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KEY MESSAGES - why is this topic important for you?

The majority of injuries (and in some cases, child deaths) are unintentional, and they are preventable.

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 them more child-safety conscious in their behaviours.

Your role is to:

- Empower parents to prevent injuries and support them in taking steps to create a safe environment for their children
- Make parents understand that preventing injuries in young children means to primarily manage 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, and
- Provide parents with hands on knowledge and skills, which 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 these injuries occurring. Specifically, the module will give you information on the magnitude and impact of child injury; 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.

LEARNING OUTCOMES

By the end of this module, you will be able to:

- Have better understanding of the breadth of issues related to unintentional injury, their prevalence and impact on children, families and society.
- Be able to detect the most common risk scenarios associated with childhood injury in the home environment and to support parents in preventing injuries from occurring.
- Know how to share with your families the important information about injuries, good practices about prevention, and basic first actions in the event of an injury at home.
INTRODUCTION

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 your families, and how can you help your families in the prevention of injuries?

Some definitions

**Injury** - An acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, and ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance. In some cases, injuries result from the sudden lack of essential agents such as oxygen or heat. (Haddon, 1963)

Injuries are often subdivided into two groups:

- **Unintentional injuries** – injuries that result from an unintended or “accidental” incident. Injuries judged to have occurred without anyone intending that harm be done.

- **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

Definition of a child and a child’s rights to safety

The [UN Convention on the Rights of the Child](https://www.unicef.org/rightsandyou/04.02_un_03b.html) defines a child as anyone below the age of 18 years.

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.
GENERAL INFORMATION ABOUT INJURIES

Self-assessment - True/False Statements

Give true/false answers to the following questions:

1. What is the leading cause of death and disability and leads to greater inequalities for children in Europe?
   A. Socioeconomic status of the family
   B. Different types of hereditary diseases
   C. Unintentional injuries
   D. Chronic diseases
   E. Infectious diseases

2. Each year in the WHO EU Region the following number of children 0-19 years of age die as a result of unintentional injuries
   A. App. 5000
   B. App. 21 000
   C. App. 42 000

SUGGESTED ANSWERS:

CORRECT ANSWER 1. C. – Unintentional injuries are the leading cause of death and disability and contribute to greater inequalities for children in Europe.

CORRECT ANSWER 2. C. – Each year approximately 42,000 children 0-19 years of age die in the WHO Europe Region as a result of unintentional injuries. The main causes are: road traffic incidents, drowning, falls, poisoning, burns, scalds, choking and strangulations. That is more than 100 children each day that die due to an unintentional 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. As the prevention or treatment of common childhood illnesses are improving, injuries are fast moving into the leading cause of child death and morbidity in many countries. The primary risk factors associated with unintentional injuries are the victim’s age and developmental stage. Other risks factors are the child’s socioeconomic status, environmental factors, and gender. Some of these factors are also related to the types of activities that the child engages in.

Effective interventions to prevent unintentional injuries in children must take into account these risk factors and ensure a comprehensive approach that modifies the environment and improves awareness, knowledge and behaviours of children and their caregivers through engineering, enforcement and education strategies.

More than 80% of child injury deaths occur to children living in low and middle income countries within Europe, with a seven times difference between countries with the highest and lowest death rates. There are also large inequities within countries between the more “well-to-do” and the poorer communities. This means that children from the poorer families have less access to growing up in safe environments. Prevention education can make a difference in reducing the risk of injury.

But deaths are just the tip of the iceberg. In Europe, for every child that dies as a result of an injury, it has been estimated that another 129 children are hospitalised and a further 1635 children present to an emergency department with injuries.
emergency department. Many injured children suffer permanent disabilities and mental challenges that create an enormous burden in social and economic terms for families and society. It is estimated that annually there are 5 million hospital admissions and 69 million visits to the emergency department in the European Region as a result of injuries. This is a tremendous financial drain to the health system and a huge impact on families with the loss or disability of a child.

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 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.

**Self-assessment: True/False Statements**

Give true/false answers to the following questions:

Please answer the following questions:
1. Children are more likely to be injured than adults because children are reckless and do not listen what they are told, they just do not take care of themselves.
2. Whatever we do accidents will happen.
3. To prevent injuries we have to control children’s behaviour.
4. Across all age groups, boys have higher injury rates than girls.

**SUGGESTED ANSWERS:**

**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

**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.

**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.

**ANSWER 4: TRUE** - Across all age groups, boys have higher injury rates than girls, with these differences appearing as early as the first year of life. In addition, severity of injury is greater for boys than girls, with boys suffering three out of four injury-related deaths. It is suggested that boys undertake more risk-taking behaviours and receive less direct supervision and restriction of activities than girls, which may account for this increased injury rate.
If you want to learn more on this topic you can look at:

http://www.euro.who.int/__data/assets/pdf_file/0005/98744/E92049R.pdf?ua=1

1. BASIC PRINCIPLES OF PREVENTION

Top causes of death in children 0–19 years in the EU27*

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- **1-4 years:** 6%
- **5-9 years:** 4%
- **10-14 years:** 5%
- **15-19 years:** 3%

### Endocrine Disorders
- **<1 year:** 1%
- **1-4 years:** 5%
- **5-9 years:** 4%
- **10-14 years:** 5%
- **15-19 years:** 2%

### Circulatory Disorders
- **<1 year:** 1%
- **1-4 years:** 4%
- **5-9 years:** 2%
- **10-14 years:** 2%
- **15-19 years:** 1%

### Digestive Disorders
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- **1-4 years:** 2%
- **5-9 years:** 2%
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- **15-19 years:** 1%

### Blood Disorders
- **<1 year:** 2%
- **1-4 years:** 2%
- **5-9 years:** 1%
- **10-14 years:** 1%
- **15-19 years:** 1%

### Cancer
- **<1 year:** 1%
- **1-4 years:** 2%
- **5-9 years:** 1%
- **10-14 years:** 1%
- **15-19 years:** 1%

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Even though injury is the leading cause of death, disability and inequalities for children, 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 the “3 E’s” of injury prevention approaches: engineering, enforcement, and education.

**ENGINEERING.** This approach focuses 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 includes 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, or national laws controlling the sale of fireworks.

**EDUCATION.** This approach includes 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. With the right information and skills, children and families should be empowered to help make their home environments safer.
As a home visitor 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. TYPES OF INJURIES

Leading causes of home injuries to children under the age of 3 years are: falls, drowning, burns and scalds, poisons, choking, strangulation and suffocation. The most important task for you as home visitor is to work on prevention.

Watch the video - http://www.eohu.ca/segments/HBHC_injury_prevention_video_e.php

What have you noticed while watching the video? Make a list of the following:

- The types of injuries that you have noticed
- The potential risk situations and dangers, and
- The ways these accidents and 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. FALL INJURIES

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 in the European region for children aged 0-4 years, with an average of 660 deaths each year. Although we expect a certain number of minor falls 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.

Inequalities also exists in the area of falls. Children in the countries with the highest injury rates such as Kyrgyzstan, Belarus and Uzbekistan have about 22 times the risk of dying from falls than children in the countries with the lowest rates, such as Sweden, Netherlands and the UK. For infants, 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 and play equipment, out of windows, off balconies, 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.
MODULE 9  HOME ENVIRONMENT AND SAFETY

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 1: Preventing fall injuries

- 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, but this is not always possible or courses may not be available.

Your role as a home visitor is also to prepare parents for an emergency. Your Information Card will provide you with basic information on this topic.

Self-assessment: True/False Statements

Give true/false answers to the following questions:

1. Baby Walkers are safe devices that assist a young child to walk.
2. Stair gates help reduce child falls.
3. Window restrictors are home devices that prevent falls.

SUGGESTED ANSWERS

**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

**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

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

Additonal resources

If you want to learn more about this topic you can look at:

The Falls Prevention fact sheet of the European Child Safety Alliance
B. DROWNING

General Information

Drowning is the leading cause of unintentional death for children in the WHO European region, with more than 2,400 deaths in children aged 0-4 years each year.

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.

Self-assessment

Answer the following questions

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

2. Drowning 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. five minutes
   B. 20 minutes
   C. one hour

You will find yourself in many situations, when you need to advise parents. To explore what to advise parents on how to keep children safe – look at the Information card 2 on preventing drowning.

Watch the video http://on.aol.com/video/how-to-save-with-a-drowning-child-118122886
Did you notice how conversation with parent is developing?

Did you notice that sharing information is not about making parents afraid, but enable them to take care of their child and providing him/her with opportunities to enjoy playing with water in a safe environment?

Key point! Prevention and 100% supervision are the keys to keeping a child safe around water.

**Additional resources**

- ECSA Drowning Prevention Factsheet
- The WHO Global report on drowning: preventing a leading killer

**C. BURNS AND SCALD INJURIES**

**General Information**

Children often suffer burns and scalds in their homes. Some of the great inequalities that exist for child injury also occur in the area of burns and scalds. The rate of burn/scald related deaths in children in the worst affected country within the WHO European Region, Azerbaijan is 85 times that of the country with the lowest rate, Switzerland.

Within countries, children from the poorest families are up to 38 times more vulnerable than children from the richest families. 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 playing with matches, candles, sparkles/fireworks or poking items into electrical outlets.

Scalds occur when children are placed in baths with water that is too hot or when hot water from bath taps or hot liquids such as 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 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 on the temperature of the water for bathing their child? What would you advise parents about using candles, heaters and stoves?

Compare your answers with the advice offered on Information Card 3 on preventing burns and scald injuries.

You can go to this link to find things that make the kitchen so dangerous. You can also use this video to make parents aware of danger. This video will provide you with a tool that can be funny and entertaining and still very informative for parents.


Keeping in mind the useful information shared by the video, discuss with parents 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 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).

However, injuries do happen, and it is also important to prepare parents on what to do if scalds and burns occur. Look at the Information card 3 for further information.

Additional resources

For more information, see

http://www.childsafetyeurope.org/publications/positionstatements/tap-water-scalds.html

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 Information Card 4 – Prevention and protection – FIRE, to help your 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.

**Self-assessment**: True/False Statements

Give true/false answers to the following questions:

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

**SUGGESTED ANSWERS**

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

**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.

**ANSWER 3: FALSE.** Hot bath water is the most common cause of fatal and severe scalds to young children in Europe.

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


**D. POISONING**

**General information**

Poisoning is also a leading cause of unintentional injury death in the WHO European Region that every year causes the death of more than 1100 children younger than 5 years of age.

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 accidentally 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.

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.

Make your list of poisons commonly found in the home and compare your list with our list below.

**List of home poisons**

Here are some common household poisons parents 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.
- **Garage, work room:** Insect sprays, kerosene, lighter fluid, turpentine, paint, glue, batteries, tyre fluid and antifreeze.
- **Laundry room:** Detergents, bleach, fabric softeners, laundry liquid tabs and pet products.
- **Outdoors:** Fertilizers, pesticides, some plants, mushrooms and berries.

**Self-assessment True/False Statements**

Give true/false answers to the following questions:

Please answer the following questions:

1. More than 90% of all poisoning occur to children outside the home.
2. Children suffer more serious effects of poisoning than adults.
3. If there is a suspected poisoning, parents should be advised to let the child drink milk or water as much as she/he can.
4. If there is a suspected poisoning, parents should not try to make child sick and vomit.
5. If it is possible, parents should call the nearest poison control centre or emergency service and follow the directions given, and if they know what poison the child has taken, a sample should be kept to show to the doctor to help him/her decide on the best course of treatment.
SUGGESTED ANSWERS:

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

**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.

**ANSWER 3: FALSE** - If there is a suspected poisoning, parents should be advised to not let the child drink anything.

**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 insides.

**ANSWER 5: TRUE**

Always advice parents, if it is possible, to take a basic first aid course for more information about how to deal with an emergency involving a suspected or known poisoning.

**Reflection and discussion**

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

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

Compare your answers with answers in the **Information Card 5**: Preventing poisoning

Here are links to **additional resources** –

E. CHOKING, STRANGULATION AND SUFFOCATION

General Information

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

Although 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 their doctor about how best to avoid choking.

Reflection and discussion

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

• What advise would you give parents to safely provide food snacks to children to prevent choking?
• What advise would you give parents on clothing items to reduce the risk of strangulation?

Compare your answers with answers in the Information Card 6: Preventing choking, strangulation and suffocation

The good news is that these injuries are generally preventable.

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 in the Information card 6: Preventing choking, strangulation and suffocation and Information Card 7: How to manage choking child

Self-assessment: True/False Statements

Give true/false answers to the following questions:

1. Shape, size and hardness of toys, foods and items children put in their mouths are factors that contribute to the risk of choking.
2. Children can comfortably and safely sleep with parents in a shared bed.
3. Playgrounds are designed to ensure children are safe when they play and are not at risk of strangulation.
SUGGESTED ANSWERS

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.

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

ANSWER 3: FALSE. Strangulation is the leading cause of deaths 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.

Additional resources

ECSA choking, strangulation and suffocation prevention fact sheet

http://raisingchildren.net.au/articles/pip_choking.html
SUDDEN INFANT DEATH SYNDROME

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’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.

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

- put the baby to sleep on the back, on a firm surface
- 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

Self-assessment: True/False Statements

Give true/false answers to the following questions:

1. Most SIDS-related deaths occur in babies under 1 months old?  T/F
2. A baby’s risk of SIDS is greatly reduced if she’s put to sleep on her back?  T/F
3. Fluffy pillows or blankets can increase your child’s risk of SIDS?  T/F
4. A baby is more likely to be a victim of SIDS if he is sick or has an infection?  T/F
ANSWERS:

**ANSWER 1: FALSE** - SIDS is the most common cause of death in infants from 1 month to 1 year of age, with most deaths occurring between 2 and 4 months, according to the National Sudden Infant Death Syndrome Resource Center.

**ANSWER 2: TRUE** - The rate of SIDS has decreased by more than 40 percent since the American Academy of Pediatrics (AAP) 1992 recommendation that babies be put to sleep on their backs instead of on their stomachs.

**ANSWER 3: TRUE** - The baby is at greater risk for SIDS if there are fluffy blankets, comforters, stuffed toys, or pillows in his crib.

**ANSWER 4: FALSE** - SIDS is not caused by minor illnesses such as colds or infections.
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 fast become a leading cause of child death and disability. The vast majority of 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 risk associated with victims of unintentional injuries is their age and developmental stage. Other risks are a child’s gender, socioeconomic status and environmental factors.

Effective interventions to prevent unintentional injuries to children must take into account these risks and ensure a comprehensive approach, modifying products, environments and awareness, knowledge and behaviors of children and their caregivers through 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, Injuries judged to have occurred without anyone intending that harm be done such as injuries resulting from falls, drowning, fires, poisons, choking, suffocation and strangulation.

As a home visitor you 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!
# INFORMATION CARD 1: PREVENTING FALL INJURIES

<table>
<thead>
<tr>
<th>Observe</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are stair gates properly installed at the top and bottom of the stairs?</td>
<td>Use stair gates! Choose stair gates with vertical bars at 10.2cm intervals instead of horizontal bars to prevent climbing.</td>
</tr>
<tr>
<td>Are child resistant window guards or window stops on windows above the first story throughout the home to prevent falls installed?</td>
<td>Install them, always ensuring one can still exit the window easily in the case of an emergency.</td>
</tr>
<tr>
<td>Are cribs, chairs, beds, sofas and other furniture the child can climb on placed away from windows and balconies?</td>
<td>Keep furniture away from windows and balconies.</td>
</tr>
<tr>
<td>Is the child left alone on any high place?</td>
<td>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.</td>
</tr>
<tr>
<td>Are baby walkers in use?</td>
<td>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.</td>
</tr>
<tr>
<td>Do parents use safety straps?</td>
<td>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.</td>
</tr>
<tr>
<td>Are all potential trip hazards removed?</td>
<td>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.</td>
</tr>
<tr>
<td>Are glass surfaces protected?</td>
<td>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.</td>
</tr>
<tr>
<td>Is there protection for the child in case he/she falls out of bed?</td>
<td>Place a soft carpet beside the child’s cot or bed in case the child falls out of bed</td>
</tr>
<tr>
<td>Are there corner covers used on furniture?</td>
<td>Use corner covers on furniture with sharp corners.</td>
</tr>
<tr>
<td>Is playground equipment in the garden/park safe</td>
<td>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.</td>
</tr>
</tbody>
</table>
What to do in an 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 the hospital.
INFORMATION CARD 2: PREVENTING CHILD DEATHS AND INJURIES FROM DROWNING

<table>
<thead>
<tr>
<th>Observe</th>
<th>Advise parents to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are children left alone in and near the water?</td>
<td>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.</td>
</tr>
<tr>
<td>Are children supervised by siblings while they are in or near water?</td>
<td>Do not ask older siblings to watch younger children in the water or bath.</td>
</tr>
<tr>
<td>Are bath seats used?</td>
<td>Recommend that bath seats not be used in the bath. If they are used, advise parents/caregivers to never leave the child alone in the bath seat. Children can easily slip out of the seat, submerge under the water and drown.</td>
</tr>
<tr>
<td>Are all places with water secured/emptied/or covered?</td>
<td>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.</td>
</tr>
<tr>
<td>Are parents prepared when taking children swimming or boating?</td>
<td>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 enrol 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.</td>
</tr>
</tbody>
</table>

**What to do in an Emergency**

- Parents should be advised to keep a telephone near the water so they can reach it quickly in case of emergency. Make sure they know the telephone 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). See the pocket book of hospital care for children. [http://apps.who.int/iris/bitstream/10665/43206/1/9241546700.pdf](http://apps.who.int/iris/bitstream/10665/43206/1/9241546700.pdf)

• Ask someone to call the local emergency services. If the child is unconscious, not breathing and without a heart rate start and start CPR. A good graphic resource for child CPR can be found at the following link: [http://raisingchildren.net.au/articles/pip_cpr_kids.html/context/369](http://raisingchildren.net.au/articles/pip_cpr_kids.html/context/369)

AND MOST IMPORTANTLY – TRY TO PREVENT AN EMERGENCY – NEVER LEAVE YOUNG CHILDREN WITHOUT SUPERVISION NEAR THE WATER
### INFORMATION CARD 3: KEEPING CHILDREN SAFE FROM BURNS AND SCALD INJURIES

<table>
<thead>
<tr>
<th>Observe</th>
<th>Advise parents to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are hot cups or pots in the reach of children?</td>
<td>Never leave hot cups or pots of tea or other liquids where a child can reach them.</td>
</tr>
<tr>
<td>Are lighters and matches in the reach of children?</td>
<td>Be sure that lighters and matches are stored well out of a child’s reach 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.</td>
</tr>
<tr>
<td>Are parents leaving burning candles and cigarettes unattended?</td>
<td>Never leave burning cigarettes or candles unattended.</td>
</tr>
<tr>
<td>If there are fireplaces, BBQs and grills can children approach them without supervision?</td>
<td>Keep children well away from stoves, grills, BBQs and fireplaces.</td>
</tr>
<tr>
<td>When there are celebrations, do children use fireworks and sparklers?</td>
<td>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 five years of age and show older children how to hold sparklers at arm’s length.</td>
</tr>
<tr>
<td>Do parents keep children in the sun?</td>
<td>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.</td>
</tr>
</tbody>
</table>

**Preventing tap water scalds**

- 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).
- 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 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 an 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
**INFORMATION CARD 4: FIRE PREVENTION**

<table>
<thead>
<tr>
<th>Observe</th>
<th>Advice parents to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where do parents keep cigarettes, lighters and matches?</td>
<td>Rid the home of any non-child-resistant cigarette lighters. When purchasing lighters, ensure they meet child-resistant standards — nearly 35% of lighters on the market tested in the EU are deemed unsafe. 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.</td>
</tr>
<tr>
<td>Where do parents keep electronic products?</td>
<td>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 do not meet safety standards.</td>
</tr>
<tr>
<td>Are fireplaces and woodstoves protected?</td>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
<td>Advise parents to choose children’s sleepwear that fits closely to the body and does not have dangling elements or loose sleeves. In addition advise them to select mixed polyester blends that are more flame resistant than untreated cotton. Cotton not treated with a flame retardant will not self-extinguish. A denser weave of cloth also aids in fire resistance.</td>
</tr>
<tr>
<td>Are parents using flame resistant products, if they are available?</td>
<td>There is currently much concern over the health risks to children that some flame retardant chemicals may pose. Many chemicals have been banned over the years, and the European Commission is active in identifying safe and unsafe flame retardants through the REACH programme. 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.</td>
</tr>
</tbody>
</table>
What is the quality of the furniture

Observe

Ask salespersons which flame retardants are used when purchasing new items, especially televisions, rugs, mattresses and sofas.

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.

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 HEPA filter if possible.

Protection Smoke alarms

Observe

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.

Advice parents to

Educating children on how to prevent fires and also what to do should a fire occur.

Observe

Discuss a plan for escaping the home in the event of a fire.

Teach children how to “drop and roll” to put out a fire on clothing.

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.

Advice parents to

What to do in an 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 go to a neighbor and telephone the fire rescue services to come.
## INFORMATION CARD 5: PREVENTING POISONING

<table>
<thead>
<tr>
<th>Observe</th>
<th>Advice to parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are poisons are stored?</td>
<td>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.</td>
</tr>
<tr>
<td>Do parents and family members smoke? How do they take care of cigarettes and cigarettes butts?</td>
<td>Keep cigarettes and cigarette butts, which are extremely toxic, out of children’s reach.</td>
</tr>
<tr>
<td>What do parents use to store chemicals?</td>
<td>Always store chemicals in their original containers. Never store or decant a chemical into a food or liquid container or an unmarked container.</td>
</tr>
<tr>
<td>What kind of plants do parents have in the home?</td>
<td>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.</td>
</tr>
<tr>
<td>How are medicine stored?</td>
<td>Make sure that all medications, including vitamins and adult medicines, are stored out of reach and out of sight or 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.</td>
</tr>
</tbody>
</table>

### In case of an Emergency

- Put the number of the Poison Control Center or Emergency services into your phones.
- In case of poisoning immediately call the poison control center or emergency services (even if child’s condition is good, as it can be worsened with time), 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 professional.
**INFORMATION CARD 6: PREVENTING CHOKING, STRANGULATION AND SUFFOCATION**

<table>
<thead>
<tr>
<th>Observe</th>
<th>Advice to parents and caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all small objects kept out of child’s reach?</td>
<td>Not to allow young children to 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. To teach older children to keep toys with small parts away from their younger siblings.</td>
</tr>
<tr>
<td>Are toys appropriate for the child’s age and safe to use?</td>
<td>Children’s balls/toys should be larger than a golf ball.</td>
</tr>
<tr>
<td>Do parents give infants and toddlers foods such as hard candy, popcorn, hot dogs, raw carrots and grapes?</td>
<td>Not to 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. To avoid giving children food that has small inedible objects inside, such as candies that come with small toys inside, without close supervision.</td>
</tr>
<tr>
<td>Where are plastic wrappings or bags stored? Could young children reach them?</td>
<td>To store all plastic wrappings or bags where children cannot reach them, particularly away from their sleeping area.</td>
</tr>
<tr>
<td>What do parents do with broken toys and do they keep the floor clear of small objects?</td>
<td>To discard all broken toys and to check floors and low places for small objects like buttons, beads, marbles, coins, pins and stones.</td>
</tr>
<tr>
<td>Do hooded jackets and similar children’s clothing have drawstrings?</td>
<td>To take hood and neck drawstrings off all children’s clothing. To teach older children to remove their bike helmets and necklaces before using playground equipment.</td>
</tr>
<tr>
<td>Are children allowed to play while eating, or do they sit down and eat?</td>
<td>To teach children to sit up while eating and not to allow children to run or play while eating.</td>
</tr>
<tr>
<td>Is the young child’s sleeping area safe?</td>
<td>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.</td>
</tr>
<tr>
<td>Is the infant placed on his/her back to sleep and on the tummy to play?</td>
<td>To put child on his/her back to sleep and his/her tummy to play.</td>
</tr>
<tr>
<td>For the crib, are the spaces between the slots too large to trap a child?</td>
<td>If the gap is too large, parents should fill it with firm material, not a soft pillow.</td>
</tr>
</tbody>
</table>
Observe Advice to parents and caregivers

<table>
<thead>
<tr>
<th>Observe</th>
<th>Advice to parents and caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do window-blinds and curtains have cords that could be within the child’s reach?</td>
<td>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. Not to use canopies, curtains or mobiles over a baby’s bed and put the baby to sleep on his/her back.</td>
</tr>
<tr>
<td>If a crib is used, is it in good working order with no missing parts?</td>
<td>Crib should be in good condition.</td>
</tr>
<tr>
<td>Are animals kept away from a child in the bedroom?</td>
<td>To keep animals, especially cats, out of the bedrooms of infants and very young children and use a net on a pram.</td>
</tr>
<tr>
<td>Do children sleep with their parents?</td>
<td>Young children should never sleep with their parents.</td>
</tr>
<tr>
<td></td>
<td>In many cultures, children sleep with parents in the same bed, but today this is a 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.</td>
</tr>
<tr>
<td>Do parents supervise the child while eating and playing?</td>
<td>To always supervise children when they are eating or playing</td>
</tr>
</tbody>
</table>

**NOTE:**
For children with special needs, these safety tips may be even more important.

**In case of an Emergency**

- Parents 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. For more information look at Handout 9, Counselling card: How to manage a choking child.

**In case of strangulation and suffocation, call your emergency services. Start checking the ABCs (airway, breathing, circulation). In the case the child is unconscious, and in the absence of breathing and heart rate, start CPR. See the pocket book of hospital care for children. [http://apps.who.int/iris/bitstream/10665/43206/1/9241546700.pdf](http://apps.who.int/iris/bitstream/10665/43206/1/9241546700.pdf)**

A Graphic guide for child CPR can be found at the following link: [http://raisingchildren.net.au/articles/pip_cpr_kids.html/context/369](http://raisingchildren.net.au/articles/pip_cpr_kids.html/context/369)

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.
INFORMATION CARD 7: HOW TO MANAGE THE CHOKING INFANT

Children under one year of age

Chart 3. How to manage a choking infant

► Lay the infant on your arm or thigh in a head-down position.
► Give five blows to the middle of the infant’s back with the heel of the hand.
► If obstruction persists, turn the infant over and give five chest thrusts with two fingers on the lower half of the sternum.

► If obstruction persists, check infant’s mouth for any obstruction that can be removed.
► If necessary, repeat sequence with back slaps.

Back slaps

Chest thrusts
Chart 3. How to manage a choking child (>1 year of age)

Administer back blows to clear airway obstruction in a choking child.

- Give five blows to the middle of the child’s back with the heel of the hand, with the child sitting, kneeling or lying.

- If the obstruction persists, go behind the child and pass your arms around the child’s body; form a fist with one hand immediately below the child’s sternum; place the other hand over the fist and pull upwards into the abdomen (see diagram); repeat this Heimlich manoeuvre five times.

- If the obstruction persists, check the child’s mouth for any obstruction that can be removed.

- If necessary, repeat this sequence with back blows.

REFERENCES


UN Convention on the Rights of the Child [http://www.unicef.org/crc/]

