

## BE AWARE: Take Care – Watch Children Near Water!

We would like to ask parents and caregivers to be alert near water and watch young closely especially during the summer months. Don't get complacent during winter month as children drown during this season as well. Every day more than one child drowns in South Africa. Most of these drownings can be prevented.

Please take note of the following important messages to prevent drowning.

### POOL SAFETY

- Always supervise children, especially the young near water. Even if they can swim they still need to be watched.
- We recommend that swimming pools should be fully fenced with a self-closing and self-latching gate. SABS specifications on pool fences are available.
- Do not prop pool fence gates open. Many children have drowned in fenced pools because someone left the gate open.
- Make sure there is nothing for your child to climb onto near the pool i.e. pot plants or trees. Make sure your child does not have access to the pool from the house.
- If you do not want to make use of a fence, install a pool safety net. These should always be kept on

when the pool is not in use and once taken off children should be supervised. Always use pool nets according to instructions.

- Never rely on floatation devices or swimming lessons to protect your young child.

### GENERAL WATER SAFETY

- Never leave small children unattended in the bath. A drowning happens in a matter of seconds. If you have to leave the bathroom, take your child with you.
- Always empty containers of water. Keep nanny buckets closed or high up out of reach.
- The fishpond should always be covered with mesh or a net to prevent infants from drowning.
- Make sure your toddler does not have access to a Jacuzzi.
- Always empty paddling pools after use or close safely.
- If you live near natural hazards such as rivers, dams, vleis – you can't fence these – so fence your backyard or property. Always know where your children are.
- When boating everyone should wear lifejackets.
- Always supervise children at the beach and at public swimming pools.

- Small children should never swim alone.
- Always be prepared for emergencies, learn CPR.
- Teach children to swim as soon as possible and also teach them water survival skills.
- Always make use of a good qualified swimming teacher.

**REMEMBER CHILDREN CAN DROWN IN JUST 4 CM OF WATER. THEY CAN DROWN SILENTLY IN JUST A FEW MINUTES. IRREVERSIBLE BRAIN DAMAGE COULD OCCUR IN A FEW MINUTES. THE GOLDEN RULE: NEVER LEAVE YOUNG CHILDREN ALONE NEAR WATER, ALWAYS WATCH THEM.**

Free water safety leaflets available from Childsafe, Red Cross Children's Hospital as well as Information on swimming teachers. Write to Childsafe, PO BOX 791, Rondebosch, 7701 Tel: 021 6855208

*A Campaign by the Child Accident Prevention Foundation of Southern Africa, a member of Safe Kids Worldwide.*



# Woolworths Donates Toys to CHILDSAFE

Childsafe received a donation of toys from Woolworths warehouse in Epping. Toys ranged from cars, girls bags, soft toys and some sunshades. These toys were handed to kids during a presentation and demonstration sessions held at the hospital outpatients sections. Two hospital outpatients areas were covered namely S19(Burns clinic) and S27.

It was an early Christmas for these kids as they were thrilled to be getting the presents.



Some patients from the burns clinic who received toys



A proud boy from s27



Children showing off their toys



**THANK YOU, WOOLWORTHS FOR THE GENEROUS DONATION!!!**



Do you have any Safety News, Information or Comments?

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### ELECTRONIC NEWSLETTER

The ChildSafe News 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](mailto:capfsa@pgwc.gov.za)

### PRINTING & LAYOUT

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### DISTRIBUTION

Giovanna Adams

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

# Certificate Ceremony For ECD Practitioners

On the 28 November 2008 forty Early Childhood Development centres (ECD) practitioners received their Health and Safety certificates during a ceremony held at the Johnson and Johnson Hall, Red Cross Children’s Hospital. This function was honoured with the presence of Iris Williams who is an ECD co-coordinator in Wynberg Social Development offices. Ms Williams was invited as a guest speaker and she also assisted with handing certificates to deserving delegates. Ms Williams gave a great speech outlining some ECD basic



Iris handing certificate to one of the recipients

and also touched on legislation that binds ECD facilities.

In the programme we were also honoured to have a representative from Mustadafin Foundation, Mr. Mongezi Bisha. Mr. Bisha felt that his organization owed some words of thanks to CAPFSA staff for training some of their educators during the past years. CAPFSA had since 2005 trained quite a number of educare teachers from Mustadafin Foundation. Mr. Bisha also said a few words of encouragement and motivation to the group for working hard in order to get the certificates. These delegates had to work hard by implementing the theory they have learnt during the training course into practice by developing health and safety plans for their respective ECD facilities.

Ms Kauthor Ebrahim also said of few words of thanks on behalf of the group receiving the certificates. It was a great day indeed, which ended off with some light refreshments.

We thank our funders SAFEKIDS WORLDWIDE and The City of Cape Town for assisting with funds to run training courses.



Some Educare teachers having some refreshments



## Help Prevent Accidents

### INVITATION TO BECOME A MEMBER

Three good reasons why you as an individual or parent, school or organisation/company should become a member of **The Child Accident Prevention Foundation of Southern Africa (CAPFSA)**

- Injuries are the biggest killer of children between the ages of 5 and 14 years
- Your membership will actively contribute towards preventing unnecessary, costly accidents in our country
- As a member you will be kept up to date on current issues and resources related to child safety

#### LEVELS OF MEMBERSHIP

Regular	Annual	R60
Bronze	Annual	R500
Silver	2 Years	R5 000

CAPFSA has also devised a package for Honourable Membership, for those who wish to become Gold, Diamond or Disa Members of The Foundation. For further information contact CAPFSA.

- I would like to become a “Friend of the Foundation”  
Minimum R25
- I would like to become a member of the Foundation (includes newsletter)  
Regular  Bronze  Silver  Gold  Diamond  Disa
- I would like a years subscription to the “CAPFSA Reporter”  
R30 annually
- I would like to receive more information on the activities of the Foundation
- I would like to become a project sponsor, please contact me
- I would like to do voluntary work for the Foundation

**Title:** Prof / Dr / Mr / Mrs / Ms / Miss

**Name:** .....

**Organisation/Institution/Company:** .....

**Postal address:** .....

.....

**Telephone: Home:** .....

**Work:** ..... **Cell:** .....

**Fax:** .....

**E-mail:** .....

**Total payment enclosed: R** .....

**Date:** .....

Membership gives you access to:

- CAPFSA’s statistical information on child injuries
- Automatic subscription to the Quarterly Newsletter – CAPFSA Reporter
- Certificate to confirm Membership
- Safety educational materials such as videos, leaflets and other materials at substantial discount
- Other benefits – safety leaflets and posters on request (When available)

**Return this information to The Child Accident Prevention Foundation of Southern Africa, P.O. Box 791, Rondebosch, 7701 or capfsa@pgwc.gov.za**

#### KOVSSA/CAPFSA BANKING DETAILS

Account holder name: KOVSSA / CAPFSA

Type of account: Cheque

Bank: Standard Bank

Branch: Rondebosch (025-009)

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## NEWS REPORTS

### DROWNING

#### Toddler drowns in Joburg

A two-year-old girl drowned in a pool on a plot in Glen Austin in Midrand on Wednesday, said paramedics.

Netcare 911 spokesperson Nick Dollman said the girl drowned at 1pm on Wednesday. She was the daughter of one of the people who worked on the plot.

The pool was disused, partially filled with water and unprotected by fences or a covering.

Paramedics found her in a critical condition and tried to resuscitate her, placing her on emergency life support to no avail.

Trauma councillors were attending to family and friends of the girl on the scene.

“Traditionally, the numbers of drownings increase over the year-end holidays and sadly it seems a certainty that more young lives will be lost as a result of drownings in unprotected swimming pools before the end of the festive season,” Dollman said.

Netcare 911 had attended to over 100 drownings or near drownings in Gauteng between the spring season of 2007 and that of 2008.

Children spent more time at home during holidays and thus the risks of drownings increased.

Dollman urged everyone with a pool, even an inflatable pool, to purchase pool safety products and install them.

“Pool safety products are easy to obtain and the public are encouraged to consult their local Yellow Pages.”

Dollman urged people to install safety fences, safety nets and pool covers before the school holidays.

“Be proactive, your actions may well save your child’s life,” he said. – Sapa

**SOURCE: IOL**

#### Safer to have a gun in your home than a pool

This festive season thousands of people will flock to South Africa’s beaches and others will make the most of their swimming pools – but they better keep safety in mind.

Safety authorities have already issued warnings to the public to take the necessary precautions to prevent the festivities turning into yet another drowning tragedy.

A Consumer Product Safety Commission report has shown that most children drown in residential swimming pools, and adults in natural waters.

The report said children between the ages of one and four were most at risk of drowning and adult supervision often isn’t enough to prevent it. While drowning rates have slowly declined, drowning remains the second-leading cause of injury-related death for children.

The report said there are a vast number of products and devices that aim to keep a pool safe.

There are fences designed with self-closing, self-locking gates, and rigid covers that slide over the pool like horizontal garage doors. There are several electronic alarms of various designs. One is worn on a child’s wrist like a watch and sounds upon contact with water, others sound an alarm when movement in pool water is detected.

“Nothing is foolproof when it comes to

protecting children from drowning in a pool,” said Mark Ross, a spokesman for the commission.

“That’s why we recommend that pool owners provide layers of protection.”

But the majority of child drownings occur when children get into the pool on their own.

The commission found that “most young children who had drowned in pools were last seen in the home, had been out of sight less than five minutes, and were in the care of one or both parents at home at the time”.

In their book, *Freakonomics*, American authors Stephen Dubner and Steven Levitt claim it is actually safer to have a gun in your home than it is to have a swimming pool because pools cause more deaths in homes than guns do.

According to the Medical Research Council of South Africa, over the past five years, 3 000 deaths by drowning were recorded in the country.

Childsafe, the country’s largest advocacy group for child accident prevention that is running a safety campaign, warned that 60% of all drownings occur among children aged between one and four, 70% of all pool drownings occur in fully fenced pools, and 90% of drownings occur while a child is under supervision. Most drowning events are totally silent.

A Childsafe spokesperson said it was relatively easy and inexpensive to make your pool safer, but this was only achieved by adding multiple layers of safety to make it almost impossible for children to reach or enter a pool, jacuzzi or spa without an adult knowing.

“You should never rely on only one barrier to safeguard your child.”

Craig Lambinon, National Sea Rescue Institute (NSRI) spokesman said the organisation was urging the public to take their safety seriously in and around water, on the coast and inland. They urged people living along the coast and holidaymakers visiting the coast to find out and store the numbers of the nearest NSRI in their phones.

The institute advised beach-goers to:

- Swim at beaches only when and where lifeguards are on duty.
- Obey the lifeguards’ instructions and swim within the demarcated safe swimming zones.
- Not swim too deep.
- Ensure children have responsible adult supervision at all times.

The NSRI said rip-currents are the highest cause of drownings in South Africa. Don’t swim against the current, it will only cause exhaustion. And don’t panic. Tread water by moving your arms and legs in circular movements to stay afloat. Scream for help so people on the shore can alert the lifeguards or call the NSRI.

At your first opportunity swim across the beach-line (parallel to the beach) until you are free of the rip-current and then use the incoming waves to swim to shore.

The organisation also warned against swimming while intoxicated. Don’t drink alcohol and swim – many drownings appear to be as a result of alcohol consumption and bathing. Hydrate regularly, wear a hat, and use sunscreen.

NSRI sea rescue emergency phone numbers can be obtained during office hours on 021 434 4011.

Other national all emergency numbers are 112 Emergency (from a cellphone) and 10177 (from your cell-phone and from a landline).

**SOURCE : IOL December 2008**

#### Children tagged for safety on beaches

Visitors flocked to Durban’s beaches over the past festive weekend and a huge crowd is expected again for New Year.

Lifeguard Sizwe Sibiyi said even though the weather was not accommodating, certain beaches and pools were still unusually crowded.

“When people make up their minds to come to the beach, nothing, not even bad weather, will stop them.”

He urged beach-goers to remain vigilant and to obey safety rules to prevent fatalities. No drownings have been reported.

To deal with lost children on beaches, a tagging system has been introduced.

Children are “tagged” with wrist bands containing their names and the contact details of their parents.

This is done as an unusually high number of children get lost or separated from their parents. Portia Chirwa, a child minder along Wedge Beach, said they had helped more than 200 lost children since December 9, many of these getting lost during the last week. She said the tagging system made re-uniting parent and child much easier.

“Parents need to be more careful about watching their children and not allow them to go off unaccompanied.

“The tagging system is helping a great deal as some lost children are too young to speak. With the wrist band, all the information is on hand.”

Children who are not collected by the end of the day are taken to Addington Primary School where they are fed and spend the night until their parents can be reached.

Tagging tents will be up until the second week of January.

**SOURCE: IOL December 2008**

### SHOPPING CENTRE

#### Child falls off shopping centre railing, dies

A five-year-old child fell over a railing to his death at the Gateway Theatre of Shopping on Tuesday.

It is believed he had been on the second floor of the centre when he fell over a safety railing, landing on the first floor.

Netcare 911 spokesperson Chris Botha said the child was in a critical condition when paramedics arrived.

“Paramedics tried repeatedly to resuscitate the little boy before transporting him to Umhlanga Hospital. Unfortunately, he passed away a short while later,” he said.

Gateway Theatre of Shopping manager, Adrian Raw, last night confirmed that the incident had occurred at the food court level, but could not provide details.

“Our condolences go out to his parents and family. While this accident has been a shock to all of us at Gateway management, especially those directly involved in attending the scene, we encourage parents to be vigilant over their children in the environment of a shopping centre,” he said.

Raw said the boy had been accompanied by his cousin.

An employee at a clothing store said he had heard “a loud bang” before a crowd gathered.

“There were police and paramedics all over the place. It was really sad,” he said.

**SOURCE : IOL December 2008**

**CARS**

**Warning: Buckle up kids**

**Buckle up kids in cars, says Red Cross**

Paramedics have urged motorists to make sure their children buckle up, after a nine-year-old girl was killed and a four-year-old boy seriously injured in crashes at the weekend.

Netcare 911 spokesperson Chris Botha said there had been an increase in the number of preventable deaths of children in crashes.

“When a car is involved in a crash and a child is not buckled up, the little body keeps on travelling at the speed the vehicle was moving. The impact on their bodies is immense and they suffer severe trauma.”

In one accident in Durban on Saturday, the driver of a BMW with four occupants lost control and smashed through the freeway’s metal barriers.

Paramedics found a seriously injured four-year-old boy lying in the long grass.

“The child had been thrown from the vehicle, because he was not properly buckled up,” Botha said.

“Paramedics deal with a lot of crashes and often have to witness the tragedy of children dying in vehicle accidents because they were not wearing seat belts.”

On Friday night a nine-year-old girl, whose name has not been released, was killed on Nandi Drive in Durban.

Botha said both her parents had been wearing their seat belts and survived.

“It is tragic; she was not buckled up and died in the crash. We plead with parents to ensure children always wear seat belts while in a vehicle,” Botha said.

He said motorists should be extra vigilant. “We are inundated with emergency calls and it’s going to get worse once the inland schools close.

Children travel unsecured in taxis and other vehicles on their way to the beach and often what was supposed to be a fun day ends in tragedy,” Botha said.

South Africa has one of the highest road death tolls in the world.

There are 26 child deaths for every 100 000 in crashes, compared with 1,7 for every 100 000 in the UK.

Between April 1 last year and March 31 this year, 538 child passengers under the age of 19 died in vehicle crashes, according to the Arrive Alive Traffic Report.

**SOURCE: IOL**

**Unbuckled rear passengers can kill you**

Despite law enforcement, fines and safety campaigns, half of South Africa’s drivers don’t wear seatbelts.

Equally horrifying is that up to 80% of rear seat passengers aren’t buckling up either.

What the rear seat passengers don’t know is that when they fail to buckle up, there’s an 84% chance they could kill the front passengers and themselves during a collision.

Automobile Association spokesperson Gary

Ronald says research has proved this grisly statistic.

“They fly forward and hit the front passengers on the back of head, which is one of the most sensitive parts of the body,” says Ronald.

To date, only 20% of passengers who sit in the back of cars wear seatbelts and around 50% of front passengers and drivers wear seatbelts. This figure, Ronald says, has remained stubbornly low in recent years.

According to Ronald, most of the 20% backseat seatbelt wearers are children.

Since January this year, more than 33 000 fines have been issued for motorists not wearing seatbelts. And Joburg metro police spokesperson Superintendent Wayne Minnaar warns they will be vigorously intensifying law enforcement against people not buckling up.

“Both front and rear passengers must wear seatbelts. It is the driver’s responsibility to see that everyone below the age of 14 is strapped in. For each child that is not strapped, the driver will face a R200 fine,” Minnaar notes.

Ronald says it’s important for law enforcement agencies to pay more attention to people not wearing seatbelts.

“It’s the easiest way to save lives. If the law enforcement is done, very soon it will become a habit,” he says.

In terms of fatality reduction, the AA estimates that for every percentage point that seatbelt wearing increases, there is a potential of saving up to 100 lives.

“If we increase the compliance of front occupants to 100%, we could save up to 4 000 lives a year.”

Ronald says people have a misconception that airbags will save them during a collision, but the truth is that they work best in conjunction with seatbelts.

“If you aren’t wearing a seatbelt, the airbag deploying could hurt you a lot more. It is a secondary passive safety device. Seatbelts are still the first primary safety device. People are complacent and rely on technology to save them. The basic safety equipment needs to do its job.”

Netcare 911 spokesperson Nick Dollman says they come across a fair number of accidents which result in deaths because people weren’t strapped in.

“Most people don’t realise, it but you need superhuman strength to restrain a child during a collision. They can easily be flung through a windscreen.

“It is fairly common to see children standing between the car seats, and there is a serious possibility of them sustaining grave injuries as a result of this during a collision,” Dollman adds.

He says that if a child is on the front seat on a parent’s lap and the parent isn’t buckled up, the child could be crushed between the parent and the dashboard during a collision. The child will also bear the brunt of it when the airbag deploys – something that can cause injuries on its own.

Dollman says that when safety seats are used for children, it’s important to use the correct size and to install them properly.

“It must be used with the seatbelt mechanism, otherwise the seat can come loose and fly through the window.

“In one recent case, a car overturned and its roof collapsed, but because the safety seat was installed properly, the baby in it was not injured,” he says.

With high-speed impacts – exceeding 80km/h – it’s fairly common for people not wearing a seatbelt to be thrown through a window and being killed, either by their own car or by passing traffic.

**IOL WEBSITE**

**Baby left in locked car**

Human rights activists are fuming over a prosecutor’s decision to withdraw charges of child negligence against a couple who left their five-month-old baby in a car while they went Christmas shopping.

Frantic bystanders eventually smashed the window of the car to get to the crying and dehydrated baby, after the couple failed to respond to repeated appeals over a shopping centre’s public address system.

Lerato Mkhathshwa, 21, and Teboho Makofane, 28, were arrested when they returned to the car, which was parked at the Checkers Centre in Welkom.

Welkom police spokesperson Puleng Motsoeneng said the baby was rushed to hospital for a check-up. On her release, the baby was taken to a place of safety.

Motsoeneng said Welkom prosecutor Reggy Maphomolo decided on Tuesday to withdraw the case against the couple because they had no intention to harm the child.

On Tuesday, Maphomolo declined to speak to The Star and said he would give a newspaper reporter the phone numbers of the relevant people to speak to. His cellphone was, however, subsequently switched onto voicemail.

Joan van Niekerk, Childline SA’s national co-ordinator, was outraged.

“I think the decision should be taken on appeal ... because negligence does not require intention and, most certainly, there needs to be an investigation into the prosecutor’s decision by a higher authority in the prosecutions authority. It is absolutely inexcusable to leave a baby in a car.

“That docket should be reopened because we need to draw a firm line on this,” said Van Niekerk.

At the same time, Welkom police reported that another couple arrested for a similar incident of child negligence were due to appear in court on Wednesday.

On November 15, Orbet Khatisa, 35, and Boitumelo Molahloe, 27, left their 7-year-old child in a car that was parked at a Welkom casino.

Motsoeneng said a security guard saw the child sleeping on the back seat of the car. He went inside to inform the parents that leaving a child in a car unattended was against the casino’s policy.

*‘That docket should be reopened because we need to draw a firm line on this’*

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The father is alleged to have then driven the car away and parked it in a parking area opposite the casino.

The security guard approached Khatisa again and requested him not to leave the child alone. But Khatisa is alleged to have responded by saying his car was no longer parked at the casino's premises and that he could leave his child anywhere he liked.

The police were called, and both parents were arrested and charged with child negligence, Motsoeneng said.

They both appeared at the Welkom Magistrate's Court on Tuesday. The case was postponed to Wednesday.

The Welkom cases come in the wake of a spate of well-publicised incidents involving parents leaving their children in vehicles in hot weather.

In March, police at Shelly Beach in KwaZulu Natal broke into a car to rescue a 1-year-old child who had been left in the midday heat while his guardians were shopping. Paramedics had to treat the boy for dehydration and heat exhaustion.

Last year, a Bloemfontein couple allegedly left their young daughter alone in their car while gambling. They were later charged with child neglect.

**SOURCE : IOL December 2008**

## INTERNATIONAL NEWS

### New Guidelines for Safe Communities Membership Under Review

Proposals are being developed for the revision of the Safe Communities (SC) model. The changes are needed to reflect the changing times and structure, with the majority of work now being done by Affiliate Supporting and Certifying Centres. They will also strengthen the capacity of local Safe Community organisations, continuing to promote excellence in community safety programming. The proposed changes to the SC model have been developed in partnership with many volunteers around the world. A final version of this document has now been posted on the SC website, <http://bit.ly/1H3bF2>, for comment. The proposed changes affect everyone in the network. These include a requirement for current programmes to send a very short annual report each year and redesignation every 5 years. The most noticeable proposed changes to the model will affect new applications to the network: a requirement for evidence of long-term program sustainability; the organisation must normally have been active for two years before application; the organisation's reference group, or governing group, must be documented to have representation from important community sectors; and the applicant organisation must provide evidence of at least six Task Force groups, addressing specific injury prevention and/or safety promotion issues in the community.

**SOURCE: Injury Prevention, October 2008, Vol. 14 No. 5**

## Children at risk of medication error halves

Louise Hall

November 20, 2008 – 10:13AM

The number of children who die, become ill or are put at risk of harmful side-effects from medication prescribed during their stay in hospital has dropped by more than half over the past four years, a project at the Sydney Children's Hospital has found.

But despite the improvements, almost nine out of every 100 pediatric patients prescribed drugs during their stay in hospital experiences or narrowly avoids an adverse drug event.

In response, children's hospitals throughout Australia have developed a standardised chart for all inpatients.

The most common causes of medication error are staff's failure to read or misreading charts, slips in attention, particularly after hours and when busy, and distracted staff dealing with unfamiliar patients.

Sydney Children's Hospital's director of clinical operations Michael Brydon said the vast majority of incidents were "near-misses". They do not cause the child any harm, but some can lead to serious illness or even death.

Claudia Keech from motherinc.com.au said parents needed to be vigilant and speak out when they suspect something is not right.

"When it comes down to it, a parent very much knows the signs and symptoms of distress in their child and this should be seen as being helpful and not inferring," she said.

All doctors, nurses and pharmacists at Sydney Children's Hospital were trained in new guidelines for safe prescribing practices, such as using a calculator and the child's precise weight to work out the correct dose for a child, rather than doing it mentally or guessing.

After 12 months, the number of adverse events dropped from 19.22 per 100 patients to 10.43 per 100 patients, and this was maintained at a four-year follow-up (8.59 per 100 patients last year).

The biggest reduction was in potential adverse events, where the error or side-effect was picked up before it actually harmed the child, dropping from 12.26 to 4.6 per 100 patients at four years.

Errors that could be directly attributed to a doctor incorrectly prescribing a type or dose of medicine dropped from four per 100 scripts to two per 100 scripts.

Madlen Gazarian, head of the Pediatric Therapeutics Program at the University of NSW and the hospital said it was impossible to eliminate all harm, but the study showed the guidelines could produce significant and sustained improvement in medication errors and harm in children.

Antibiotics and pain killers were the most common drugs involved in errors due to their frequent use, but medications such as morphine and insulin had the potential to cause more damage, she said.

**SOURCE: IOL WEBSITE**

## WHO and UNICEF launch the World report on child injury prevention

Today WHO and UNICEF release the first *World report on child injury prevention*. The report, developed with the support of nearly 200 injury prevention experts from around the world, is intended to draw attention to child unintentional injuries, a significant but long neglected public health and development concern.

Injuries – from road traffic crashes, drowning, falls, burns, poisoning and other causes – kill around 830 000 children every year. They are the leading cause of death for children after the age of nine years. Every year tens of millions of children worldwide are taken to hospitals with injuries that may leave them with lifelong disabilities.

Around 95% of child injuries occur in low- and middle-income countries. Children in poorer communities in all countries are at increased risk of injury as they are more likely to be exposed to hazardous environments and are less likely to benefit from prevention programmes. In addition they often lack access to good quality trauma care and rehabilitation services.

The *World report on child injury prevention* provides the first comprehensive global assessment of childhood unintentional injuries and prescribes measures for how they can be prevented. These measures include laws on child-appropriate seatbelts and helmets; hot tap water temperature regulations; child-resistant closures on medicine bottles, lighters and household product containers; separate traffic lanes for motorcycles or bicycles; draining unnecessary water from baths and buckets; redesigning nursery furniture, toys and playground equipment; and strengthening emergency medical care and rehabilitation services.

The report calls for inclusion of injury prevention in child health programmes and concludes that at least 1 000 children's lives could be saved every day if proven prevention measures were adopted everywhere.

### RELATED LINKS:

World report on child injury prevention [http://www.who.int/violence\\_injury\\_prevention/child/injury/world\\_report/en/](http://www.who.int/violence_injury_prevention/child/injury/world_report/en/)

Publications order form [http://www.who.int/violence\\_injury\\_prevention/publications/orderform/en/index.html](http://www.who.int/violence_injury_prevention/publications/orderform/en/index.html)

## Restrained or Unrestrained: Parental Culpability or Not

Modern day society is in all probability the most informed of all time, with information being available from almost any conceivable source. The media and internet and other electronic forms of communication only go to further enhancing the access to information that was previously the domain of a privileged few.

This is in all walks of life and therefore inclusive of road safety with specific reference to child safety “in” vehicles.

The effects of drunken, reckless and/or negligent driving that result in injury to, or death of children while being transported in vehicles is well documented in terms of statistics and the nature and effect of the trauma inflicted, or in the extreme case the untimely and unfortunate death or permanent disability of such children.

What is of importance in the analysis of the situation at hand is not so much the effect and outcome as indicated above but rather the explanation of the behaviour of seemingly sound and sober adults who purportedly love and care for their children and would on the face of it not allow any harm to be inflicted on such child by whosoever and under whatsoever circumstances. However, they are more than willingly complicit in the infliction of the most severe of physical injury and in many instances the premature death of a beloved child, when flouting rules of the road.

It would appear as if all sanity of the apparent well balanced parent is left behind when they climb behind the wheel of their vehicle and transport their or other children with them. At this point it must be made clear that this is not a blanket generalisation as to include all parents and drivers, but is a clear accusation to those who flagrantly disregard either the law or sound common sense with regard to the safety not

only of the occupants of their own vehicle but those of all other road users who may cross their paths.

During the Christmas Season holiday period it is common knowledge that more vehicles are on the road and I was one of the many who took to the road and covered approximately 1000 km in the process. No rocket science is however needed to observe the reckless and negligent behaviour of drivers which unnecessarily endangers not only their own lives and those in their vehicles (and in many cases children who have no say in the matter or who are oblivious of the danger they are placed in) and those in other vehicles travelling in their proximity.

From excessive speed under the prevailing road conditions, overtaking on blind rises and in intersections, tailgating, cutting too close in front of overtaken traffic, driving while speaking on non hands free cellular telephones, the non wearing of seat belts and of course the non-restraining of children travelling in the vehicle.

Yes, it can be argued that the non wearing of seat belts and the non restraining of children in vehicles does not cause accidents per se, but it is common cause that should a crash occur the severity of the injuries sustained could have been greatly reduced or in the extreme case a fatality prevented had a restraint been properly installed and worn as is the case with seat belts in modern vehicles that are coupled to the functioning of seat belt pre tensioners and air bags.

Critical offence- and crash-rates as well as injuries inflicted are as mentioned above well recorded. What is not however recorded or determined is the rationale for the behaviour of the so called caring parent or adult.

If one were to accept that Road Traffic Act Contraventions are still offences then we can readily accept that such acts can be categorised as Road Crime.

A simple definition of a crime is any unlawful human act coupled to a state of guilt and punishable by law.

It is once again accepted that the acts as defined above fit within this categorisation.

However if viewed from a Criminological perspective the causes of such “road crime” need to be reviewed.

Various theorists have divergent views on the causes of criminality but suffice to say the bottom line is an inherent desire to commit a crime (predisposing factors) coupled to the opportunity (precipitating factors) linked to the belief that the perpetration of such act will not be discovered or result in sanction.

This brings one to the assessment of the above. If there is a predisposition to commit such offences it then in my view indicates a total disregard for all norms and values that society expect law abiding citizens to uphold.

John Wooden is on record as having said: “The true test of a man’s character is what he does when no one is watching.”

It still holds true; being noble and upstanding is easy enough when you’ve got people watching, but when you’re alone with yourself and your children, when you could do the wrong thing (or avoid the right thing) and get away with it, well – that’s when you find out what kind of person you are.

The problem of today’s drivers is that their conduct is not only reserved for when they are alone on the road but also when in the proximity of others.

This invariably brings to the fore the question of what is the driving force behind the resultant conduct of drivers. Are drivers simply deviant in terms of their upbringing or other factors that makes them want to disregard the law and then when coupled to the opportunity and belief to commit such act without being apprehended results in “road crimes” that can have disastrous consequences. On the other hand is it perhaps a simple and blatant disregard for law enforcement agencies that should be enforcing the law or even an absence of law enforcement.

As mentioned above all current drivers who transport children should be informed to know the law as well as the consequences of their deeds. So, this still begs the question ... why?

If we had the answer to this there would be no children being subjected to the horrendous injuries or death that are as a result of in-vehicle trauma. It is in our hands as drivers to prevent this terror on our roads.

Either we need to change attitudes and raise levels of consciousness to instil voluntary compliance or increase law enforcement to the extent that no one will dare to flout the law, or both.

**David Frost**  
**Deputy Director: Road Safety Management:**  
**Department of Community Safety:**  
**Western Cape**

### Cape Fire Season Candle Project Demonstrations



Ahead of the summer Cape fire season, CAPFSA staff and volunteers gave a series of Candle Project demonstrations in the Out Patient Department waiting areas of Red Cross Children’s Hospital.

Following demonstrations of safer candle use, 155 jar units – measured amount of sand, 2 half candles, and a large recycled glass jar – and explanatory leaflets were distributed to mothers and carers.

After one of the demonstrations Christmas gifts, kindly donated by Woolworths, were handed to excited patients.

Graham, a volunteer graduate from UK, and Kurt, a medical student from USA, gave excellent support by packing sand bags, and assembling jar units in preparation for distribution.

Members of the audience showed expressions of approval for safer candle use. Many remembered the recent fire at the beginning of December when a fallen candle caused a thousand people to be victims of shack fires.

**D Schulman**  
**CAPFSA volunteer**



*Graham the volunteer assisting with banding of toys after the presentations*

## CONFERENCES

### 2009

#### First Regional Conference on Injury Prevention and Promotion. Development and Safety – Together

10-12 February 2009  
Cairo, Egypt.

There is a pressing need to increase the awareness of preventing and controlling injuries in the Eastern Mediterranean region. Without such a conference to focus attention on the significant morbidity and mortality caused by trauma, it may be many years before adequate attention is given to the magnitude of the injury problem in this important region.

Abstracts can be submitted between  
15 May and 15 August 2008.

Further information:  
<http://www.emro.who.int/vip/ipsp/>

#### RoSPA 74th Road Safety Congress 2009

23-25 February 2009  
Blackpool, England.

The theme of the 2009 congress is: Road safety: what have we learnt? The event will explore the lessons we have learnt, the approaches, policies and interventions (in the UK and elsewhere) that have worked well, and the ones that have been less successful, as well as the reasons for their success or otherwise. And, crucially, what this means for the future.

Further information:  
<http://www.rospsa.com/road/>

#### 9th National Conference on Injury Prevention and Safety Promotion

26-28 July, 2009, Melbourne, Australia.

The Monash University Accident Research Centre (MUARC) and the Victorian Institute of Forensic Medicine (VIFM) are co-hosting the 9th National Conference on Injury Prevention and Safety Promotion. The theme of the conference will be Applying the science:

an integrated approach, with an emphasis on translating new knowledge into practice by exploring links between forensic medicine, coroners' investigations, and the prevention of injury.

Abstracts can be submitted until 10 November 2008. Further information:  
[www.injuryprevention2009.com](http://www.injuryprevention2009.com)

#### 18th International Conference on Safe Communities Community Safety Policies as an Axis for Development

13-15 August 2009, Cali, Colombia.

Download further information (in Spanish) from  
<http://www.cisalva.univalle.edu.co/>

### 2010

#### 19th International Safe Communities Conference Sustainability of Safe Community Programs

23-26 March 2010, Suwon, Korea.

For information, contact  
[jpcho@ajou.ac.kr](mailto:jpcho@ajou.ac.kr)

## Farewell to Nelmarie du Toit

It is really with great sadness that we see Nelmarie du Toit leave the Child Accident Prevention Foundation of Southern Africa. Originally from Pretoria, Nelmarie qualified as a Medical Social Worker in 1985 at the University of Stellenbosch, and worked from 1985 to 1989 at Woodstock Hospital, after which she joined the Childsafe Team at Red Cross in 1989.

Childsafe has been the only organization of its kind since 1978, after being established by Prof Cywes, in response to all large number of accidents and injuries in children. The main programs are Research, Education & Advocacy. In all of these Nelmarie has played the leading role over the last 2 decades.

Although she has been with Childsafe for 19,5 years, if we have to count the overtime hours she put in, we probably will be well over 25 years!!

She really has been a "Superwoman" in promoting South African Child Safety.

She has been managing Childsafe as the Deputy Director, managing the Staff effectively, has been in charge of our Database (for which she was actually appointed), which presently is the largest single-centre database on childhood injuries.



Nelmarie also has been running the finances, the administration and public relations superbly. The total value of our recent media campaign to promote "ChildSafe", covered in the Newspapers, Radio & TV, calculated in excess of 19 Million Rand and you can just begin to imagine of how many interviews that accounts to....!

Nelmarie also has been responsible for the "CAPFSA Reporter" which is now known as "Childsafe News", our quarterly newsletter that has become a very well established communication on the prevention of child injuries.

Also, she has been intricately involved in numerous educational courses run at

Childsafe, including a number of large national as well as international Conferences on Child Safety.

As recent as March this year she received the Honourable mention prize for "Growing Safely Poster" (which was also a Newspaper insert) on behalf of Childsafe and the Department of Health.

We have come to know her as a professional of the highest degree, with very high norms and standards, enormously dutiful and hard working and completely committed to her job.

She has always been striving for perfection in whatever she took on. There can be little doubt that she represents the most experienced person on Child Accident Prevention in South Africa.

In summary, on behalf of all the staff of Childsafe, but also the Board, the Department of Paediatric Surgery and the whole of Red Cross Hospital as well as the School of Child and Adolescent Health of the University of Cape Town and the Provincial Department of Health and Education, we salute her and wish her and her family all of the best in the future.

On behalf of the National Board,

**Sebastian van As, President.**