continued on page 11

Continued from page 10

CARING COMMUNITIES PROTECT OUR CHILDREN

Burn Prevention at Pelonomi Hospital

Every year since 1997, Child Protection Week has aimed to raise awareness of the importance of putting the safety of our children first.

With this year's theme "CARING COMMUNITIES PROTECT CHILDREN" a message is sent out to every individual and institution to take responsibility for the protection of our children.

It is particularly important to raise awareness during winter time because of the increase in injuries in the Burns Units, especially where children are concerned.



It is important that children understand the danger of fire and hot objects such as boiling water and hot stoves. Hence the decision of Pelonomi Hospital (Department of Social Work) to raise the public's awareness about the prevention of fires. Pelonomi Hospital

houses the speciality unit for the treatment of burn injuries/victims. An awareness project was launched which focused on the child's right to safety and the importance of training in the prevention of fire and burn injuries. Exhibitions carried information to the broader community such as visitors to the hospital as well as personnel. The Department of Social Work (Pelonomi Hospital) participated in the project to highlight crimes against children.



Students from Chrysalis Academy.

**Social Work
Department
Pelonomi Hospital – Free State**

PARASAFE

The most anguishing tragedies are often the recurring ones as they receive little public attention or government intervention as if they were an unavoidable part of life. We ought not grown accustomed to the thousands of our children dying or bearing the brunt of terrible injuries because of routine accidental fires caused by paraffin stoves or because poisoned by paraffin ingestion.

There is a refreshing private sector initiative: a joint effort of an American philanthropist Peter Knop and the former Director General of KwaZulu Natal now businessman Advocate Richard Sizani, Together they transformed the unique invention of Stellenbosch's retired professor, Colin Vale into a completely safe paraffin stove, the Parasafe™ stove.

The Parasafe™ shuts off instantly when tilted; it does not leak paraffin and cannot explode. It shuts off automatically when refueled, thereby preventing the explosion often happening under such circumstances. The Parasafe™ is manufactured and sold in the Far East and has been brought to South Africa as a joint venture project led by the Ackerman family who is retailing it at Pick 'n Pay. Depending on market and government response, Adv Sizani is committed to manufacturing the Parasafe™ stove in South Africa.

The Parasafe™ has a three liter tank designed to store paraffin, preventing what usually happens in conditions of poverty. In fact, paraffin is often bought in a two liter bottle to refuel stoves which ordinarily have a half litre tank, with the balance of the paraffin being kept in the bottle. With no running water and children running in an out dwellings, this results in currently 70,000 children being poisoned by the paraffin they drink from such bottles every year. As there is no record of children drinking out of a stove's tank, the Parasafe™ will surely help.

Mr. Sizani reveals that his stove addresses another health hazard, which is often obfuscated by the more serious hazards of accidental fires and explosions:



the constant poisoning of people exposed to carbon monoxide emission in the confines of small dwellings. This emission typical of other paraffin stoves gives headache and even kills. Because of its increased thermo-efficiency the Parasafe™ has virtually in-existent CO emissions and provides savings of up to 40% on paraffin consumption, which for an average family using R1,500 a year means a R600 saving.

As an additional safety feature, the Parasafe™ stove has been built as a solid and high-quality product meant to last a long time, while many paraffin stoves deteriorate and need to be replaced every four months becoming more unsafe towards the end tail of their lifespan.

We hope that people will become aware to the need of utilizing only safe paraffin appliances. For years the government has committed itself to banning unsafe paraffin appliances. One hopes that the introduction of the first safe paraffin stove will awake its political will to do so.

Solving this tragedy cannot rely on government action alone. We need to promote and propagate awareness campaigns to bring safe paraffin appliances to every home and to eliminate unsafe appliances.

It is magnificent that the Ackerman family has made the Parasafe™ available on its shelves, but this will not help our suffering and dying children if the stoves remain there. Now that the private sector has taken the initiative, our government and the NGO and donor community should respond positively and do their part.

For more information see www.parasafe.com

Enquiries:
Sharon Angus-Leppan
Cell. 083 546 3723
sharon@promethea.biz

Continued from page 5

Child Accident Prevention Foundation of SA

The Candle of Life

THIS IS THE "CANDLE OF LIFE" which I invented in a fit of anguish, when I heard of the deaths of two toddlers, *Left Alone* in an informal-settlement shack — *with a lighted candle!!*

Clearly – they must have knocked it over – and in seconds the shack was a mass of roaring flames – in which these innocent little souls were burnt to death.

I have made sure these toddlers shall not have died in vain, as the production-model "Candle of Life" – depicted here – is now a reality.

As is bound to happen in a small shack – *this Unit too*, will be open to being "knocked" – but each time its method of suspension enables the candle to *Return To Upright!!*

And thus the occupants' are given a *Second Chance* – and a *Third chance* and a *Fourth chance* —

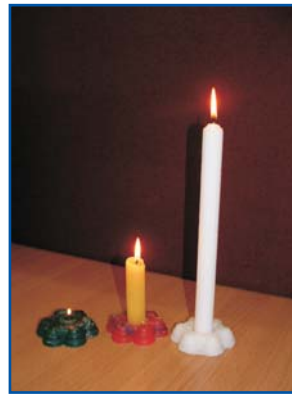
And as it goes into ever-increasing usage in informal settlements – steadily, the incidence of candle-related (*one-in-every-three*) shack-fires will *Decrease* proportionately.

And in Increasing Proportion – will the Lives of Little Ones be Saved!!



Len Stevens

"Candletight Candle Sandal"



The "Candletight Candle Sandal" has been designed to turn the ordinary household fluted candle into an attractive, solid, stable item that will never fall over and cannot easily be knocked over. Since the Candle Sandal is made of candlewax, it can be produced by candle makers very cheaply, and one should included with each pack of candles sold. Since it can be reused over and over again, buyers of candles will quickly be able to save a number of them, so that they are always to be found quickly whenever a candle holder is needed.

Some advantages are:

1. Every candle can be used up completely – no stubs left over;
2. If the Candle Sandal is left to burn out, the flame self extinguishes without danger;
3. With many of them around, it is never necessary to try to stick candles to saucers or tin lids;
4. They are shaped like flowers, are made in many colours, and can be arranged in groups to make attractive displays;
5. Never worry about cleaning candle holders again. When they don't look good, simply discard them. They come free!

Colin Vale

If you would like to comment on any of these above inventions or ideas of safe candle use, or even send us your suggestions, you can write or email CAPFSA at. P O Box 791, Rondebosch, 7701, Fax: 021 6855331, email: capfsa@pgwc.gov.za

CONFERENCES

20th World Congress of the International Traffic Medicine Association (ITMA 2006)

The congress will be of interest to anyone involved in preventing, treating or interpreting traffic injuries. It includes Medical, Engineering, Legal, Educational, Political, Policing and Public Health issues. One day of the congress will include a session wholly devoted to Drugs and Driving. There is also a great social program and the opportunity to extend your visit to tour the rest of the country.

16 - 18 October, Melbourne, Australia.
Further information: www.traficmedicine.org.

SAFETY COMES TO SEDONA

2007 International Safe Schools & Communities Conference February 21 - 25, 2007

Special Training Day February 21, 2007
International Children's Safety Day 2/24/07

- School Injury Prevention
- Sports Injury Prevention
- Trauma Medicine
- Violence Prevention
- Suicide Prevention
- Traffic Accident Prevention
- Safe Routes to School
- Community Based Safety programs

ABSTRACTS DUE November 30, 2006
Early Registration ends: December 31, 2006

Max Vosskuhler mlv@peacefulresources.org
Valerie Krugh vkkrugh@esedona.net

<http://www.intlsafeschools.com/sedona.htm>

International Forum on Quality and Safety in Health Care

April 18, 19, 20 2007
Barcelona
www.quality.bmjg.com

16th International Conference on Safe Communities

11-13 June 2007,
Tehran, Iran.

The conference will focus on the impact of safe communities on road safety. Further information: <http://www.safety2007.info>.

9th World Conference on Injury Prevention and Safety Promotion. Safety 2008

15-17 March 2008,
Merilda, Mexico.

The conference will give special attention to the process of globalisation and its implications for injuries and violence. The WHO is urging governments to address the two main themes of violence and traffic accidents. The conference will also emphasize the global patterns in technological and epidemiological transitions, proposing international collaboration as a fundamental strategy for the design and promotion of policies for injury prevention and safety promotion. Early registration is already open.

Further information: <http://www.safety2008mx.info/ing/index.html>