



Kidsafe Home:  
A Community Action Kit for Home Safety



A Guide for Health Professionals and Community Groups



Supported By:





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Information Correct at time of printing, for regular updates & resources please check the  
Kidsafe WA website at [www.kidsafewa.com.au](http://www.kidsafewa.com.au)



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## INTRODUCTION

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Each day in Australia approximately 200 children are hospitalised and one child dies as a result of unintentional injuries<sup>1</sup>. Injuries are a major contributor to premature mortality, morbidity and disability in all age groups within Western Australia. According to the Health Department of Western Australia, in 1996 the Potential Years Life Lost (PYLL) for injury deaths are 36.5, compared to 12.6 and 10.0 for cancer and cardiovascular disease respectively<sup>2</sup>. This demonstrates the extensive impact injury has on the young and the importance of injury as one of the six national health priority areas<sup>2</sup>.

Unintentional injuries account for almost 87% of all injury deaths in Australia for children aged 0-14 years of age and 98% of all hospitalised injuries<sup>3</sup>. These injuries can be classified by either the medical description that identifies the nature and site of the injury or by an external cause that describes the circumstances of and intent behind an injury<sup>3</sup>.

In Western Australia, 42% of all deaths in children and young people are due to injury<sup>4</sup>. The home is where children, especially young children spend much of their time and is where the majority of injuries to children aged 0 to 5 occur<sup>5</sup>.

The five major causes of injuries in the Home covered by this resource are falls, burns & scalds, poisoning, drowning & dog/animal injuries.

The Community Action Kit for Home Safety has been designed by Kidsafe WA through consultation with regional public health representatives to provide health professionals, schools, playgroups, child care workers and members of community groups with the information, strategies and resources to implement local activity towards reducing the incidence and severity of home-based injuries for children within their community.

The Community Action Kit is intended to provide a reference resource to guide the planning of child safety activities within each individual community.



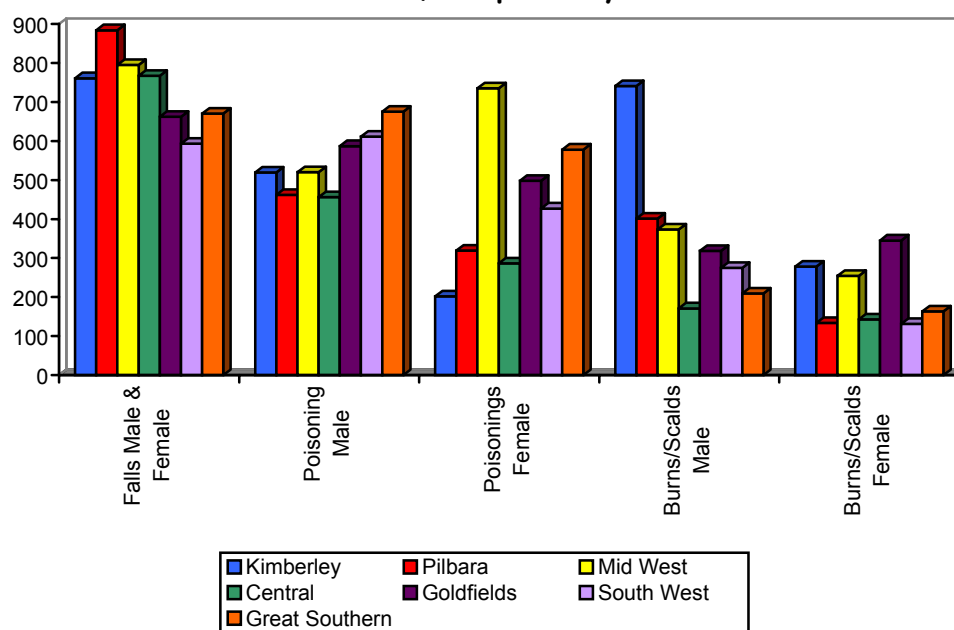
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## SUMMARY OF INJURIES TO CHILDREN IN WESTERN AUSTRALIA

	Region	Falls			Poisoning (0-4 years)		Burns & Scalds (0-4 years)	
		0-4	5-9	10-14	M	F	M	F
<b>Metropolitan Injury Hospitalisations (1995-97) rate per 100,000 persons</b>	North Metro	607	664	524	267	240	163	158
	East Metro	549	633	545	384	289	218	153
	South Metro	527	612	449	380	273	228	178
	South West Metro	492	600	477	259	188	141	134
<b>Rural Injury Hospitalisations (1995-97) rate per 100,000 persons</b>	Kimberley	761	1671	722	519	202	741	278
	Pilbara	884	972	657	462	319	401	134
	Mid West	795	1003	846	520	735	373	254
	Central	767	729	793	456	286	171	143
	Goldfields	662	891	699	587	498	318	345
	South West	593	770	743	611	427	275	131
	Great Southern	670	749	579	675	578	209	163

<sup>4</sup> Western Australian Child & Youth Health Goals & Targets: A Progress report with National Comparisons, 1999

**Rural Child Injury Hospitalisations 0-4 years by Region 1995 to 1997 per 100,000 person-years**



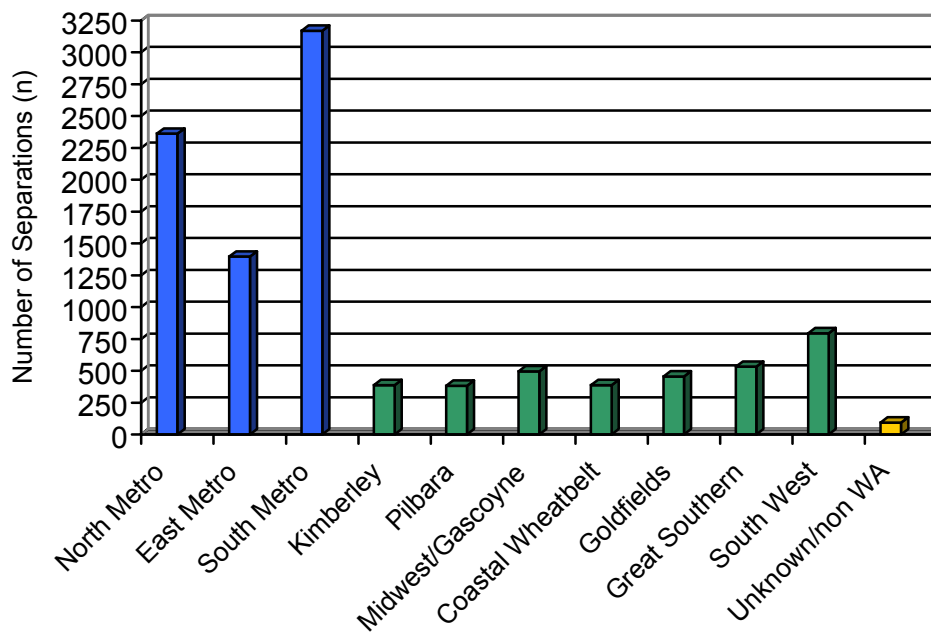
<sup>4</sup> Western Australian Child & Youth Health Goals & Targets: A Progress report with National Comparisons, 1999

## SUMMARY OF INJURIES TO CHILDREN IN WESTERN AUSTRALIA



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### WA Injury Hospital Separations in 2000/01 for persons aged <20 years



**Table 2: Child Hospital Admissions, major ranked by age (1992 - 1998): Victoria**

<1 year	1-4 years	5-9 years	10-14 years
Falls (different level)	Poisoning	Falls (different level)	Falls (same level)
Poisoning	Falls (different level)	Falls (same level)	Falls (different level)
Fire/burns/scalds	Hit/struck/crush	Hit/struck/crush	Hit/struck/crush
Choking/suffocation	Falls (same level)	Bicycle	Bicycle
Hit/struck/crush	Cutting/piercing	Cutting/piercing	Motor vehicle traffic
Intentional - inflicted by others	Fire/burns/scalds	Motor Vehicle traffic	Cutting/piercing
Falls (same level)	Foreign body in orifice		Self Inflicted

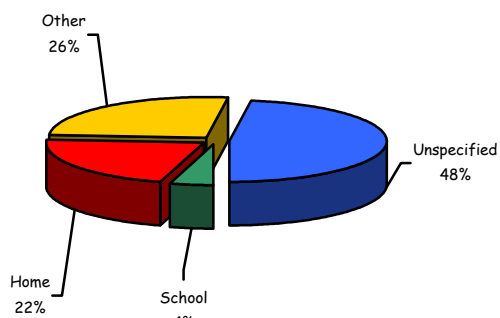
<sup>10</sup> Ozanne-Smith, Ashby, Stathakis & Chesterman, 1999, p.4

## SUMMARY OF INJURIES TO CHILDREN IN WESTERN AUSTRALIA

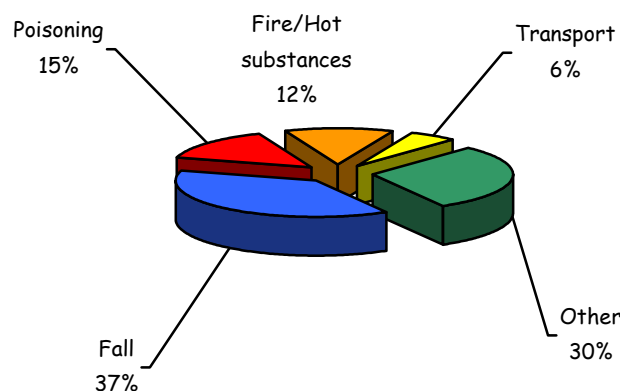
### WA Hospital separations for Injuries in the Home to Persons aged <20 years 2000/01

Cause	0-4 years	5-9 years	10-14 years	15-19 years	Total
Drowning	36	3	3	2	44
Poisoning	241	27	10	15	293
Falls	415	253	81	40	789
Fire/flame/burn	119	25	16	11	171
Other/Unspecified	319	193	135	319	966
<b>Total</b>	<b>1130</b>	<b>501</b>	<b>245</b>	<b>387</b>	<b>2263</b>

Western Australian Hospitalisation from Injury for persons <20years, 2000/01 by location



Western Australian Hospitalisation from Injury for Aboriginal Children 0-14 years, 2000/01



Cause: WA Aboriginal Hospitalisations, Home injuries 2000/01	Place of Residence		Age Group		Total Injuries
	Metro	Rural	0 to 4 years	5 to 14 years	
Fall	21	59	35	45	80
Unintentional poisoning	13	18	25	6	31
Fire, flames, hot object/substance	10	16	15	11	26
Transport related	5	7	4	8	12
Other	19	44	27	36	63
<b>Total</b>	<b>68</b>	<b>144</b>	<b>106</b>	<b>106</b>	<b>212</b>

<sup>11</sup> Western Australian Hospital Morbidity Data System, 2002



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## MAJOR TYPES OF CHILD INJURIES IN THE HOME

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Injury is the leading cause of deaths and hospitalisations in children aged 1-14 years. Each year in Australia approximately 350 children are killed and 60,000 hospitalised by unintentional injuries - the kind often referred to as 'accidents' <sup>6</sup>.

### Deaths

In Western Australia 42% of all deaths in children and young people are due to injury<sup>4</sup>. On average, 41 children each year die as a result of unintentional injuries. This equates to approximately one child death every 8 days<sup>7</sup>. From 1994 to 1999, there were 250 child injury related deaths in Western Australia<sup>8</sup>.

### Hospitalisations

In Western Australia an average of 7260<sup>7</sup> hospital separations occur to children aged 0-14 years as a result of unintentional injuries. Of these, 2262 occur in the home environment<sup>7</sup>.

During January to March 2001, 2528 children presented at Princess Margaret Hospital as a result of unintentional injury<sup>9</sup>. On average each year 10,000 children present at Princess Margaret Hospital as a result of injury. This data does not account for those who did not attend a hospital, those who were treated by first aid officials, at home or by the GP.

Each of the injuries included in this resource will have the following:

- Background Information (on each Injury)
- Current Data (ie. Aboriginal Data and a breakdown between Metropolitan & Regional Areas)



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## Falls

Admission rates for falls continue to exceed the year 2000 target for all age groups<sup>4</sup>. During the financial year 1997/98 there were 25,401 hospital separations due to falls for children aged less than 15 years in Australia<sup>12</sup>. Overall falls account for 41% of all child injury admissions and 42% of Emergency Department Presentations for children aged 0-14 years in Australia<sup>3</sup>.

In Western Australia during the financial year 2000/01 preliminary data shows there were 2,609 hospital separations resulting from falls for children aged 0-14 years<sup>13</sup>. Country rates exceeded those of metropolitan health zones for all age groups over the twelve-year period from 1986-88 to 1995-97 and Admission rates for falls in 0-4 year olds exceed the national trend<sup>4</sup>.

In the Aboriginal population of Western Australia, preliminary data has shown that 80 Aboriginal children<sup>11</sup> aged 0-14 years were hospitalised for falls during the financial year 2000/01. Of these hospital admissions, 26% occurred in the metropolitan area, while the other 74% occurred in rural areas<sup>11</sup>.

The continuing high incidence and severity of falls requiring medical treatment, associated costs and potential for health gain by their prevention, has seen child falls targeted by the Commonwealth Department of Health & Aged Care as an area of high priority and one requiring immediate attention<sup>14</sup>.

The most common location for all child fall injuries is the home. Preliminary data shows that of the 2,609 hospital separations due to injuries resulting from falls in 2000/01, 749 (29%) occurred in the home<sup>13</sup>. According the National Injury prevention plan, 49% of injuries occur in the home.

A combination of developmental, sociological and behavioural factors influence the nature of falls for each age group<sup>14</sup>. The severity of the falls is strongly related to the height of the fall and the nature of the material/surface struck<sup>15</sup>. For children aged less than 4 years fall injuries are customarily related to nursery furniture, benches and stairs; while fall injuries for children aged 5 to 14 years are linked to playgrounds, bicycles & sport<sup>14</sup>.



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### **Poisoning**

Admission rates for poisoning continue to be more than double the year 2000<sup>4</sup> Western Australian Child & Youth Health Goals & targets. Children in the 0-4 year age group are particularly vulnerable to accidental poisoning accounting for 85% of hospital admissions from this cause<sup>4</sup>. In 1996/97 3,652 children under 5 years<sup>4</sup> in Australia were hospitalised as a result of poisoning. The majority of these occurrences were due to accessing drugs, medicines & plants<sup>16, 3</sup>.

Preliminary data in WA for the financial year 2000/01 shows a total of 506 hospital separations due to poisoning for children 0-14 years. The peak age was 0-4 years, accounting for 375 (74%) of the total poisoning hospital separations among children<sup>13</sup>. The country regions still exceed the metropolitan regions for Hospital admissions rates due to poisoning<sup>4</sup>. Between 1995-97, the poisoning hospitalisation rate for the country regions was 560 per 100,000 person-years compared to 315 for metropolitan regions<sup>4</sup>. According to the Western Australian Child & Youth health goals and targets poisoning rates markedly increased in Western Australia in 1995-97 for both boys and girls and continues to exceed the national admission rates for poisoning<sup>4</sup>.

In the Aboriginal population of Western Australia, preliminary data has shown that 31 Aboriginal children aged 0-14 years were hospitalised for poisoning during the financial year 2000/01. Of these hospital admissions, 42% occurred in the metropolitan area, while the other 58% occurred in rural areas<sup>11</sup>.

Calls to the Poisons Information Centre following poisoning ingestions by children under 5 years of age reflect the availability of hazardous substances in children's environments<sup>15</sup>. Two thirds (66%) of poisoning calls to the Poisons Information Centre involved a child (<18 years); Of the total calls, 48% were for children aged between 1-4 years, with the majority of calls in this age group concerning 2 year olds<sup>16</sup>.

Most child poisonings occur in the child's own home, in living and sleeping areas. Of the 506 hospital separations due to poisoning in 2000/01, 299 (59%) occurred in the home environment<sup>13</sup>. The kitchen, bathroom, laundry, shed and garage can also be dangerous locations.



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### **Burns & Scalds**

The Western Australian rate of hospital admissions due to burns and scalds for children 0-4 years continues to exceed the year 2000 Child Health Goals and Targets of 76 per 100,000 persons<sup>4</sup>. Additionally, the Western Australian admission rate for burns and scalds in the 0-4 age group is markedly higher than the national average, being about twice the corresponding national rate<sup>4</sup>.

Hot food and beverages are the most frequent cause of scalds and are rarely life threatening<sup>17</sup>. Hot tap water scalds are however, life threatening<sup>17</sup>. They are more severe because body immersion scalds cover a larger body surface area, burns are deeper and frequently require skin grafting<sup>17</sup>. A baby or toddler's skin burns more deeply and quickly, and at lower temperatures, than adults' thicker skin. Scalds cause pain, require long-term treatments and result in lifelong scarring<sup>17</sup>.

In the six financial years from 1995/96 to 2000/01, 803 children aged 0-4 years were hospitalised in WA as a result of a scald<sup>17</sup>. Seventeen percent of these were Indigenous children. Of the 630 scald related hospitalisations where the place of injury was specified, more than 95% took place in the home. For the financial year 2000/01, 2.5 times the number of scalds were from hot food and hot drinks (n=48) than from hot tap water (n=19)<sup>17</sup>.

Over the last twelve years, country admission rates for both girls and boys have remained higher than the metropolitan admission rates<sup>4</sup>. For the period July 1995 - June 2000, the Kimberley, Goldfields and Pilbara regions demonstrated the highest regional rates in WA for scald hospitalisations among 0-4 year olds respectively. In the Perth metropolitan area, South East Metro has the highest rate<sup>17</sup>.

According to data collected in the Princess Margaret Hospital Emergency Department in 2000, the area where the majority of scalds occurred was the home kitchen (64%)<sup>17</sup>. The living/dining room area also accounted for 20% of scalds, mainly from hot drinks, tea, coffee, soups and noodles, while 6% occurred in the bathroom<sup>17</sup>. Scalds most frequently occurred while children were playing (30%) or being nursed and/or cared for (25%). The peak injury times for scalds were food preparation times<sup>17</sup>.



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### **Dog Attacks**

In 2000, there were 102 presentations at Princess Margaret Hospital Emergency Department resulting from Dog Attacks<sup>18</sup>. In total there were 175 animal related injury presentations to PMH<sup>18</sup>. Victoria recorded 3,707 Emergency Department presentations for dog bites among patients of all ages from 1996 to 1998, with an annual average of 299 all age's dog bite hospitalisations<sup>10</sup>.

A study conducted by 5<sup>th</sup> year medical students at the University of Western Australia<sup>19</sup> found that of the presentations to Princess Margaret Hospital in 1998-99, more than 75% of those related to Dog attacks occurred in a private setting, and involved children between ages 1-6 years<sup>19</sup>.

In Australia, the National Injury Surveillance Unit (NISU) recorded a total of 1,405 hospitalisations due to dog bites in the financial year 1995-96<sup>20</sup>.

Every year children are bitten by dogs - usually their own or one belonging to a friend or neighbour. More often than not, these bites occur on the face, head and neck because of the child's height in relation to the dog and the type of play the child engages in. A lot can be done to minimise the risk of dog bites in the home<sup>35</sup>.



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### **Drowning**

Death rates from drowning have increased by 43% for boys and 75% for girls, as rates continue to exceed the 2000 target<sup>4</sup>. Death rates in Western Australia from drowning exceed national death rates, with a dramatic increase in the state death rate for 1995-97<sup>4</sup>. Country death rates exceed Metropolitan death rates, the most significant difference being for girls during 1995-97 where 16 per 100,000 person-years drowned in the country regions compared to 3 per 100,000 person-years in the metropolitan area<sup>4</sup>.

In Western Australia, drowning accounted for 60 (24%) of injury deaths among children aged 0-14 years between 1994 and 1999<sup>8</sup>. Drowning is the most common cause of accidental death in West Australian children aged between 0-14 years. An international comparison indicates that Australia has the second worst record of toddler drowning in the world<sup>21</sup>. From 1988 - 2000, a total of 50 children drowned in private swimming pools in Western Australia<sup>36</sup>. Preliminary data for the financial year 2000/01 shows drowning/immersion accounted for 44 WA hospital separations<sup>13</sup>.

Natural bodies of fresh water such as ponds, lakes, dams, creeks, rivers and ditches are the location of drowning for children in rural areas. This is also the location where many Aboriginal children drown<sup>21</sup>. The location of drowning varies with the age of the child. Swimming pools accounted for 44% of drowning deaths and 63% of near drownings in 0-4 year olds in Australia<sup>3</sup>. Toddlers are particularly vulnerable to domestic swimming pool drowning, however as children get older and gain more independence, public waterways and beaches become the most common drowning location<sup>3</sup>.

With the large number of domestic pools in both metropolitan and regional Western Australia home pools figure prominently in drownings of young children. From 1988 to 2000, the overall drowning rate in private swimming pools for Western Australia is 4.4 per 100,000 children per year<sup>36</sup>. The pool hazard should be completely isolated by child resistant fencing. This is extremely effective in preventing drowning of young children when used correctly<sup>15</sup>. For this reason it is imperative that all pool owners (including domestic) be trained in CPR<sup>15</sup>.



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## BACKGROUND INFORMATION

### Child Development

Research has identified specific developmental features that can increase a child's risk of injury in the home<sup>15</sup>. Young children between 0-4 years are particularly susceptible to injury because of their lack of experience, strength and physical skill. A child's small body size means that a hot cup of coffee/tea, once spilled, may cover the entire body resulting in 3<sup>rd</sup> degree burns or that several swallowed Panadol tablets represents a nearly fatal dose<sup>15,17</sup>.

In an environment designed for adults, a young child has a poor understanding of the risk of danger, a natural uneducated curiosity, a restricted ability to handle more than one stimulus at a time, inability to make an informed choice and are powerless to delay indulgence<sup>22</sup>. Young children also have a unique sense of taste that allows them not only to initially try, but continue ingesting substances that older children and adults find unacceptably bitter or sour<sup>15</sup>.

A child's developmental stage is the key to identifying which types of injuries are of greatest risk to him/her. This was analysed further in a Canadian study that investigated the conditions of childhood injuries in the home and found that the frequency and type of home injuries were directly related to the child's stage of development<sup>23</sup>. Preschool children tended to get hurt when they fell during running and jumping. School children experienced more injuries while playing with objects, as indicated by their being struck, cut or pierced<sup>15</sup>.

As indicated above, the location and type of injuries that typically occur among children vary, depending on the child's stage of development. Following is a description of the different injury risks for each of the age groups listed below.

- Infants (Birth to 6 months)
- Infants (7 months to 1 year)
- Toddlers (1-2 years)
- Toddlers (2-3 years)
- Preschoolers (3 to 5 years)
- Primary School Children (6 to 12 years)
- Adolescents (13 to 15 years)



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**Infants (up to 1 year of age)**

Serious in-home injuries including falls from heights such as a change table, cot or bench top are common because the caregiver often places the infant at a convenient height with no barrier or restraint<sup>15</sup>. Suffocation or choking is common as children become increasingly mobile; airways are small and easily blocked (objects that fit into a 35mm film canister are not suitable for this age group). Burns from water, drinks or food, and drowning in bathtubs through lack of the motor skills for keeping their heads above water or for getting out of water (Infants only need 5cm of water to drown - just enough to cover mouth & nose)<sup>15</sup>.

Programs to reduce injury in this age group are usually targeted at parents & caregivers.

Child's Age	Developmental Activities	Hazards, Risks	Prevention Tips/Strategies
<b>Infant</b> (Birth to 6 months) <sup>24, 25</sup>	<ul style="list-style-type: none"> <li>• Swimming reflex</li> <li>• Restricted mobility</li> <li>• Rolling over</li> <li>• Attempts to sit up</li> <li>• Sucking and mouthing objects</li> <li>• Motor excitement</li> <li>• Reaching for objects</li> </ul>	<p>Drowning, water, stress</p> <p>Fire, smoke dangers; Scalding</p> <p>Falls, rolling off table</p> <p>Flipping out of infant seat (3 months)</p> <p>Ingestion, aspiration, strangulation from strings on dummies, bibs etc.</p> <p>Slipping in bath,</p> <p>Burns, cuts</p>	<p>Baby swim classes, always keep one hand on your baby while it is in the bath, use a baby bath/sink. Never leave a baby unattended near water</p> <p>Place smoke alarm near infant's room; lower temperature of hot water system to 50°C; never hold a child when consuming hot beverages</p> <p>Use appropriate bathing facilities, restraints, safe changing area/floor, padded floor</p> <p>Keep child restrained in infant seat, always use harnesses with prams, etc.</p> <p>Keep toys clean, avoid letting child mouth keys</p> <p>Always keep at least one hand on a child when in a bath</p> <p>Keep dangerous items out of reach or locked away</p>



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Child's Age	Developmental Activities	Hazards, Risks	Prevention Tips/Strategies
<b>Infant</b> (7 to 12 months) <sup>24, 25</sup>	<ul style="list-style-type: none"> <li>• Crawling, pulling to stand, cruising</li> <li>• Increased curiosity</li> <li>• Pincer grasp</li> <li>• Putting everything in mouth</li> <li>• Going after hidden objects</li> <li>• Pulling objects down</li> </ul>	<p>Burns; falls down stairs, into bath, onto sharp edges</p> <p>Ingestions (medicines, plants chemicals, household cleaners)</p> <p>Aspiration of small objects, eg marbles and toy parts, pills, seeds, plants</p> <p>Biting electric cord</p> <p>Aspiration, strangulation (cords)</p> <p>Hot liquid burns, objects on tables</p>	<p>Block stairs; discourage baby walkers; cover sharp table corners</p> <p>Lock medicines, cleaning products &amp; poisons up &amp; away; remove poisonous plants; know Poisons Information Centre Number 13 11 26</p> <p>Keep older child's toys and other small objects out of reach</p> <p>Keep cords out of reach</p> <p>Look under tables, chairs beds for dangers; replace looped curtain cords with single rods or strands, alternatively wind up excess cord</p> <p>Put heavy &amp; hot objects out of reach, don't use table cloths</p>

### Toddlers (1 to 2 years)

Toddlers have locomotor capabilities but limited communication skills. They often suffer injuries in the home due to their behaviour - increased curiosity, activeness and interest in exploring their surroundings<sup>15</sup>. Toddlers have the most risk for unintentional and repetitive poisoning. At this age, the child's mobility increases, curiosity exceeds ability to assess risks, an ability to reach, climb and manipulate, gives them access to a wide range of objects on which to choke or become entrapped<sup>15</sup>.

Programs to reduce injuries among toddlers are targeted at caregivers & parents as injuries usually result from a lack of judgement, inadequate supervision or lack of knowledge on the adults' behalf. Product standards & safety<sup>15</sup> regulations provide a guide to ensure a child's environment is also safe.



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Child's Age	Developmental Activities	Hazards, Risks	Prevention Tips
<u>Toddler</u> (1 to 2 years) <sup>24, 25</sup>	<ul style="list-style-type: none"> <li>• Walking, running</li> <li>• Loves to be chased (18-24 months)</li> <li>• Climbing (tables, desks, benches)</li> <li>• Going after hidden objects</li> <li>• Increased independence and curiosity</li> </ul>	<p>Traffic accidents</p> <p>Running away, into streets</p> <p>Ingestions, falls, burns</p> <p>Ingestions, electrocution</p> <p>Ingestions, burns, drowning</p>	<p>Restrict child access to the street</p> <p>Block doors, walkways, entry into kitchen; use automatic gate locks; provide a secure play area at home</p> <p>How are medications stored? "Locked up and Away" out of reach; put chairs away from tables</p> <p>Don't keep medications in purse; cover power outlets</p> <p>Restrict access to pool</p>
<u>Toddler</u> (2 to 3 years) <sup>24, 25</sup>	<ul style="list-style-type: none"> <li>• Expanding world (backyard, garage, friend's house)</li> <li>• Imitating behaviour</li> <li>• "Swim" classes</li> <li>• Introduction to adult foods</li> <li>• Resisting constraints (eg. Car seats)</li> <li>• False maturity leading towards less parental supervision</li> </ul>	<p>Ingestions</p> <p>Climbs, follows older children, ingest pills</p> <p>Drowning, drinking pool water</p> <p>Aspiration</p> <p>Car accidents</p> <p>All accidents</p>	<p>Is there access to garage, backyard, ensure play equipment is safe</p> <p>Keep medications locked up and out of reach; be a positive role model</p> <p>Be sure of full parent participation; do not expect child to be drown proof; always supervise your child</p> <p>Avoid access to nuts, popcorn &amp; chewing gum</p> <p>Possess, install correctly and use car seat</p> <p>Keep under constant observation; be good role model</p>



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**Preschoolers (3 to 5 years)**

While falls from windows, off high furniture or down stairs still occur, preschoolers are more likely to experience falls outside the home, such as from playground equipment<sup>15</sup>. Since fantasy is critical to preschoolers' development, choking and suffocation typically occur in new settings - the abandoned refrigerator becomes a ship; the blanket box becomes a playhouse. Children this age are at risk with appliances they wish to master but are too young to manage safely<sup>15</sup> - for example stoves, or curling irons. Preschoolers are also attracted to matches and lighters<sup>23</sup>.

Programs to reduce injury among this age group can be targeted at either the caregiver, children directly, or through child care centres & preschools.

<b>Child's Age</b>	<b>Developmental Activities</b>	<b>Hazards, Risks</b>	<b>Prevention Tips/Strategies</b>
Preschooler (3 to 5 years) <sup>24, 25</sup>	<ul style="list-style-type: none"> <li>Improved motor development: reaching high 'safe' places</li> <li>Bikes with training wheels, big wheels</li> <li>Expanded world (playgroups, kindy, neighbourhood)</li> <li>Continued drive to discover world</li> <li>Role playing, superhero imitations</li> <li>Resisting constraints (eg. Car seats)</li> </ul>	<p>Ingestions, burns, falls</p> <p>Spoke injuries, traffic accidents</p> <p>Car accidents, falls</p> <p>Burns (matches/lighters)</p> <p>Burns, ingestions, falls</p> <p>Car accidents</p>	<p>Supervise play</p> <p>Provide safe places to play</p> <p>Teach traffic safety</p> <p>Discuss fire safety</p> <p>Keep play areas safe; regularly supervise; discuss role models</p> <p>Possess, install correctly and use car seat</p>



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**Primary School Children (6 to 12 years)**

By school age, many children can swim well enough to keep their heads above water for a short time, but should still not be left unsupervised. Since older children spend more time out of the home, fall injuries usually occur outside during play. A child's curiosity and eagerness to do "grown-up" things such as using lighters or matches can lead to burns, household fires<sup>23</sup>. Although older children are less likely to choke or aspirate, they are still at significant risk for suffocation, such as buried in tunnels/forts they have constructed or may suffocate in grain bins on the farm<sup>15</sup>.

Programs to reduce injuries for school-aged children target either the caregivers or the children directly. Schools usually deliver the child-directed programs<sup>15</sup>.

<b>Child's Age</b>	<b>Developmental Activities</b>	<b>Hazards, Risks</b>	<b>Prevention Tips/Strategies</b>
<u>Primary School</u> (6 to 12 years) <sup>24, 25</sup>	<ul style="list-style-type: none"> <li>• Independence, spending time away from home</li> <li>• Organised sports</li> <li>• Unsupervised activities</li> </ul>	Bike, skateboard, road accidents; drowning  Sports  Burns	Child should wear helmet, wrist, elbow & knee pads; use skateboards etc off street & hills; swim in groups under supervision; take swimming lessons Use safety equipment, mouthguards; don't specialise in one activity until over 10 years Talk & communicate with child



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**Adolescents (13 to 15 years)**

The majority of injury risks to young adolescents are outside the home environment with a few exceptions<sup>15</sup>. The home responsibilities and first job opportunities for many adolescents may involve food preparation, which carries a high risk for burns. By early adolescence, the risk of intentional or unintentional self-poisoning from drugs and alcohol increases as children assume more adult-like attitudes and behaviours<sup>15</sup>.

Once again prevention programs targeting unintentional injuries for early adolescents are targeted directly at the students<sup>15</sup>.

<b>Child's Age</b>	<b>Developmental Activities</b>	<b>Hazards, Risks</b>	<b>Prevention Tips/Strategies</b>
<u>Adolescents</u> (13 to 15 years) <sup>24, 25</sup>	<ul style="list-style-type: none"> <li>Increased risk taking behaviour</li> </ul>	Road accidents, drug & alcohol exploration	All parties should be supervised; apply reasonable restrictions & curfews; communication



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### **Parent's Knowledge, Attitudes & Beliefs**

Parents are more likely to comply with recommended safety practices if they perceive their child to be susceptible to specific injuries however they need to believe that injuries are both preventable and a serious concern to take the steps toward prevention<sup>30</sup>. The following information is the result of research from Canadian and American studies as similar research as not yet been conducted in Australia. Research has been conducted in Australia on specific projects such as the "Hot water burns like fire" campaign where research identified that parents, carers, and the wider population believe that a child is most likely to be scalded from hot tap water, despite data showing children were more likely to be scalded from hot food or hot drinks.

Canadian research shows that parents view injuries largely as a natural consequence of childhood and they believe children learn about risk prevention from injury experiences<sup>26</sup>. Parents do not believe that they should be primarily responsible for preventing injuries to children, with the majority of parents identifying that they thought most injuries to children were not preventable<sup>26</sup>. Injury prevention programs that target parents need to focus on increasing awareness of the scope of the problem and altering attitudes and beliefs related to prevention<sup>26</sup>.

Further research suggested that more than half the parents surveyed believed that injuries were more preventable than other health disorders<sup>27</sup> such as cancer or asthma. Despite this, most parents had limited understanding of the major cause of injury and were not specifically concerned about the risk of injury to their children<sup>27</sup>.

#### Parents attitudes towards the Preventability of Childhood Injuries<sup>28</sup>:

- Constant supervision was not realistic even though this contributes to reducing injuries - they believe children were always going to be at some risk of injury
- Individual child characteristic influenced the likelihood of injury regardless of what a parent did in relation to child proofing & supervision
- Children's risk-taking and getting hurt were naturally occurring aspects of play



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Knowledge of Safety Issues Relevant to Childhood Injuries<sup>28</sup>:

- The degree of risk was related to the developmental level of the child, personality & gender
- They recognised the importance of specific safety issues such as using child restraints; supervising children when crossing the street; & supervising toddlers around roads as they may run into the street.

Beliefs About Influences on Children's Risk-Taking & Cautiousness Behaviours<sup>28</sup>:

- Children naturally have a lot of energy and are very active during play
- Children don't think about danger during play
- Children imitate risk-taking behaviour of others including adults
- Specific child characteristics.

Parents of lower socio-economic status were particularly likely to underestimate their children's risks for injury, and less likely to mention taking precautions to prevent injuries<sup>29</sup>.

Native Canadian parents were less certain of the control they could exercise over preventing childhood injuries, in comparison to the attitudes expressed by mainstream groups<sup>28</sup>.

A Parents' need for safety information is not consistent with their understanding of injury facts. For example, although falls are the leading cause of child hospitalisations in the home, less than one-third of parents felt they needed more information on preventing falls<sup>28</sup>.

All of these parental misconceptions must be addressed to facilitate and encourage parents' beliefs about injury prevention and to eventually change their behaviour and put knowledge into practice on a daily basis<sup>30</sup>.

**Socio-economic Status**

International evidence demonstrates that injury is not the same for all people and that lower socio-economic status is associated with an increased risk of injury<sup>31</sup>. It appears that beliefs about the preventability of injuries are related to socio-economic status<sup>31</sup>. Low Socio-Economic status is directly associated with the belief that injuries are unavoidable<sup>31</sup>.



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Overall, the Aboriginal and Torres Strait Islander peoples' rate of injury-related hospitalisations in Australia (excluding the Northern Territory) is three times higher than that of non-Aboriginals<sup>32</sup>. It is also believed that the less educated the mother is, the greater the risk for injuries to her children<sup>30</sup>.

Current strategies suggested by the research identifies that there should be an enhanced design for safety in public housing as well as safer packaging of poisons with attention to a wider use of child resistant packaging, and reduced availability of commonly accessed poisons<sup>31</sup>.

As a result, public campaigns to reduce injuries first need to consider the socio-economic status level at which they are aimed, and subsequently seek to modify belief states about injury prevention, as well as the risk behaviours<sup>31</sup>.

In order to reduce the health inequalities when promoting health and preventing injury to children, we can look at many different avenues<sup>31</sup>. Childhood is a particularly crucial time because of the influence of early life on subsequent mental and physical health and development. Interventions arguably have the best chance of reducing future inequalities in health when they relate to present and future parents, especially mothers and children<sup>31</sup>.

A challenge for health professionals and the community is to identify critical periods of increased risk for low socio-economic groups and design interventions that increase the likelihood these groups will negotiate these transitions injury free<sup>31</sup>.

An example of how we can reduce the burden of injury and health inequalities is through an early intervention program such as parent education workshops and home visitation for mothers at risk. In the past these have demonstrated short-term positive outcomes including a 40% decreased infant admission to hospital for injuries and ingestion, and long-term outcomes such as reduced rates of detention and arrest<sup>31</sup>.



## ROLE OF THE COMMUNITY

The role of the community is important in providing a comprehensive approach to injury prevention. The following section presents an overview of the various strategies you could use when planning your community intervention, providing examples from programs already running in Australia.

Community-based programs should be the primary focus of future injury control efforts due to their cost-effectiveness, relatively high success rates and the increased likelihood of changing both attitudes and behaviours. The most successful programs are those that are narrow in focus and target a key behaviour for change across several levels; provide opportunities for modelling, rehearsal, and feedback; and include an environmental component. Successful community-based interventions communicate information through many sources simultaneously, making it difficult for individuals not to become informed and involved in the issue. (Morrongiello, BA 1997)

### Community Action Model



(Adapted from: [www.communitypartnerships.health.gov.au](http://www.communitypartnerships.health.gov.au))

This model consists of four processes - look, think, act, and reflect,<sup>35</sup> and is a useful tool for planning specific community activities.

**Look:** "What is happening?" Looking involves collecting information and talking to people to find out what is happening in your community.

**Think:** "How do we understand what is happening?" Thinking promotes the development of shared understanding about what is happening in your community, why it is happening, and what should be done about it.

**Act:** "What can we do?" The action you take depends on how you see and understand a problem. Action keeps a project moving forward.

**Reflect:** "What have we learnt?" What could be done differently? Is it essential to reflect at every stage of project development?



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### **Community Interventions**

A community wide intervention to reduce home injuries among children will be most effective if it:

- Evolves from within the community, is motivated by local statistics, and finds solutions from local resources
- Involves one-to-one and/or culturally specific communication
- Provide home inspections (for example, education and in-home counselling about specific hazards and how to eliminate those hazards) - Alternatively, target new mums' groups, playgroups etc. to hand out a self guided check-list to use at home and then to bring back for discussion with group on safety measures that can be taken.
- Offers free/discounted/easy access to safety devices, eg. Telephone order & delivery, devices installed during visit
- Includes follow-up contacts to reinforce safety practices
- Has media coverage to increase awareness and promote compliance

A lot of these ideas can utilise recruited local residents who can volunteer once trained by professionals to conduct home visits (in pairs for safety) to do in-home assessments in your local community. These assessments may include: home inspection, simple modifications, repairs, suitable safety devices, and education about safe behaviour. In Aboriginal communities you could utilise Aboriginal leaders or representatives.

### **Safety Devices**

For parents to use home safety devices they must be of reasonable cost, easy to use and easy to install. Encourage their use in conjunction with changes in behaviour.

### **Education**

Education, when used alone can increase knowledge but rarely changes behaviour. In order for education to be successful you need to combine it with other active/passive interventions or reduce it to a single focus. For example: using smoke detectors.

Success increases if:

- You target a specific group for a specific injury type. Eg. Fathers regarding the safe storage of poisonous products in the shed.
- You aim at only one particular behaviour. Eg. Always leave poisonous substances in the container they are purchased in. Never place substances into drink bottles, etc.



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- The information is delivered in a personal, one-to-one context by an authority figure
- You incorporate individual prompts. Eg. Take all your expired or unused medications to your local pharmacy.

Example of a new education strategy:

*Kidsafe Seasonal Home Safety Promotion*

Aim

To provide a home safety plan that provides a guide for planning activities and distributing resources throughout Western Australia.

To reduce the number of childhood injuries occurring among children aged 0-14 years within Western Australia.

Strategies

1. A planned distribution of information four times a year to Western Australian health professionals and community groups aiming to encourage the promotion of specific child injury prevention activities in line with the seasons
2. Utilisation of community newspapers as an information dissemination source to highlight prevention information in line with a seasonal topic
3. Creation of links within the regions and provision of an avenue for links with other injury prevention agencies to distribute safety messages
4. Establishment of a network for distributing information to the community regarding the safety of children aged 0-14 years

Implementation

A new focus will be developed on a needs basis in line with the changes to national and state injury prevention priority areas. Information will then be provided prior to the commencement of each season - One month earlier to enable planning as per the following schedule.

Summer Promotion - December to February (Resources provided in November)

Autumn Promotion - March to May (Resources provided in February)

Winter Promotion - June to August (Resources provided in May)

Spring Promotion - September to November (Resources provided in August)



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## PROMOTION

Your local media can often be helpful in promoting the issue of home safety in your community. Many community newspapers welcome contributions that their readers might find of interest.

You need to grab the media's attention. A media release is the "sales pitch" that you can use to sell your idea.

It is important to have a well written and well presented media release to succeed in selling and promoting a message. Following is a basic structure that you can follow:

### **MEDIA RELEASE STRUCTURE<sup>34</sup>**

PARAGRAPH	CONTENT	WORD LIMIT
1. Title	Catchy title to grab attention	5 max
2. Opening Paragraph	Who, what, where, when, why and how. <u>No</u> opinions, no speculation and no conclusions	1 short sentence
3. Background	One or two sentences that briefly adds to the background of the situations. These sentences usually set up for a quote	40 or less
4. Quote	Quote from most important spokesperson	40 or less
5. Details	Key benefits or concerns	40 or less
6. Support	Supporting organisations, the more the better (3)	30 or less
7. Supporting Quote	Quote from most important supporter	40 or less
8. Ends	- ends -	1 word
9. Contacts	For further information. . .	25 or less

**ENCOURAGE YOUR COMMUNITY NEWSPAPER  
TO RUN A SERIES OF ARTICLES ON HOME SAFETY**



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***Sample of Media Release for Scalds Campaign Launch September 17<sup>th</sup> 2001***

## **In one second a child can be scarred for life**

The Hon Tom Stephens MLC Minister for Housing will officially launch the Kidsafe ***Hot Water Burns Like Fire*** Campaign, Monday 17<sup>th</sup> September 9.00am at Princess Margaret Hospital Megazone, level 7. The campaign aims to reduce the incidence of scalds to young Western Australian children aged 0-4 years.

The Western Australian hospitalisation rate for scalds is higher than the national average.

Each week three children are treated by Princess Margaret Hospital for scalds or more than 160 children each year. Country admissions rates higher than metropolitan admissions.

Children under three years are most at risk of scalds. About 80% of scald injuries to young children occur in the home. Scalds most commonly affect the upper body.

It takes just one second at 60<sup>0</sup>c to cause third degree burn and scar a child for life.

These are the startling statistics revealed today at the launch of Kidsafe ***Hot Water Burns Like Fire*** campaign funded by Healthway.

Housing Minister Tom Stephens said “Most scalds occur in the kitchen or living- dining rooms. Children were either playing or being nursed on an adults lap at the time of the injury”

Dr Ian Gollow, Paediatric Burns Surgeon and Kidsafe spokesman said, “ we underestimate how hot food and drinks are. Tea and coffee are often served at temperatures of 70<sup>0</sup>c-80<sup>0</sup>c; micro waved food can be boiling without bubbling. These everyday items of hot drinks like tea and coffee and hot food like soup and two-minute noodles are scarring children for life”.

Dr Gollow recommends “the best treatment for scalds is prevention”

*Susan whose daughter was scalded by a hot cup of tea in 1999 said, “Serious scalds can happen in the blink of an eyelid”*

***ENDS***

***Media opportunities***

Burns patient on ward.

Hon Tom Stephens MLC Minister for Housing

Susan with daughter scalded by a cup of tea.

Dr Ian Gollow, Paediatric Burns Surgeon, Kidsafe WA. Phone Number XXXXXXXXX

Dr Philip King Paediatrician, Kidsafe WA Chairperson

Sue Wicks Executive Officer Kidsafe WA mobile XXXXXXXXXX



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### **Increasing the reach of your promotion**

If you are planning an event within your community, try to co-ordinate the timing of publication of these articles<sup>30</sup>. You can either use the article to complement your advertisements prior to your event or to emphasize the important safety information after your event.

To add interest to your promotion, identify someone within your community who has experienced the effects of injuries in the home. For example, a child who was scalded by hot coffee while being nursed by a parent; a child who had fallen from a change table or chair. Their story will highlight the consequences of injury and create the feeling that this can happen to anyone including me.

You can also increase the reach of your promotion by utilising a local/regional radio station, local newsletters published by schools, churches, clubs, child care centres, playgroups, local businesses, chemists and general practitioners.

Display posters and brochures regarding safety in the home around child health centres, childcare centres, local community centres, playgroups, toy libraries, local libraries, doctors' surgeries, shopping centres and chemists. To reduce cost, conduct the displays during particular promotional weeks, or shopping centre events.

Run a local competition where local businesses or retailers can support by donating safety prizes such as cabinet locks, poisons cabinet, a cordless kettle, installation of a tempering valve or commuter style mugs.

Messages need to be culturally specific. Encourage Aboriginal health workers, schools, and communities to undertake a promotion that is culturally appropriate and relevant to their community.

### **Evaluation**

It important to evaluate the programs you are conducting to see what works and to see where you still need to reach. This can include the number of resources you have distributed, a brief summary of initiatives, local media coverage, the number of people attending workshops/seminars, safety products sold by the community retailers. For example: The number of Tempering valves installed by the local plumber.



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## CONTACT INFORMATION

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### Contacts Details

#### **Kidsafe WA**

GPO Box D184  
Perth WA 6001  
Cnr Thomas Street & Roberts Road  
Subiaco WA 6008  
Phone (08) 9340 8509  
Fax (08) 9340 8041

### Resources/Programs

- Fact Sheets
- Brochures (Hot Water Burns Like fire, Keeping Baby Safe - A guide to Nursery Furniture; Keeping Baby Safe a Guide to Toys; Congratulations on your new baby; Kidsafe Homes booklet (\$3.30); - See Kidsafe Resource List at end of Resource)
- Home Safety Checklist
- Display Kits
- Safety Demonstration House
- Safety Product Display Kit
- Telephone Order Service for Safety Products & Brochures
- Seasonal Safety Promotional Plan

### Rural Regional Public Health Units

#### **Kimberley PHU**

PO Box 525  
Broome WA 6725  
PH (08) 9192 9377 (Broome)  
PH (08) 9191 1144 (Derby)

#### **Kimberley PHU (Halls Creek)**

PMB 12  
Halls Creek WA 6770  
PH (08) 91686580

#### **Pilbara PHU**

PO Box 2542  
South Hedland WA 6722  
PH (08) 9140 2377

#### **Gascoyne PHU**

PO Box 733  
Carnarvon WA 6701  
PH (08) 9941 0560

#### **Mid West PHU**

PO Box 68  
Geraldton WA 6531  
PH (08) 9964 4299  
\* Resources

#### **Goldfields PHU**

PMB 3  
Kalgoorlie WA 6430  
PH (08) 9021 2622  
\* Home Safety Parties  
\* Safety Demonstration House (Plan)

#### **Great Southern PHU**

PO Box 5147  
Albany WA 6332  
PH (08) 9892 2476  
\* Safety Demonstration House

#### **Central Great Southern PHU**

PO Box 181  
Katanning WA 6317  
PH (08) 9821 2815

#### **Upper Great Southern PHU**

PO Box 477  
Narrogin WA 6312  
PH (08) 9881 0385



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**Coastal Wheatbelt PHU**

PO Box 170  
Northam WA 6401  
PH (08) 9622 0127  
\* Home Safety Parties

**South West Population Health Unit**

8<sup>th</sup> Floor Bunbury Tower  
61 Victoria Street  
Bunbury WA 6230  
PH (08) 9792 2500  
\* Safety Demonstration House

Metropolitan Regional Public Health  
Units

**North Metro PHU**

PO Box 590  
Joondalup WA 6919  
(08) 9400 9663  
\* Home Safety Parties

**South Metro PHU (pending)**

Armadale Health Service  
(08) 9391 2000

**Eastern Perth Public & Community  
Health Unit**

GPO Box S1296  
Perth WA 6845  
PH (08) 9224 1625

Useful Website

**Kidsafe WA:** [www.kidsafewa.com.au](http://www.kidsafewa.com.au) (From December 2002)

**Department of Health (WA):** [www.health.wa.gov.au](http://www.health.wa.gov.au)

**Safe Kids Canada:** [www.safekidscanada.ca](http://www.safekidscanada.ca)

**Injury Control Council of WA:** [www.iccwa.org.au](http://www.iccwa.org.au)

**Royal Life Saving Society of WA:** [www.rlssa.org.au](http://www.rlssa.org.au)



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## RESOURCE (APPENDICIES)

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**Sample of Fact Sheets** (Current Fact Sheets can be downloaded from the Kidsafe WA website at [www.kidsafewa.com.au](http://www.kidsafewa.com.au) or alternatively contact Kidsafe WA.)

### **Home Safety Checklist**

The Home Safety Checklist can be downloaded from the Kidsafe WA website at [www.kidsafewa.com.au](http://www.kidsafewa.com.au) or alternatively contact Kidsafe WA.

### **Tips for Parents**

The following lists can provide a guide to the types of messages that can be provided to parents through media grabs, distributed through child health centres, given to your local newspaper and used on displays<sup>33</sup>.

#### ***Drowning***

- Install child resistant isolation fencing around pools
- Secure wire netting over fish ponds, aquariums or bird baths
- Never leave your child alone in the bath
- Always watch your child when near water
- At the beach, teach children to swim between the flags
- Warn children of the dangers of swimming in dams and rivers
- Teach your child to swim.
- Always empty out buckets, baths and paddle pools when not in use

#### ***Falls***

- Never leave a baby unsupervised on a change table
- Put bouncinettes on the floor, not on a table or high surface
- Don't use babywalkers
- Always use the safety harness on prams, strollers and high chairs
- Don't allow a child to walk or run whilst carrying sharp objects such as scissors
- Pad the edges of coffee tables
- Limit access to stairs; use gates or safety barriers at the top and bottom
- Put non-skid rubber mats in the bath and shower
- Make sure a child can't access and fall out of any windows
- Put a 20cm to 30cm layer of soft sand or rubber under surfacing underneath outdoor play equipment.



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### **Fire**

- Use guards at least 70cm high around all heaters, open fires, radiators and pot belly stoves
- Keep matches and cigarette lighters out of reach
- Keep a fire extinguisher in the kitchen
- Buy non-flammable children's clothing by checking for labels such as 'low fire danger' or 'styled to reduce fire danger'
- Warn children about the hazards of fire
- Work out a fire evacuation plan and make sure your child understands what to do
- Teach your child to roll on the floor if their clothing ever catches on fire and to crawl low in smoke



### **Poisoning**

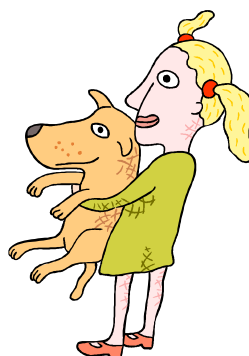
- Keep medicines out of reach and locked away
- Whenever possible, choose medicines with child resistant caps
- Put detergents, bleaches, cleaners, paints, insecticides and other household chemicals in a cupboard with a child resistant lock
- Never transfer chemicals or medicines into other containers (eg. Empty jars or drink bottles)
- Check with nurseries or the Poisons Information Centre because some garden plants are poisonous when eaten
- Tell your children never to pick up or touch any insects they find in the garden (such as bees, wasps or spiders)
- Put the Poisons Information Centre number next to your phone (13 11 26)

### ***Burns & Scalds***

- Don't drink a cup of tea or coffee if your child is sitting on your lap
- Don't use a tablecloth because a child can pull it off, including what is on top of it
- Don't carry hot drinks when children are playing on the floor
- Make sure the cords of appliances like kettles don't hang from benches, use curly cords where possible
- Turn all pot handles towards the back of the stove and use back elements first
- Install water tempering valves to your hot water systems to limit the delivery temperature of hot water to 50°C
- Use tap covers over hot taps to prevent taps from being turned on by children
- When running a bath, always run the cold water first, then add hot water to required temperature

### ***Dogs***

- Never approach an unfamiliar dog
- Never run from a dog and scream
- Do not look a dog in the eye
- Do not disturb a dog that is sleeping, eating, or caring for puppies
- Do not pet a dog without allowing it to see you and sniff you first
- Never play with a dog unless supervised by an adult
- Stay still when an unfamiliar dog comes up to you
- Find out about the type of dog you are interested in
- Consult your vet to discuss a dog that suits your needs





**Kidsafe Home:**  
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### **Kidsafe Safety Product & Resource Order Form**

A copy of the Kidsafe Safety Product & Resource Order form has been attached at the end of this section (Page 45).

For changes in prices and updates please check the Kidsafe WA website at: [www.kidsafewa.com.au](http://www.kidsafewa.com.au) (from December 2002).

Orders may be placed over the Kidsafe WA website or phone. Alternatively, Some hardware stores such as Bunnings & Galvins stock a small range of safety products, as well as chemists & baby stores. Toys R Us & Ikea stock a range of safety gates.



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### WA School Curriculum Links

Information contained in the Community Action Kit for Home Safety can be utilised when planning and conducting lessons to students in Early Childhood studies classes and primary school health classes.

It can be linked to the following Learning Areas through the Health and Physical Activity Learning Area, which encompasses five learning outcomes, four of which can be related to the Community Action Kit for Home safety.

KNOWLEDGE AND UNDERSTANDING	ATTITUDES AND VALUES	SELF-MANAGEMENT SKILLS	INTERPERSONAL SKILLS
1. Students know and understand health and physical activity concepts that enable informed decisions for a healthy, active lifestyle	2. Students exhibit attitudes and values that promote personal, family and community health, and participation in physical activity	4. Students demonstrate self-management skills which enable them to make informed decisions for healthy, active lifestyles.	5. Students demonstrate the interpersonal skills necessary for effective relationships and healthy active lifestyles

### Links with Other Learning Areas

***Society and the Environment:*** Students plan and carry out investigations about the way people interact with each other and their environments in order to draw conclusions about desirable self-management and interpersonal skills. Students examine the consequences of cultural and environmental changes on the physical, mental, emotional and social well-being of the individual. They make informed decisions about food, clothing, shelter, safety and social relationships that suit their needs in family, school, community and work contexts.

***Technology & Enterprise:*** Students access, select and use materials which promote health enhancing environments in the home, school, community or workplace. They consider modification of these materials to suit people at different stages of their life cycle or people with disabilities.

For further links to the curriculum framework, please refer to the: Curriculum Councils, Curriculum Framework for Kindergarten to Year 12 Education in Western Australia, 1998, ISBN 0 7307 2701 7.