



New Partnership – Child Accident Prevention Foundation of Southern Africa and Safe Kids Worldwide

Safe Kids Worldwide

A Member Of



Safe Kids USA was the first and only international non-profit organization dedicated solely to preventing unintentional childhood injury within the USA. It focuses on one specific problem: more children between the age of 1 to 14 years die from accidents such as motor vehicle crashes, fires, drowning, poisoning and falls than any other cause. Accidents kill one million

children each year around the world and permanently disable many more while almost all of these injuries are preventable. Safe Kids USA was founded in Washington, DC in 1987 by Children's National Medical Center with support from Johnson & Johnson.

Over the last 5 years Safe Kids USA has started to expand beyond the borders of the USA and a new organization was started *Safe Kids Worldwide* which promotes changes in attitudes, behaviors, laws and the environment to prevent accidental injury to children globally. The efforts of Safe Kids Worldwide have made a significant change in the life of children in many countries.

Safe Kids Worldwide depends on the support of grass roots networks in its 16 member countries to implement safety programs and hands-on training throughout the world. These grass roots networks work closely with law enforcement officers, fire fighters, paramedics, health and safety experts, professionals, educators, parents, businesses, foundations, governments, policymakers, volunteers – and most importantly – children, to educate and protect families. By mobilizing communities at the local level, they provide public education programs, facilitate engineering and environmental modifications, enact and enforce laws and regulations and conduct research to drive our programs and determine the efficacy of their efforts.

Partnership CAPFSA/SAFE KIDS Worldwide



Over the last four years there has been an increasing co-operation between Safe Kids Worldwide and the Child Accident Prevention Foundation of Southern Africa. This has resulted in yearly attendance of the Safe Kids Worldwide Conference in Washington

DC and intense negotiations in view of closer co-operation between the two organisations. During April 2007, Safe Kids Worldwide and CAPFSA signed the official agreement.

The Child Accident Prevention Foundation of Southern Africa is now officially a member of Safe Kids Worldwide. With this agreement CAPFSA has joined this international network of programmes and is therefore committed to prevent unintentional injuries to children in collaboration with our partners in South Africa.

As a member, CAPFSA is committed to implement multifaceted strategies for public awareness, education, public policy and implementation of community activities in ways best suited to our local communities. We received a support grant (negotiated by Safe Kids Worldwide) from Johnson & Johnson to that effect for 2007/2008.

Through the Support of Safe Kids Worldwide CAPFSA will enhance its activities in the three fields of:

- 1 Research
- 2 Education
- 3 Advocacy

The National Board of the Child Accident Prevention Foundation is very excited about this new partnership and we are looking forward to a long-term close co-operation with Safe Kids Worldwide to the benefit of the Children of South Africa.

<http://www.safekids.org/>

Sebastian van As
President: Child Accident Prevention Foundation of Southern Africa

On behalf of the President, the Director and the whole CAPFSA board, we wish to extend our sincere thanks to her decades-long, dedicated and intense activities on Child Safety issues. We want to thank her for her work at grassroots level; as an educator; as regional manager of the regional Gauteng CAPFSA office as well as for being a very active member on our National Board. The retirement of Jenny Clarke from the board, will leave a vacuum in our organization.

We hope that the Gauteng Regional Office activities are able to continue as we are assured proper foundations have been laid for future Child Safety Prevention in Gauteng. We will always think of Jenny with the greatest respect for her achievements in the field of Child Accident Prevention in Southern Africa.

We wish Jenny a well-deserved and enjoyable retirement.

Sebastian van As
Chair: CAPFSA NATIONAL COUNCIL

FAREWELL TO JENNY CLARK



Jenny Clarke initiated and started the CAPFSA Gauteng Branch in 1993. Under the direction of Jenny, the CAPFSA Gauteng branch was officially launched on 3 March 1994. For the past thirteen years Jenny managed to successfully establish child safety educational programmes in Gauteng in spite of limited resources. She developed a comprehensive child health and safety educational training programme for child minders in partnership with the Department of Health, Health Promotion. Interventions under Jenny's guidance have been of great benefit to

the safety of the children of Gauteng.

In March 2007 Jenny Clark informed the National Board that she was stepping down from her function as National Board member and as Regional Head of the Gauteng Office for CAPFSA. For more than a decade Jenny Clark's name has been unequivocally identified with our CAPFSA Board and all activities at the Regional CAPFSA Office in Gauteng.

CONTROLLING BED BUGS WITHOUT PESTICIDES

We refer to an article published in Issue 61 of the CAPFSA reporter titled *Protect your child from harmful exposures to pesticides on page 8.*

Bedbugs are generally confined to bedrooms where they are found mainly on bedding. Both adults and nymphs suck blood at night-time and then hide in crevices such as the seams of mattresses or cracks in a bed frame during the day. Bed bugs have never been shown to transmit diseases and aren't considered to be a serious health threat, although people dealing with bed bugs may experience psychological stress and insomnia.

Bedbug Control

The first step to control is to know where bedbugs are hiding. These areas include but are not limited to:

- Tufts, seams/buttons on mattresses
- Cracks in hardwood flooring
- Under carpets along walls
- Wall voids behind switch plates/outlets
- Window/door moulding
- Behind wallpaper and pictures
- Box springs
- Bed frames and covers
- Couches and chairs
- Luggage



Non-Chemical controls

- 1) Locate source of infestation
- 2) Treat mattress. **DO NOT PUT ANY PESTICIDES ON MATTRESS OR BEDDING**
 - a. Heat treat mattress – put in sun.
 - b. Steam clean mattress.
 - c. Wrap mattress in black plastic and put in sun.
 - d. Keep the mattress cover on the mattress for at least a year to make sure all the bugs are dead.
- 3) Replace mattress if it is badly infested.

- 4) Prevent infestations by
 - a. Placing legs of beds in cans of soapy water.
 - b. Place a ring of petroleum jelly (Vaseline) around bed legs.
 - c. Keep bed away from walls.
- 5) Vacuum infested areas thoroughly every day and clean vacuum bag in rubbish immediately when finished.
- 6) Steam clean carpets.
- 7) Wash bedding in hot water and dry in dryer if possible.
- 8) Infested items that can't be washed in hot water can be put in black plastic bags in the sun or in the freezer.

Prevention

Bed bugs don't just appear spontaneously in a home or apartment. People accidentally move bed bugs from place to place. Bed bugs in hotels sometimes crawl into luggage and return home with travelers. Another way is to bring them home with infested furniture.

- When checking into a hotel, it is a good idea to immediately inspect rooms for bed bugs. Even if no bed bugs are found, don't place luggage on the floor near the head of the bed. Use luggage racks instead.
- Eliminate clutter in infested areas to reduce hiding places. These bugs like to hide in small cracks, stacks of clothing, paper items and corrugated cardboard.

Remember pest control requires perseverance and regular maintenance. There are no easy one-time solutions. Chemicals may kill the pests immediately, but may well not eliminate them (especially because of chemical resistance the pests develop) and you will be at risk of acute and long-term health effects. Get in the habit of controlling pests in your home or work using a regular non-chemical control and maintenance programme.

**Submitted by: Dr Anthea Rother
– School of Public Health and Medicine – UCT**



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 Town's Child. Cape

Town's Best Guide for Parents

Daily News

Independent On Line

(www.iol.co.za)

Nelmarie du Toit

Pumla Nyakaza

Paraffin Safety Association

Dr. Andrea Rother –

School of Public Health and

Family Medicine – UCT

Prof Sebastian van As

The Mercury

The Star

WELCOME CAPFSA MEMBERS

We would like to welcome the following members:

SILVER MEMBER

Nets for Africa

BRONZE MEMBER

Charmaine Ellis – Just Imagine Consulting

REGULAR MEMBERS

Aquatots – Nell White

Lynn Bluff – Baby Talk

Thank you for your support and interest in Child Safety.

ELECTRONIC NEWSLETTER

The CAPFSA Reporter is also available in pdf format, if you would like to receive an electronic version of the quarterly newsletter please email your details to capfsa@pgwc.gov.za

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Giovanna Adams

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ADVOCATING FOR A HOUSEHOLD ENERGY SAFETY SYSTEM

Call for NGO Involvement

Most people do not know that there are approximately 18-21 million South Africans who use paraffin on a daily basis. This constitutes almost 50% of South Africa's population that faces a real possibility of being injured or of dying due to paraffin-related incidents.

The National Treasury Department estimates that annually the cost of these accidents to the country's fiscus is R104 billion. Clearly this is a very big problem, yet it is not receiving the attention that it deserves from civil society, media and government.

Advocating for a Household Energy Safety System

Headlines of horrific paraffin related deaths do not shock people anymore. It seems that the regularity of accidents like these throughout the country numbs us to inactivity. Yet, they affect millions of South Africans.

A few months ago a devastating fire, connected to paraffin negligence, razed buildings to the ground, shattered the lives of a number of people and brought the northern suburbs of Cape Town to a grinding halt as the fires compromised the integrity of a bridge on Vanguard Drive. Since then, many other incidents have occurred and many people have been killed or injured as a result of such negligence.

There is a need for a long-term rather than short-term solution to this problem. Changing the colour of paraffin and substituting one fuel with another will not ensure people living longer. We need a Household Energy Safety System which will address the underlying systemic problems.

Household Energy Usage and Poverty Patterns

In most cases, poor people's access to fuel is a matter of survival and not a luxury. Their poverty determines their energy usage. We, at the **Paraffin Safety Association**, are concerned that when innovative solutions are sought, especially in evaluating the appropriateness or suitability of such innovations, poor people are rarely consulted.

We believe that a participatory approach is needed in order to guarantee success and acceptability of solutions for this problem.



In this context, the Association is trying to work with government to adopt a more integrated approach to the household energy safety policy, which recognises the safety and multiplicity of energy sources used in poor households and the opportunities for intervention that this presents.

Although poor households carry some responsibility for safe energy practice in their homes, it is the responsibility of petroleum companies to ensure that their energy supply systems are safe and suitable for low-income households.

Similarly, it is the responsibility of government to ensure that there are affordable and safe household energy options through evidence-based policy development and implementation. They are obliged to regulate multiple energy supply systems so that the constitutional right to a safe environment can be entrenched and not undermined.

Working Towards a Solution

Because of the lack of scientifically verified information about the extent, causes and effects of paraffin-related incidents, the Paraffin Safety Association is compiling a knowledge base in a Household Energy Surveillance System about the domestic use of paraffin (and other energy sources) and its consequences. This includes conducting incidence surveillance as well as collecting and interpreting all relevant household energy information. We are currently working with hospitals in Pietermaritzburg, Durban, East London, Port Elizabeth, Johannesburg and Cato Manor. We hope that the outcome of the surveillance project will help galvanise civil society, business and government to take action to systematically prevent such occurrences in the future.

They say prevention is better than cure. Therefore, the prevention of accidents from happening should be the goal. We need an Integrated Household Energy Safety System that is premised on the needs of consumers.

Patrick Kulati, Managing Director,
Paraffin Safety Association of Southern Africa.

– Picture Acknowledgement: Picture Courtesy of *Paraffin Safety Association of Southern Africa*.



**KNOWLEDGE
RESOURCES**



*Dr Daniel S. Acuff,
President:
Youth Market
Systems, USA;
Maureen
Joubert,
Knowledge
Resources and
Alda Heunis,
Egg Marketing*

Knowledge Resources, in partnership with Egg Marketing & Communications, hosted the first ever Kid Republic Conference. International and local experts met to share more about the world of kids and tweens and how to successfully market brands to them and their gatekeepers.

Various interesting topics were discussed at this conferences such as:

- Understanding the ethics debate when communicating and marketing to children and tweens – International & South African perspectives.
- The family as a buying organisation: How children and parents influence one another's buying behaviour.
- Understanding and exploring trends that are impacting on today's kids and tweens.
- Kids aren't just kids; success means knowing their ages and stages of development.

The Child Accident Prevention Foundation was invited to present information on safe marketing for Kids. Nelmarie du Toits' presentation focussed on promotions to children and what safety aspects to keep in mind during promotional events and activities for children.

SCHOOLBOY RUGBY

Don't let bad press blind you to its benefits

It's a contact sport and, yes, we expect accidents to happen. But of late, it seems that injuries among school rugby players have escalated, along with shocking levels of violence. Many level-headed parents are in a quandary: the risk of letting their children play 'the total game' seems just too high. South African rugby's golden boy Naas Botha provides a little-heard counter voice of reason among the hysteria.

LAURA TWIGGS spoke to him.

Stay-at-home Cape Town mom Karen* and her husband Craig* are fighting a lot at the moment, about something she never imagined would be an issue in their relationship: "With what I've been reading and seeing on TV and in the papers, I don't want our oldest son, who is now five, ever to pick up a rugby ball. Craig played throughout his schooldays and says he would not be the same person he is today had he not played rugby. He didn't play at the highest or most competitive level, so I know it's not a case of his trying to vicariously taste some glory that eluded him in his own life. I simply don't understand why he's this adamant about a violent game with an inflated pig's bladder that causes cripples and seems to teach children it's okay to gouge eyes, punch and kick other children, all in the name of team spirit. He won't back down and neither will I, and the tension at home is becoming unbearable. We fight every time he tries to get Mikey* to watch a game with him, or when he tries to kick a ball around outside. Our youngest is two, and even he has been pinpointed as a potential little rugby player. When I think about it, I feel so helpless and angry."

Karen voices the fears of countless other parents torn between keeping their children safe, and allowing them to explore life in all its fullness, which, in South Africa, for boys, generally means playing rugby. She's just one mom who watched the shocking exposé on *Carte Blanche* in June this year that revealed that more and more serious debilitating injuries are occurring at a schoolboy level. The series reported that from March to May this year, 90 under-18 rugby players were treated for "dislocations and broken limbs, stitching of wounds and concussion. Five more were treated for life-threatening and neck injuries," at just one Johannesburg hospital alone. The series went on to feature children left quadriplegic after their injuries on the rugby field, now needing 24-hour nursing assistance. There were 19 cases of such 'catastrophic' rugby injuries last year and, of these, 12 were schoolboys. Quoting Ari Seirlis, the national director of QUASA, the Quad-Para Association of South Africa, the programme said that this year's statistics are probably worse. And to underscore the danger, Seirlis pointed out that "The South African Defence Force hasn't had eight catastrophic injuries and one death. That is the army and yet rugby has had eight catastrophic injuries and one death" already this year.

It seems that schools don't have the resources to provide serious medical care or financial assistance to injured players, and yet keep punting the sport.

Of course, this causes great concern and alarm among parents. Newspapers have been full of incidents of rugby violence and injury this year, as well as rugby-related deaths at school level. And according to the *Carte Blanche* show, children as young as eight and 12 are involved: 12-year-old Jaco de Swart walked off the field with a broken neck in the absence of any appropriate emergency medical treatment on stand-by. It seems that schools don't have the resources to provide serious medical care or financial assistance to injured players, and yet keep punting the sport. And as a result, many already anxious parents are tempted to ban their children from playing.

But before doing so, they might want to consider what four-time SA Rugby Player of the Year and now rugby commentator Naas Botha has to say about the sport. Naas pauses reflectively when remembering how he started playing rugby in Standard One, having been granted special permission to 'practise with the big boys'. "It was much easier in those days," he says nostalgically. "Everyone played rugby. Without rugby, I don't know what we would have done; there was no TV."

It's immediately obvious that this game being painted as vicious, brutal and life-threatening is very close to the heart of the fly-half kicking phenomenon who hung up his international boots in 1992. In 2005 he was inducted into the international Rugby Hall of Fame and then in 2006 he was given the same honour at the South African Sport Hall of Fame. There's a definite sense that the current state of schoolboy rugby and the possibility of the game he so loves falling into hideous disrepute causes him some pain. "Something about rugby that you must understand," he says, with the sense that he is choosing his words very thoughtfully, "is that it is there for everyone, short, tall or small. It is a great equaliser and a great leveller, and



even if you might not be the most popular kid, the rugby field provides an opportunity for everyone to like you, for you to fit in and even find self-esteem. It is unique in this way, and provides opportunities that sports like golf or tennis can't." Warning to his subject, the often gruff-sounding Naas passionately explains that at rugby's core is the fact that it creates a platform for difference to shine, that different positions call for different strengths and, as a result, the game truly fosters tolerance and acceptance towards difference, a way of cutting through facile physical stereotypes and so providing all children a sense of freedom while teaching invaluable life lessons. "With rugby, the little fat boy who might otherwise be teased and become shy, can excel and be a star," he explains. "This is a good way to build self-confidence, and for all children to see that other children, who might be different from them, have individual value."

And what's more, says Naas, rugby teaches self-discipline ("You have to adhere to rigid training times"), the mentality and responsibility that comes with being a member of a group and self-belief. It is also a very valuable constructive outlet for teenage frustration – "It keeps children away from drugs and also allows them to express aggression in a controlled way" – obviously when played in its true spirit and under good supervision.

But Naas is also a realist, and doesn't even try to say that the current spate of injuries is nothing to worry about. Noting that injury is 'part of the game' in many sports, he's quick to point to the very many ways that rugby injuries can be, and are being, prevented. According to him, injuries in rugby are drastically reduced by adequate player preparation and school coach awareness. He says that the introduction of several laws and codes have actually reduced rugby injuries around the world, but that an ongoing problem in South Africa is inadequate coaching from the very first time children are introduced to the game. "Chiefly, coaches don't always realise that there can be a huge gap between size and strength," he explains, which is one of the greatest causes of injury at school level. "And another coaching mistake that can impact on the way the game is played is the habit of making a child play a certain position purely because of his physical body type."

These sorts of coaching errors are directly responsible for many of the injuries reported across the board, all of which Naas maintains would be prevented were school coaches themselves given adequate coaching.

"The real problem with school rugby is unqualified and inexperienced people teaching children how to play it," he says. "It would be like me trying to coach a young John McEnroe. There are too many coaches who are volunteer parents, women coaches who have never played the game seriously, and men who perhaps played at school but were never trained properly even then. You also have people who are equipped to train up to a certain level, but then go on to train above that level," he maintains. "It's really good for parents to be involved, don't get me wrong," he clarifies, "but coaching clinics have a vital role to play, too. They should be standard procedure."



Naas says that the first years of coaching a young player are arguably the most important ones, but that it is particularly among the youngest children that there is the least discernment about the standard of coaching. It is at this stage that the greatest learning about the sport, about preparedness, safety and the true spirit of the game, is done, and getting it right at this level can do much to eliminate injury later on. And what's more, he says, it's by and large bad coaching that leads to dirty tricks and violence on the field. "If you have real knowledge and can bring the best out of your players because of what you know,

you won't need to bend the rules, or create scenes of war. A certain amount of rivalry is good, but a good coach won't lose perspective or encourage or even tolerate children playing a dirty, dangerous game, or taking dubious performance-enhancing supplements; they don't need to."

Despite his obvious passion for the game, Naas maintains that no child should be 'forced' to play rugby, and that the success stories rely on the fact that the individual chose to play. He's also unconvinced about the trend he's seen "over the past decade" in which parents and coaches are trying to remove the competitive aspect of the game. "Yes, the game should be played first and foremost for enjoyment," he says, "but removing the thrill of winning and its significance to the individual and the team waters down that enjoyment. If you create an environment for mediocre players, you'll create mediocre players. If you don't like to win, you're in the wrong game. It's a metaphor and a lesson that applies for later life and for all walks of life: if it's okay to be second and if you try to be second, you'll always come second. If you play only friendlies and it's only ever 'for fun', the children lose out on valuable lessons that will help them out in later life. Life is competitive. Children need to experience what it feels like to be a champion, and then to fail, and how to deal with both winning and losing. Rugby, played well and overseen by good coaches, is a great way of teaching resilience, perseverance and a number of other really valuable attributes."

The proud father of three girls, Naas says he won't be encouraging them to take up the sport, but wouldn't stop them from playing if they really wanted to. He says that poorly equipped and ill-informed coaches and over-competitive, pushy parents strip the game of its joy, and may be the main causes of eventual injury. It's certainly, to his mind, no fault of the game itself. So maybe instead of an outright ban, start by asking your child's school some serious questions about the rugby coach, the level of medical care available at matches, motivate for coach training, and think twice before you blithely volunteer. The life lessons rugby can teach seem worth it.

* Names have been changed.

Be careful of hormones, steroids and growth supplements.

These can lead to heightened aggression as well as a host of behavioural and physical problems that can last throughout later life.

Keep it fun. Your child is most probably never going to become a professional rugby player, no matter what you do, nor how good he is. But he will benefit from having had a well-rounded childhood, no matter what his career choice later.

Injuries

A quarter of all rugby injuries are head injuries, which can be averted by wearing helmets and having a coach who focuses on neck-strengthening exercises and adheres to 'clean rugby rules'. About one out of 10 rugby injuries involve the spine and hips, and about 5 percent are neck injuries. These can be the most severe and debilitating, and those players in the scrum are most often affected, although high tackles are also to blame.

Dangerous positions

Prof J. Hattingh conducted a local study on the most dangerous positions for injury, reported in the *South African Journal of Sports Medicine*.

Eighth man (12 to 14%)	Scrum half (6 to 8%)
Hooker (10 to 12%)	Fly half (8 to 9%)
Lock (10 to 12%)	Prop (8 to 10%)
Flank (10 to 12%)	Centre (8 to 10%)
Wing (10 to 12%)	Fullback (8 to 10%)

SOURCE: Reprinted with permission: Cape Town's Child

WARNING

SABS warns of untested baby car seats

By LUILA SAMODIEN and ASDUMODWA SOKOPO (Staff Writers)

The South African Bureau of Standards has warned consumers to look out for untested baby car seats.

This comes after two retailers in Johannesburg were found to be producing car seats that were "non compliant" with the bureau's regulations. SABS executive regulator Moses Moeletsi explained that car seats produced by these two retailers had not been tested by an accredited testing facility that would prove they were safe for children.

"There were no specific markings proving to the consumer that these seats are safe.

In fact, in the absence of the markings, it suggests they have not gone for testing and are therefore, unsafe," he said.

While there was no testing centre for baby car seats in South Africa, they could be sent to any recognized facility overseas.

The manufactures should also have applied for a letter of authority to sell the seats.

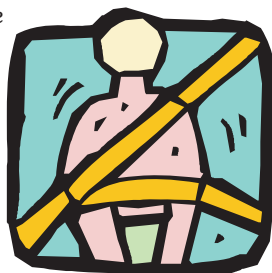
This would not have been awarded without them being tested.

The two Johannesburg retailers – identified by SABS as – Evermore in New Town and Plenty Trading at China Mart in Crown Mines were discovered in the SABS inspection.

Gregg Goldblatt, owner of the Baby Scene and Toy Market in Bellville, said he was warned by suppliers that there were carrycots that did not carry the SABS stamp of approval and he had been very careful.

Moeletsi said it was possible some of the same merchandise had been on sale in Cape Town. Redgwoods – which incorporates Reggies, Toy "R" Baby Company and Us – said it did not sell the products.

Cape Argus, September 12 2007



CHILD SAFETY ACTIVITIES

HEALTH AND SAFETY TRAINING COURSE FOR EARLY CHILDHOOD DEVELOPMENT CENTRES (ECD'S)

Another Health and Safety Course was held on the 22, 23 & 24 of August 2007 as part of the activities of the Child Safety Month (August). Twenty-two educare teachers from 14 crèches and day care centres within the Protea Sub council areas (Claremont, Plumstead, Wetton, Kenwyn, Lansdown, and Rondebosch East) received the training. The three-day training course was held in the Johnson & Johnson Hall at the Red Cross Children's Hospital.



ECD representatives who attended the Health and Safety Training course

CAPFSA managed to present this course through funding made available by the Protea Sub Council (CITY OF CAPE TOWN). CAPFSA is really grateful for this funding.

A special thank you also goes to other specialists outside our organization who assisted with the facilitation of some sessions during this course. These individuals include: Linda Jonker from Red Cross Children's Hospital, Nursing Education (IMCI Community component), Andrew Moore from the Medical Education Centre (Paediatric Emergency Care), Desmond Johnson from the City of Cape Town Fire Services (Fire Safety and Evacuation) and Abigail Golding from RAPCAN (Identifying and referring Child Abuse).

Next Course: 16, 17 to the 18 October 2007.

For further enquiries contact Pumla Nyakaza at tel: 021 6855208.

POSTER AVAILABLE FOR EDUCATIONAL PURPOSES

(See page 11 for sample of poster)

Growing Safely – Watch that Child: Children are not small adults

Very young children are naturally curious. Children learn about the world by physically interacting with the things around them. They like to touch, feel, and explore. As a result of these characteristics, they are at high risk for accidents and injuries such as burns, poisoning, drowning, falls and road accidents.

We as adult care givers and parents have to take responsibility and make sure that our children learn, play and grow up in a safe environment without the threat of being hurt.

With the support of Johnson & Johnson and the Department of Health (MDHS) Health Promotion, an A1 sized full colour poster was launched during child safety month. This poster is available for educational purposes and focuses on 5 developmental stages of children under the age of 7 years and relates to the prevention of the most common injuries.

Copies of this poster can be obtained from the Child Accident Prevention Foundation, Red Cross Children's Hospital.

Tel: 021 6855208

Fax: 021 6855331

E-mail: capfsa@pgwc.gov.za

CHILD SAFETY MONTH

During **CHILD SAFETY MONTH** the Child Accident Prevention Foundation (CAPFSA) and other stakeholders such as Western Cape Departments of Health (Health Promotion: Province and MDHS), Community Safety (Traffic Safety), Social Services, The Crime, Violence & Injury Lead Programme (CVILP) – Medical Research Council and the Paraffin Safety Association of Southern Africa set out to raise awareness and promote actions that would assist in reducing the unacceptably high rate of childhood injuries and deaths.

The theme of the month was **'Watch that child; Children are not small adults!'**

The aims of Child Accident Prevention Month were:

- To improve public understanding of the developmental stages of babies and small children under 7 years, in relation to the main risks of injury to each age group.
- to mobilise stakeholders across relevant sectors in high risk communities.

Two workshops took place and targeted community organisations, government and NPO stakeholders engaged in the care of children less than 7 years old. These workshops were held at the Red Cross Children's Hospital and in Khayelitsha.

Issues focused on in the workshops were the context and the understanding of accidental injuries, child development and associated injury risks and effective parenting.

Resolutions taken at these workshops will now be implemented to assist with child injury prevention initiatives in communities.



Delegates at Red Cross Hospital Workshop planning for child safety.



Community Health Educators from Khayelitsha



Koleka Koko-Mhlahlo and Robert Francis from Social Services

BUCKLE UP FOR SAFETY – *Safe travelling of pre-schoolers in vehicles*

COMMUNITY SAFETY and CAPFSA partner to focus on passenger safety for kids

National statistics indicate that 84% of children in South Africa travel in cars without wearing seatbelts. At the Red Cross Children's Hospital alone, approximately 20 are treated for injuries sustained in motor vehicle collisions every month. Eighty percent (80%) of these injured children were not buckled up or restrained in the vehicle in any way at all.

The Directorate Road Safety Management (Department of Community Safety) in collaboration with the Child Accident Prevention Foundation of Southern Africa (CAPFSA) conducted surveys at approximately twenty day-care centers in the Cape Metropole and Paarl areas, to monitor how often children use child restraints in vehicles. (Results available on request).

Two workshops were hosted at the Drakenstein Municipality in Paarl and at the Red Cross Children's Hospital where the findings of the observations were presented to targeted pre-schools and other role-players. At these workshops resolutions were taken to address the unacceptably low seatbelt/restraint-wearing rate. Some valuable inputs and contributions were made to address future interventions towards safe traveling of children in vehicles.

Various safety activities and interventions will be implemented at the various targeted pre-schools and day care centers to improve the safe traveling of children to these facilities.



Delegates at the Paarl Workshop



Working groups at Red Cross Hospital working on resolutions



George Shikwambana
(Road Traffic Management Corporation)

FINALLY THE FACES AND VOICES OF PAIN HAVE SPOKEN

More than 240 delegates gathered at the Kopanong Hotel & Conference Centre outside Benoni on the East Rand on June 27 & 28 June 2007 for a 2-Day Household Energy Safety Summit. The delegates, representing all the 9 provinces in South Africa came to deliberate, agree upon and deliver a Declaration of Demands on Household Energy Safety to the Department of Minerals and Energy. This was one of the important outcomes of the 2 day summit.

The Managing Director of the Paraffin Safety Association's Patrick Kulati handed over the Declaration of Demands to Mrs Nonhlanhla Ndebele who represented the Department of Minerals & Energy at the Summit. "I felt like I was carrying in my hands the very aspirations of about 18 million South African domestic users of paraffin and appliances who are sick and tired of harmful paraffin related incidents. It was also very touching for me when I listened to Marcus Tumi Modiba, a young survivor from Alexandra township in Gauteng. This bright young boy suffered burns from a paraffin heater when he was used as a "Human Shield" during an argument between a couple at a neighbour's house", says Patrick Kulati.

The main objectives for all these summits organised by the Paraffin Safety Association were:

- To position Paraffin Safety as a Human Rights Issue.
- To propose government policy and a way forward for a safer paraffin system.
- To find out and discuss Low Income Sector's household energy needs and challenges.
- To discuss strategies for communities to take action on household energy safety and especially paraffin safety as part of community mobilization.
- To discuss possible solutions such as packaging and labeling.

All the survivors of paraffin related incidents felt comfortable to open up and share their harrowing and heart-wrenching stories at the summit. This was influenced by the fact that the interviewer herself is a survivor of sexual violence perpetrated by her biological father. Andile Carelse is now the chairperson of the Open Disclosure Foundation, presenter of Khumbul'ekhaya on SABC 1, a musician, women's rights activist and a very influential and successful celebrity.

The overwhelming majority of the survivors never received counselling after their horrible experiences. It became clear to those of us who attended the summits, that indeed this is a reality for millions of other disadvantaged people who experience injuries from using paraffin and its appliances daily. As much as the paraffin-related impact to the economy has been estimated at R104 billion per annum, its real impact on human life is not quantifiable.

Keynote speakers who addressed delegates at this summit were from the National Consumer Forum, South African NGO Coalition, Human Science Research Council, Department of Minerals & Energy, Chris Hani Baragwanath Hospital Burns Unit, ESKOM, Liquefied Petroleum Gas Association, Energy Research Centre at the University of Cape Town, the Department of Provincial and Local Government and the Regulatory Division of the South African Bureau of Standards.

Mr. Kulati concluded by saying, "This summit, which was a culmination of 3 Regional Summits held in Durban, Port Elizabeth and Rustenburg, mandated the Paraffin Safety Association:

1. **To speak on behalf of all the delegates present at the summits and other domestic paraffin users.**
2. **To ensure that the Declaration is included in the Department of Minerals and Energy's integrated Household Energy Plan.**

We are also calling on people of South Africa to please assist the survivors. The survivors need assistance with counselling – this was also confirmed by the counsellors present at the summit – clothes and building materials, fast-tracking of ID application processes, food and money. Although we as the association cannot accept cash, we can link anyone who wants to help directly with the people concerned".

RELEASED BY THE PARAFFIN SAFETY ASSOCIATION OF SOUTHERN AFRICA ON JULY 19, 2007

Phumzile Nteyi – Communications Co-ordinator (082 440 8440)
Tel: +27 21 671 5767, Fax: +27 21 671 0233,
Website: www.paraffinsafety.org.za

NEWS REPORTS

WATER SAFETY

LEARN TO SWIM

Spring is in the air and Swimming SA's "Learn to Swim" campaign will highlight the importance of water safety and swimming for all.

Swimming SA, in conjunction with Waterlinx, a swimming pool and spa product manufacturer, and the Clearwater Mall on the West Rand, have joined forces with Netcare 911 and Johannesburg emergency services to educate parents and children about water safety.

Swimming SA's "Learn to Swim" project manager Easlyn Young said the campaign will include a host of display items that play a role in saving lives and turning water into a friend of the people.

"Apart from talks from officials from Netcare 911 and the Johannesburg emergency services, Learn to Swim instructors will also be on hand to pass on information to people about how to become a swimming instructor," said Young.

Young said top swimmers will drop in at the Learn to Swim exhibition at Clearwater Mall.

Netcare 911 spokesperson Nick Dollman said that over 100 near-drownings had been reported in the period from September 1 last year to the Easter period of this year.

"Gauteng has higher near-drowning and accidental drowning statistics than a coastal city like Durban, and we are looking forward to being a part of Swimming SA's Learn to Swim campaign... so that people can understand and help save lives," said Dollman.

For further information, contact Paul Martin (Forever Marketing) on 011-704-6336 or 082-780-1744.

– Sapa

<http://www.iol.co.za/index>. August 24 2007

Child drowns in swimming pool accident

By Sinegugu Ndlovu

A toddler drowned in a swimming pool at an Umhlanga home on Monday morning.

Ayanda Mkhize had been playing outside the Herrwood Drive home where his mother was a domestic worker.

Police Superintendent Muzi Mngomezulu said that Ayanda's mother, who had been working inside the house, had suddenly noticed that her son had gone missing.

"The woman went into the garden to look for the toddler only to find him dead in her employer's pool," he said.

Netcare 911 spokesperson Chris Botha said that the two-year-old had died before paramedics arrived at the home.

Botha urged parents to cover and fence off pools to ensure the safety of young children. He said that three children had drowned in pools in the Durban area this year.

The Mercury – September 11, 2007

Tourist sons, saved from rip currents

A German tourist and his two young sons were saved from strong rip currents at Keurbooms Beach near Plettenberg Bay on Monday afternoon.

Bernd Nemach, 45, and his sons Adrian, 13, and Bjorn, 10, were caught in the surfline. They were rescued by the National Sea Rescue Institute (NSRI) and two Plettenberg Bay locals, from the sea in front of the Dunes Caravan Park.

NSRI spokesperson Craig Lambinon said the organisation's Plettenberg Bay deputy station commander, Deon Truter, had responded directly to a report of a "drowning in progress" and had driven to the scene in his car. An NSRI rescue craft was launched at the same time.

"Truter immediately swam out and managed to secure the two children, but with the very strong rip currents, he couldn't bring them back in immediately," said Lambinon.

Two bystanders, Lisa Muller and Sean McMillan, both of Plettenberg Bay, swam out to help Truter. The children were then collected by the NSRI rescue boat, while their father had managed to swim to shore.

"All three were treated for mild hypothermia and shock by NSRI's Dr John Donald and by the Metro ambulance that also responded," said Lambinon.

He had contacted the family and they were "doing fine".

Lambinon advised swimmers in Plettenberg Bay area to be "cautious".

– Staff Writer

Cape Times. August 21, 2007

'An NSRI rescue craft was launched at the same time'

Day at the beach ends in tragedy for teenager

August 19, 2007 at 10:20pm

A 14-year-old boy from Khayelitsha drowned at Monwabisi on the False Bay coast on Sunday, the National Sea Rescue Institute said.

NSRI Strandfontein station commander Nawahlodien Panday said the boy was found floating face-down in the surf about 30m off-shore behind a tidal pool wall.

Resuscitation efforts failed after the boy was brought to shore, and he was declared dead by paramedics.

"It appears from reports that the victim was on the beach accompanied by his brother and two friends. He apparently went swimming beyond the tidal pool wall and he got into difficulty, which we presume may be associated with strong rip-currents," Panday said.

Police will conduct an inquest.

– Sapa

IOL WEB, August 19 2007-09-25

Toddler in serious condition



A three-year-old boy was in a serious condition after almost drowning on Saturday afternoon, at a public pool at Springs, East of Johannesburg, paramedics said.

Netcare 911 spokesperson Mark Stokoe said the boy was found submerged below the surface of the water.

"It was only a minute or two before his disappearance was noted."

"He was then rescued by a family member who dived into the pool, the boy had no pulse and was not breathing."

Stokoe said the boy's father administered CPR and a family friend who was a Netcare 911 paramedic was then called in and started a full resuscitation protocol.

"...The patient was intubated and manually ventilated, CPR continued until it was confirmed that there was a pulse."

He was then airlifted to Grand Central Airport in Springs.

Stokoe said it was still too early to predict any kind of outcome, regarding his progress at this stage.

– Sapa

IOL WEB August 12 2007

Boys drown in waist-deep water

July 24, 2007 at 04:23am

By Stephanie Saville

Care-givers have been asked to take special care of their children if they live near a river, a shallow stream or open body of water.

The appeal comes after the bodies of two boys were retrieved from the Umgeni River at the weekend.

Inspector Jack Haskins, of the police's Search and Rescue Unit, said that the four-year-old boys' bodies had been pulled out of a pool which was just waist deep, below Nagle Dam, near Cato Ridge.

The two little friends, Mthokozi Hlongwane and Alwande Ngubane, had disappeared on Friday. "On Saturday, when we arrived, a man said that he had seen them playing near the river," he said.

After the community searched nearby bushes, the bodies were found in a pool.

Haskins said people should be aware of the danger of slippery rocks.

"It's very, very sad. It makes one so heartsore to take a little one and have to put him into a body-bag."

Haskins said the boys' distraught grandparents had been on the scene when the bodies had been recovered. He appealed to adults to supervise children continually.

Easlyn Young, manager of the national Learn to Swim programme, said parents often presumed young children had the same fear of water as they did, but this was not the case.

Drowning is the second most common cause of accidental death in SA, with 56 percent of those drowned being under 15.

The Mercury on July 24, 2007

TOY SAFETY

SA parents rush to return toys

August 17, 2007 at 09:27 am

By Solly Maphumulo

Anxious parents, spurred into action by the worldwide recall of Mattel toys, have started returning the products named in the local recall.

This comes after US toy giant Mattel Inc pulled back about 19 million Chinese-made products worldwide, citing serious concerns over children's safety.

Stephen Hurst, director of Just Fun Toys – South African distributor of Mattel and Fisher-Price toys – on Thursday said they had removed all the affected toys from the shelves.

“Consumers have started returning the toys to the retailers. This will be a week-long process. The retailers take back the toys and credit the consumers,” Hurst said.

He said the retailers had been very supportive and understanding.

Among the items consumers are being asked to return are: 11 different Polly Pocket magnetic play sets, sold since May 2003; the toy jeep Sarge – from the hit animated film Cars – or assortments containing Sarge cars sold since May 2007; and Barbie and Tanner toys sold since May 2006.

“The Polly Pocket and Barbie withdrawals are because they contain magnets that can be swallowed, aspirated or placed by a child in their nose or ears, possibly leading to internal medical problems.”

As for the Sarge cars, the paint decorating the toys contains “excessive levels of lead that can cause adverse health effects”.

Mattel is globally recalling some models of Polly Pocket, Batman action figures, Barbie and other Chinese-made toys because of the lead paint and tiny magnets that children could swallow.

More than 7,3 million Polly Pocket play sets are to be withdrawn globally.

V Kistensamy, a buyer for Reggie's and Toys 'R' Us, said they have removed 300 toys from their shelves.

“That's all we had. We removed all the toys from the shelf. We don't have them in stock anymore,” Kistensamy said.

The Star, August 17, 2007

Beware of toxic toys

August 20, 2007 at 10:46am

By Jani Meyer

The toxic toys may have been hauled from the shelves of toy shops last week, but innocent products still lurk in our supermarkets and at home.

Some South African children have blood lead levels that are high enough to affect their IQ and compromise them for the rest of their lives. And some toys tested by Medical Research Council (MRC) have lead levels of more than 1 500 times the internationally recommended amount.

Regulations to declare lead based paint a “group hazardous substance” have been tabled by the Department of Health in May this year, but leaded paint and painted products are still readily available.

Dr Angela Mathee, senior specialist scientist at the Medical Research Council's (MRC) Environment and Health Research Group Council, said while something was being done, in terms of the regulations, there was not enough awareness about the dangers of lead exposure.

Mathee said a recent study involving pregnant women in Johannesburg found that only 20 percent of them had heard of lead poisoning and the majority of them assumed that it was linked to petrol.

“Until 1986 South Africa had one of the highest levels of lead in its petrol in the world,” said Mathee.

The MRC's Health and Development Research Group said although researchers have known since the early 1980s that South African children were exposed to high levels of lead, the source was mainly attributed to the lead added to petrol. Mathee said after the introduction of unleaded petrol in 1996, studies began to show a reduction in the levels of lead in children's blood.

Preliminary results from a survey in various Cape Town suburbs showed that blood lead levels decreased by 57 percent since 1991 when unleaded petrol was introduced.

Mathee said the MRC would be conducting a survey later this year to study the impact South Africa's 2006 switch to unleaded petrol has had.

Although the lead levels dropped, a study conducted by the group in 2002 showed that lead was still “very much” present.

The team started to look at other sources of lead and collected paint and dust samples from the homes of children with the highest blood lead levels identified. The results showed that over one third of the paint samples and 79 percent of the dust samples had lead levels above the international standards.

The MRC found that of 239 homes they tested, 20 percent had unacceptable high lead levels in their paint.

The action level, when medical attention is needed, for lead is 10 micrograms of lead per decilitre blood.

During their research the team found a seven-year-old girl with 51.1 level. It was discovered that the child had eaten paint.

The MRC team said this was surprising because the South African Paint Manufacturers' Association had entered a voluntary agreement to limit the use of lead in paint in the mid-1970s.

A 2005 study of children's painted toys found that some of them contained 1 500 times the recommended 90 micrograms.

The MRC study included children's building blocks and puzzles – toys that are commonly used in homes, schools and pre-school institutions. The toys were bought at toy shops, supermarkets, stationery chains and craft markets.

Mathee said the risk of lead was first published more than a century ago and Australia and the US had taken steps to protect children three decades ago.

The researchers said it seemed incomprehensible that South African children had been unnecessarily exposed to lead.

MRC president Professor Anthony Mbewu presented a technical report to Health Minister Manto Tshabalala-Msimang and draft regulations were drawn up to declare leaded paint as a group-one hazardous substance.

Group one hazards are regulated by the Hazardous Substances Act that prohibits the unlicensed sale of the substance. It must also carry a warning. The regulations exclude industrial paint and paint not used for decorating homes, commercial properties and public places. The regulations will be effective from May next year.

Mathee said the introduction of unleaded petrol has undoubtedly been of benefit to young South African children.

Preliminary results from a survey in various Cape Town suburbs showed that blood lead levels decreased by 57 percent since 1991 when unleaded petrol was introduced.

The Star Newspaper – August 20 2007

ROAD SAFETY

Six pupils die as taxi rolls

September 10 2007 at 09:13pm

Six schoolchildren died and 15 were injured – two of them critically – when their taxi rolled at Bethelsdorp on Monday afternoon, said Eastern Cape traffic authorities.

Officials suspect the driver was speeding when he lost control of the minibus and it overturned at 2.20pm, about a kilometre from Triomf Primary School where he had picked up the pupils after school.

Witnesses saw the vehicle roll, then hit a lamp-post before careening down an embankment.

Five children died on impact, said Eastern Cape traffic spokesman Tshepo Machaea. A sixth was flung over the roof of a house. His body was later found in the backyard. Another 15 pupils were hurt.

“Two of the children were placed onto emergency life support,” said Netcare 911 spokesperson Nick Dollman.

“They were intubated and manually ventilated by the paramedics and were in a critical condition,” he said.

“Nine children sustained serious injuries and three had minor injuries.”

The driver was also taken to hospital in a serious condition, but the conductor was not hurt.

Although there were 23 people on board the 15-seater vehicle, traffic officials said they had yet to determine whether the taxi was overloaded.

Seating limits referred to adult occupation. The Road Traffic Act specified a calculation which had to be done to determine the maximum number of child passengers.

The children were aged between nine and 14.

The injured were taken to the Livingstone, Mercantile, Green Acres and St George's hospitals in and around Port Elizabeth.

An official said post mortems would be conducted on Tuesday morning, after which the bodies would be identified by their parents.

The Eastern Cape's safety, liaison, roads and transport MEC Thobile Mhlanhlo would be there to support the families.

– Sapa
IOL WEBSITE

Continued on page 10

Continued from page 9

4x4 hits schoolboy

A schoolboy is in a critical condition after being hit by a car near Randburg, Netcare 911 said on Friday.

The boy – approximately 10 years old – sustained a severe head injury.

The accident happened on the R512 close to the N14 bridge just outside of Randburg.

Paramedics arrived on the scene to find that a small child dressed in school uniform had been knocked down by a large 4x4 vehicle.

There was damage to the front side of the vehicle and according to the 4x4's driver, the child had run into the road, Netcare 911 said.

The child was placed onto emergency life support at the scene.

Due to the severe injuries and the location of the accident, as well as the heavy early morning traffic, it was decided to airlift the victim to hospital, Netcare 911 said.

The R512 was closed for about 10 minutes while the helicopter was on the ground. The child is currently in a critical condition in the Johannesburg Hospital.

The child was alone at the time of the accident and has not been identified.

The metro police are investigating the incident, Netcare 911 said.

– Sapa
IOL – September 14 2007

Baby dies after car mounts pavement

London – A two-month-old baby boy has died in London after his pushchair was hit by a car that mounted the pavement.

The child suffered multiple injuries and was pronounced dead at hospital after the silver Ford Fiesta left the road in Brent, north-west London, on Monday evening, police said.

His mother received minor injuries and has been discharged from hospital.

The driver of the car, a 62-year-old man, stopped at the scene and is being interviewed by police.

IOL WEBSITE – August 21 2007

FIREARMS

Stray bullet kills boy in Plettenberg Bay

August 25 2007 at 11:05am

A one-year-old boy was shot in the head by a stray bullet during public protests in Plettenberg Bay, Southern Cape, police said on Saturday.

Captain Malcolm Pojie said the child was found in a shack in Kwanokuthula around 1.40am on Saturday.

He said “around the same time” a female police constable’s house was being stoned by angry protesters and a shot was fired.

Police were investigating the possibility that the “stray bullet” killed the child.

“She [the policewoman] was not injured. Her house was attacked,” he said. A case of murder was opened.

On Friday 18 people were arrested for public violence in Kwanokuthula.

Pojie said three arson cases had been filed and one of malicious damage to property. One police constable sustained slight injuries and a number of police vehicles had also been damaged by protesters.

“The people are marching and rioting in the streets,” he said.

Police had been informed that residents were protesting about housing problems.

Pojie said the protests had started on Wednesday.

– Sapa
IOL WEB

BURNS

Baby burnt with boiling water

September 05 2007 at 01:50PM

Police are investigating the attempted murder of a one-year-old Durban baby after its uncle allegedly threw boiling water on him, police said on Wednesday.

Police spokesperson Superintendent Daniela Veldhuizen said it was alleged that the child’s 18-year-old mother had a misunderstanding with her brother at their

home in Q Section, Umlazi on Saturday.

“The brother apparently took boiling water and threw it over the little boy,” said Veldhuizen.

The child was rushed to Prince Mshiyeni Hospital and was reported to be in a stable condition. The extent of the child’s injuries were not made public.

The matter was only reported to police late on Monday.

Veldhuizen said an attempted murder case was being investigated but could not confirm if any arrests were made.

– Sapa

‘I could not do anything to save the child’

July 26 2007 at 11:14am

Solly Maphumulo

A two-week-old child was burnt to death after her mother’s partner allegedly set their house alight in Yeoville, Johannesburg.

The mother and a woman sharing a room with them were seriously injured and were taken to Johannesburg Hospital.

According to Albert Mthembu, who shared the house with the couple, the Zimbabwean national had a heated row with his partner.

“I was watching (TV soapie) Generations when I heard them screaming at each other. I did not want to interfere,” Mthembu said on Wednesday, adding that while he was in his room about midnight, the man knocked on his door and asked him to open the security gate.

“I found that the gate was not locked, and he apologised,” Mthembu said.

About 30 minutes later he heard screams.

“There were two women in the house screaming. I quickly opened my door to see what was happening.

“The room was on fire and the flames were spreading very quickly.

“I could not do anything to save the child,” Mthembu said.

Johannesburg Emergency Services spokesperson Malcolm Midgley said they received a call about 1am. He said the two women suffered serious burn injuries.

The Star on July 25, 2007

Boy dies after shack fire



A five-year-old boy died of burn injuries following a shack fire in a township in Krugersdorp on Tuesday, Johannesburg police said.

Police spokesperson Captain Siphwe Ndlovu said the boy died in hospital in the early hours of the morning after a family member allegedly set the shack on fire.

“The man had had an argument with three other family members. He then doused the shack with paraffin before setting it alight at about 3am,” said Ndlovu.

The family of five were in the shack at the time of the fire.

The man, as well as three family members, were in a stable condition in hospital.

– Sapa
IOL WEBSITE – July 24 2007

Schoolboy electrocuted

August 14 2007 at 03:32pm

A six-year-old school boy was electrocuted in Winterveld, north of Pretoria, when he fell onto wires used for illegal power connections, police said on Tuesday.

Inspector Mokanye Tsheola said the boy was walking home from Dikgakologo Primary School at 2pm on Monday when he fell and came into contact with live wires running on the ground. He died instantly.

A passerby recognised the boy as a pupil from Dikgakologo and informed the school’s deputy principal.

An inquest docket has been opened with the Loate police.

The incident was the third in the area since last year in which a child had been killed by electricity, Tsheola said.

– Sapa

Growing Safely

Watch that child: children are not small adults

0 to 6 months

- Needs 100% protection
- Rolls over
- Reaches for objects
- Puts objects in mouth

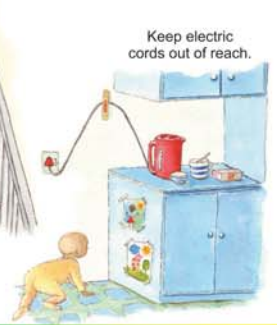
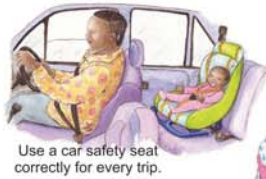


Babies roll over quickly - always watch them.



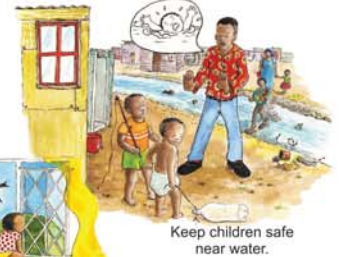
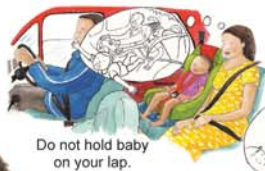
6 months to 1 year

- Sits up
- Crawls
- Pulls up to stand
- Takes first steps when holding on



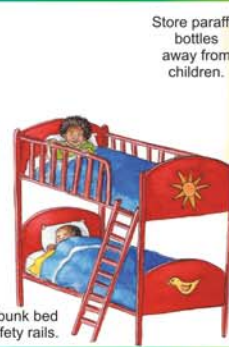
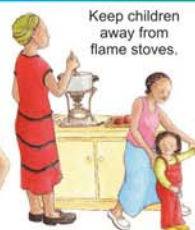
1 to 2 years

- No idea of danger
- Walks and climbs
- Turns knobs and taps
- Imitates



2 to 3 years

- Quick and unpredictable
- Adventurous
- Jumps
- Runs
- Climbs



3 to 6 years

- Fearless
- Explores with little thought of danger
- Fast
- Smart



Keep your family Savlon Safe



Designs by Nita Byles Design: JACO van der Merwe

Health Promotion (NDP) Provincial Government of the Western Cape

CONFERENCES AND COURSES

4TH ASIAN REGIONAL CONFERENCE ON SAFE COMMUNITIES

The Conference Organizers of ARCSC is now seeking interested participants to join the 4th Asian Regional Conference on Safe Communities.

It will be held from November 21-24 in Bangkok, Thailand and also November 25-26 for Tsunami Site Visit, South of Thailand. The following is the theme:

“Incorporating Global Thinking; Cultivating Local Strategy”

Online Registration with Payment and Bank Transfer is now available at www.safethai2007.com, and the deadline for the Abstract Submission is September 30, 2007.

For Registration and more information, please access www.safethai2007.com

Any inquiry, please contact the Conference Secretariat Johnny@stjohn.ac.th or zunsha@hotmail.com



International Society of Child and Adolescent Injury Prevention (ISCAIP) Biennial Meeting
March 14, 2008
Merida, Mexico

TITLE:

“Child Injury Prevention-Knowledge into Practice: Putting the World Report on Child Injury into Action”

REGISTRATION:

To be included on the information list please send expressions of interest to: iscaip@hotmail.com

PURPOSE:

The meeting will bring together experts and groups interested in child injury prevention. The ISCAIP meeting has served as a significant network meeting for those interested in child injury prevention prior to the opening of the World Conference. In the context of the WHO/UNICEF World Report on child and adolescent injury prevention a key focus of this meeting will be the lessons and findings of the Report and discussion on using this information to improve child injury prevention efforts in all regions of the world.



9th WORLD CONFERENCE ON INJURY PREVENTION AND SAFETY PROMOTION –
March 15th to 18th, 2008.

The 9th World Conference on Injury Prevention and Safety Promotion is now scheduled and will be held in Merida, Yucatan Mexico from March 15th to 18th, 2008. The National Organizing Committee for this Conference is pleased to announce the First Call for Abstracts beginning December 1st, 2006. This is a wonderful opportunity to submit your abstract electronically for oral, poster or video presentations for this important Conference.

Conference Webpage:

<http://www.safety2008mx.info/> > www.safety2008mx.info to get the latest information and procedures about Abstract submission requirements, format and deadlines, as well as scholarship application guidelines and the important dates for the Conference. The National Organizing Committee will award a number of scholarships for persons working in injury prevention and safety promotion who attend the Conference.

For more information please contact the Conference team at email address: <mailto:safety2008@insp.mx>

Conference on Arms Control and Armed Violence – 5 to 7 November 2007

The Arms Management Programme (AMP) of the Institute for Security Studies (ISS) will be holding a conference on arms control and armed violence reduction in Africa in Cape Town from 5 to 7 November 2007. The focus of the conference will be on the state of research on arms control and armed violence reduction in Africa, as well as on practical measures in this regard. Visit the ISS for more information.

17th International Safe Communities Conference 20th – 23rd October 2008

Christchurch, New Zealand

For further information visit: <http://www.safecom2008.org.nz/>
 email: contact@scfnz.org.nz or robyn.steel@ccc.govt.nz

COURSES

INJURY CONTROL AND TRAFFIC SAFETY

DATE: 22 – 26 October 2007

VENUE: GORDONS BAY METRO POLICE SCHOOL STREET, GORDONS BAY, CAPE TOWN

COURSE PURPOSE

The reduction of traffic accidents and injuries is increasingly becoming a public health priority, both in less and highly industrialized countries. More years of working life are lost in both groups of nations due to injuries. Despite extensive and well-intentioned collaborative traffic campaigns held predominantly over the holiday periods, recently released statistics for 2005 raises concerns on their successes and failures. It is imperative that both professionals and the public become acutely aware of the importance and possibilities, and the basic principles of injury control and traffic safety.

TARGET GROUP

Directorates of Law Enforcement and Traffic Management, police officers, traffic and road planners and engineers, policy analysts, behavioral scientists, medical professionals, emergency services, biomedical engineers and community activists from South Africa and other countries.

CONTACT Ms Lyndsey Lourie;

Tel. 011- 857-1142 / lourilc@unisa.ac.za

4th International Course – A Ph.D. Level Course

Research in Injury Prevention and Safety Promotion: Designs, Methods & Analysis

21 January – 22 February 2008, Stockholm, Sweden.

Karolinska Catalogue Code: 1888

Application deadline: 15 October 2007

For further information:

Course Organizer: Reza Mohammadi, MD, MPH, PhD

Email: Reza.Mohammadi@ki.se

Phone: +46 8 7373775, Fax: +46 8 33 46 93, +46 8 30 73 51

‘International Course on Transportation Planning and Safety’; 10-16 December 2007

The course will be held in Indian Institute of Technology, New Delhi, India.

For more information visit:

<http://web.iitd.ac.in/~tripp/course/courseRframe.htm>