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INTERNATIONAL
STEP by STEP
ASSOCIATION

MODULE 9

HOME ENVIRONMENT AND SAFETY

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1 INTRODUCTION

ABOUT THIS COURSE

Why is this topic important to you?

Injury is a leading cause of death and disability globally for children 5 to 19 years of age. The majority are unintentional injuries – injuries that result from an unintended incident without anyone intending that harm be done to children. These are not "accidents," as they are preventable and for young children, the majority of unintentional injuries occur in the home.

The burden of unintentional injuries is unevenly distributed in the UNICEF Europe and Central Asia Region, with persons living in disadvantaged contexts and settings being at higher risk.

That is why your role as a home visitor is extremely important. As a professional visiting a child's home, you have the opportunity to help families make immediate changes and provide them with information to make the environment safer for children.

Your role is to:

- Empower parents to prevent injuries and support them in taking steps to create a safe environment for their children.
- Help parents understand that preventing injuries in young children means primarily managing the environment and not the child. Children should be taught about preventing injuries in line with their development.
- Help parents realise that children are not small adults and that many factors, such as age, developmental stage and degree of dependence make them particularly vulnerable to injuries in a world that is primarily built for adults.
- Provide parents with hands on knowledge and skills that will help them react appropriately in emergency situations.

In this module on home environment and safety you will be provided with evidence-based information and strategies to reduce the risk of different injuries. Specifically, the module will give you information on the size of the child injury problem; the reasons for children's vulnerability; the principles of injury prevention; the leading causes of injuries in the home environment, their prevention and immediate home-based treatment.

Home visitors are trusted professionals with the power to be agents of change in families and communities. UNICEF envisions a world where no child dies from a preventable cause and all children reach their full potential in health and well-being.

LEARNING OUTCOMES

After completing this course, you will understand:

- The importance of unintentional injury, the size of the problem and impact on children, families and society.
- The importance of detecting the most common risk scenarios associated with childhood injury in the home environment and how to support parents and caregivers in preventing injuries from occurring.
- How to share with families the important information about injuries, good practices about prevention, and basic first aid in the event of an injury at home.
- How to motivate parents to conduct childproofing checks in their home for increased safety.

AUDIENCE

This course is intended for home visitors and visiting nurses and aims to better-equip you to guide families with relevant tips and advice on how to prevent injuries to small children.

LENGTH

The time required to complete this course is estimated to be approximately 2.5 hours.

ABOUT THE RESOURCE PACKAGE FOR HOME VISITORS AND THIS COURSE

This course is part of a series of training modules that aim to strengthen the knowledge of home visitors on the key components of Nurturing Care. Additionally, it aims at enhancing home visitors' skills in working with families to enable and empower them to provide the best start for their children. While targeting home visitors, many of these modules are also suitable for other health and non-health professionals who interact with pregnant women and families of young children.

The modules have been developed by well-known experts and can be translated and adapted to different country contexts. In some countries, the modules have already become a mainstay of lifelong learning and continuing professional development for health workers and social-service providers engaged in promoting the comprehensive wellbeing of young children and their families.

Resource Modules for Home Visitors

Click on the button and a new page on your browser will open.

You can find hard copies of all modules on the International Step by Step Association (ISSA) website.

GLOSSARY AND DEFINITIONS

Below is a glossary of terms used in this course, that may also be used when discussing child injury prevention. Home visitors should be conversant in this terminology.

Definitions use accepted international language and standards.[1]

Injury – the physical damage that results when a human body is suddenly subjected to energy in amounts that exceed the threshold of physiological tolerance – or else the result of a lack of one or more vital elements, such as oxygen" (Baker, 1991). The energy in question can be mechanical, thermal, chemical or radiated. A main principle of injury prevention is that injuries occur as the result of events that can be predicted and prevented. The term "injury event" indicates that these are events that can be studied, understood and therefore prevented. Injuries are often subdivided into two groups: unintentional and intentional injuries.

Unintentional injuries – injuries that result from an unintended incident without anyone intending that harm be done, for example road injury, drowning, falls, burns and scalds from fire/heat/hot substances, poisonings, natural disasters, exposure to mechanical forces.

Intentional injuries – physical or psychological injuries that are inflicted with the intent to harm, including child maltreatment, child trafficking, use of children in war situations. Note: intentional injuries are specifically dealt with in module 14 Prevention Child Maltreatment.

Health inequities – these are defined as systematic differences in health that can be avoided by appropriate policy intervention and that are therefore deemed to be unfair and unjust.

Definition of a child and a child's rights to safety – The UN Convention on the Rights of the Child defines a child as anyone below the age of 18 years.

Discover the key Convention documents and related publications and resources.

THE CONVENTION ALSO SPELLS OUT THE BASIC HUMAN RIGHTS THAT CHILDREN EVERYWHERE SHOULD HAVE THE RIGHT TO A SAFE ENVIRONMENT, FREE OF INJURY AND VIOLENCE.

II

GENERAL INFORMATION ABOUT INJURIES

Reflection and discussion:

Why is it important for you in your role of home visitor to advise families on injury prevention in children?

What dangerous situations have you observed first hand in some of the families you visit, and how can you help families to keep children safe from unintentional injuries?

Self-assessment – Please, select the correct answer(s).

START Brief knowledge check >

1. What is a leading cause of death and disability in children 5 to 19 years of age globally?
   - A. Socioeconomic status of the family
   - B. Different types of hereditary diseases
   - C. Unintentional injuries
   - D. Chronic diseases
   - E. Infectious diseases

2. Globally, the following number of children 0-19 years of age die as a result of unintentional injuries:
   - A. Approximately 50 000
   - B. Approximately 210 000
   - C. Approximately 580 000

3. What is the leading cause of unintentional injury in the UNICEF Europe and Central Asia Region?
   - A. Burns and scalds due to fire, heat and hot substances
   - B. Chocking, strangulation and suffocation, including sudden infant death syndrome
   - C. Drowning
   - D. Falls
   - E. Poisoning
   - F. Road traffic injuries, for example when traveling to and from home

4. Which of the following describes a safe sleeping environment for children under 1 year?
   - A. A soft bed and a warm blanket
   - B. A crib with a firm mattress and no blankets
   - C. In the bed with parents or siblings who can hear them cry
   - D. In a crib with a breathable blanket and toys

5. What is the largest cause of burns and scalds in young children?
   - A. Sun
   - B. Hot drinks
   - C. Burning stove

SUGGESTED ANSWERS

CORRECT ANSWER 1. C. Unintentional injuries are the leading cause of death and disability and contribute to inequalities for children. Globally, there are more than 1,600 children dying every day from an unintentional injury, more than 66 each hour from a preventable injury.

CORRECT ANSWER 2. C. Each year approximately 580 000 children 0 -19 years of age die in the world as a result of unintentional injuries. We do not have the number of child unintentional injuries in the home as a statistic as many of these injuries are not reported to an official data source.

CORRECT ANSWER 3. E. The leading cause is road traffic injuries, for example when traveling to and from home.

CORRECT ANSWER 4. B. A crib with a firm mattress and no blankets is safest for a baby, as blankets, toys or other persons may cause a baby to suffocate.

CORRECT ANSWER 5. B. Hot Drinks are the cause of the majority of scald injuries in the under 5s. Scalds cause disfiguring scarring from a hot liquid source such as hot drinks, kettles, saucepans and bath/tap water.

CHILD INJURY IS PREDICTABLE AND PREVENTABLE

Help parents and caregivers learn how to be one step ahead of their child and provide useful tips to minimize the risk of injury

Unintentional injuries in children are a major public health problem worldwide and one of the primary causes of early childhood death, disability, hospital emergency room use and hospital admissions, and use of outpatient care (Peden, 2008). As the prevention or treatment of common childhood illnesses are improving, injuries are fast moving into the leading cause of child death and disability in many countries. The main risk factors associated with unintentional injuries are the social determinants of health: these are the child's socioeconomic status combined with the environmental and living factors.

Effective interventions to prevent unintentional injuries in children must consider these risk factors and ensure a comprehensive, combined approach that modifies the environment and improves awareness, knowledge and behaviours of children and their caregivers through three strategies (Jullien, 2021):

As a home visitor you need to communicate to parents and caregivers that injuries do not just happen, that they are not just random acts of fate, and that there are always reasons why they happen.

An injury can be big or small and caused in many different ways. Falls, drowning, burns, scalds, poisoning, choking, strangulation and suffocation, are the most common ways children are injured in and around the home.

- **Engineering** – adapting and adopting environmental and product modification, in addition to the use of safety devices
- **Education** – implementing community-based interventions and educational programmes
- **Enforcement** – ensuring the adoption and implementation of effective laws and regulations

These strategies are needed as unintentional injuries are a serious threat to children. A total of 98% of child injury deaths globally occur to children living in low- and middle-income countries, with a 9 times difference between countries in regions with the highest and lowest death rates. There are also large inequalities within countries between richer and poorer communities. This means that children from poorer families have less access to growing up in safe environments. Prevention education can make a difference in reducing the risk of injury. For example, parents and caregivers should attend a baby and child basic first aid course if available in their setting.

But deaths are just the tip of the iceberg. For every child that dies as a result of an injury, many more are hospitalised and even more present to health services. Also, the disadvantaged children in any country are at a higher risk of both fatal and non-fatal unintentional injury compared to the more advantaged children in the society. The disadvantaged have less access to safety equipment, to education and programmes to change unsafe behaviours – to mention only a few means of prevention. Affluent people have a range of resources, making prevention more accessible. Moreover, once injury has occurred, accessibility and affordability of high-quality medical care can lead to inequities, further increasing the burden of injuries for the poor (Sengoelge, 2022).

Many injured children suffer permanent disabilities and mental challenges that create an enormous burden in social and economic terms for families and society. This is a tremendous financial drain to the health system and a huge impact on families with the loss or disability of a child. Children from poorer households, indigenous populations and those in ethnic minority groups are also at significantly higher risk of experiencing disability.

As a home visitor you need to communicate to parents that injuries do not just happen, that they are not just random acts of fate, and that there reasons why they happen. Research shows that home safety interventions provided to parents face-to-face, especially with the provision of safety equipment, are effective in increasing a range of safety practices in parents and caregivers (Kendrick, 2013).

An injury can be big or small and caused in many different ways. Burns (including scalds and fire-related injuries), choking/strangulation/suffocation, drowning, falls, poisonings and road injuries to and from home are the most common ways children are injured in and around the home.

Self-assessment – Please, select the correct answer(s).

START Brief knowledge check >

1. Children are more likely to be injured than adults because children are reckless and do not listen to what they are told, they just do not take care of themselves. **True or False**
2. Regardless of whatever we do, injuries will still happen. **True or False**
3. To prevent injuries, we have to control children's behaviour. **True or False**
4. Across all types of injuries, boys have a higher number of injuries than girls. **True or False**

SUGGESTED ANSWERS

CORRECT ANSWER 1: FALSE. Children are not just small adults. Children's physical and mental abilities, range of dependence, behaviours and type of activities undertaken are different from adults. Often children's need to satisfy curiosity can lead to experimentation, leaving them to manage a situation that their physical or mental abilities are not ready for, potentially putting them at greater risk of injury. In addition, a number of physical characteristics make children more vulnerable to injuries:

- Young children have thinner skin that burns deeper, more quickly and at lower temperatures than the skin of adults
- Children have a smaller body mass making an amount of poisonous substance more toxic
- The small size of children's body parts (e.g., arms legs, hands, fingers and most dangerously, disproportionally larger heads) means that young children can get caught in small gaps and holes, which can lead to entrapment

CORRECT ANSWER 2: FALSE. Every injury has a chain of events that ends in the person getting hurt. What a person is doing, how they are doing it, the things (e.g., products) they were doing it with and where they were doing it, all play a part. If we can change one or more of these actions, then we can break the chain and either stop the injury from happening or at least make it less significant. Children's injuries are highly related to the type of activities they are undertaking and the environment in which the activity is taking place; and this then is related to their age and stage of development.

CORRECT ANSWER 3: FALSE. To prevent injuries we have to manage the environment. The task of parents and other adults is to create safe environments where we reduce the risk of children suffering from unintentional injuries.

CORRECT ANSWER 4: FALSE. Girls have a higher risk of burns compared to boys. A potential reason for this may be that in some homes girls help with cooking more than boys and are therefore more exposed to flames.

Children are more likely to be injured than adults.

Why?

Young children have thinner skin than adults, and their skin can be easily hurt.

Children have small arms, legs, hands, feet and fingers that can get caught in small gap and holes.

Children have softer and, for their size, bigger heads than adults.

Children are shorter than adults, so they are less likely to be seen (for example, by drivers on the road) and less able to see what's going on.

Children don't always know how to keep themselves safe – they haven't learned yet.

Want to learn more on this topic you can look at:

a) Unicef home injury prevention information:
https://www.unicef.org/uganda/key-practice-managing-child-injuries-and-accidents-home
https://www.unicef.org/health/injuries

b) European regional status report on preventing violence against children 2020 Report
https://www.who.int/europe/publications/i/item/9789289055499)

c) For additional information on intentional injuries
https://www.unicef.org/reports/hidden-plain-sight https://www.unicef.org/protection

1. BASIC PRINCIPLES OF PREVENTION

Burden of unintentional injuries: Globally, in each age group unintentional injuries is a leading cause of death and the number 1 cause of death for ages 5 to 19 years. Intentional injuries are also relevant as children become older, starting in the 5-9 years age group and the number 2 cause of death in the 15-19 years age group. When combining all ages together, unintentional injury is the number 4 cause of death and intentional injury number 12.

Top causes of death in children 0 – 19 years globally

Rank	Under 1 year		1-4 year		5-9 year		10-14 year		15-19 year		0-19 year	
1	Prematurity	1031945	Respiratory infection	205093	Unintentional injuries	106463	Unintentional injuries	93312	Unintentional injuries	118404	Prematurity	1043452
2	Birth asphyxia and birth trauma	639342	Diarrhoeal diseases	171536	Diarrhoeal diseases	76189	Diarrhoeal diseases	52982	Intentional injuries	86761	Respiratory infections	811505
3	Respiratory infection	538796	Unintentional injuries	170309	Tuberculosis	39894	Malignant neoplasms	21648	Tuberculosis	59685	Birth asphyxia and birth trauma	652399
4	Congenital annomalies	398845	Malaria	165894	Respiratory infections	35142	Respiratory infections	20691	Diarrhoeal diseases	27028	Unintentional injuries	583704
5	Neonatal sepsis and infections	341379	Measles	69255	Meningitis/ Encephalitis	24864	Intentional injuries	20523	Malignant neoplasms	26284	Diarrhoeal diseases	536716
6	Diarrhoeal diseases	298980	Tuberculosis	67201	Measles	23474	Meningitis/ Encephalitis	18802	Cadiovascular diseases	25192	Congenital annomalies	485701
7	Malaria	102676	Whooping cough	53401	Malaria	22233	HIV/AIDS	16883	Maternal conditions	19124	Neonatal sepsis and infections	341437
8	Unintentional injuries	95217	Congenital annomalies	48430	Malignant neoplasms	20638	Congenital annomalies	13486	HIV/AIDS	16349	Malaria	310163
9	Meningitis/ Encephalitis	76737	HIV/AIDS	42707	Congenital annomalies	18243	Cadiovascular diseases	13461	Respiratory infections	11783	Tuberculosis	244791
10	Measles	72567	Meningitis/ Encephalitis	38447	HIV/AIDS	12373	Malaria	11348	Meningitis/ Encephalitis	9143	Meningitis/ Encephalitis	167993
11	Tuberculosis	67029	Nutritional deficiencies	38163	Cadiovascular diseases	9675	Tuberculosis	10982	Malaria	8012	Measles	165417
12	Whooping cough	45547	Malignant neoplasms	19735	Whooping cough	9195	Nutritional deficiencies	3637	Congenital annomalies	6697	Intentional injuries	138419
13	Nutritional deficiencies	39146	Birth asphyxia and birth trauma	13006	Intentional injuries	8457	Whooping cough	1811	Diabetes mellitus	2758	HIV/AIDS	110784
14	Tetanus	30191	Cadiovascular diseases	12387	Nutritional deficiencies	7809	Diabetes mellitus	1752	Nutritional deficiencies	1670	Whooping cough	110292
15	HIV/AIDS	22438	Prematurity	11495	Diabetes mellitus	1300	Tetanus	1000	Chronic obstructive pulmonary disease	1448	Malignant neoplasms	95524

Note: Blue highlight: Unintentional injuries / Purple highlight: Intentional injuries
Source: WHO Global Health Estimate 2019

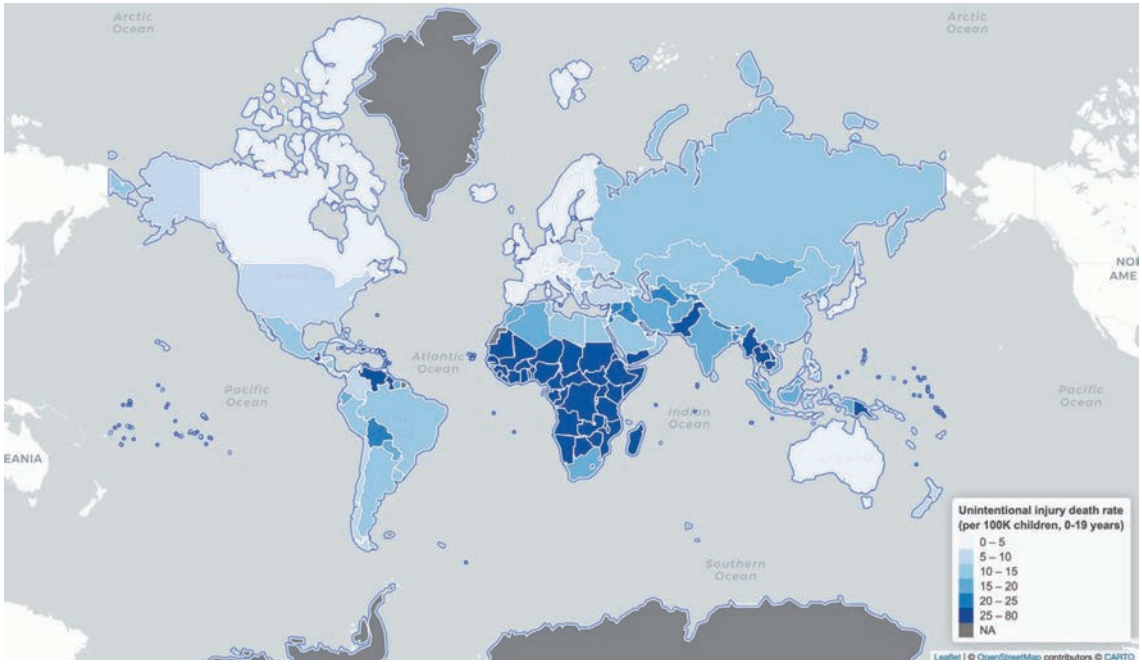
A child living in a low-income country is eight times more likely to experience an unintentional injury than a child living in a high-income country. Learn more about the leading causes of death in your country. Use the following links to view the top 10 causes of death, including injuries, by country, year, sex and age group.

Global Health Estimates: Leading causes of death (who.int): (https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death)

UNICEF Adolescent Health Dashboards: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/)

Also share data on the burden of injuries by country, sex and age, with colleagues.

Figure 1. Map of unintentional injury death rates for 0-19 years by country,* 2019



Injury is the number one cause of death for the age group 5-19 years and the #4 cause of death in children 0 to 19 years. Yet, there are effective prevention strategies that could reduce this toll on children and their families. One of the most effective ways to reduce injuries is to use a combination of the "3 E's" of injury prevention: engineering, enforcement and education.

ENGINEERING. This approach and interventions focus on advances in design, systems, technology initiatives that eliminate or reduce the potential hazards from the environment or decrease the risk or severity of injury.

Examples of this approach include the design of products like child safety seats, safety gates, or thermostatic mixer valves to reduce water temperatures, and changes to the actual environment to make it safer such as physical barriers to prevent access to open water or falls from heights.

ENFORCEMENT. This approach and interventions include standards, laws and policies aimed at ensuring certain behaviours and norms are maintained in the population, and entails issuing standards, laws and policies directed at creating safe environments.

For example, implementing the child product safety standards and regulations like child resistant closures on medications and cleaning products, child safety seats, use of personal floatation devices while boating or national laws controlling the sale of fireworks.

EDUCATION. This approach and interventions include initiatives aimed at changing attitudes, beliefs, knowledge and behaviors of individuals and the general population. It is also important to target individuals who are at higher risk of having an injury or producing an injury.

Examples of this approach include home visitation programs where new parents are taught about the dangers of shaking an infant or young child or the importance of secure storage of poisonous products and medicines, or not leaving a young child while in the bath or near open water. With the right information and skills, children and families should be empowered to help make their home environments safer.

As a home visitor it is important to keep the following in mind: While no single prevention strategy alone is completely effective, combining these three approaches will produce the best results for preventing child injury. The combined approach of Engineering, Enforcement and Education will have the greatest likelihood of making homes and communities safer for young children.

2. CHILDREN WITH SPECIAL NEEDS

Children with special needs are even more at risk of being injured in the home. As the home visitor, you have an important role to assist parents in preventing children with special needs being hurt. Some suggestions which are specific to children with special needs include:

For children with visual impairments (difficulties with seeing)

- Avoid having clutter on the floor which the child can easily trip over. Encourage everyone in the home to put their belongings away in the right place when they are finished using them.
- Tape down any electrical cords on the floor to prevent trips or falls.
- Keep doors either fully closed or fully open. A child who is blind could walk into the edge of a half-open door.
- All plug points need to be covered.
- Be cautious of steps and stairs – use some brightly coloured tape or paint to put some bright strips near steps; or use a tactile cues such as a non-slip mat so that children are aware that they are near a step.

For children with hearing impairments:

- Children will not hear the noise of traffic - hooters, cars, motorbikes, so parents need to teach their child to watch for traffic very carefully.
- Children will not hear someone shouting to them to warn of danger. You need to use signs and gestures.

For children with autism, behavioural and intellectual disabilities

- The children often like to wander. They often have no sense of danger, and can wander into the road, or onto the railway tracks or near water.
- Alerting your neighbours and the community to the possibility of your child wandering is a good first step to take.
- You can also pin a piece of paper with your address and phone number onto your child's clothes, so that if they do wander away, people will know how to contact you.
- Some children with Autism like to fiddle with knobs and buttons, so keep appliances with knobs and buttons out of reach.

For children who have difficulty in moving around (mobility impairments)

- Remove rugs that can be tripped over, or tape them down.
- Make sure there is enough space for children to move around, especially if they are using crutches, or a walking frame or a wheelchair.
- Make sure that the furniture in your home is sturdy and stable and that it won't fall over if the child holds onto it.
- If the child gets around by crawling, make sure there are no sharp objects or small pieces of broken glass or plastic that can hurt the child

Additional resources:

https://www.cdc.gov/ncbddd/disabilityandsafety/child-safety.html

https://www.rchsd.org/programs-services/center-for-healthier-communities/injury-prevention/injury-prevention-for-children-with-special-needs/

3. TYPES OF INJURIES

Leading causes of home injuries to children under the age of 5 years are: burns/scalds/fires, choking/strangulation and suffocation, drownings, falls and poisons. There are also road traffic injuries occurring as children travel to and from the home. The most important task for you as home visitor is to work on prevention.

What have you noticed while in the homes you visit? Make a list of the following:

- The types of injuries you have noticed
- The potential risk situations and dangers, and
- The ways these injuries could have been prevented.

Save your list and compare your answers with the ideas and answers that will be presented during the rest of the module.

A. BURNS, SCALDS AND FIRE-RELATED INJURIES

Self-assessment – Please, select the correct answer(s).

START Brief knowledge check >

1. Parents and caregivers can adequately supervise children from a distance when dealing with hot liquids, matches and lighters. **True or False**
2. Lower water temperature is critical to reducing burns and scalds. **True or False**
3. High bath water temperatures do not cause serious burns to children. **True or False**
4. Fireworks are safe and enjoyable toys children can use at special events. **True or False**

SUGGESTED ANSWERS

CORRECT ANSWER 1: FALSE. Momentary lack of close supervision is the most frequent cause for a burn or scald injury

CORRECT ANSWER 2: TRUE. Water at 60 degrees Celsius causes a burn within 3 seconds, whilst water at 49 degrees Celsius takes approximately 10 minutes to cause significant burn injury.

CORRECT ANSWER 3: FALSE. Hot liquids is the most common cause of fatal and severe scalds to young children globally.

CORRECT ANSWER 4: FALSE. The risk of injury and death relative to exposure makes fireworks one of the riskiest products available.

General Information

Children often suffer burns and scalds in their homes, with over 90% occurring in the kitchen and to children under 5 years of age due to their ability to start walking and wandering around and trying to become gradually independent from their parents. Girls over 10 years of age have a much higher risk of burns than same-aged boys. This is probably because girls at this age help more to prepare food in open space cooking and have a lack of knowledge on how to handle flammable substances such as open fires and uncontrolled flames.

The rate of child deaths from burns is currently over 7 times higher in low- and middle-income countries than in high-income countries. As noted earlier in the module, young children are at greater risk from burn injuries because their skin is thinner than adult skin. Severe burn injuries are extremely painful and require lengthy treatment. They often result in permanent disability and disfigurement. Children suffer burns most often when near open fire for warmth, playing with matches, candles, sparkles/fireworks or poking items into electrical outlets.

Scalds occur when children come into contact with hot liquids, such as when tea or coffee falls on them. Even after 15 minutes, a cup of tea can still be hot enough to seriously scald a child. Scalds can also be caused by moist heat and hot vapours such as steam. Tap water scald injuries are the second most common cause of serious burn injuries for children under 4 years and in all age groups.

Make parents and caregivers aware that the kitchen is one of the most dangerous places in home, especially for children under 5 years. Most burns and scalds happen in the kitchen. Other injuries also happen there, especially poisoning. Still, the kitchen can be a great place for joint activities of parents and children. Also, statistics show that at least half of all burns and scalds can be prevented. Children can be protected from burns and scalds by making some simple changes in the home environment.

Reflection and discussion

What would you advise parents and caregivers on the temperature of the water for bathing their child? What would you advise parents and caregivers about using candles, heaters and stoves?

Compare your answers with the advice offered on **Information Card on preventing burns, scalds and fire-related injuries in the annex.**

Discuss with parents and caregivers and advise them to:

- Use the rear burners of the stove when cooking, especially when boiling.
- Turn pot handles in toward the middle of the cooker so children don´t knock into them or reach for them.
- Ensure the wires on electric kettles and other products do not hang over the edge of the counter where children can pull them off.
- Avoid using tablecloths that can be pulled off kitchen tables if there are young children in the home.
- Keep hot objects, foods and liquids away from table edges and counter edges.
- Never carry children and hot foods or liquids at the same time.
- Before moving a pot of boiling water, or another hot item, be sure no obstacles, including a child, is between them and the intended destination.

Fire

People are usually not aware how dangerous fire can be. Your role is to support families in exploring ways of preventing a fire from starting or spreading in the home. You can help families prepare to make a safe escape in the event of a fire.

Use the Information Card on burns, scalds and fire-related injuries in the annex to help families understand these dangers better. In the same way as with the other information cards observe (best with the family you are visiting) and see what is dangerous and what can be done to reduce risk.

B. CHOKING, STRANGULATION AND SUFFOCATION

Self-assessment – Please, select the correct answer(s).

START Brief knowledge check >

1. Shape, size and hardness of toys, foods and items children put in their mouths are factors that contribute to the risk of choking. **True or False**
2. Children have a higher risk of airway obstruction injury when sleeping with parents in a shared bed. **True or False**
3. Playgrounds are designed to ensure children are safe when they play and are not at risk of strangulation. **True or False**

SUGGESTED ANSWERS

CORRECT ANSWER 1: TRUE. It has been identified that four main product characteristics should be considered when evaluating products for safety: size/diameter, compressibility, flexibility and configuration.

CORRECT ANSWER 2: TRUE. Children placed in adult beds are at increased risk for an airway obstruction injury.

CORRECT ANSWER 3: FALSE. Strangulation is the leading cause of death on playgrounds, and deaths have been related to both playground equipment design and as a result of cords and drawstrings on children's clothing getting caught in the equipment.

General information

Choking can easily happen because young children are constantly putting things in their mouths as a way of learning about new objects.

Althoug choking, strangulation and suffocation occur less often than other types of unintentional injuries in the home environment, they are very serious and often result in death. Life-long disabilities can also occur when choking, strangulation or suffocation result in too little oxygen to the child's brain.

Choking happens when a child's airway is blocked by an item such as food, sweets, nuts, pills, small toys or latex balloons.

Suffocation happens when a child cannot get enough oxygen because something outside the body blocks the flow of air. This can be caused by plastic bags or by getting trapped in a sealed container such as a toy chest or old refrigerator by rolling onto a soft pillow or blanket when sleeping in a parent's bed.

Strangulation happens when a child cannot get oxygen because his or her throat is squeezed to the point that air is cut off. This can be the result of children get caught up in items like clothing drawstrings, crib bars, window blinds or drapery cords.

Children with a disability or chronic illness might be at higher risk of choking than other children. Children are more likely to choke if they have conditions such as cerebral palsy or epilepsy, intellectual disability, chronic asthma or gastro-oesophageal reflux disease. For families with children that have one of these conditions, advise them to talk to a health professional about how to avoid choking.

Sudden infant death syndrome (SIDS)

Self-assessment – Please, select the correct answer(s).

START Brief knowledge check >

1. Most SIDS-related deaths occur in babies under 1 month of age? **True or False**
2. A baby's risk of SIDS is greatly reduced if she's put to sleep on her back? **True or False**
3. Having blankets, pillows or toys near a sleeping baby can increase a baby's risk of SIDS? **True or False**
4. A baby is more likely to be a victim of SIDS if he is sick or has an infection? **True or False**

SUGGESTED ANSWERS

CORRECT ANSWER 1: FALSE. The majority of SIDS-related deaths occur between 1 and 4 months of age, with 90% of reported cases before 6 months of age. Babies continue to be at risk for SIDS up to 12 months.

CORRECT ANSWER 2: TRUE. For example in the USA, the rate of SIDS has decreased by more than 50% since the American Academy of Pediatrics (AAP) 1992 recommendation that babies be put to sleep on their backs instead of on their stomachs.

CORRECT ANSWER 3: TRUE. The baby is at greater risk for SIDS if there are blankets, stuffed toys, or pillows in the crib.

CORRECT ANSWER 4: FALSE. SIDS is not caused by minor illnesses such as colds or infections.

General Information

One cause of death in very young children is known as Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of an infant who is younger than 1 year old; it is most common at 2-4 months of age when the cardiorespiratory system of all infants is in rapid transition and therefore unstable (Moon, 2016). It's a frightening prospect because it can strike without warning, often in seemingly healthy babies. Most SIDS deaths are associated with sleep (hence the common reference to "crib death"), and infants who die of SIDS show no signs of suffering.

One of the major risk factors is sleeping on the stomach. When babies sleep face down, they may re-breathe exhaled carbon dioxide.

To reduce the risk of SIDS, advise parents and caregivers of the following:

- Always place a baby to sleep on the back, on a firm surface without blankets, pillows or toys
- be sure that the baby does not get too warm while sleeping
- do not expose the baby to second hand smoking
- breastfeed your baby
- have the baby sleep in a crib or safe infant bed

Reflection and discussion

Think about the specific home environments of the families you visit and write down:

- What advice would you give parents or caregivers to safely provide food snacks to children to prevent choking?
- What advice would you give parents or caregivers on clothing items to reduce the risk of strangulation?
- What advice would you give parents or caregivers on sleeping arrangements for babies?

Compare your answers with answers in the **Information Card: Preventing choking, strangulation and suffocation in the annex.** You can find information about how to assess if a home contains common hazards for young children that could lead to choking, strangulation and suffocation and how to advise parents what to do in case of an emergency

Additional resources

Video Learn first aid gestures: Choking infant https://www.youtube.com/watch?v=loqfvTl8v8k
Information card: Preventing choking, strangulation and suffocation, including sudden infant death syndrome

C. DROWNING

Self-assessment – Please, select the correct answer(s).

START Brief knowledge check >

1. For child to drown, the water depth needs to be at least
   A. 1 m
   B. 15 cm
   C. 5 cm

2. Drowning in children often occurs in or at the
   A. Sea
   B. Lake or river
   C. Familiar surroundings such as bathtubs, garden ponds and pools

3. A child who drowns has been missing approximately
   A. 5 minutes
   B. 20 minutes
   C. one hour

SUGGESTED ANSWERS

CORRECT ANSWER 1: C. A toddler or child can drown in 5 centimetres of water. Every exposed water source, no matter how shallow, poses a significant danger. It is necessary to install barriers to restrict access to water sources and provide direct and active supervision of children near or in water.

CORRECT ANSWER 2: C. Drowning in children often occurs in familiar surroundings in or close to the home. Children can drown quickly and silently in containers of water inside the home as well as in outdoor open water near the home.

CORRECT ANSWER 3: A. A child who drowns has often been missing approximately 5 minutes or less. Caregivers or parents may think that a child who falls in the water will cause splashing and screaming that they will hear. However, often children slip under the water silently. Even people near or in the water have reported not hearing any noise during drowning incidents.

General Information

Drowning is a serious public health threat (WHOa, 2022) and a leading cause of unintentional death for children globally, with 96,000 deaths in children aged 0-19 years each year and the highest number of deaths in the 1 to 4 years age group.

The poorest children in countries are up to 11 times more vulnerable to drowning than the rich, with a 20 fold difference in deaths between countries with the lowest and highest drowning rates.

More than 70% of children who drown are boys, and children one to four years of age are at greatest risk. In addition, children who suffer a non-fatal drowning may be severely disabled and require lifelong financial and health care support. A child drowning in the home can happen very quickly and takes everybody by surprise.

Young children can drown silently in as little as 25 seconds. Therefore, supervision of children in and around the water must be close, constant and attentive. This means the parent or caregiver has to be within arm's reach of the child at all times.

Advise parents and caregivers to:

- Always supervise a child who is near water, for example in the bathtub, sink or other water container. Adults watching kids in or near water should **avoid distracting activities like reading, using the phone, and consuming alcohol or drugs,** because drowning happens quickly and quietly. After bath, swim or play time is over, shut and lock doors that give access to water.
- Install barriers controlling access to open water in gardens or near the home, for example well covers, fencing around a pond or pool.
- Do not use bath seats as these are dangerous for babies to slide out of.
- Never leave a bathtub, bucket, or other container filled with any amount of water or other liquid unattended.
- Teach school-age children survival swimming and water safety skills.

You will find yourself in many situations, when you need to advise parents and caregivers. To explore what to advise parents and caregivers on how to keep children safe near water – look at the Information card on preventing drowning in the annex.

Watch the video:

UNICEF Child drowning prevention:
https://vimeo.com/842811614/f534aea47d

Together, We can Prevent Drowning by the World Health Organization:
https://www.who.int/campaigns/world-drowning-prevention-day/2021#

Did you notice how drowning is referred to as a silent killer?

Key point! Prevention and direct, active supervision are the keys to keeping a child safe around water. Keep young children within arm's reach.

Additional resources

The WHO Practical guidance on the prevention of drowning https://www.who.int/publications/i/item/9789240046726

D. FALL INJURIES

Self-assessment – Please, select the correct answer(s).

START Brief knowledge check >

1. Baby walkers are safe devices that assist a young child to walk. **True or False**
2. Stair gates help reduce child falls. **True or False**
3. Window restrictors are home safety devices that prevent falls. **True or False**

SUGGESTED ANSWERS

CORRECT ANSWER 1: FALSE. Baby walkers are a common causes of fall injuries in young children due to the extra mobility and speed, causing children in walkers to fall down stairs.

CORRECT ANSWER 2: TRUE. Stair gates – have been shown to assist in the reduction of falls down stairs to young children when fitted securely at the top and bottom of stairs.

CORRECT ANSWER 3: TRUE. Window restrictors – a 96% reduction in fall admissions occurred after implementation of a regulation requiring window bars.

General information

Falls are the leading cause of child admissions and emergency visits to hospital in places where hospitalisation and emergency department data are available. Falls are also a leading cause of unintentional child deaths. Although a certain number of minor falls are expected as children learn to walk, balance and climb, some falls are more dangerous. Falls can result in broken bones, fractures, concussions, and head injuries.

Falls are one of the most common causes of fatal and serious head injuries in children (WHO, 2022).

For infants, the most common falls are from household furniture such as change tables, high chairs and beds, while mobile toddlers most commonly fall down stairs, off furniture , beds and play equipment, out of windows, off balconies, roofs and out of shopping carts.

The good news is that you can share with parents and families during your home visits that there are many ways we can reduce the risks of a serious fall injury and ensure children can play, learn and explore their home and its surroundings safely.

For more information:
Step safely: strategies for preventing and managing falls across the life-course, Children and Adolescents page 20

Reflection and discussion

Make a list of things to watch for when visiting families in order to prevent fall injuries.

Compare your list with the Information Card: Falls prevention in the annex

- What new information did you learn?
- What knowledge did you already have that was confirmed in the Information card?
- Is there something missing on the checklist that you would like to add?

For parents it is important to be prepared for potentially dangerous situations. The best case scenario is to have parents enroll in a basic first aid course for children, if available.

Your role as a home visitor is also to prepare parents and caregivers for an emergency. Your Information Card in the annex provides you with basic information on this topic.

E. POISONINGS

Self-assessment - Please, select the correct answer(s).

START Brief knowledge check >

1. More than 90% of all poisoning occur to children outside the home. **True or False**
2. Children suffer more serious effects of poisoning than adults. **True or False**
3. If there is a suspected lead poisoning in the home, parents or caregivers should be advised to move out of the home. **True or False**
4. If there is a suspected poisoning, parents or caregivers should not try to make child sick and vomit. **True or False**

SUGGESTED ANSWERS

CORRECT ANSWER 1: FALSE. More than 90% of all poisonings occur within the home environment and many common household products can poison children.

CORRECT ANSWER 2: TRUE. When exposed to poison, children are more likely to suffer serious consequences because they are smaller, have faster metabolic rates and their bodies are less capable of neutralising toxic chemicals

CORRECT ANSWER 3: FALSE. If there is a suspected lead poisoning, parents and caregivers should be advised to have the source of lead removed in order to make the home safe for current and future family living.

CORRECT ANSWER 4: TRUE. They should not try to make the child sick and vomit as, depending on the chemical involved, this can cause even more damage to a young child's delicate internal system.

General information

Poisoning is the cause of 27,000 unintentional injury deaths globally to children and approximately 15% of unintentional poisoning-related deaths occur below the age of 5 years, with many cases unreported.

In the European Region there are 30 times as many deaths in the country with the highest rate and compared to the one with the lowest rate, and 9 out of 10 poisoning deaths occur in low and middle - income countries in Europe.

Young children are curious and like to put everything in their mouths. They may try to eat or drink almost anything they come across. Children also like attractive packaging, bright colours and good smells and are drawn to many of the potential poisons found around the home. In fact, more that 90% of all child poisonings occur in the home.

Children five years and younger are more likely to be unintentionally poisoned than older children. Children often mistake medication for candy when investigating an open purse or exploring the bathroom cupboard.

Poisoning also occurs when children drink liquids from containers containing chemicals or household cleaners. A particular risk is when a chemical or cleaner is temporarily stored in a soda bottle or other food container. Often poisonings take place in the presence of parents or caregivers somewhere in the home.

It is important to understand that children are more severely affected by poisoning than adults because they are smaller, have faster metabolic rates, and their bodies are less able to deal with toxic chemicals. Therefore, safe storage and labelling of poisonous products is critical.

Children can be exposed to lead poisoning in and around the home, for example in old water pipes, paint, food cans, spices, cosmetics and traditional medicines. Harder-to-see sources include air, water, food, toys and even the mud children play in. It is often children living in poor neighborhoods who are the most severely affected by lead exposure because they are likely to live in areas where exposure risks are higher and with little access to health services that help monitor, treat and prevent exposure.

Lead affects a child's developing brain, causing decreased intelligence, behavioural disorders and learning problems which can reduce potential quality of life and earnings in adulthood. It also affects almost every organ in a child's body, including the heart, lungs and kidneys. One challenge in detecting childhood lead poisoning is that it is hard to observe and recognize.

At low to moderate levels of exposure, there are typically no symptoms or physical signs apparent to a clinician.

At moderate to high levels of exposure, children may complain of a variety of non-specific symptoms, such as headaches, insomnia, abdominal pain or discomfort, poor attention or loss of appetite.

How to safely store household poisons away from a child

Parents and caregivers can reduce the risk of poisoning by keeping products out of your child's reach and sight. Ways to prevent your child accessing poisonous products:

- Store household cleaning products in secure overhead cupboards.
- Use childproof cupboard safety locks.
- Keep products in their original containers with the labels on.
- Always replace lids on products after you've used them.

Never use soft drink bottles as storage for cleaning products or chemicals. Buy products with child-resistant caps where possible; remember 'child-resistant' does not mean 'child-proof'. Child-resistant lids will only slow children down when they try to open a container. It is best to keep them out of reach of children.

- Do not leave household products open or unattended while in use.
- Do not mix cleaning products or use 2 different products at the same time as some mixtures can produce a toxic gas.

Do

- Take the poison away from the child and put it out of reach of other children, but keep the container, if there is one to show the doctor.
- Phone a poison information hotline if you have one, or contact a medical doctor or ambulance.
- Try to make the child spit the poison out.
- Run your fingers around their mouth. Flick out any remaining pieces.

Don't

- Do not make the child vomit.
- Do not give the child anything to eat or drink unless healthcare staff tell you to do so.
- If a poison has splashed into their eyes: Wash the child's eyes out out immediately. Continue washing for at least 15 minutes. Do not put anything onto the eye other than water.

If a poison has splashed onto their skin: Remove any contaminated clothing. Make sure you do not come into contact with the poison. Wash the skin thoroughly with running tap water for at least 15 minutes.

Make sure the water drains away from your child and you. Do not put anything on the exposed skin other than water.

If a child swallows a button cell battery: Immediate action is required: Go to nearest emergency department that admits children. Do not delay going to hospital.

Bring the poison with you to hospital: If a child needs to go to hospital, try to bring the poison with you. Alternatively, take a picture of it and packaging to show the doctor.

Make a list of poisons commonly found in the homes you visit and compare your list with the list below.

List of home poisons

Here are some common household poisons parents and caregivers should watch out for:

- Pills, medications: Aspirin and other pain or cold medications, prescription medicines, vitamins, diet pills, and diet supplements. Thought should also be given to the homes of grandparents, relatives, and friends, and medications that maybe in their purses/luggage if they are visiting.
- Bathroom: Cleaners, sprays, perfume, cologne, hairspray, and mouthwash.
- Household products: Cleaners, polishes, solvents, and products with lye and acids or lamp oil, detergents, bleach, fabric softeners, laundry liquid tabs and pet products.
- Garage, work room: Kerosene, lighter fluid, insect sprays, turpentine, paint, glue, batteries tire fluid and antifreeze.
- Outdoors: Fertilizers, pesticides, some plants, mushrooms and berries.

Always advice parents and caregivers to take a basic first aid course for more information about how to deal with an emergency involving a suspected or known poisoning, if available in their setting.

Reflection and discussion

Think about the specific home environments of your families and write down:

- What advice would you give parents and caregivers for the proper storage of poisons?
- What advice would you give parents and caregivers to safely use and store household cleaners, chemicals and medicine?
- What advice would you give parents and caregivers on storing chemicals into a food or liquid containers?

Compare your answers with answers in the **Information Card: Poisoning Prevention in the annex.**

Additional resources:

Pure Earth, Clarios Foundation and UNICEF have founded the Protecting Every Child's Potential initiative to prevent children's exposure to lead with proven solutions that can be implemented now: https://www.protectingeverychildspotential.org/

Why lead poisoning is a danger to your child's health-UNICEF:
https://www.youtube.com/watch?v=L-crRQLn_p0

You have the power to end lead poisoning-UNICEF:
https://www.youtube.com/watch?v=fVmCh6XvOj0

F. ROAD TRAFFIC INJURIES – SAFE AND HEALTHY JOURNEYS TO AND FROM HOME

Self-assessment – Please, select the correct answer(s).

START Brief knowledge check >

1. Road traffic injuries are the #3 killer of children 5-19 years globally. **True or False**
2. Children starting 6 years of age are capable of performing road safety behaviour on their own and no longer need supervision to and from the home. **True or False**
3. The rear seat is the safest place for children in a car. **True or False**

SUGGESTED ANSWERS

CORRECT ANSWER 1. FALSE. Road traffic injuries are the number 1 killer of children 5-19 years globally and most of these deaths could have been prevented, with equipment that is properly installed and used correctly, such as child safety seats, safety belts and helmets.

CORRECT ANSWER 2. FALSE. Advise parents and caregivers to supervise their child in transport until they are at least 10 years of age. Parents and caregivers are responsible for their child's safety on the way to and from home to school or other destinations.

CORRECT ANSWER 3. TRUE. Instruct parents and caregivers that the rear seat is the safest place for children.

When children leave their home and are on the go – either walking, bicycling or in a car - it is important to be sure they are safe no matter the method of travel. Children are vulnerable to injury and death when in the road environment. That is why for many years, road traffic injuries are the number 1 killer of children 5-19 years globally. However, when installed and used correctly, child safety seats, safety belts and helmets can prevent injuries and save lives.

Parents and caregivers are responsible for their child's safety on the way to and from home to school or other destinations.

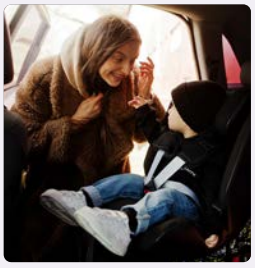
When walking with children to and from the home to school for example, instruct parents and caregivers to start early and teach them safe pedestrian behaviors by modeling safe behaviors: cross streets at corners, use traffic signals and crosswalks whenever possible, and always look for vehicles before crossing a street. Look for the most direct route with the fewest street crossings.

By bike, roller: Advise parents on teaching their children to be safe riders by always:

- wearing a correctly fitted helmet
- using a well-maintained bike or scooter
- following the road rules
- riding to and from school with other friends
- use separated bicycle lanes when available

By car: When bringing children to and from school or other destinations in the car, ensure that parents check that the child is: correctly buckled up with a seatbelt or child car seat; teach children to get in and out of the car through the 'safety door,' the rear door on the sidewalk/footpath side of the car; and that a child is never left alone in the car. Instruct parents and caregivers that the rear seat is the safest place for children. Advise parents or caregivers to choose a car seat that matches the weight and height of the child if available, and always secure the harness buckles. Remind parents and caregivers that car seats won't protect a child who isn't fully buckled up.

Up to 6 months
Approved rear facing child car seat



6 months to 4 years
Approved rear or forward facing child car seat

4+ years
Approved forward facing child car seat or booster seat

145cm or taller
Suggested minimum height to use adult lap-sash seatbelt

By foot: Younger children should walk with an adult. Benefits of walking children to school include promoting physical activity, reducing traffic, reducing the carbon footprint and providing an opportunity for supervising adults to talk with their child about road safety. Older children may be ready to make the journey to school independently. Before they take this step, observe if they are road safe and reinforce the road safety messages. Older children should walk with a friend when possible.

As drivers may not be able to see children well, instruct parents or caregivers to have children wear bright-colored clothes and if it is dark or hard to see, children should carry flashlights or wear reflective gear.

By public transport: Advise parents and caregivers to supervise their child when using public transport, until they are at least 10 years of age. Instruct them to never wait on the opposite side of the road and call a child across. The adult should wait until the public transport has gone, then choose a safe place to cross the road. Advise parents and caregivers to help their children identify safe places, for example clear sections of road where they are visible to all traffic, pedestrian crossings or traffic lights.

Additional resources:

UNICEF child road safety video: https://youtu.be/nEh_R8jc-ws

UNICEF Technical Guidance for Child and Adolescence Road Safety:
https://www.unicef.org/documents/unicef-technical-guidance-child-and-adolescent-road-safety,
https://www.unicef.org/media/47616/file/UNICEF_Shaping_urbanization_for_children_handbook_2018.pdf

UNICEF Technical Guidance for Safe and Healthy Journeys to School During Covid-19 and Beyond:
https://www.unicef.org/croatia/media/4351/file/UNICEFGuidanceSafeandHealthyJourneystoSchool.pdf

III

SUMMARY

As a home visitor you need to be aware that unintentional injury in children is a major public health problem.

With the prevention or successful treatment of other child health conditions, injury has become a leading cause of child death and disability. Most injuries are unintentional and preventable.

You as a home visitor need to remind parents and other caregivers that children are not small adults and many factors, such as age, development and degree of dependence, make them particularly vulnerable to injuries in a world that is primarily built for adults.

The primary risks associated with victims of unintentional injuries are a child's socioeconomic status and environmental factors.

Effective interventions to prevent unintentional injuries to children must consider these risks and ensure a comprehensive approach, modifying products, environments and awareness, knowledge and behaviors of children and their caregivers through a combination of engineering, enforcement and educational strategies. And that is the place where your role is crucial – you can share strategies for prevention with governments, communities, and individual families, and as they get older, the children themselves. You can teach your community how to decrease the burden of preventable injuries in children and thus improve overall child health.

In this module we addressed unintentional injuries that occur without anyone intending harm to be done. These include injuries resulting from burns and scalds, choking, suffocation and strangulation, drowning, falls, poisons and also road traffic injuries to and from the home.

As a home visitor you also need to be sensitive and able to recognise intentional injuries which represent consequence of child neglect or the intentional use of physical force against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, poor development, or deprivation. You will find more information on this topic in the module on safeguarding children.

Work on prevention

- Identify risks in the family's home and surroundings to give families appropriate advice.
- Teach parents about the stages of their child's development and what to expect at each stage with respect to basic safety and first aid.

By supporting families in preventing unintentional injuries, you will contribute to overall child and family wellbeing.

Thank you for doing that!

Additional resource: share with parents and caregivers the following video: How to prevent an everyday injury in partnership with the International Federation of the Red Cross and the Red Crescent (IFRC)
https://www.youtube.com/watch?v=Js595DDSylk

IV ANNEX

INFORMATION CARD: BURNS, SCALDS AND FIRE-RELATED INJURY PREVENTION

Observe	Advise parents to
Are hot cups or pots in the reach of children?	Never leave hot cups or pots of tea or other liquids where a child can reach them.
Are lighters and matches in the reach of children?	Be sure that lighters and matches are stored well out of a child´s re ach and ensure they are put away after use. Rid the household of non-child resistant lighters and ensure that new lighters purchased meet child resistant standards. 35% of lighters tested are still found to be unsafe.
Are parents leaving burning candles and cigarettes unattended?	Never leave burning cigarettes or candles unattended.
If there are fireplaces and grills can children approach them without supervision?	Keep children well away from stoves, grills, BBQs and fireplaces.
When there are celebrations, do children use fireworks and sparklers?	Never allow children to handle fireworks. Only adults should deal with firework displays and the lighting of fireworks. Supervise children using sparklers. Never give sparklers to children under 5 years of age and show older children how to hold sparklers at arm's length.
Do parents keep children in the sun?	Do not expose children to the sun for long periods of time, especially during the hottest periods of the day. If they are exposed to the sun, ensure that children wear a sun hat and sun protection cream with a sun protection factor (SPF) of at least 30 or clothing that covers the skin.
Where do parents keep cigarettes, lighters and matches?	Never smoke in bed or when reclining late at night on a sofa. Keep matches and lighters out of children's reach, and educate children that the products are dangerous. Never leave a burning cigarette or candle unattended. Ideally, do not smoke in the house at all. Houses with smokers in them have a higher incidence of fatal fires. Rid the home of any non-child-resistant cigarette lighters.
Where do parents keep electronic products?	Switch heavily loaded or multi-pronged electronic adapters off or unplug them when not in use. This aids in preventing the spread of a fire, plus reduces energy costs. Do not overload electric sockets. Keep electric portable heaters away from furniture and curtains. Position them where they cannot be knocked over. Do not place portable halogen lamps in children's bedrooms or near flammable materials such as curtains. Do not drape material over them. Do not use electronic items such as lamps or nightlights that are broken or have faulty cords.
Are fireplaces and woodstoves protected?	Use a fireplace screen for an open fireplace, and surround a woodstove with an "ember-safe" zone, removing items that could catch fire through a stray ember.

Observe	Advise parents to
How do parents choose sleepwear? Most fires occur in the evening or morning when a child is likely to be asleep or in lounge wear. Often children themselves accidentally begin the fire, and loose clothing may cause a small fire to spread more quickly.	Advise parents to choose children´s sleepwear that fits closely to the body and does not have dangling elements or loose sleeves. Advise them to select mixed polyester blends that are more flame resistant than untreated cotton, if available. Cotton not treated with a flame retardant will not self- extinguish. A denser weave of cloth also aids in fire resistance.
Are parents using flame resistant products, if they are available?	Flame retardants are not only found in clothing and furniture, they are also in large and small electronic devices, building materials, textiles, plastics, and car seats. Without their use, fires spread more quickly. To reduce a family´s exposure to potentially dangerous flame retardants, advise parents to: - Look online for lists of electronics, furniture, and clothing companies that use the safest flame retardant chemicals and methods. - Consider replacing older household items that may contain now banned chemicals.
What is the quality of the furniture?	Ask salespersons which flame retardants are used when purchasing new items, especially televisions, rugs, mattresses and sofas. Do not let children put items such as mobile phones or remote controls into their mouths. Batteries and/or electronic devices can cause burns. Keeping the room clean from chemicals or dust can reduce combustion. Vacuum frequently, using a vacuum with a filter if possible. Avoid excessive carpeting in the household, and do not let an infant regularly play on a rug or carpet that may contain a banned flame retardant chemical.
Protection using smoke alarms	Install smoke alarms in the home on every level, ideally near all sleeping areas. Purchase smoke alarms which also test carbon monoxide levels. Change smoke alarm batteries on a specific day every year, so that it is not forgotten. Also test the batteries regularly by pressing down on and holding the test button on the alarm.
Educating children on how to prevent fires and also what to do should a fire occur	Teach children how to "drop and roll" to put out a fire on clothing. Discuss a plan for escaping the home in the event of a fire. Teach children that it is safest to crawl or run below levels of smoke so they can breathe and see more easily. Teach children that in the event of a fire, they should test a door for heat before opening it and if the door is already hot, that it should not be opened. Teach children the local emergency services telephone number. Local organisations often offer fire safety programmes to schools, parents should check and see if their child's school is participating and to encourage the school if not.

Preventing tap water scalds

- Children should be taught to first turn on the cold water, then add the hot water slowly and to turn off the hot water first.
- Advise parents to ensure that their water heater is set no higher than 50°C maximum. If they cannot change the heater´s temperature, advise them to install a thermostatic mixing valve (which reduces the temperature of water exiting the tap).
- Advise parents to always run an open hand through the water or use a bath thermometer to check its temperature before introducing the child to the bath if bathing in hot water. Body temperature of 37-38 degrees is ideal.
- Advise parents to never leave one or more young children unattended in the bath, especially when the water is running.

REMEMBER TO SHARE THAT A CHILD´S SKIN REQUIRES COOLER WATER THAN THE SKIN OF AN ADULT. WHAT MAY JUST FEEL WARM TO AN ADULT MIGHT BE PAINFULLY HOT TO A CHILD.

Kitchen Safety

- Use the rear burners of the stove when cooking, especially when boiling.
- Turn pot handles in toward the middle of the cooker so children don´t knock into them or reach for them.
- Ensure the wires on electric kettles do not hang over the edge of the counter.
- Avoid using tablecloths that can be pulled off kitchen tables if there are young children in the home.
- Keep hot objects, foods and liquids away from table edges and counter edges.
- Never carry children and hot foods or liquids at the same time.
- Before moving a pot of boiling water, or another hot item, be sure no obstacles, including a child, is between them and the intended destination (e.g., the sink).

What to do in a burn/scald emergency:

- Reduce the heat of a burn or scalded area by immersing the area in cold water, or by holding it under gentle cold running tap water for at least 10 minutes. Do not apply lotions or creams. Cover any small blisters with a loose bandage or gauze and tape.
- If burns are on the face, hands, or genitals, or if they are anything more than a small burn or scald (if the burn looks deep – the skin may be white or brown and dry), see a doctor or go to the hospital or the nearest medical center!
- If burns are covering one tenth of the body or more, do not use cold compresses; while you are waiting for the ambulance cover the child with a clean sheet or a blanket to prevent hypothermia until help arrives.
- Take a basic first aid course for more information about how to deal with an emergency.

HOME SAFETY CHECKLIST: BURNS, SCALDS AND FIRE-RELATED INJURY PREVENTION

Checklist	✓
Hot food and drinks are out of reach of children, especially from the edge of tables and counters or on tablecloths and placemats that children can pull.	
Hot water delivery temperature set to 50 Celsius or just below the medium setting.	
Matches and lighters are out of reach of children.	
Home fire escape plan in place.	
Put your hand through the bath water to test for hot spots before you place the child in it (start with cold, then hot, then finish with cold).	
Never leave a child alone in the bathtub.	
Keep children away from the stove when cooking by using a safety gate or a no-kid-zone marking with tape.	
Use the back burners when using the stovetop so children cannot reach the pot handles.	
Never leave your stove unattended while cooking.	
Choose fire-resistant fabrics if available, especially for sleepwear.	
Keep a fire blanket and/or fire extinguisher, if available, near the cooking area	
If a burn occurs, remove the source of the burn and put the burn area under cool running water for at least 20 minutes while you wait for medical assistance; do not remove anything stuck to the burn and do not apply ice.	
Large and small appliances are plugged directly into wall outlet.	
No smoking is allowed in the home.	
Practice a home fire escape plan twice a year that makes sure everyone leaves the home in two minutes or less and does not go back inside.	
Matches and lighters are locked away.	
Install smoke detectors, if available, in your home and check their batteries regularly.	
Teach children how to respond to the sound of a smoke alarm at home and in case of a fire, to stop, drop and roll.	
Electric outlets are not overloaded with lots of plugs.	
Electrical cords are in good condition.	
Electric appliances are used away from water.	
A fire extinguisher, if available, is kept in the house.	
Check appliances periodically for good operating conditions.	
Flammable liquids are stored in safety cans and kept away from heat and children.	

What to do in a fire-related emergency:

- If a fire starts in the home, get everyone out as quickly as possible. Never remain inside a burning building.
- Never stand up in a fire, always crawl low under the smoke and try to keep your mouth covered.
- Do not go back into a burning building for any reason after you are out.
- When you are outside and well back from the burning building, have one person call the fire rescue services to come.

INFORMATION CARD: CHOKING, STRANGULATION AND SUFFOCATION PREVENTION

Observe	Advise parents to
Are all small objects kept out of child's reach?	Teach that young children should not handle or play with small toys or small parts as they can cause choking. Attention should be paid to warning labels on toys and other products that are likely to be accessed by young children. Follow age recommendations on toy packaging. Teach older children to keep toys with small parts away from their younger siblings.
Are toys appropriate for the child's age and safe to use?	Teach that children's balls/toys should be larger than the inside of a toilet roll.
Do parents give infants and toddlers foods that are easy to choke on, such as hard candy, cherries, raw carrots and grapes?	Teach to not give children younger than four years of age food on which they could choke. Small, hard foods like nuts, popcorn and sweets can be particularly dangerous. Smooth, round foods like grapes and sausages should be cut lengthwise before being served to children. Teach to avoid giving children food that has small inedible objects inside, such as candies that come with small toys inside.
Where are plastic wrappings or bags stored? Could young children reach them?	Teach to store all plastic wrappings or bags where children cannot reach them, particularly away from their sleeping area.
What do parents do with broken toys and do they keep the floor clear of small objects?	Teach to discard all broken toys and to check floors and low places for small objects like buttons, beads, marbles, coins, pins and stones.
Do hooded jackets and similar children's clothing have drawstrings?	Teach to take hood and neck drawstrings off all children's clothing. Teach to teach older children to remove their bike helmets and necklaces before using playground equipment.
Are children allowed to play while eating, or do they sit down and eat?	Teach to teach children to sit up while eating and not to allow children to run or play while eating.
Is the young child's sleeping area safe?	Teach to keep a child's cot or bed free from soft things and toys, especially toys with strings or small pieces, stuffed toys, and fluffy bedding.
Is the infant placed on his/her back to sleep and on the tummy to play?	Teach to put child on his/her back to sleep and his/her tummy to play.
For the crib, are the spaces between the slots too large to trap a child?	Teach if the gap is too large, parents should fill it with firm material, not a soft pillow.
Do window-blinds and curtains have cords that could be within the child's reach?	Teach to cut the pull cords on curtains and blinds and keep them out of reach of small children and to ensure that the crib is positioned away from window coverings. Teach not to use canopies, curtains or mobiles over a baby's bed and put the baby to sleep on his/her back.
If a crib is used, is it in good working order with no missing parts?	Crib should be in good condition.
Are animals kept away from a child in the bedroom?	To keep animals, especially cats, out of the bedrooms of infants and very young children and use a net on a pram.
Do children sleep with their parents?	Young children should never sleep with their parents. In many cultures, children sleep with parents in the same bed, but today this is very controversial issue. In the case when a parent is obese and/or intoxicated, he/she can roll over onto the child, or the child could be covered with blankets
Do parents supervise the child while eating and playing?	To always supervise children when they are eating or playing.

NOTE: For children with special needs, these safety tips may be even more important.
In case of a choking emergency:

- Parents or caregivers should be advised that if they suspect choking, or if the child is unconscious and not breathing, they should call for an ambulance immediately.
- They should not try to remove the object in a child's throat by trying to reach the object with their fingers, as this may push the object further down the throat.
- The child should be placed over the adult's knee or a chair with his/her head pointing downwards and then firmly slapped between the shoulder blades.

In case of strangulation and suffocation, call emergency services or take the child to the nearest health services/community health worker. Start checking the ABCs (airway, breathing, circulation). If the child is unconscious, and if no breathing and no heart rate, start cardiopulmonary resuscitation (CPR).

A guide for child CPR can be found at the following link: https://www.westerncape.gov.za/text/2020/November/cpr-for-babies-children-03.pdf

If it is possible, parents should also be advised to take a basic first aid course for more information about how to deal with an emergency involving choking, strangulation or suffocation.

HOME SAFETY CHECKLIST:
CHOKING, STRANGULATION AND SUFFOCATION PREVENTION

Checklist	✓
Child is always supervised at meal or snack times.	
Avoid giving child food like hot dogs, nuts, meat chunks, grapes, cheese cubes, hard candy, popcorn, chunks of peanut butter, raisins and raw carrots.	
Cut up food to a size that children can chew and eat safely e.g.,. cut sausages lengthways into small pieces and cherry/plum tomatoes, grapes, blackberries and other soft fruits into quarters.	
Sit children down to eat. They are more likely to choke when lying down, walking or running around.	
Check each day to make sure small objects are not in the reach of children: bits of toys, coins, jewelry and hair accessories, gadgets containing button/coin cell batteries can do serious damage as they can burn through the throat or stomach.	
Use a toilet paper roll to test if an item is a choking hazard: the object should not be able to fit into the roll.	
Ensure that spare batteries are locked away, and used batteries are disposed of correctly.	
Throw away broken toys.	
Do not dress your baby or young child in clothes with strings or cords attached, like hoodies with drawstrings or ties on hats; jewelery, including amber teething jewelery; belts, ribbons, headbands, clips, ties.	
Remove drawstrings from outerwear, such as jackets and sweatshirts, for young children. Drawstrings can catch or become entangled with objects, such as a car door, school bus doors or playground slides.	
Remove plastic bags from a child's reach.	
Tie up or cut all window blind and drapery cords. Cords and chains on window blinds, door blinds and curtains can strangle children and cause death. They are a risk to all children, particularly children under the age of 3. Cords and chains with loops are a particular risk.	
Make sure the spaces between guardrails and bed frames, and between the headboard/footboard and mattress, are less than 9 cm.	
Do not allow infants and young children to wear scarves, necklaces, ribbons or other strings around their necks.	
Check your child's sleeping place: mattress is firm, flat, free of all soft items (toys, pillows) and away from a window, dangling curtain, window blind cord or electrical cords.	
Check appliances periodically for good operating conditions.	
Flammable liquids are stored in safety cans and kept away from heat and children.	

First aid for choking in children

If a choking child is or becomes UNCONSCIOUS put the child on a firm, flat surface and shout or call for help. Do not leave the child. Open the child's mouth and if you can see the object, remove it. Do not put fingers into the mouth to feel for the object. Start CPR

If a child is conscious and choking, go through the following steps:

Coughing

1. Encourage them to cough to try to clear the blockage. Do not leave them.
2. If the airway is only partially blocked, the child will usually be able to speak, cry, cough or breathe. You should therefore try to remove the object if you can see it. Do not put your fingers in their mouth if you can't see the object, as there is a risk that you will push it further down.
3. If they are conscious and coughing isn't working, use back blows.

Back blows

1. For children under one year or a small child, lay them face down on your forearm or thigh, with their head low supporting the back and head. Give up to 5 back blows in the middle of the back with the heel of your hand.
2. For children over one year support your child in a forward leaning position and give 5 back blows from behind.
3. Check the child's mouth and remove the object.
4. If they are still conscious and back blows haven't been effective, use chest/ abdominal thrusts.

Chest/abdominal thrusts

1. Chest thrusts should be used for children under 1 year. Lay your child face up along the length of your thighs. Find the breastbone and place 2 fingers in the middle. Give 5 sharp chest thrusts (pushes), compressing the chest by about a third.
2. Use abdominal thrusts for children over 1 year. Stand or kneel behind your child. Place your arms under the child's arms and around their upper abdomen. Clench your fist and place it between the navel and ribs. Grasp this hand with your other hand and pull sharply inwards and upwards. Repeat up to 5 times.
3. Check the child's mouth and remove the object.

If the object has not dislodged after trying back blows and chest/abdominal thrusts, get medical help immediately; for example call for an ambulance and tell the operator the child is choking.

Video Choking infant: https://www.youtube.com/watch?v=loqfvTl8v8k

INFORMATION CARD: DROWNING PREVENTION

Observe	Advise parents to
Are children left alone in and or near the water?	Actively supervise all young children at all times while they are in, on or near water. Do not leave children alone near water even for a moment, such as to answer the phone or go to the door. If a parent or caregiver must leave even for the shortest time, they should take the child along and not leave them in or at the water. Always keep the child at arms reach. Never drink alcohol when supervising children near water.
Are children supervised by siblings while they are in or near water?	Do not ask older siblings to watch younger children in the water or bath.
Are bath seats used?	Advise that bath seats are dangerous and should not be used. Children can easily slip out of the seat, submerge under the water and drown.
Are all places with water secured/ emptied/or covered?	Empty the water from the bathtub immediately after finishing the bath. Empty and turn over all water containers (e.g., pails, barrels) after you use them. In a household with small children it is recommended to fill or cover garden ponds. Fill ponds with sand and use them as sand boxes. If the pond must be kept, make a cover for it using metal grating. Nearby wells or cisterns should also be covered and closed so children cannot fall in.
Are parents prepared when taking children swimming or boating?	Use life jackets (personal floatation devices) to help protect children. Choose a life jacket that fits the child. Do not rely on swim seats or arm bands/floaters to keep a child safe. Children who do not know how to swim should be taught to stay in shallow water. Encourage parents with children over the age of 5 years to enroll them in certified swimming lessons. Swimming ability is important but is not an absolute safeguard against drowning. Children should be taught to never run, push, or jump on others around water. Children should be taught to check the depth of water in unfamiliar pools or nearby open water before jumping in. They should jump in feet-first on the first entry. Children should be taught never to swim without an adult present and to always swim with another person (a swim buddy) if possible.
Are children supervised by siblings while they are in or near water?	Do not ask older siblings to watch younger children in the water or bath.

What to do in a drowning emergency:

- Parents should be advised to keep a phone near the water so they can reach it quickly in case of emergency. Make sure they know the number for their local emergency services.
- If it is possible, advise parents to take a basic first aid and CPR course for more information about how to deal with an emergency.

In case of emergency first get the child out of the water. If possible, reach out with or throw an object that floats to the person from a secure out-of-water position. If you have to enter the water, bring something that floats. Keep it between you and the child. Many victims have drowned their rescuer. Start checking the A, B, Cs (airway, breathing and circulation).

Ask someone to call the local emergency services if available. If the child is unconscious, not breathing and without a heart rate start CPR. A guide for child CPR can be found at the following link: https://www.westerncape.gov.za/text/2020/November/cpr-for-babies-children-03.pdf

MOST IMPORTANTLY – TRY TO PREVENT AN EMERGENCY – NEVER LEAVE CHILDREN WITHOUT SUPERVISION NEAR THE WATER – KEEP YOUNG CHILDREN WITHIN ARMS REACH.

HOME SAFETY CHECKLIST: DROWNING PREVENTION

Checklist	✓
Watch kids when they are in or around water, without being distracted by the phone, doorbell or conversation with another adult.	
Have everything you need for bath time, before placing your child in the tub so you don't have to leave children unsupervised.	
Empty tubs, buckets, containers and kids' pools immediately after use, turn them over or deflate when not in use.	
Keep toilet lids and doors to bathrooms and laundry rooms closed when not in use.	
Be at arm's reach when child is in water.	
Install fences around home pools that surrounds all sides of the pool and is at least four feet tall with self-closing and self-latching gates.	
Double-check previously installed latches, locks, and gates, to see if your child is now able to overcome them.	
Learn CPR and basic water rescue skills to know how to respond in an emergency without putting yourself at risk.	
Teach school age children how to swim and water survival skills such as floating in water.	

INFORMATION CARD: FALL PREVENTION

Observe	Advise parents to
Are stair gates properly installed at the top and bottom of the stairs?	Use stair gates! Choose stair gates with vertical bars at 10.2cm intervals instead of horizontal bars to prevent climbing.
Are child resistant window guards or window stops on windows above the first story throughout the home to prevent falls installed?	Install them, always ensuring one can still exit the window easily in the case of an emergency.
Are cribs, chairs, beds, sofas and other furniture the child can climb on placed away from windows and balconies?	Keep furniture away from windows and balconies.
Is the child left alone on any high place?	Never leave a child alone on any high place, such as a bed, sofa, or changing table. Keep one hand on the baby while changing diapers. Ideally, change the baby on the floor on a changing mat or towel.
Are baby walkers in use?	Do not use baby walkers. They give young children greater mobility and height before they are ready for it, which puts them at risk of dangers such as falling down stairs and hurting their heads.
Are young children buckled into a five-point harness high chair when eating?	Always use the safety straps when putting a baby into a high chair, swing, changing table, stroller, or shopping cart. When buying new products with harnesses, choose ones with a five- point harness, as they are more secure than three- or four-point harnesses.
Are all potential trip hazards removed?	Remove trip hazards in the home such as folded carpets and electric wires or cords on the floor. Ensure children do not walk on wet floors to prevent slipping. Keep stairs clear of tripping hazards, including toys. Ensure stairways and landings are well lit and have railings.
Are glass surfaces protected?	Place shatter-resistant film on glass surfaces that children could fall into or replace the regular glass with shatter resistant glass, or even store until children are older.
Is there protection for the child in case he/she falls out of bed?	Place a soft carpet beside the child's cot or bed in case the child falls out of bed
Are there corner covers used on furniture?	Use corner covers on furniture with sharp corners.
Is playground equipment in the garden/park safe	Use rubber, wood, bark, or sand surfacing underneath. If the children have access to a trampoline, position it away from buildings, trees, concrete surfaces, fences and other play areas. Never allow more than one person on the trampoline at a time. Always supervise children using a trampoline by spotting at the side of the trampoline.

What to do in a fall-related emergency:

- Call an ambulance immediately, if a child has received a head injury and is unconscious. Do not move an injured child after a fall if you think any bones in the spine might be broken. While waiting for emergency services to arrive, place the unconscious child on his/her side with the head resting on the hand. This recovery position will help reduce the risk of the tongue falling back in the throat and inhibit breathing.

- There can sometimes be a delayed reaction to a head injury even if the child appears to recover quickly, so keep a close eye on the child and get medical advice if the child develops pain in any area, complains of headaches, dizziness, nausea, vomits or becomes suddenly less alert or attentive.

- In case of falls, quite often the problem is bleeding that needs rapid response, so advise parents to first press firmly and apply pressure on the wound with a clean cloth until the bleeding stops, anywhere from three to 15 minutes. Clean the wound under lukewarm running water and gently pat it dry. If a wound is dirty, you can use mild soap to clean the injured area. If you can't control the bleeding after several attempts with direct pressure, take the child to a health facility.

HOME SAFETY CHECKLIST: FALL PREVENTION

Get on your child's level! Take time to get down on the ground and look around to see the world through your child's eyes to identify hazards around your home.

Take a moment to perform a home safety check using this checklist.

Checklist	✓
Install stair gates at the top and bottom of stairs.	
Keep stairs clutter free.	
Install window stops to prevent windows from opening more than 10 cm.	
Lock doors to balconies, decks, and basements.	
Move furniture away from windows and balcony doors.	
Place car seats and other baby carriers on the floor, never on top of furniture.	
Always buckle your child in highchairs.	
Use nonslip mats on bathroom floor, bathtub floors and nonslip rugs around the home.	
Make sure there's nothing your child can climb.	
Do not use a changing table or other high surfaces to change a baby.	
Do not use baby walkers.	
Ensure couches and other furniture are not placed next to balconies or railings.	

INFORMATION CARD: POISONING PREVENTION

Observe	Advise parents to
How are poisons are stored?	Store poisons carefully (see the list of common household poisons below). Store household cleaners, chemicals, medications and any item marked as poisonous in a locked storage cabinet or use child protective products to lock the cupboards and drawers. Keep the lids on containers when using products to reduce children's access.
Do parents and family members smoke? How do they take care of cigarettes and cigarettes butts?	Keep cigarettes and cigarette butts, which are extremely toxic, out of children's reach.
What do parents use to store chemicals?	Always store chemicals in their original containers. Never store or decant a chemical into a food or liquid container or an unmarked container.
What kind of plants do parents have in the home?	Check every plant that you have. Read about it. If you are not sure that it is not toxic, keep it where children cannot reach it.
How are medicines stored?	Make sure that all medications, including vitamins and adult medicines, are stored out of reach and out of sight of children. Store medicines and products in their original containers. Lock medicines and household products where children cannot see or reach them. Put medicine up and away after every use, preferably in a locked cabinet.

In case of a poison-related emergency:

- Put the number of a Poison Control Center, emergency services or community health worker into your phones or post it somewhere central in your home.
- In case of poisoning immediately call a poison control center/emergency services (even if child's condition is good, as it can be worsened with time) or community health worker or clinic, and give them information about the ingested poison, amount of poison and age of the child. Most poisonings can be resolved over the phone.
- Do not make the child vomit or give anything unless directed by a health professional.

- There can sometimes be a delayed reaction to a head injury even if the child appears to recover quickly, so keep a close eye on the child and get medical advice if the child develops pain in any area, complains of headaches, dizziness, nausea, vomits or becomes suddenly less alert or attentive.

- In case of falls, quite often the problem is bleeding that needs rapid response, so advise parents to first press firmly and apply pressure on the wound with a clean clot until the bleeding stops, anywhere from three to 15 minutes. Clean the wound under lukewarm running water and gently pat it dry. If a wound is dirty, you can use mild soap to clean the injured area. If you can't control the bleeding after several attempts with direct pressure, take the child to a health facility.

HOME SAFETY CHECKLIST: POISONING PREVENTION

Take a moment to perform a home safety check using this checklist.

Checklist	✓
Medicines, cleaners, pesticides, alcohol, and household products are locked up out of the sight and reach of children.	
Products are kept in their original containers.	
A poison hotline number, if available, is visible near every phone, and programmed into all cell phones.	
Keep household plants out of reach of children.	
Install carbon monoxide detectors, if available, in your home and check their batteries regularly.	
Be familiar with what to do if a child has ingested poison.	
Secure doors to off-limit areas such as cellars and garages.	
Keep household medications in child resistant containers and in a high cabinet.	

View this link for good examples for poisoning storage: https://www.ontariopoisoncentre.ca/siteassets/pdfs/english/new---since-2021/parachute_poison-storage-checklist-ua.pdf

INFORMATION CARD: ROAD TRAFFIC INJURY – SAFE JOURNEYS TO AND FROM HOME

Observe	Advise parents to
Are children under the age of 10 allowed to leave the home without adult supervision?	Children up to at least 10 years of age require adult supervision for journeys to and from the home. Attention should be paid to teaching children about the road environment, signs, traffic, and how and where to safely cross the street. It's the responsibility of an adult to keep children safe in and outside the home.
Are safety equipment items such as car seats, booster seats and helmets available for the children and fitting appropriately?	Children traveling in a car require a car seat for their safety, and depends on the weight and height of the child, as well as type of car. The safety equipment only works if installed properly and used correctly. Children using a bicycle or roller require a correctly fitting helmet to be worn.
Do parents teach their children road safety skills?	Take note of the dangers you come across on your walk and bring them to your child's attention. Point out dangers, such as vehicles coming out of driveways. Talk to your child about being alert in a road environment. Discuss this important road safety message STOP! one step back from the curb. LOOK! continuously look both ways. LISTEN! for the sounds of approaching traffic. THINK! whether it is safe to cross.

HOME SAFETY CHECKLIST: ROAD TRAFFIC INJURY – SAFE JOURNEYS TO AND FROM HOME

Take a moment to perform a home safety check using this checklist.

Checklist	✓
Teach children road safety skills, for example the Stop, Look, Listen and Think sequence*.	
Teach children how to find the safest place to cross, for example using the Green Cross Code**.	
Is your child's car seat the most appropriate for your child's height and weight***.	
Teach your children to ride their bikes on the right-hand side of the road, with traffic, and to use appropriate hand signals.	
Check to see if your child's helmet fits correctly: https://www.youtube.com/watch?v=QhDk3d99BdA	
Child always rides in the backseat and never in front of an airbag.	
Never leave a child alone in a car or with siblings, especially when temperatures are extremely warm or cold.	
Teach a child that cars have the right of way on the road and cannot see children well due to their smaller size.	
Always hold your child's hand when in the road environment.	
Check that the bicycle, roller or other form of transport is in good working condition before allowing the child to use it, for example check the breaks, and light if at night.	
Teach children to use bicycle lanes and a light in areas with poor visibility.	
Provide a child with reflective material if available, to help others see the child in the dark.	
Especially when temperatures are extremely warm or cold.	

* **The Stop, Look, Listen and Think sequence**

Children aged 5-6 years can begin to learn the Stop, Look, Listen and Think sequence.

Stop: when you approach a crossing, STOP before you come to the edge of the pavement.
Look: LOOK for cars, bikes, lorries and other vehicles by looking right, left and right again.
Listen: LISTEN for vehicles too. You may be able to hear them before you see them.
Think: is there enough time for you to cross the road safely?

** **The Green Cross Code**

Children aged 7 years can begin to learn the Green Cross Code and how to put it into practice.

1) Find a safe place to cross
   - Use a pedestrian crossing if there is one.
   - Choose a place where you can see clearly in all directions.
   - If an obstacle is blocking your view of the road, choose a better place to cross!

2) Stop just before you get to the kerb
   - Do not stand on the kerb.
   - If there is no pavement, stand at the edge of the road.

3) Look all around for traffic and listen
   - Traffic can come from any direction.
   - Sometimes you can hear traffic before you see it.
   - If you see or hear an emergency vehicle in the distance, let it pass.

4) If traffic is coming, let it pass
   - Never run across the road when traffic is coming, even if you think there is time. It can be difficult to judge the speed of traffic.
   - Be aware that traffic may speed up.

5) When it is safe, go straight across the road- do not run
   - Continue to look and listen as you cross.
   - Look out for cyclists and quieter vehicles, you may not hear them approaching.

Do not use a mobile phone while crossing
   - Walk straight across the road.

*** **Selecting an appropriate child car restraint**

Drivers are responsible for ensuring that all passengers under 16 years are properly secured in the car. Child and infant car restraints offer crash protection appropriate for the weight and height of the child.

Birth to 6 months up to 9kg

For a child of this weight an approved rearward facing baby seat must be used.

6 months to 4 years up to 18kg

For a child of this weight an approved rearward or forward facing safety seat should be used.

4 years to 7 years up to 26 kg

For a child of this weight, a forward facing child safety seat or booster seat should be used.

26 kg to 32 kg

For children that have grown to the size where his or her eyes are at the same level as the top of the back of the booster seat (or 26 kg to 32 kg), a seatbelt is used. See the figure below for guidance.

Using the correct car seat or booster seat can be a lifesaver. Make sure you child is always buckled in an age- and size-appropriate car seat or booster seat.

Keep children age 12 and younger properly bulked in the back seat.

* Recommended age ranges for each seat type vary to account for differences in child growth and weight/height limits of car seats and booster seats. Use the car seat or booster seat manual to check for important information about installation, the seat weight and height limits, and proper seat use.

Child passenger safety recommendations:
American Academy of pediatrics (APP) 2018.

Source: www.cdc.gov/transportationsafety/child_passenger_safety

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