



## Play it Safe These Holidays and Keep the Hurt out of Your Holiday

*Every holiday, and especially the Festive holiday season, brings a harvest of accidents to our children.*

The festive holiday time is upon us again. **The Child Accident Prevention Foundation of South Africa** would like to remind everyone that as well as fun, there are some dangers out there for children. We would like to ask you to take particular care of children over the next few weeks. Know where your children are and what they are doing. Supervise at all times, especially the young.

**The incidence of injury reporting to the Trauma Unit of Red Cross Children's Hospital increases every year during the festive season.** This is clearly an indication that children are not cared for properly during this time period. Injuries increasing over this time period varies from road accidents, drowning, burns, poisoning, falls, sexual molestation, abuse and many more.

During the holidays, parents and caregivers should be extra vigilant to keep all children safe. There are many extra factors that put children more at risk for injury during the holiday season, including gatherings at the homes of friends and family that may not be childproof, excessive alcohol consumption, home decorations such as Christmas trees and lights, and outdoor activities such swimming, hiking and many more.

We would like to urge parents and caregivers to take care when consuming alcohol. Numerous injuries to children occur when caregivers are under the influence of alcohol. Alcohol consumption impairs self-control and adequate supervision of children cannot take place. Being a smart party host or guest should include being sensible about alcoholic drinks. Most traffic fatalities are alcohol-related. Use designated drivers, people who do not drink, to drive other guests home after a party.

Allow your child to do interesting things this holiday but always make sure that he/she is protected from real danger, thus preventing the sort of accident that leads to serious injuries, or even death.

When determining what to allow and what not, a parent should take into consideration the stage of his child's development. A situation, which might be dangerous for a child at a certain age, may be quite safe for a child of a different age.

**Here are some safety tips brought to you from the Child Accident Prevention Foundation at the Red Cross Children's Hospital.**

### ARE THEY SAFE ON THEIR OWN?

Schools out and so are our children. Some parent might still be working and can't be with their children all the time, so how do we give them freedom and keep them safe?

Is it safe to leave children alone?

When we read in the newspapers of something terrible that has happened, we wonder how the parents could ever have left those children alone. Small children have numerous limitations and should not be left on their own to walk about and play on their own in the community. They should be supervised. For older children rules should be made as to where they are allowed to go and where not.

The maturity of the child and the type of area you live in are also important to consider.

**The following are some examples of rules that parents should inform children about:**

- Always say where they are going, with whom and when they will return. It is better to walk in groups rather than on own. Inform parents if plans change.
- When meeting or visiting friends, the friends should be informed as to when they can expect them.
- Always use safe, familiar routes that are well lit. Plan with your child what routes to take.
- Prepare children what to do in an emergency.
- Don't play or walk near overgrown places, parking lots, empty buildings, public toilets, and strangers at movies, swimming pools and parks.
- Never accept lifts from anyone.
- Never accept sweets, drinks, or anything from strangers.

**The Child Accident Prevention Foundation suggests the following safety tips for parents to ensure that their children are safe while playing outside with other children from the neighborhood.**



- It is the job of all that is responsible for children at play to assess and manage the level of risks that children are given at play. We need to provide controlled opportunities for children to encounter and manage risk otherwise they may be denied the chance

to learn skills. If not, they are more likely to choose to play in uncontrolled environments where risk is greater.

- Parents must have rules that children who are old enough to play by themselves must always tell caregivers or parents where they will be playing.

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**PLAY IT SAFE THESE HOLIDAYS** *continued from page 1*

- Designate and develop safe play areas within your own neighbourhood. Teach children where the safe places to play are, and warn them of possible danger areas in the neighbourhood that are not safe to play.
- Make sure that you know where your children are playing and with who. Care groups of responsible adults can be formed to take turns to supervise children at play in the community.
- Pre-school children should be supervised during play at all times.
- Scan and identify dangers in your neighbourhood and environment together with your children for possible danger. Notify your local council of danger areas that you have identified, and insist on making these safe in order to reduce the risks to children.
- It is the local municipalities' legal obligation to make sure that the environment is safe and free from dangers. Danger areas are for example, open masses of water, rubbish dumps, open water outlets and drains, canals and deep holes, old buildings, old fridges or cars in the back yard or in the neighbourhood, sand dunes or building rubble, unsafe or poorly maintained play equipment in play parks, busy roads, open electrical wiring, unfenced electrical sub-stations and more.

**SAFE TRAVELING**



- Vacation time is travel time. Before you set out on your vacation, always have your vehicle serviced (including caravan or trailer). Check all tyres (including the spare), brakes, shock absorbers, lights, steering, etc. Always travel with emergency equipment e.g. basic tools, jack, spare fan belt, first aid kit and fire extinguisher.

- It is important to plan your route beforehand. Always allow time to stop and visit interesting places and allow time for rest stops every couple of hours.
- Make sure you always buckle-up your children and yourself, for short distances as well as long distances.
- Always buckle children up in a SABS approved restraint system when traveling in a motor vehicle. There are different restraints available for different age groups. All occupants in a car should wear safety belts if they are available.
- Lock all doors of the car. Use the child-lock for babies and toddlers.
- Stop frequently so that children can stretch their legs and take them out of their seats for a while.
- Sometimes older children want to climb out of their safety seats. Stop the car at a safe place and explain to the child that you will not resume the trip until he/she buckles-up again.
- If you stop along the road, always keep an eye on the children. They can be impulsive and because it is new surroundings, they could do anything without warning.
- Do not drink and Drive!!!

**THE BEACH IS A GREAT PLACE**

- Whether swimming, surfing, boating always treat the sea with respect.
- If children cannot swim they should not go out of their dept and be supervised at all times. Even good swimmers can be swept out to sea by currents.
- Never disregard dangers notices.
- Do not drink alcohol before swimming: Alcohol makes a person less responsible. Many people who drown have been drinking.

**A few simple precautions and adequate supervision to children during the holidays can prevent the agony of hospital or worse.**

***Bored and unstimulated children could mean that children explore or create danger. So make sure that children are kept busy and have organized playtime, which could result in safe play.***

**For more information on Child Safety and Injury Prevention Contact the Child Accident Prevention Foundation of SA, Red Cross Children's Hospital. Tel 021 6855208 [www.childsafe.org.za](http://www.childsafe.org.za)**



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

## Stop Drop Roll – Saves Boys Life!

About a year ago three Fire Fighters (Rashied Isaacs, Clarence van Roodt and Mark Adams) from the City's Fire and Rescue Services presented the Fire and Life Safety Education Programme to the learners of Zonnebloem Boys Primary School in Walmer Estate.

Three messages were taught:

- 1) Stop, Drop, Roll if your clothes are on fire.
- 2) Crawl Low under smoke – to escape from fire
- 3) 107 Emergency Number

We see the education process as more than just delivering a message but teaching the child a skill that they could recall when confronted with an emergency situation. We try to prevent fire and injury before it happens and if it does happen its effects can be minimized.

This paid off one day when one of the learners Mikhail May and his dad, Deon were starting a fire in the fire place one cold Winters evening. As the firewood was wet the father decided to use an excellerant to speed up combustion. Deon May explained that the fireplace did not have a cowl and a downdraft was coming down the chimney. I would also like to add that any fuel with a low flash point gives off vapors when exposed to the atmosphere and forms a vapour cloud.

When he applied the lit match to the wood there was a flash and all of a sudden his clothes and Mikhails clothes were alight. The father ran to the pool to extinguish the fire whereas Mikhail STOPPED, DROPPED to the ground, and ROLLED over and over and over just as he was taught by the Fire Fighters that visited the school. Mikhail received superficial burns to his face and chest, which could have been worse if he had not acted so promptly. His father received 2nd degree burns to his hands and chest. We teach that you should never run when your clothes are burning as this fans the fire and courses more harm.



From left – Standing: Fire Fighter Mark Adams and Fire Fighter Rashied Isaacs;  
Kneeling: Station Officer Clarence van Roodt, Mikhail May and Fire Fighter Sylwin Rossouw

The Fire Fighters recently returned to the school to commend Mikhail on his heroic deed. He was dressed as a Fire Fighter for the day and his classmates were given a ride in the Fire Engine inside the school grounds.

Well done Fire Fighters, you have done the Fire and Rescue Service proud.

**Frank Forbay,**  
**Assistant Divisional Officer,**  
**City of Cape Town**  
**Fire and Rescue Services**

## Cash Injection Boosts Child Safety Programme

The Clothing Industry Health Care (CIHC) is funding a project for creating awareness about child safety and protection and has conducted week-long workshops at schools themed 'Child Accident Prevention and Protection'.

It has also set up a network for the schools and organizations which include Child Welfare, the fire department, Child Accident Prevention Foundation of South Africa, South African Narcotics Association and the South African Police Service.

The CIHC has conducted workshops on paraffin safety, fire prevention measures, drug abuse, physical and sexual abuse at Xolani Primary School in Guguletu.

Wellness programme co-ordinator for the CIHC, Zainab Ishmail said, "Our aim is to keep children safer because in some homes children are left alone while parents are at work."

When Vukani visited the school, Pumla Nyakaza, a social worker from the Child Accident Prevention Foundation was conducting a workshop on paraffin safety for the learners.

They also watched a video on what can happen if paraffin is left carelessly around the house. This was followed by a question and answer session.

A learner said she has learnt a lot from the lectures.

"I have learnt that when a child drinks paraffin by mistake he must be taken to the nearest clinic and not drink anything. From now on I will tell my mother to use one of the bottle caps we were given so that all of us in the house can recognize that the bottle is the one used for paraffin not any other thing," the learner said. The following are some of the messages conveyed in the lecture:

- ♦ Always open a window when cooking with paraffin stove.
- ♦ If a child accidentally drinks paraffin, take him to the nearest hospital.
- ♦ A bucket of sand can be used to put out a paraffin fire.
- ♦ If your clothes have caught fire, roll in sand to stop it from spreading.
- ♦ Avoid running when you are on fire and cover yourself with a blanket to smother it.
- ♦ If your home has caught fire crawl on your knees to the door to avoid inhaling too much smoke.

For more information you can call Child Accident Prevention Foundation of South Africa on (021) 685 5208.

**Source: VUKANI Thursday October 20 2005**

# Choosing a Swimming Teacher – A Guide for Parents

**A 'water safe' child is one who can swim, chooses to enter a water environment in which they are consciously aware that they will be able to manage themselves without fear of danger, being hurt, being dominated or bullied, where they can confidently participate as an individual or within a group and have fun. One who can swim by choice on top of the water with their faces in the water, swim under the water and swim with confidence on their back. In brief a child who knows their limits and boundaries in and around water.**

## INTRODUCTION

By the age of four we are considered (without early motor stimulation) to be able to listen, talk, walk, run, be co-ordinated, concentrate, have the power of reasoning, be physically balanced, emotionally developed, integrate socially and be ready for Pre-School. It takes four years to reach this level of development. Is it possible to learn to swim confidently and safely in less than eight to twelve months?

WE LEARN TO SWIM primarily

- to be safe in and around water
- to develop physically, mentally, emotionally
- to learn Life Skills.



## A GUIDE TO CHOOSING A SWIMMING TEACHER

Telephone the recommended swimming teacher. Ask about the method used. Ask if you may watch a swimming lesson?

There are many different methods and techniques used to teach swimming. At any given lesson you are observing the

personality and qualities of the teacher as well as the manner in which the swimming lesson is being conducted.

Use the following suggestions to guide you in your choice of qualities to look for in a swimming teacher.

- Is the teacher professional, reassuring, patient, understanding of all the parent's enquiries?
- Are swimming lessons conducted privately or in a public facility? The noisier the facility the greater the distraction to the learner, the greater the frustration for the teacher, the slower the child/children learn to swim. Distracted children cannot be expected to learn.
- Is the swimming pool indoors and heated or outdoors exposed to the discomfort of the sun, wind and cold? A heated pool with the water temperature at minimum 32°C is the ideal environment for learning.
- Are swimming lessons carried out on a Course basis guaranteeing quick results? Guaranteed quick learning programmes are cruel and abusive. At least one year of continuous tuition is required to ensure a confident, safe swimmer.
- Do swimming lessons continue throughout the year, seasonally or only during the school term? Seasonal teaching is detrimental to small children putting their safety in and around water at risk. Children develop continuously. Gained confidence and fitness is lost with long breaks. Each new teaching season begins with fear and apprehension instead of excitement. This is not fair to the

child/children. They will take longer to learn to swim at a greater cost of safety and money.

- Are swimming aids used or is 'free swimming' taught? Swimming aids become a 'crutch'. A child's safety cannot be taken for granted when using them. When used in open water children will drift away from safety. Swimming aids which are attached to the body prevents independence, learning to submerge with breath control, stimulates 'doggie paddle' which is not functional swimming and prevents progress to advanced swimming skills.
- What is the youngest age group the teacher accepts children into the swim school? Most teachers only start teaching children from 4 years old as this age group is considered to be more manageable.
- Are Infant Programmes interrupted until they are older? Their learning especially should be continuous until they are four years old.

*Drown Proofing* does not exist. An infant can slip and fall bumping their heads preventing the trained reaction of turning onto the back. Infants and toddlers should not be taught skills under pressure or with trauma. This is cruel and abusive. Water Safety is learned through the education of discipline, routine and safety rules which should also be exercised by the parent at all times.

- How long is each swimming lesson? Does the Teacher teach individually or in groups?

Each child should start their introduction and orientation programme individually to become familiar and comfortable with their teacher, their new environment, routine and discipline. When they are more capable they need the stimulation and participation of a group.

A group of three or four is fun, stimulating and safe. Small groups experience individual attention and more concentrated education. 15 minutes for an individual lesson is accepted internationally while 30 minutes for a group of 3-4.

- Does the teacher have an 'achievement plan' for each child as an individual?
- Are parents allowed to watch swimming lessons all the time or is watching lessons limited? The presence of parents is distracting and disruptive. When you choose a teacher for your child/children your trust of her/him is necessary for a good relationship between the parent the teacher and the pupil. A busy, noisy pool area distracts children preventing efficient, safe learning.
- Is entry and exit to the pool area, entry and exit into and out of the swimming pool managed by the teacher, or does chaos reign? Are the children allowed to scream, move around freely during swimming lessons? Does the teacher need to shout to be heard? Does the teacher have visual contact of the pool environment and pupils at all times to maintain safety?
- Is etiquette and good manners practiced by the Teacher as a 'role model' by example to child/children/parent and taught to the child/children? Is 'please' and 'thank you', general recognition and respect shown towards each other?
- Do children look happy, responding positively during their swimming lesson?
- Does the Teacher stand in the water with the child/children or out of the water at the side of the pool talking down or shouting instructions to be heard? Direct and level eye contact assures the child/children can hear when spoken to, encourages concentration, focus and emphasizes individual communication. Eyes become ears. The Teacher maintains her dignity and respects the dignity of the pupil.
- Is there physical contact with the child/children showing affection, warmth and reassurance?
- Is teaching according to what the Parent expects of the Teacher or according to what is necessary for the child/children?
- Does the Teacher have a 'big ego' expecting children to achieve and progress at her/his rate and pace? If so, this will cause

personality clashes between the Teacher and the child/children. The love and trust which should bond them will never develop. Swimming lessons will be traumatic.

- Does the Teacher treat each child equally as an individual making allowance for individual differences and abilities, or is favour shown to the more competent child/children? Individuality is shown to a child by using the child's name, maintaining eye contact when spoken to. shown to a child by using the child's name, maintaining eye contact when spoken to.
- Does the Teacher teach disabled/special needs children? If so, are they taught in the same way and socially integrated with able-bodied children?
- Is the Teacher knowledgeable of the developmental stages of infants/children? Is teaching according to their age/ability/inability/disability? Children develop at different rates. An intuitive experienced Teacher will anticipate these stages.
- If the child/children are crying would you consider them to be traumatized, cold, feeling strange to their new environment, temperamental or just being wilful?
- Does the Teacher use simple, correct language to explain the skills required to attempt, using words which are associated with the physical activity which in turn are demonstrated by the Teacher? Swimming like any other sport has its own universal language. If the correct language is taught from the beginning they will not need to re learn the correct language when progressing to advanced or competitive swimming. Baby language is not acceptable.
- Are the instructions and skills simple to understand, follow, fun, varied, interesting and progressive? Can the basic confidence skills for 'little people' be adapted to other water facilities e.g? the bath, paddling pool?
- Does the Teacher set challenges or short term goals which result in short term achievements?
- Is the Teacher a good 'mirror image' for the child/children to copy when swimming skills are demonstrated?
- Does the Teacher teach skills automatically without apparent interest or is the Teacher really interested in the process at hand?
- Does the Teacher praise for achievement or attempt at achievement? Constant praise stimulates a positive attitude and sense of well being for infants and all children. They will sense and feel good because of the tone of voice used by the Teacher.
- Is the education your child/children gaining merely to help themselves in a swimming pool (small water facility) or does their education include the knowledge of their limit in open water (dams, lakes, rivers, tidal pools, the ocean) by learning progressive swimming skills?  
OR  
Is the Water used as a medium to teach the child/children awareness of water safety, stimulate physical development (balance, co-ordination), mental development (concentration, attitude, memory), emotional development (coping with ability/inability, peer pressure, challenges and achievement)?
- Are children rewarded for their efforts at the end of their swimming lesson in a way that stimulates a positive attitude to learning and striving to achieve? The most satisfying reward is a sucker at the end of a swimming lesson.
- Are the children taught the responsibility and pride of tidying their learning area to keep order and neatness by packing equipment and toys away at the end of their lesson in preparation for the next class?
- Consider the age of the Teacher, how long has he/she been teaching. Is his/her approach to teaching wise, positive and caring?
- Has the Teacher had formal Swim Teaching Training or qualified with a Preliminary/National Swimming Teaching Certificate?
- Is the Teacher trained in Lifesaving/ First Aid Skills?

- Is the Teacher capable of or experienced in identifying dysfunctions in children e.g. low-muscle tone, problems with concentration, hearing difficulties, borderline learning disabilities?

When choosing a swimming teacher for your child/children, trust the teacher you have chosen. Do not let your ego affect the relationship which should form between the parent, teacher and child. Changing from one teacher to another to suit you will affect the child/children. Consider the child/children's needs first.

### IN SHORT YOU ARE LOOKING FOR THE FOLLOWING QUALITIES IN A SWIMMING TEACHER

- ♥ Is the Teacher you have chosen to teach your child/children consistent, disciplined, tolerant, firm, fair, kind, patient, calm, intuitive, stimulating, compassionate, generous with praise for achievement?
- ♥ Does the Teacher have a lovely personality, fun, and smile?
- ♥ Is the Teacher adventurous in approach to the learning of skills, teach with a positive attitude, motivated, motivating, consistent in temperament?
- ♥ Does the Teacher look as though she/he is enjoying teaching, have a sense of humour, radiate affection and care, use an incentive for achievement, anticipate problems, have a good relationship with children and parents, anticipate changes in development, illness, tiredness, hangovers from medication or lack of sleep (teething etc)?

### TEACHING FACILITIES SHOULD BE COMFORTABLE, CALM AND QUIET TO STIMULATE CONCENTRATION, LEARNING AND SAFETY

- ♥ The water temperature should be at least 32°C throughout the year, out of the wind, preferably indoors. The Teacher who creates the ideal environment indicates their commitment to the importance of comfort, education and safety.
- ♥ If a swimming pool is used this should have a shallow and a deep end so that children can learn to swim in shallow and deep water. Unless children learn to physically experience swimming over or in deep water they are not aware of their ability to do so.
- ♥ The swimming pool water should be crystal clear at all times and the pool should be clean. The walk area around the pool should be hygienic and tidy. The toilet and change room should be hygienic, clean and tidy at all times.
- ♥ The swimming pool should have steps at the shallow end for safe entry and exit to and from the water.
- ♥ Teaching equipment should be neatly placed and accessible for the Teacher and the pupil. It is important for children to be aware of an organised, familiar, cheerful, bright learning environment.
- ♥ The pool area should be colourful, fun, interesting, uncluttered, well lit and well ventilated. Gentle background music creates a feeling of calm for the teacher, children and parents.
- ♥ The Teacher should manage use of swimming teaching aids and all play toys.
- ♥ The swimming aids used for learning to swim should be of a nature which the child learns to control rather than the aid control the child.
- ♥ Swim School rules should be issued to the parent at the first swimming lesson to set the group boundaries for teacher, parents and pupils. These rules should include safety and hygiene requirements.

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## WHAT THE NEWSPAPERS REPORTED

### TOXIC TOYS SHOCK

Lead in paint on playthings up to 1300 times higher than international limit.

Children's toys coated with paint containing poisonous amounts of lead are being pulled off the shelves of leading supermarkets and shops around the country.

The withdrawal was sparked by a three-month-long Sunday Times investigation into toxic toys.

Laboratory tests done for the newspaper, and the Medical Research Council, have identified wooden toddler toys painted with levels of up to 1300 times higher than international safety limits.

Startled managers at Checkers, Toys R Us, Green Busters and Kidz-A-Peal, where the Sunday Times bought some samples, have removed hundreds of toys after seeing the test results. But thousands of harmful toys have already been sold.

Andrew Smith, laboratory manager of one of Britain's government accredited toy-safety testing agencies said: "These figures are amazingly horrifying." The worst toy seen in the past five years from Europe would have been about 20 times over the safety limit, he said.

South Africa's Department of Health said the test results were "disturbing".

Three sets of tests, done by the National Institute for Occupational Health, on 30 toys from stores in Johannesburg and Cape Town found 15 with toxic levels of lead. Most were made in South Africa.

Long exposure – by children chewing or sucking on paint containing lead – can lead to lethargy, reduced IQ, aggression, anemia, hyperactivity or delayed puberty.

South Africa has no laws restricting lead levels for toys or paint. But the Global Toy Safety Standard recommends that no toy be sold with more than 90 parts of lead per million parts of paint.

A "Blocks in Lorry" toy – made by Dovetail Products in Cape Town and sold by Toys R Us in Sandton – tested over 120 000 parts per million.

Health Department spokesman Solly Mabotha said: "Clearly there were manufacturers who are not adhering to their code [to limit levels of lead in paint]. Due to lack of regulations it makes it difficult to take action on the transgressors."

Smith said of toddlers who chewed or sucked on a toy measuring more than 40 000 parts per million for extended periods: "The child's behaviour and learning abilities will be adversely affected and there will be health impacts in the long term."

Most lead-caused disorders go undetected, because lead builds up gradually and the effects resemble minor illnesses or show up later in life.

At least two paint manufacturers – Duram and Optica Coat Masters have sold lead-based paint directly to toy companies, without warnings. Directors of both companies conceded that the lead pigment they used could be "harmful".

Two of the toxic toys identified by the tests were made by Truly Toys in Johannesburg. Confronted with the results, managing director Ivan Shutte said the lead levels "can't be possible" as he had been assured his paints were lead-free.

But Ian Burke, general manager of Shutte's paint supplier, Duram, said: "Oops". He admitted that 'many' manufacturers, including Duram, used lead pigments to give durability and brightness to red and yellow colours. Burke said Duram decided a month ago to stop using lead because "its harmful stuff" and legislation to limit its use was "surely coming, and is long overdue."

He has offered to swop all lead based paint sold by Duram for lead free paint.

Another three toxic toys were made by Dovetail Products in Cape Town, supplied with paint by Optica Coat Masters. On Wednesday, five days after Dovetail was presented with the test results, it was still using lead-based Optica enamel on new toys. Optica removed its lead based paint from Dovetail's factory on Friday and offered to replace it with an alternative.

The Sunday Times commissioned the tests after the Medical Research Council's environmental health director, Angela Mathee, said the council's own tests in July had shown eight out of 11 painted wooden toys to be way over safety limits.

Compared with the danger limit of 90 parts per million (ppm), the Sunday Times tests found:

- 45 778 ppm on "Coloured Random Blocks", made by Truly Toys;
- 104 048 ppm on a red and blue "Pull Tortoise", made the the Jewish Shelter charity;
- 87 075 ppm on an "Iron and Ironing Board" set, made by Dovetail Products, and 120 135ppm on the company's "Blocks in Lorry" toy;
- 41 997 ppm on a "Blocks in a Cart" toy, made by Truly Toys;
- 2 453 ppm on a "Mallet Box" toy, by foreign maker Hos-team; and
- 86 619 ppm on "Coloured Building Blocks", made by Dovetail.

**Source: Sunday Times, October 23, 2005.**

### POISON PAINT IN THE PLAYPEN

Pieter Smuts churns out thousands of coloured wooden playblock sets every year.

He has sold them to the Red Cross Children's Hospital, chain stores like Toys R Us and crèches. But this week the Cape Town toy-maker admitted he would "think twice" about letting his own great-grandchild play with any – fearing for the boy's health.

Standing in a packed warehouse, about to release another 30 brightly painted lorries to a store in Durban, Smuts was presented with the results of a Sunday Times investigation proving the paint he used for at least the past year was packed with toxic levels of lead.

The newspaper has traced the history of the two toxic toys, identified by the investigation, to find out how poisonous lead pigment landed up in tiny hands.

On August 18 the newspaper bought a bag of play blocks at Kids-A-Peal in Plumstead, Cape Town. Their toxic lead content was found to be 900 times over international safety limits after tests by the National Institute for Occupational Health in Johannesburg.

The blocks set was one of six toys – from five shops around the country – found to be coated with dangerous amounts of lead. The blocks were traced to a toy-maker Dovetail Products, a company in Paarden Eiland, Cape Town, co-owned by Smuts and his partner, Robbie Smith.

In Dovetail's dispatch room, brightly painted wooden toys were stacked for delivery, including three of the six toys with dangerous lead levels; wood blocks from Kidz-A-Peal; an "Iron and Ironing Board" and "Blocks in a Lorry" toys bought at Toys R Us in Sandton.

In the rear of the building, Employee Abigail Bokono painted toys from four large white barrels marked "Optica QD Enamel", in green, blue, red and yellow. There were no warning stickers on the barrels.

Smith confirmed that lead paint found on the "Coloured Play Blocks" was supplied by Optica Coat Masters.

He said that, except for small amounts of pink paint used for a doll's house, his entire range of over a dozen types of coloured toys was painted with Optica paints.

He said a senior chemist at Optica "assured us there was no lead in the paint at all". Confronted with the evidence, Albert Maritz, general manager of Optica, admitted that his red and yellow enamel paint did contain lead, and had not carried warning stickers.

But he said clients could have chosen lead-free paint "if they're willing to pay 20%-30% more".

Said Maritz: "Is it not up to the toy guys to say: 'We need lead-free pigment?' If a toy manufacturer asked me what to use, I'd say 'Don't use [lead-based paint]; it's harmful stuff.' But the other way is much more expensive."

Maritz said "the whole industry must change, because it's kids' lives we're talking about".

He undertook to attach warning stickers on his lead paints "with immediate effect" and on Friday removed all of his affected paint from the Dovetail factory and promised to replace it with a safe alternative.

Smith admitted that, before a query to Optica in August, he had not asked about lead from paint manufacturers for "many years".

He said a sales rep for Optica sold the paint directly to Dovetail "knowing full well they were selling to a company that was making toys".

The trail of another set of building blocks, bought in Johannesburg, lead to a different toy-maker and paint company.

Patrick Devitt, manager of Lilliputs toy store in Rosebank, was "very surprised" and "horrified" to hear that one toy he stocked, "Blocks in Wooden Cart", was measured at 400 times higher than the international lead safety limit.

Devitt said he was assured by the supplier, Truly Toys, that the cart selling for close to R300 was lead-free. He vowed to never stock it again unless it was lead-free.

Paint used on the toy was supplied by Duram in Cape Town. Ian Burke, the managing director of Duram, has undertaken to supply the toy company with lead-free paint.

Ivan Shutte, the manager of Truly Toys, said: "I hope something positive will come from this in terms of even higher levels of safety for children."

Diana Ross, a spokesman for Red Cross Children's Hospital, was "alarmed" that Dovetail had listed the hospital among its clients for lead-painted toys. She promised to "investigate immediately" and remove any painted blocks.

**Source: Sunday Times, October 23, 2005**

## SHOCK DRINK AND DROWN REPORT

More than 80% of drowning victims in South Africa are male, and almost half of drowning victims over the age of 10 have drunk alcohol before they drown.

These are among the startling statistics on drowning in 2004 drawn up by the Medical Research Council (MRC) for the National Sea Rescue Institute (NSRI).

But the NSRI has had enough.

CEO Ian Wienburg said today: "I refuse to go through another summer where lives are lost simply because people did not know what to do or who to call for immediate assistance."

And he announced that from December Netcare 911's emergency number 082 911 – would be extended to act as a single central sea rescue number.

The report, by Hilton Donson of the MRC's Crime, Violence and Injury Lead Programme, was compiled from the National Injury Mortality Surveillance System.

Among the facts disclosed in the report were:

- A total of 567 people drowned in South Africa last year, of which 14 were homicides and seven were suicides. In 15% of cases the manner of death was awaiting determination by the courts.
- Children under 15 accounted for nearly 42% of all drowning, with a total of 216 deaths.
- The most vulnerable age was two, with two-year-olds accounting for 6.4% of all drownings. A total of 89 children between one and four drowned.
- Males were far more likely to drown than females and this held true across all ages. Even in children under five, 68.5% of the victims were boys.
- Almost 43.6% of victims over 10 had alcohol in their blood, and 40% of victims were legally drunk (in terms of drunk-driving regulations). Donson said this indicated that alcohol had a significant association with drownings.
- Most people drowned on a Sunday – 17.8% – followed, oddly, by Tuesdays, which claimed 16.8% of victims.
- Most drownings occurred, as would be expected, in summer. Most happened during the day between 10am and 6pm, with a peak number of cases about 4pm.
- Most drownings – 61.6% – happened in the sea, lakes or dams, but a significant 18% happened in private swimming pools. Just 3% happened in pools at resorts or amusement parks and another 3% in pools of water near informal settlements. Some of these drownings appear to have occurred at golf courses.

Donson said: "Anecdotal accounts from a Cape Town forensic pathologist appears to indicate that a growing number of young children drown while trying to retrieve balls from golf course water features."

Presenting the report today, Weinberg said last summer the NSRI had responded to an average of three emergency call-outs a day.

"But we will never know how many people needed our assistance and did not manage to call us in time. No matter how good our rescue service is,

response time is critical. When you are in the water every second counts."

Announcing the joint venture with Netcare 911, he said the organization had pledged the funding to train their staff to help with calls for sea rescue emergencies and that the service would be ready to go live on December 1, in time for the school holidays.

NSRI marketing director Meriel Bartlett said at present the NSRI had 17 emergency numbers around the country. "We've been wanting a single central number for 10 years, like the 10777 number for the ambulance service and 10111 for the police.

"A couple of minutes in the water makes all the difference, and we can't afford to have people phoning around from one number to another."

**Source: Cape Argus, 27 September 2005**

## 'DRUNK' DRIVER KILLS TWO BOYS

A car driven by an allegedly drunken driver mounted a Lavender Hill pavement and ploughed into six boys fixing a bicycle, killing two and injuring the others.

Two of the children died at the scene and the other four were taken to hospital with broken bones.

The boys, aged between eight and 12, had been on the pavement of St. Robert's Street in Sea Winds, Lavender Hill, about 6pm on Saturday when the car smashed into them.

Faez Linnett, 12, and Ameerud-Deen Ely, 8, were flung against a pole and died within minutes.

Community members assaulted the driver of the BMW, who was later arrested. He faces a charge of culpable homicide and police are investigating a charge of drunken driving. He was due to appear in Simon's Town Magistrate's Court today.

Eric Jordan, 8, Hameed James, 10, and Ishmael Harrison, 7, are in the Red Cross Children's Hospital

Eric has concussion and a broken leg, Hameed needed stitches to his forehead and a skin graft on his leg, and Ishmael has a broken arm and leg, and a bruised face.

Hameed's father, Kashief James, said his son was in a lot of pain.

The sixth boy, Tevin Marinus, 8, was sent home from hospital with minor bruises. He said: "We were four houses away from Hameed's house. We were fixing the bike when the car came. He knocked all of us. I flew into the gate. I couldn't get up. I just lay there while they called my grandmother."

Yesterday a veil of sadness covered the Sea Winds community as people gathered for the funerals of Ameerud-Deen and Faez. People said the boys had been great friends.

Ameerud-Deen's mother, Ilam Ely, was overcome as she buried her youngest child and only son.

Sobbing, she said: "I lived for my child. He was my only son and I wanted to give him everything. That man came and took my son's life away. It's not fair."

Ameerud-Deen was in Grade 2 at Zerilda Park Primary School.

Ely said she had been lying down when she was called. "The first thing that I thought is that my child is dead. Then I saw him lying on the ground."

Faez was in Grade 7 at Zerilda Park Primary. On Saturday evening he asked his mother, Faiza Linnett, for money to buy a Gatsby.

"I gave him the money and sent him to get it. He ate his Gatsby and then left to play with his friends in St Robert's Avenue."

The next time Linnett saw her youngest son he was lying on the ground. "He was in a very bad condition. He was badly hit. He lifted up his head when I spoke to him but then he just stopped."

Hameed's mother, Fieroza James, was at home when the incident happened.

"I had just been outside to check on Hameed. They were just down the road. I saw them outside with their bikes," she said. "I had just come in when they called me."

"It was very traumatic. The boys were hysterical. I'm so sad. They were all friends."

**Continued on page 8**

**WHAT THE NEWSPAPERS REPORTED** *continued from page 7*

Dorothy Jordan, 33, mother of Grade 2 Zerilda Park Primary pupil Eric Jordan, 8, was at a mothers' rally in Sea Winds when she heard the news. At first she thought it had been a "little" accident.

"But when I came around the corner and saw the ambulance I knew it was something big."

She said Eric was out of danger. "He has a broken leg, but doctors can't operate until the swelling subsides. He is concussed but okay, just in a lot of pain."

Although relieved that her son was all right, she felt sorry for the other mothers. "They are in and out of the house," she said.

**Source: Cape Argus, 26 September 2005.**

**CHILD ABUSE UP, WARN DOCTORS**

Red Cross Children's Hospital doctors have treated more than 20 child abuse victims in the past two weeks, most of them for sexual abuse.

Most were younger than 12. Of the children who had been physically rather than sexually abused, most had fractured skulls.

Four of the patients were still in hospital. These statistics were released by the hospital's Head of Trauma, Professor Sebastian van As, and chief social worker Carla Brown yesterday. And they said the number of cases the hospital saw was just the tip of the iceberg.

Van As and Brown said the hospital had seen 100 more child abuse cases this year than in the past two years.

"The dangers exist every year but there has been a surge in the number of cases for this year," said Brown.

Often the children were abused by people they knew, like relatives, family friends or neighbours.

Most of the cases came from densely populated areas like Khayelitsha, Philippi, Manenberg and Mitchell's Plain and children were usually brought in after the weekend.

Van As said alcohol played a major role in the cases they saw.

"People lose their self control, and if parents are intoxicated, they cannot protect the child. And children are not equipped to protect themselves."

Brown said that with holidays around the corner, teachers were not there to intervene and controls were less stringent.

"Pre-school children have no way to protect themselves. A lot of the children are threatened and they don't want to protect themselves."

Brown said about 95% of sexual abuse cases were picked up in the trauma unit.

There was often a delay between when the incident happened and when it was reported, as the children's caretakers were scared of the perpetrators or wanted to protect them.

Van As said sexual abuse had a devastating effect, but convictions were still very low.

"Four years ago, the conviction rate for rapists and murderers was of the order of 5 and 10%."

The professor called on parents to make proper supervision arrangements for their children over the holidays. It was also important to make children aware of the dangers, and what behaviour was inappropriate. Communication was also vital.

He said that in most cases parents were unwilling to get perpetrators convicted.

"Our aim is not to remove the children from their home, but to get the child supported and understood."

**Source: Cape Argus, 17 November 2005.**

**'MY CHILDREN DID NOT DESERVE TO BURN TO DEATH LIKE THIS'**

Fighting back tears, Alex Josephs described the death of his three children as "unbelievable".

Chantel, 11, Sandy 8, and Jason Josephs, 5, were asleep in their bedroom when their wendy house, in Freedom Farm, off Modderdam Road, caught fire shortly after midnight yesterday. All three burned to death.

When the Cape Argus visited the family, Josephs was scratching through a pile of rubble – all that was left of his home.

Shaking his head, he said: "They were good children and did not deserve to die like this."

His two other children – Alex, 10, and 18-month old Dylan with his wife Sharon, 38 survived the fire.

Josephs, 32, said Chantel had stayed up to watch TV while the rest of the family went to bed. When Chantel went to bed she took a candle, in a plastic cooldrink bottle, with her.

Pointing to the area where the children's bedroom stood, he said: "I think she must have fallen asleep."

"I woke up when I smelt smoke. I tried to kick their bedroom door open, but the flames were too strong." He said.

He and Sharon managed to escape through their bedroom window, taking Dylan, who was sleeping with them.

Alex then kicked the children's bedroom window out, but could only pull Alex, 10, to safety.

"I could only save one." He said.

Neighbours and relatives tried in vain to douse the flames.

The family lost all their belongings.

Alex escaped, but Sharon sustained minor burns to her arms.

"I feel very sad. It's not nice to lose your children," he said.

Sharon, sitting next to him on an old chair and holding Dylan tightly wept continuously.

Sebastian Martin of the Cape Town Fire Department said they had received a call for help at 12.27am.

"When rescue vehicles arrived it was reported that two girls had already died and one adult had sustained minor injuries," he said.

Less than an hour later Jason's body was found. Martin said it was not known how the fire had started.

An inquest docket had been opened.

**Source: Cape Argus, 17 November 2005.**

**FAMILIES MOURN DROWNED GIRLS**

When Norman Nako Solani was told on the phone that his eldest daughter had died he refused to believe it.

On his way home from work he kept on telling himself that it was a mistake, but when he got to the police station, it was confirmed that his eldest child, Ongeziwe, 15 had drowned at Monwabisi Beach.

She drowned with Zukiswa Yalwa, 20, and Natasha September, 16, after they went swimming with friends yesterday morning. Nonkhululwe September, 12, and Vuyelwa Joni survived.

A shocked Lindelwa September, aunt to Zukiswa and Natasha, said that when she left for work she had not known the pair were going to the beach.

"They couldn't swim. I've always told them never to go to Monwabisi beach as it is dangerous. We've always heard stories of people drowning there. I didn't want them to go because they were not from here, they were not familiar with the sea at all.

**Source: Cape Argus, 25 November 2005.**

**FAMILY BLAMES SCHOOL FOR GIRL'S DROWNING**

The family of a Khayelitsha schoolgirl, who drowned during a school outing near Gordon's Bay, blame the school for her tragic death Yanela Lujabe, 12, a Grade 7 pupil at Umthawelanga Primary School in Khayelitsha, drowned early on Friday afternoon while swimming with three other pupils at Kogel Bay during a class farewell outing.

The popular surfing spot is notorious for its rip tides and strong currents. Now her family plans to lodge a formal complaint with the provincial education department about "school negligence". Yanela's elder sister Zinzi Mkhiva claimed that the teachers had allowed pupils to swim in poor sea conditions unsupervised. Other pupils on the outing said teachers only attended to them once they heard some children were in difficulty.

This raises questions about the safety of children when they are on an outing," Mkhiva said.

The teachers were negligent by letting pupils swim on their own. On that day, the weather conditions were not good as there was a very strong wind. The sea conditions were obviously not good for children to swim without adult supervision.

"There were apparently no lifesavers, either. Why did they let children swim without any adult monitoring them? We feel this is negligence from the teachers' side. They said they rescued three children and only discovered later that Yanela was also in the water." Mkhiva said Yanela was a quiet girl with a great sense of humour: "We would always laugh at her jokes. We are saddened as we had recently buried our father in September after a long illness. This is a double tragedy for the family."

Provincial education department communication director Paddy Attwell said an investigation had begun. "We were shocked to learn of this tragedy," he said. "The school has already submitted a report to the Metropole East Education Management District Centre, which is investigating the incident further. (We have) a clear policy on how to manage a school outing. The investigation is looking at how the school implemented it."

Nicholas Reyneker of Western Province Lifesaving confirmed there were no lifeguards at the beach and the school did not consult them before the outing. "For some reason, schools seem to like to go to Kogel Bay, but we always advise them not to as it is a dangerous beach," he said. "We encourage them to go to safer beaches that have lifeguards on duty."

The organisation can be contacted on 021 7156679.

**Cape Argus, November 09, 2005**

## TODDLER BURNS TO DEATH IN SHACK

A weary mother's need for rest and a stove left burning has ended in the tragic death of a three-year-old.

Awonke Gwadiso died on Tuesday at about 2.30pm when his home in Witsand near Atlantis was burnt to the ground. Police believe the shack caught fire when a gas stove on which Awonke's mother had been cooking toppled over after she fell asleep.

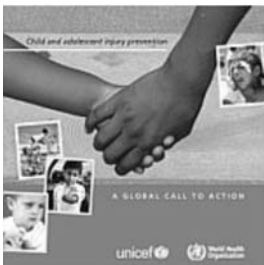
The mother, who fled the shack, was seriously burnt.

**Cape Argus, November 09, 2005**

## INTERNATIONAL NEWS

### WHO launches "Child and adolescent injury prevention: A global call to action"

WHO is scaling up its work in the area of child and adolescent injury and violence prevention. To call attention to this growing, yet preventable problem, WHO, UNICEF and a number of experts from around the world have developed a brief document entitled "Child and adolescent injury prevention: A global call to action" which draws attention to the magnitude of the problem and how child and adolescent injuries may be prevented. The document is written primarily for policy-makers and donors and is the first in a series of documents which will culminate in the publication of a World Report on Child and Adolescent Injury and Violence Prevention in 2008.



The PDF version of the document may be downloaded from [http://www.who.int/violence\\_injury\\_prevention/media/news/29\\_11\\_2005/en/index.html](http://www.who.int/violence_injury_prevention/media/news/29_11_2005/en/index.html)

### DRIVEWAY DANGERS: Check for Children Before You Back Up

The horror is almost unimaginable: A toddler bolts onto the driveway just before her father prepares to back out in the family SUV. Thinking his family is still indoors and unable to spot any obstacles in the rear view mirror, he drives in reverse, backing over his own child.

Back-over accidents are the second leading cause of motor vehicle-related child deaths, and often are preventable. The dangers have received greater attention lately with more families driving SUV's, pickup trucks and minivans, which have less rear visibility.

The nonprofit organization Kids and Cars ([www.kidsandcars.org](http://www.kidsandcars.org)) reported that backover incidents killed 91 children in 2003, a 57% increase from 2002. Injuries are much higher. According to the Centres for Disease Control and Prevention, about 7,475 children 1 to 14 years old were treated in emergency departments for backover injuries during 2001 '03.

A study in the August 2001 issue of Pediatrics noted that since driveway injuries are not typically regarded as reportable to the police, they often go under recognized. Younger children generally are more severely injured in driveway-related crashes.

Although there are safety devices on the market such as electronic collision warning systems, a 2003 study in Injury Prevention found that preschoolers did not heed a back-up warning alarm, perhaps because they felt safe seeing a parent or teacher nearby.

The American Academy of Pediatrics is supporting recently proposed federal legislation, which would require that within 18 months of its passage all new light passenger vehicles be equipped with power windows and panels that automatically reverse direction when they detect an obstruction to prevent children from being trapped, injured or killed. The Kenneth Gulbranson Kids and Cars Safety Act (H.R. 2230) proposed by Rep. Peter King (R-N.Y.) was named after a 2-year-old Long Island boy, who was killed tragically when his father, pediatrician Greg Gulbranson, M.D., FAAP, backed over him in their home driveway.

Other safety equipment called for under the proposed bill includes:

- a system of notification so that once the ignition switch is in the "off" position, the driver is alerted if passengers remain in any of the rear seating positions of the vehicle; and
- a rear visibility performance standard that would provide drivers with an unobstructed view of the area behind the vehicle to prevent back-over incidents.

To avoid back-over injuries, the American Academy of Pediatrics urges parents to walk behind their car before backing out of the driveway. Other experts suggest:

- Always supervise children playing near parked cars, and ensure that other caregivers take the same precautions.
- Teach children that a parked car could move.
- Keep vehicles locked.
- Honk your horn before backing up.
- If possible, keep play areas fenced off from your driveway.
- Investigate rear cameras, sensors and alarms, but don't rely on these devices to take the place of careful supervision.

**Source: American Academy of Pediatrics, June 2005.**

### Fire Safety Plan for Families Includes 'First Up, Last Out' Rule

When fire breaks out in a family's home, there may be only seconds in which to escape the heat, black smoke and deadly gases. To be prepared, parents must have working fire alarms and a detailed fire escape plan that the whole family has rehearsed.

The U.S. Fire Administration reports that children and older adults account for a significant portion of the country's fire deaths and injuries. In 2002, about 2,500 children ages 14 or younger were injured or killed in U.S. residential fires, and the fires often were preventable. A working fire alarm more than doubles your chances of surviving a fire.

However, just changing the smoke alarm batteries twice a year so they are functional is not enough to ensure that children will evacuate a burning residence. Parents need to be reminded that most young children and even adolescents need help walking up and exiting their homes.

*Continued on page 10*

**INTERNATIONAL NEWS** *continued from page 9*

Studies show that children don't consistently wake up when a fire alarm sounds for a variety of reasons. Children have higher arousal thresholds than adults and may be more erratic when they do awake. Younger children sleep longer than adults and spend more time in deep sleep. In addition, kids commonly hide in the closet or under their beds when fear and panic set in. Add to these factors, background noise, medication or sleep deprivation, and it's clear why children don't often react to a smoke alarm.

For all these reasons, an adult needs to be around to wake up to a smoke alarm and be responsible for ushering everyone out the door. This method is called "First Up, Last Out."

An escape plan, practiced twice a year, should include at least two exits (when available) from every room of the house. Designate a meeting place outside, in front, where family members can wait for the fire department.

Parents also can instruct children in age-appropriate educational messages about fire prevention, such as how to stop, drop to the ground and roll if clothes catch on fire. In case a fire does occur, show kids how to crawl low on the floor, underneath the smoke, to get out of the house quickly. Impress on them the importance of not hiding from firefighters and the need to act fast. Teach kids never to return to a burning building and to call 911 or the fire department after leaving a burning structure.

**Source: AAP News, October 2005.**

**NHTSA Publishes Helmet Law Study**

The National Highway Traffic Safety Administration has just put up on its Web site a new 219 page study of bicycle helmet laws.

The study was done by independent researcher Carol Stroebel. She examined six communities where helmet laws of various kinds had been passed, including one where it was subsequently repealed. The study analyzes the findings in twenty pithy pages titled Analysis, providing acres of detail if you need it. Some of the themes that emerge:

The major stakeholders in enacting a law are usually emergency medicine professionals, pediatricians, and a coalition focused on children's safety, injury prevention, or bicycling and bicycle safety.

The bicycling community has been divided at times on this issue; and law enforcement, though usually not deeply involved, may have a "make-or-break" role; Typically, few citations are issued under these laws and they are not a priority for enforcement agencies.

Even though the laws may be little enforced, they are seen as valuable leverage (especially for parents) for increasing bicycle helmet use; The evolving role of bicycling and the bicycling community in the changing transportation mix will influence the strategies, issues and constituents involved in future bicycle safety efforts.

To increase the effectiveness of the laws the study suggests:

- Law enforcement must make the law a priority; if the law is not enforced, it loses its effectiveness.
- On-going efforts in education and awareness are needed, similar to those supporting safety belt laws.
- Proponents should educate the news media about the need for the law.
- The public needs to be better educated on the physics of injury.
- Those implementing the law must "continuously deliver the message" about bicycle helmet use and the law.

View full study at

<http://www.nhtsa.dot.gov/people/injury/pedbimot/bike/BikeHelmetUseLawsWeb/pages/toc.htm>

**National Highway Traffic Safety Administration**

**NSW Changes Smoke Alarm Law After Deaths**

The Australian state of New South Wales (NSW) has introduced mandatory smoke alarm legislation following a spate of deaths, NSW residents who fail to install smoke alarms in their homes could face fines of up to \$550 under laws introduced into state parliament in June. The laws will require smoke alarms to be fitted in all homes and buildings where people sleep by May 1 next year. People selling homes will need to certify that smoke alarms have been installed. The laws, which are supported by the state opposition, were announced in response to the death of 13 people in house fires in just two weeks.

**Source: Injury Prevention, October 2005.**

**Highlights of AAP recommendations to reduce SIDS**

Following is a summary of recommendations from the AAP Task Force on Sudden Infant Death Syndrome to reduce the risk of SIDS in the general population.

1. Back to sleep. Infants should be placed for sleep in a supine position (wholly on the back) for every sleep. Side sleeping is not advised.
2. Use a firm sleep surface. A firm crib mattress covered by a sheet is recommended.
3. Keep soft objects and loose bedding out of the crib.
4. Do not smoke during pregnancy.
5. A separate but proximate sleeping environment is recommended. The infant's crib or bassinet should be placed in the parents' bedroom. Infants should not bedshare with parents or other children during sleep. Infants may be brought into bed for nursing or comforting but should be returned to their own crib when the parent is ready to sleep. No one should sleep with an infant on a couch or armchair.
6. Consider offering a pacifier at nap time and bedtime. The pacifier should not be reinserted once the baby falls asleep. The baby should not be forced to take the pacifier. For breastfed infants, delay pacifier introduction until 1 month of age to ensure that breastfeeding is firmly established.
7. Avoid overheating. The infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult.
8. Avoid commercial devices marketed to reduce the risk of SIDS.
9. Do not use home monitors to reduce the risk of SIDS.
10. Avoid development of positional plagiocephaly. Encourage "tummy time" when the infant is awake and observed. Avoid having the infant spend excessive time in car seat carriers and "bouncers". Alter the supine head position during sleep.
11. Continue the Back to Sleep campaign. Public education should be intensified for secondary caregivers. The campaign should continue to focus on the black and American/Indian/Alaska Native populations. Health care professionals in intensive care and well-baby nurseries should implement these recommendations well before an anticipated discharge.

The full text of recommendations are included in the policy statement titled, The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk, which is available online at [www.pediatrics.org](http://www.pediatrics.org) and in the November edition of Pediatrics.

**Source: AAP News, October 2005**

**WOOLWORTHS CHILD SAFETY MONTH  
COMPETITION WINNERS**

Primary News ran a competition during child safety month in their newsprint that are distributed to primary schools in the Western Cape. Woolworths sponsored the prizes and each of the five winners received reflective Anoraks and reflective school satchels.

Scholars had to tell us in one sentence what it means to them to be safe. Here are some of the interesting responses we received.

Tell us in one sentence what it means to you to be safe.

- To be safe is a feeling of some kind of freeness, relief and relaxation.
- Never walk alone at night always walk with a parent.
- Free from risk or danger.
- Always wear bright clothing.
- Wear your seatbelt.
- Free from danger.
- To be protected and no harm done to you.
- Not to feel scared.
- To go anywhere without worrying.
- Keep to yourself and say no!

**Thank you Woolworths for making these kids safe on the road with their reflective gear!!!!**

# Development of Childhood Burn Prevention Curriculum for South Africa

## Introduction

World-wide, burn injury is a leading cause of death in children and adolescents, and a major cause of morbidity and long-term disability. The implementation of safety and prevention education of proven efficacy is of a major public safety importance. On the African continent, global fire related burn mortality is higher than any where else in the world (WHO). In South Africa, Burns account for the highest percentage of external cause of death in children between birth and 10 years of age (NIMSS 2001).

## Why do so many young children die of burns?

Burn and fire prevention education is not part of the school curriculum in South Africa. Many children are born in to poverty and live in the informal settlements. Shacks in these informal settlements are built very closely together and are filled with highly combustible materials. Many of these communities are located in rural areas far from medical facilities or are not knowledgeable of what to do for a burn injury.

Many children die from burns, but many others die from breathing poisonous gases produced by fire. Many child fire fatalities occur at night, when they are asleep. Due to the crime rate in South Africa, burglar bars and gates are common. There are few standards regulating the use of security bars and gates and often secondary escape routes do not exist. Many of these fire fatalities could have easily been prevented – crime, poverty and education all play a role in the fire risk and resulting fatalities.

## Burn Prevention Education

It is generally agreed that a majority of uncontrolled fires and burns are caused or influenced by human behaviour. Therefore, attempts to prevent uncontrolled fire and resulting burn injury focus upon changing human behaviour. Measures to prevent fire and burn injury have been in existence since ancient times. Many worked so well that they are still in use today (e.g. evacuation during fire). In South Africa, traditional, often ineffective, approaches to burn injury prevention have been based largely on piecemeal, unsystematic perceptions of injury causes and countermeasure options. Priority must be given to countermeasures that will be most effective in reducing fire and burn injury losses on a national scale.

## Development of a burn prevention curriculum

The National Fire Protection Association in the USA sponsored 4 International experts to assist with the development and facilitation of a workshop to develop a burn prevention curriculum for South Africa. Clearly a leading agency in the field of burn prevention, the NFPA developed a curriculum called Learn Not To Burn in the late 70's, which had a significant positive impact in the US. With many years of experience and knowledge, the NFPA has supported the development of this programme in South Africa. Due to the nature of this workshop,



representatives of the Child Accident Prevention Foundation of Southern Africa, The World Burn Foundation of Southern Africa, Paraffin Safety Association of Southern Africa, Western Cape Education Department, Department of Health, Western Cape and the Medical Research Council participated in the development of this much needed burn injury prevention curriculum.

The Programme Objectives were to determine the Injury Chain of

Events and prioritise the burn problem using available national data from the National Injury Mortality Surveillance System and other sources. The group also evaluated existing messages using available material and prioritised burn problems in order to develop new messages as necessary.

A focus on primary and secondary prevention behaviours that would prevent or reduce likelihood of serious burn injury taking into account demography of population where developed. Lastly consensus was obtained from all participating organisations represented. Agreement was reached on each message in order to maintain consistency when presenting the message and developing resources.

## Conclusion

It was also decided to formalise the represented group in order to complete the work already initiated.

The South African officials have formed a committee called the National Burn Prevention Reference Group and plan to call the version of the programme "Learn Not to Burn Southern Africa." South African musicians and illustrators will create original songs and drawings for the curriculum.

## "NATIONAL BURN PREVENTION REFERENCE GROUP"

- Our aim is developing appropriate preventative messages.
- Our primary target / recipient are children.
- Our work will enhance the work already accomplished by NFPA with us.

A National Co-ordinator and a Deputy Co-ordinator was elected as follows:

- National Co-ordinator: Nelmarie du Toit (CAPFSA)
- Deputy Co-ordinator: Rodney Eksteen (WBFSA)

For further information contact, Rodney Eksteen on 083 543 9056.

## The Lucky Winners of the Woolworths Child Safety Month Competition



Matthew Reid  
Seamount Primary



Michaela Grobbelaar  
Blouberg Primary



Rory Woodman  
Wynberg Boys Junior



Thembe Sokufudumala  
John Graham Primary



Weslee Johannessen  
Pinehurts Primary

# Conferences and Meetings



## WHO 15th International Safe Communities Conference in Cape Town 9-11 April 2006

The Child Accident Prevention Foundation of Southern Africa will host the International Safe Communities Conference in Cape Town 9-11 April 2006 at the University of Cape Town.

This conference is community based and will focus on creating Safety Networks within the local communities, and it is more than likely that Cape Town might qualify to become part of the WHO International Safe Communities Network.

The utmost importance of safe communities has been recently highlighted with the tragedies that occurred for instance with the Tsunami in South East Asia, the floods in New Orleans and the earthquake in Kashmir.

Cape Town also has been shaken recently with a large number of accidents, injuries, deaths and disappearances, in particular of children.

The central theme of this conference will be focused around three topics:

1. Creating a Safe Community.
2. Creating Safe Schools.
3. Creating a Safe Home.

More information:

<http://www.uct-cmc.co.za/conference/2006/safecom/info.php>

## Burden of Injuries

### On-line course on confronting the Burden of Injuries

The Johns Hopkins Bloomberg School of Public Health recently added the first injury course content to its growing Open Courseware Program. Through Open CourseWare, the Bloomberg School is putting some of its most popular courses online for interested self-learners, students and educators worldwide. The course content, which is free-of-charge, is not for credit. Twelve courses are currently online, with plans to make 70 courses available by 2008.

Courses range from refugee health care and statistical reasoning to terrorism training and international nutrition. The most recent course is "Confronting the Burden of Injuries: A Global Perspective." It was designed by Adnan A. Hyder, MPH, PhD and Maria Segui-Gomez, MD MPH, MSc, ScD, both faculties affiliated with the School's Centre for Injury Research and Policy.

More info:

[http://www.jhsph.edu/publichealthnews/articles/2005/ocw\\_hyder.html](http://www.jhsph.edu/publichealthnews/articles/2005/ocw_hyder.html)

### 2nd International Seminar on Injury Research Methods

Eurosafe and the Medical Research Council are proud to announce that the next international seminar on Injury Research Methods will take place on 6-7 April, 2006, in Cape Town, South Africa.

The aim of the seminar on Injury Research Methods is to exchange knowledge and experiences on concepts and methods applied in injury research. The focus is on methodology instead of findings. Special attention will be paid to measuring the economic costs of injuries, evidence based injury prevention, quantifying disabilities and translating the results of research into recommendations for prevention. The seminar should increase synergy between researchers in the field of injury prevention and safety promotion.

More info: <http://www.mrc.ac.za/conference/ecosa/index.htm>

## UPCOMING CONFERENCES

### The 8th World Conference on Injury Prevention and Safety Promotion

2-5 April 2006,  
Durban, South Africa  
[www.safety2006.info](http://www.safety2006.info)

### International Society for Child and Adolescent Injury Prevention (ISCAIP): Bi-Annual Conference

April 5-6, 2006,  
Durban, South Africa  
Email: [utsch@email.chop.edu](mailto:utsch@email.chop.edu)  
[www.chop.edu/cme](http://www.chop.edu/cme)

### 15th International Safe Communities Conference 9-11 April 2006

Creating a Safer Environment  
Cape Town, South Africa  
Abstract deadline: 28 October 2005  
Dr Sebastian van As  
E-mail: [abvanas@ich.uct.ac.za](mailto:abvanas@ich.uct.ac.za)  
[www.cmc.uct.ac.za](http://www.cmc.uct.ac.za)

### The 7th International Congress on Work Injuries Prevention, Rehabilitation and Compensation

26-29 June 2006,  
Hong Kong  
[www.workcongress7.hk](http://www.workcongress7.hk)

## Volunteers at CAPFSA

The Child Accident Prevention Foundation would like to thank Mira Lose from Germany who volunteered at the Foundation for three months. Mira assisted the unit with the capturing of trauma data from the Red Cross Children's hospital onto the injury database. This database is used extensively for further research, injury prevention planning and advocacy around child safety.



We are grateful to individuals like Mira who give of their valuable time to volunteer at the Foundation.

More volunteers are required to assist the Foundation with data capturing and analysis.

For more information on volunteering at the Foundation contact Nelmarie du Toit at Tel 021 6855208 or email [ndutoit@pgwc.gov.za](mailto:ndutoit@pgwc.gov.za)