Thank you.

The Royal Children’s Hospital Safety Centre acknowledges the generous contribution from AquaMax to the production of this Child Safety Handbook. One of the many ways AquaMax is helping the community. AquaMax has been a major sponsor of the Safety Centre for over a decade. We thank AquaMax for its ongoing support in keeping children safe.
Acknowledgements

The Royal Children’s Hospital Safety Centre could not have compiled this book without the many contributors mentioned in each section.

We would like to sincerely thank the contributors for sharing their resources, experience and expertise so willingly.

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We are very grateful to all the businesses that have supported our work through advertising in this book. Their contribution has enabled us to provide this resource and to continue our work in promoting interventions to reduce unintentional injury.

Finally we would like to thank the publisher for presenting us with this opportunity and strongly supporting our work in keeping children safe.

Barbara Minuzzo and Helen Rowan
Safety Centre
The Royal Children’s Hospital
February 2008

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Disclaimer

Whilst appreciable care has been taken in the preparation of the material included in this publication, readers must appreciate that the text may contain errors and the interpretation of methods explained in the publication is consistent with current technology and thinking but if a new technique is developed then this interpretation may be obsolete.

Users of this publication must appreciate that whilst authors have taken all due care in the preparation of the material included, it does not constitute medical advice in relation to any particular situation and if there is a problem, appropriate medical advice must be sought. The authors, nor The Royal Children’s Hospital, accept any responsibility to persons who may act on any thing written in this Handbook.
Emergency Numbers

- Ambulance, Fire, Police (24 hours) 000
- Child Protection Crisis Line (24 hours) 131 278
- Direct Line (24 hour Drug & Alcohol counselling and referral) Freecall 1800 888 236
- Kids Help Line (24 hour telephone and online counselling for 5 to 18 year olds) Freecall 1800 551 800
- Lifeline (24 hour telephone counselling and referral) 131 114
- Parent Line (24 hour helpline) 132 289
- Poisons Information Line (24 hours) 131 126
- Suicide Help Line (24 hour helpline) 1300 651 251
- Nurse on Call 1300 60 60 24
The Safety Centre at The Royal Children’s Hospital, Melbourne

The Safety Centre is an affiliate Safe Community Support Centre recognised by the World Health Organization (WHO). The Safety Centre’s mission is to reduce unintentional death and injury by supporting communities to improve health, safety and well-being.

The Safety Centre aims to reduce accidental injury through:
- Information and advice;
- Education programs and services;
- Approved safety products for sale;
- Media campaigns;
- Support for legislative reform;
- Support for improved product and environmental design.

SAFETY CENTRE SERVICES AND RESOURCES

Telephone Advisory Service
The Safety Centre provides trained and experienced safety consultants to respond to information requests from the general public by telephone, fax or email.

Many information requests are handled each day from people such as parents, carers, health professionals, teachers and students.

Advice frequently requested includes information on car restraints, kitchen and bathroom safety, guidelines for purchasing nursery furniture, toy safety and outdoor safety. Referral is often made to many other safety promotion organisations that provide specific support and resources.

This service is available Monday-Friday, telephone (03) 9345 5085.

Information and Advice
Information to support advice given is readily available for visitors, by mail, email and fax or on our website: www.rch.org.au/safetycentre.

This information may be in the form of brochures, information sheets, booklets and posters. Information is also available in many community languages.

Education Programs and Services
The Safety Centre’s trained safety consultants conduct education sessions by appointment each weekday. The majority of participants are parents, many from the Maternal and Child Health Centre first mothers groups.

Workshops and seminars are also conducted regularly. These are specifically tailored for groups such as family day care providers and carers, community outreach workers, safety and health promotion students, child-care students and secondary school students.

Multi-lingual peer education programs are also available.

The Resource Centre for Child Health and Safety
The Resource Centre for Child Health and Safety (CHAS) at The Royal Children’s Hospital is a parent resource centre open to the public. The Centre retails books for parents, medical texts and home safety products. The Centre is part of the Family Services Department, which also includes the Safety Centre, the Family Resource Centre and the Volunteer Service.

The Resource Centre for Child Health and Safety (CHAS) is located on the first floor of the main building in The Royal Children’s Hospital and is open to the public Monday to Friday 9am-4.30pm (excluding public holidays and the Christmas break).
The Centre provides:
• A range of approved books for purchase on parenting children and adolescents, disabilities, specific illnesses, death, grief and sexuality. These include medical and parenting books written by The Royal Children’s Hospital staff.
• A range of home safety products for purchase to assist in preventing serious injury to children. Products include cupboard and drawer locks, electrical and fire safety products and first aid kits.
• A range of paediatric textbooks for purchase by medical and nursing staff.
• A mail order service available worldwide for the purchase of books and safety products by credit card. Postage and handling costs apply. A catalogue and order forms are available.
• A limited health information service by phone, fax or email. It must be emphasised that the staff are not able to provide advice or interpret medical information about a diagnosis. This is best done by the treating doctor. Phone information is also available about a range of The Royal Children’s Hospital services and how to access these.
• A rare diseases database for more detailed information on childhood diseases.
• Contact details for more than 200 Victorian support groups and other community organisations.
• A small medical reference section with photocopy services available for a small charge. Books are not available for loan.
• Maps, transport information and travel claim forms for visitors beyond the city of Melbourne.

Other resources:
• A wide range of safety products are installed or displayed in the Family Resource Centre. Visitors can complete a ‘Self Guided Tour to Safety Products’. Please call first to arrange this on (03) 9345 4662.
• Families with special needs children or those wanting individual advice on home safety are welcome to make an appointment with a safety consultant in the Safety Centre. Telephone (03) 9345 5085.

For further information contact:
The Royal Children’s Hospital Safety Centre
Flemington Road
Parkville VIC 3052
Telephone: (03) 9345 5085
Fax: (03) 9345 5086
Email: safety.centre@rch.org.au
Website: www.rch.org.au/safetycentre
Resource Centre for Child Health and Safety
Open to the public Mon-Fri 9am-4.30pm
Located on the mezzanine floor
Level One
The Royal Children’s Hospital
Telephone: (03) 9345 6429
Fax: (03) 9345 6120
Email: chic.bookshop@rch.org.au
Website: www.rch.org.au/chas
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Introduction

The Safety Centre at The Royal Children’s Hospital, Melbourne has compiled this book with the support and expertise of the many contributors named in each section.

The book is for parents of young children, but we hope children and their teachers also find the contents of interest. We are particularly targeting 10-12 year old children as they head towards secondary school. Some children will then take on greater independence especially when enjoying outdoor recreational activities or travelling to and from school.

Although there are many other relevant issues for parents of upper primary school students, we have not attempted to address each one. Instead we have kept within the boundaries of our work in the Safety Centre by focussing on the prevention of unintentional injury.

The contributors in this book have written each section independently so this is why each has a style of its own. The contributors are recognised in their field of expertise and we again acknowledge their input.

We have tried to link each section within a consistent framework with messages for parents (and some for children), resources for teachers and parents, plus further contacts for more information.

The chapters are presented in a priority order to reflect the major causes of death and injury in this age group.

The Health of Young Children

During this developmental stage among children, there is a range of health conditions and disabilities that may impact on their capacity to participate in sport and leisure activities and place children at potential risk of injury. These issues may also make children more vulnerable to bullying and place their personal safety at risk.

Chronic Illness and Disability in Children

A chronic illness may result in children having to follow treatment protocols and take medication to assist their wellbeing, but this may also have side effects. It is critical to the safety of your child that parents work in partnership with teachers and all others responsible for the child at any time. To minimize risk, any special needs, action care plan or treatment protocols must be communicated in writing and discussed with the relevant people.

Resources for Parents and Teachers

Many parent support groups have also developed excellent resources for parents and teachers, including conditions such as cystic fibrosis, diabetes, epilepsy and Crohn’s disease. The Royal Children’s Hospital Support Group Directory lists many of these groups on their website www.rch.org.au/cha.

The A-Z guide for parents is a booklet provided by the Department of Education to all new school children each year.

PROFILE TO UNINTENTIONAL INJURY AMONG 10-12 YEAR OLDS

Prepared by the Victorian Injury Surveillance Unit based at the Monash University Accident Research Centre.

Injury deaths, 2004

Among Victorian children aged 10-12 years there were five deaths due to accidental injury during 2004. All of these deaths were transport related.

There were also 2,500 hospital admissions and 11,532 Emergency Department presentations for this same age group during 2004.

Injury hospital admissions, 2004

Causes (mechanisms) of injury hospital admissions

- The major cause of injury hospital admissions in 2004 was falls (49%), followed by transport, including bicycle injury (22%), hit/struck/crush (12%) and cutting piercing (5%).
- Falls were commonly during sport, mostly football, soccer and basketball (35% of falls) and from playground equipment (17%).
- Transport mechanisms consisted of bicycles (59%), motorcycle riders (20%).

Place of occurrence (location) of injury hospital admissions

The location was unspecified in more than half (52%) of all injury hospital admissions recorded in 2004. Injuries resulting in admission mostly occurred at school (31%), at sports and athletics areas (25%) and in the home (21%).

Nature of injury and body region injured

The most frequently occurring injury diag-
noses for all injury hospital admissions in 2004 were fractures (56%), open wounds (13%) and intracranial injury (5%). The body sites most commonly injured were the upper extremity (52%), head, face and neck (21%) and lower extremity (18%). Forearm fractures were the single most common injury accounting for 32% of all hospital admitted injury.

**Emergency Department presentations (non-admissions), 2004**

**Causes (mechanisms) of injury in Emergency Department (ED) presentations**
- The most common causes of all injury ED presentation in 2004 were falls (44%), struck by/collision with object or person (24%), cutting and piercing (8%) and transport (7%).
- Fall injury in this age group were commonly associated with sport and recreational activities (17%) including: Australian Rules football; basketball; netball; soccer; in-line skating and scooter riding. A further 3% of falls are associated with playground equipment.
- Struck by/collision injuries were also associated with sport and recreational activities (28%) mostly playing: Australian Rules football; basketball; soccer and cricket.
- Transport injuries were mostly associated with bicycle riding (50%).

**Place of occurrence (location) of injury in ED presentations (non-admissions)**

3,740 (32%) injuries occurred at home, 2,587 (22%) at school, 1,225 (11%) at places of recreation and 1,209 (11%) at athletics and sports areas.

**Nature of injury and body region injured**

The most frequently occurring injury diagnoses for ED presentations (non-admissions) in 2004 were sprains/strains (26%), fractures (25%), open wounds (15%) and superficial injuries (10%). The body sites most commonly injured were the hand/fingers (15%), wrist (15%), forearm (9%), foot (9%), ankle (7%), face (6%), head (5%), knee (5%) and elbow (5%). Wrist fractures were the single most common injury (8%).

**Key Messages for Parents and Teachers**

Among children aged 10-12 years, falls, transport-related and hit/struck/crush injuries are the significant targets for prevention action. Parents can assist in the prevention of injuries by:
- Providing their children with, and encouraging them to wear, appropriate and correctly fitted personal protective equipment for the activity being undertaken eg. helmets, wrist guards, elbow pads, knee pads, mouthguards.
- Ensuring their children are appropriately instructed in the techniques needed to safely undertake their activity of choice eg. safe stopping and falling techniques for skateboarding and in-line skating.
- Choosing safe areas for sports and recreational activity, ie. checking sports playing surfaces, ensuring playgrounds have adequate undersurfacing.
- Purchasing equipment (bikes, skates) appropriate to the size and experience of the child and making sure that such equipment is well maintained.

**Resources**

Information including injury surveillance reports are published in *Hazard*, the quarterly journal of the Victorian Injury Surveillance Unit (VISU) and is available for downloading from the internet at: www.monash.edu.au/muarc/VISU and then clicking on the *Hazard* icon.

**For further information contact:**

VISU
Monash University Accident Research Centre
Monash University
Wellington Road, Clayton 3168
Telephone: (03) 9905 1805

*Our thanks to the Victorian Injury Surveillance Unit, Monash University for contributing this section.*
TRAVELLING SAFELY TO AND FROM SCHOOL ON FOOT

Statistics indicate that the journey home from school is the one that results in most casualty collisions to primary aged children. Many parents and children assume that by the age of 11 children have mastered the skills they need to be safe in the traffic environment. The skills needed are perceptual and motor and require attention, judgment, timing and control.

Like learning to play tennis or the piano, road crossing needs supervised practice in successively more difficult situations before it is mastered. Parents need to observe how their children go about choosing the safest place to cross, how thoroughly they scan for traffic, how directly they cross and whether they behave as carefully when they have friends with them. It is not sufficient for a child to ‘know’ what to do, or be able to explain what to do when asked: parents need to observe deliberately and determine for themselves how ready their child is for independent travel. Children aged 10 and 11 are still likely to be confused when traffic conditions change suddenly.

Above all, parents need to lead by example, following road rules and choosing the safest road crossing option.

What parents need to know and do:
• Continue to reinforce the need to search thoroughly for traffic no matter how quiet the road may seem.
• Encourage children to use controlled crossings wherever possible.
• Work out with the child the safest route to take to and from school – specially when starting secondary school.
• Encourage the child to wear or carry something bright on dull days and if the child will be travelling in the dark.
• Be aware that children may seem to know what to do in traffic but can still be distracted when with a group.
• Observe children’s road crossing behaviour to determine their readiness for independence.
• Talk to children about the road rules that affect pedestrian safety. Stress that children should aim to spend as little time on the road as possible: ie. take the most direct route when crossing.

What children need to know and do:
• Explain and demonstrate safe road crossing at controlled and uncontrolled intersections.
• Explain and demonstrate how to use children’s crossings, pedestrian and railway crossings and at lights.
• Work out with parents the safest route to take to and from school and explain what makes it safe.
• Cross safely mid-block and, when necessary, from between parked cars.
• Be aware that it is easy to be distracted from checking thoroughly for traffic when with a group.
• Have a good understanding of the road rules that affect pedestrians: such as drivers do not have to give way to pedestrians at roundabouts, but are required to give way to pedestrians crossing the road into which they are turning. Children also need to be aware that drivers do not always do this.

TRAVELLING SAFELY TO AND FROM SCHOOL BY CAR

Many parents believe that they are keeping their children safer by driving them regularly to school. This may actually create more dangerous traffic congestion around schools. Being driven to school deprives children of the opportunity to develop and practise vital road crossing skills under supervision. (See ‘Travelling safely on foot’.)

Parents are not always aware of the dangers associated with dropping off and picking up children from school. Indeed, many schools frequently have to resort to calling their council by-laws officers to police unsafe parent parking. Crossing the road is the greatest danger to children who are driven to school, but passenger safety is equally important.

What parents need to know and do:
• Make sure all child passengers use a correctly fastened seat belt on every journey – one passenger per seat belt.
• Carry child passengers in the back seat where it is safer. If the front seat has to be used, the biggest (not necessarily the oldest) child should travel in the front.
• Drive slowly and carefully near schools, and obey the lowered speed limits around schools. This will be a 40kph zone during school pick up and drop off times, or 60kph in some rural settings.
• Obey all parking signs. In particular, never double park.
• Make sure you do not park too close to a school crossing, so that drivers and children have maximum opportunity to see each other.
• Insist that children enter and exit the car on the kerb side.
• Try to pick up and drop off on the school side of the road even if this means parking further away from the school.
• Make sure children understand that vehicles only have to stop at a school crossing when the flags are in place.
• Give children plenty of time to get to school. A child, who is anxious about being late, is likely to take risks when crossing the road. (It is also true that a driver who is anxious about being late is likely to be less cautious when approaching a school.)

What children need to know and do:
• They need to wear a seat belt on every journey. It should sit flat on the shoulder, and low over the pelvis and have all slack removed if it is to provide maximum protection in a crash.
• Expect and prefer to travel in the back seat because it is safer.
• Know how to use a children’s crossing with or without a supervisor and understand the Stop, Look, Listen, Think road-crossing process.
• Enter and exit the car via the kerbside door.
• Understand that quarrelling, scuffling and noisy behaviour can distract the driver who needs to be particularly alert when driving around schools.
• Understand that on wet days vehicles may take longer to stop and drivers will find it harder to see pedestrians crossing the road.
• Be confident that it is better to be late than never.

TRAVELLING SAFELY TO AND FROM SCHOOL BY BUS
Bus travel is traditionally a very safe form of transport. It is unusual for buses to crash or for bus passengers to be hurt. Children have accidents on their way to the bus stop or leaving the bus; again, most frequently after school.

What parents need to know and do:
• Make sure your child has plenty of time to get to the bus stop. A child who is anxious about missing the bus is likely to take risks.
• Drop your child on the same side of the road as the bus stop if possible. If it is not possible, stop the car and accompany your child to the other side of the road.
• Encourage your child to wear light coloured clothing or carry a bright coloured school bag, especially on wet or dark days.
• Make sure your child understands to wait quietly for the bus, well back from the kerb and knows what to do if the bus is late or does not arrive at all.
• Remind your child to keep bags and sports equipment under seats and that nothing should go out the window – no papers, litter, arms or heads.
• Make sure your child knows where the emergency exit is in case they ever need to use it and advise them to follow the driver’s instructions in an emergency.
• When collecting your child at the end of the day do not park in the bus-parking bay. Buses need all the space that they are allocated.
• If you can’t park on the bus stop side of the road, try to wait for your child on the bus stop side. Children, who are tired or excited at the end of the day, are safest if you meet them at the bus stop and cross the road together.
• Notify the school if an older child, who usually travels with a younger child, will be away from school.
• Notify the school if your child is going to travel home by a means of transport that is different from the usual.

What children need to know and do:
• Feel that being ready on time is a good thing.
• Understand that they need to wait until the bus has gone and there is a clear view both ways down the road before deciding to cross the road.
• Assist in selecting bright clothing or bag that they are happy to wear or carry in order to maximise their visibility.
• Know where it is safe to wait for the bus and what to do if the bus is late or does not come.
• Try to sit in a seat, with bags under the seat and not put their heads or arms out the window.
• Know where the emergency exit in the bus is and expect the driver to take control in an emergency.
• Wait at an agreed place to be collected or have identified a safe route to take home.
• Not behave in such a way as to distract the driver who is responsible for the safety of everybody on the bus.
• Take responsibility for their own and others’ safety.

TRAVELLING SAFELY TO AND FROM SCHOOL BY BIKE
Like road crossing, cycling skills take many years of practice to develop and need graduated, supervised practice in the real world with a caring adult. Most deaths from crashes involving bicycles result from head injury. Protecting the head from sudden impact is vital. When riding a bicycle on the road, a cyclist is regarded as being in charge of a vehicle and must obey the same rules as motorists as well as some special ones for cyclists.

What parents need to know and do:
When cycling, set a good example not only to your own but also to others’ children. Ensure that:
• Your child’s bike is the right size.
• Handlebar ends are covered.
• The seat is the right height and firm.
• The bell or horn is in working order.
• The pedals spin freely.
• Tyres are fully inflated.
• Brakes are in working order.
• There is a white headlight and red tail light and reflectors if the child is likely to ride at night or even at dusk.
• Insist that children never ride without a helmet. Allow children to choose the helmet as long as it meets the Australian Safety Standard: AS/NZS 2063.

What children need to know and do:
• Understand it is important to have a well maintained bike that is the right size.
• Be able to pump up their own tyres and check that brakes, horn and lights are working well before each use.
• Wear an approved helmet that is correctly positioned, firmly fastened with no slack in the straps when and wherever they are cycling.
• Understand the rules for riding on footpaths, shared footways and roads.

• Ensure children’s helmets fit well, are not damaged and that children understand that the helmet will not do its job if the straps are not done up or are loose.
• You ride with your children on the footpath (this is legal if you are supervising a child under 12) and check that both you and your children:
  * keep left
  * give way to pedestrians
  * obey signs
  * do not ride too fast for others’ safety
  * are extra careful around dogs, young children or elderly path users
  * are aware of the dangers associated with driveways, laneways and intersections
  * dismount at pedestrian and children’s crossings.
• If children ride on the road, check that they ride predictably, by using bike lanes correctly, signaling their intentions well, moving precisely and clearly, scanning properly, and gaining eye contact with other road users when appropriate.
• When riding on the footpath, keep left, give way to pedestrians and ride at a speed that is safe for other path users.
• When riding on the footpath take special care when approaching driveways, laneways and intersections.
• When riding on the road, ride predictably one metre out from the kerb.
• Understand that motorists find cyclists very hard to see, especially at dusk and at night. It is important to wear bright clothing and have good head and tail lights.
• Wherever they ride they need to scan well ahead, checking for others and potential hazards.
• Cyclists are expected to dismount and wheel their bikes across pedestrian and children’s crossings.
• It is important not to let friends distract them from safe, responsible riding when travelling together.

Resources for teachers

While the perceptual and motor aspects of road crossing and cycling are most effectively developed in the real world with parents and carers, school based activities are important in giving children the opportunity to reflect on what they have learned from experience. Teachers can provide additional reinforcement activities that assist in the development of responsible attitudes to safety, and can clarify rules and responsibilities and confirm children’s understandings.

A new traffic safety education resource for primary schools has been developed. Kids on the Move provides the essential learnings in Traffic Safety. The resource consists of 3 books and a DVD for use with parents and carers. Book 1 explains a whole school approach to improving road safety for students. Books 2 and 3 contain essential and practical activities for schools to conduct. The DVD, A Child’s World of Traffic, highlights for parents the developmental issues that put their children at risk.

However, many schools will have copies of the following out of print resources:

RoadSmart Children and Traffic Safety – for children aged five to 12.

RoadSmart is a traffic safety education program, based on the most recent road safety and educational behavioural research. It is designed to foster safe and responsible pedestrian and passenger behaviour, safe public transport use and promote safe play on wheeled toys.

It recognises the vital role of parents/carers and integrates school based learning activities and take home activities with information for parents.

RoadSmart comprises:
• Three teacher resource books
  * Book 1 – years prep to 2
  * Book 2 – years 3 and 4
  * Book 3 – years 5 and 6
• A set of 12 road safety discussion posters
• A CD-ROM designed to enhance and extend student learning experiences. The program features Kooka who, with his birds’ eye view of traffic, assists children with smart RoadSmart advice.

**Bike Ed** – for children aged nine to 13.

*Bike Ed* assists children to develop the skills and responsible behaviours needed to ride a bicycle safely. It is a practical course that includes basic safety checks, bicycle handling and riding skills, road rules and cycling experiences in both simulated and on-road environments. It also recognises the vital role of parents and provides information to enable parents to complement school based learning in the real world.

*Bike Ed* comprises:

- Two teacher resource books
- Outdoor activity checklists
- Supplementary activity cards
- Three levels of certificates
- Four parent/carer information sheets.

To gain accreditation to deliver Bike Ed in schools, Bicycle Education Instructor Training for teachers and other school support personnel is delivered at local venues throughout the state by the Department of Education preferred provider.

For further information go to Website: www.wi/careservices.com.au or telephone: (03) 5277 2327.

**Doing the Bus Stop** – a video for children aged 8 to 12. Price: $27.50 from VicRoads Bookshop. Phone: (03) 9854 2782.

The video features ‘Hale’ the bus driver, who takes viewers on a mystery tour that demonstrates safe behaviour on and around buses in both the country and the city.

VicRoads Bookshop can supply a range of posters, stickers and parent information free of charge to teachers of traffic safety education. VicRoads also has a video library that makes available a range of videos on all road safety issues free of charge to schools and community groups. Phone: (03) 9854 2681 for a catalogue or to order a title you already know.

For further information contact VicRoads, 60 Denmark Street, Kew VIC 3101. Telephone: (03) 9854 2782.

- Bus safety: ‘One near miss is a miss too many’ is a DVD for use by teachers, parents and students.
- This DVD covers all the major teaching points on bus safety for parents and students in the one resource.

Available from the Department of Education, telephone: (03) 9637 3328.


- The guidelines provide information on policy direction and how to run practical programs in schools.
- Links to all the key road safety agencies that support schools can be found on the Department of Education Safety Education website: http://sofweb.vic.edu.au/physed/traffic/

*Our thanks to VicRoads for contributing this section.*
Water Safety

Play it safe by the water
Victoria’s wonderful coastline, lakes and river system, coupled with a warm climate, make water-based activities extremely popular right across the state. All Victorians should be aware that there is a risk of injury or death associated with water-based activities such as swimming, boating, surfing or fishing. By obeying a few easy rules, everyone can enjoy themselves safely while in or around the water.

Know your environment
Be aware of the local environment, conditions and weather before entering the water. There are different safety rules for beaches, rivers, lakes and public or private swimming pools.

Behave safely
Obey all water safety signs, don’t drink alcohol while in charge of a boat and make sure someone is looking out for you.

Learn to swim
Being able to swim is an essential water safety skill. Everybody, especially school-age children, should be taught to swim and how to stay afloat. If they get into trouble they should know basic survival skills.

Drowning facts
• From 1 July 2004 to 30 June 2005, 46 people lost their lives as a result of drowning/immersion incidents in Victoria. This figure includes three multiple drowning tragedies which claimed a total of 11 lives.
• Of those who drowned, 36 (78%) were males and 10 (22%) were females. Males are 4 times more likely to drown than females.
• 65% of drownings occurred in regional Victoria with majority of those incidents occurring more than 50km from where the person lived.
• This highlights that a lack of local knowledge and water safety skills when visiting unfamiliar water locations increases the risk of injury and drowning.
• It is important to remember that conditions in and around water are constantly changing and you need to check it’s OK to swim before you enter the water.

AT THE BEACH – ALWAYS SWIM BETWEEN THE RED AND YELLOW FLAGS
Any beach can be dangerous. Beach-goers should be careful and swim between the red and yellow flags. Wherever the red and yellow flags are visible that beach is patrolled by lifesavers.

What is a patrolled beach?
Wherever the red and yellow beach flags are up, lifesavers are on patrol. With 65 of Victoria’s most popular beaches having lifesaving patrols, there’s no reason for you not to swim between the flags. Beaches are not patrolled every day of the year, so if you decide to swim at an unpatrolled beach:
• check it’s OK to swim;
• never swim alone;
• read and obey the water safety signs.

What the flags mean
When swimming between the red and yellow flags, always look back to the beach to check that you are still between the flags. If you choose to swim outside these flags, the lifesavers will not necessarily be watching for you.

Rips
A rip is a strong water current running out to sea from a beach. Rips can easily sweep swimmers from shallow water out to sea, sometimes several hundred metres offshore.
Rips occur at all beach locations, includ-
ing bays. The most dangerous part of a rip is water between the breaking waves that often appears to be calm.

Common signs of a rip are:
• Murky brown water caused by sand stirred up off the sea bed;
• Foam on the surface extending beyond the break;
• Waves breaking on both sides of the rip but not inside the rip;
• Water that appears dark, indicating deeper water;
• Debris floating out to sea.

If you are caught in a rip when at a beach patrolled by lifesavers obey the three Rs:
• Relax: stay calm, and float with the current. Swim across it, not against it.
• Raise: raise an arm to signal for help.
• Rescue: float and wait for assistance.

Be Sun Smart
Australia has the highest rate of skin cancer in the world. Lower your chances of developing skin cancer by limiting your exposure to the sun. Head for the shade between 11am and 3pm when UV radiation is strongest and remember to ‘Slip on a Shirt, Slop on some Sunscreen and Slap on a Hat.’

Surfing
At a patrolled beach, all surfers must surf outside the blue flags. No surf boards are allowed between the blue flags. Many of the best surf spots are found at beaches that are not patrolled. NEVER SURF ALONE! Surfers must take responsibility for their own and others’ safety. Always let someone know where you are going.

Bodyboarding
Bodyboarding is an enjoyable activity. Make sure you have your safety equipment when you go – fins and a wrist strap.

Surfing and Bodyboarding Safety Tips
• Always surf or bodyboard with a friend.
• Assess the conditions thoroughly prior to entering the surf.
• Use the correct equipment when surfing or bodyboarding, i.e. leg rope and nose guard for surfing, and wrist strap and fins for body boarding.
• If you get into trouble, stay on your surfboard or bodyboard; it will keep you afloat.
• If you are caught in a rip, stay calm, stay with your board and paddle parallel to the beach, then catch a wave back to shore.
• Be aware of other people in the water and don’t surf or body board too close to swimmers.
• Don’t surf or bodyboard when waves are dumping (these waves break with great force and can easily throw you to the bottom).

How to get involved and useful contacts
Life Saving Victoria
Telephone: (03) 9567 0000
Website: www.lifesavingvictoria.com.au
Join a Life Saving Club – become a:
• Professional Beach Lifeguard
• Volunteer Lifesaver
• Nipper (Junior Lifesaver)
• Do your Lifesaving Bronze Medallion

School Programs:
• Telstra School Surf League
• Meet a Lifeguard
• Open Water Learning Experience

Surfing Victoria
Telephone: (03) 5261 2907
Website: www.surfingaustralia.com
• Take ‘How to surf safely’ lessons
• Become a Level 1 Surf Coach
• Join a Surf Riders Club

Aquatics & Recreation Victoria Inc
Telephone: (03) 8843 2000
Website: www.vicswim.com
Open Water Learning – Aquatic Education (VICSWIM holiday program at the beach).

Surf Reports
Website: www.coastalwatch.com

Yachting Victoria OR your local yacht club
Telephone: (03) 9597 0066
Website: www.yachtingvictoria.com.au
• Join a sailing club and learn to sail
INLAND WATERS – CHECK IT’S OK TO SWIM

Every year people are paralysed after diving into shallow water in rivers and lakes. Always check the water depth before entering the water and look carefully for sandbanks, weeds, rocks and other hazards.

River and Lake Safety Tips

• Never swim in fast flowing water. Check first by throwing in a twig to see how fast it travels.
• If you are caught in a current, float on your back and travel downstream feet first to protect your head from impact with any objects.
• Beware of submerged objects. Trees, branches, rocks and discarded rubbish can be very dangerous.
• Be careful not to stand near the edge of overhanging river banks, which can crumble away.
• Conditions can change rapidly due to heavy rainfall or the release of water from storage areas. Remember that what is safe in the morning can be dangerous in the afternoon.
• Watch out for soft or uneven river beds which can cause difficulties for waders or swimmers.
• Lakes may look calm, but are often very dangerous. Strong winds can create choppy waves making it dangerous for swimming and boating.
• Strong currents are likely wherever a river enters a lake and the lake bed may be soft and uneven where silt has been deposited.
• Cold water in lakes can be lethal. It is often much colder beneath the surface than you think.
• Suddenly submerging into cold water can cause distress, shock and lack of mobility. If you feel cold, get out of the water immediately.

POOLS – NEVER TAKE YOUR EYES OFF

Learning to swim is an essential skill for each child and adult living in, or visiting Victoria. Being able to swim opens up further sport, leisure and employment opportunities and great recreational experiences.

Never take your eyes off children swimming in pools. Toddlers, in particular, have a natural attraction to water and their sense of danger and fear is underdeveloped. Special care should be taken to ensure they receive adequate supervision.

This summer, every child is likely to be involved in some form of water activity. Parents and supervisors of children should ensure children have the skills to stay afloat or swim to safety when in trouble.
Pool Safety Tips
• Supervision means constant visual contact, not the occasional glance.
• If you leave the pool or water area, even for a moment, take the children with you.
• A swimming pool fence is not a substitute for supervision.
• Display a resuscitation chart on your pool fence.
• Familiarise children with water by taking them to lessons at the local pool.
• Empty paddle pools when not in use.
• Empty baths, basins, sinks and troughs, immediately after use.

Public Pool Safety
Even in a supervised public pool, never take your eyes off children swimming. Here are some simple safety steps to follow:
• Supervision means constant visual contact not the occasional glance, even at a public pool.
• A lifeguard is no substitute for parental supervision.
• Obey lifeguard directions.
• Follow pool rules.
• Be aware of other people in water, particularly when it is crowded.
• Watch out for young children.
• Do not get out of your depth unless you are a good swimmer.

Safety Barriers – A Legal Requirement
It is law that swimming pools or spas on private residential properties in Victoria provide safety barriers to restrict access to these areas. Safety barriers, even when provided, are no substitute for adult supervision of toddlers/children who are playing in, or near, swimming pools or spas. Barriers are required for:
• In-ground pools
• Hot tubs
• Spas
• Above-ground pools
• Jacuzzis
• Indoor swimming pools
• Bathing and wading pools.
To ensure that your safety barrier remains effective:
• Fit correct safety measures to gates, doors and windows (e.g. self-closing, self-latching devices, flyscreens).
• Make sure you remove any items, such as chairs, boxes, pool pumps, that could be used to climb the barrier to access the pool.

For further information, please contact your local council or the Building Commission on (03) 9285 6400 or visit Website: www.buildingcommission.com.au

How to get involved and useful contacts
Life Saving Victoria
Telephone: (03) 9567 0000
Website: www.lifesavingvictoria.com.au
• Become a professional pool lifeguard.
• Do your Pool Bronze Medallion.
• Participate in aquatic education.
• Become a swim instructor (AUSTSWIM Courses).

Aquatics & Recreation Victoria Inc
Telephone: (03) 8843 2000
Website: www.aquarecvic.org.au
Website: www.vicswim.com

Swim School Owners Association of Australia (Victoria Branch)
Telephone: (03) 9739 8973

Learn to Swim (Swim Schools)
Swimming Victoria
Telephone: (03) 9686 5222
Website: www.swimmingvictoria.org.au

WATER SURVIVAL – REMAIN CALM TO SURVIVE
If you fall overboard, or are swept out to sea, or are caught in a river current, stay calm. You can stay afloat for a long time, even if
you are exhausted.

Some things to remember:
• Use any available buoyant object to assist flotation.
• Remain as still as possible to conserve energy and reduce heat loss.
• If you must swim, use slow relaxed strokes.
• Breathe in a regular, controlled manner.

**Spinal Injuries**
To avoid spinal injuries:
• Never dive into unknown water. Always check it’s OK to swim.
• Check the depth and always check for submerged objects.

**Hypothermia**
Hypothermia (loss of body temperature) occurs when your core temperature drops below 35°C. Normal body temperature is about 37°C. Staying immersed in cold water for a long period will lead to hypothermia.

A person suffering from hypothermia may appear sleepy or confused, with a slow irregular pulse. In the early stages they will shiver, but this will stop as the condition worsens. Eventually they may lose consciousness.

If you cannot get out of the water, this is how to reduce the risk of hypothermia:
• Do not remove any clothing, unless it is dragging you down.
• Curl into a shape of a ball to prevent further heat loss.
• If in a group, huddle together with maximum body contact especially at the chest.
• Do not rub your arms or legs. Blood will flow to them and away from your core where it is needed.
• Stay still unless you are certain that by swimming a short distance you will reach safety.

**How to get involved and Useful Contact**
**Life Saving Victoria**
Telephone: (03) 9567 0000
Website: www.lifesavingvictoria.com.au
• Learn CPR
• Participate in an Air to Life Program (Children’s Survival Skills)
• Become a Volunteer Lifesaver

**BOATING SAFETY – SAFE BOATING IS NO ACCIDENT**
Boating is one of the most popular recreational pastimes. Marine Safety Victoria reminds boaters of the following:

Key tips for preparing for a boating trip:
• Properly maintain your vessel, engine and safety equipment.
• Check the marine weather report.
• Ensure you have sufficient fuel and reserve fuel.
• Fully charge your batteries.
• Inform a person of your trip intentions.
• A boat licence is required to operate a recreational power boat in Victoria.

**For more boating information contact:**
**Marine Safety Victoria**
Telephone: 1800 223 022
Website: www.marinesafety.vic.gov.au

**For further water safety information:**
**Play it Safe by the Water**
Department of Justice
Website: www.watersafety.vic.gov.au

*Our thanks to Play It Safe by the Water, Department of Justice, for contributing this section.*
THE IMPORTANCE OF OUTDOOR PLAY SPACE

Play has an important role in human development. The provision of quality play opportunities is an integral part of a good learning environment. Through play, students:

• Interact socially;
• Engage in dramatic play, role play and fantasy;
• Extend their creativity and imagination;
• Observe, learn about and manipulate the natural environment;
• Test themselves physically, developing skills and mastery over physical challenges;
• Develop ball handling and other skills;
• Observe the natural environment; and
• Engage in a range of self-directed activities, which aid each individual to develop towards independent adulthood.

Information for Teachers

Play is an important complement to the ‘formal’ curriculum of the school.

School grounds which provide a satisfying range of settings for play for students of different ages and interests are likely to reduce the number of conflicts. Students are likely to be easier to manage; vandalism is likely to be reduced and the positive spin-offs include benefits to the student’s self image and to the image of the school in general. A quality range of outdoor settings often also provides opportunities for staff to transfer some activities out of doors.

Play Spaces

Typically, combinations of the following types of spaces are available:

• Large areas of hard surfaces (for a range of ball games, rebound walls, etc.);
• Smaller hard surfaced areas for hop-scotch, elastics and other group games;
• Large grassed area for running, ball games, athletics and other activities;
• Play equipment for junior, senior and/or intermediate aged students catering for potentially large groups of students at any one time and providing a range of types of activities;
• Small spaces with seating for individuals and small groups;
• Smaller grassed areas for a variety of activities requiring intimate spaces;
• Sand play areas, dirt, water and planting for creative activities;
• Areas suitable for marbles, small cars and toys, digging, and play with loose materials and surfaces;
• Areas for dramatic/role play which might include decks, cubbies and planting;
• Shade and shelter, tables, seats, drinking water and other utilities;
• Shrubs and trees for hiding, shelter, cubbies, imaginative games;
• Tables and seats for a range of group activities;
• Gathering spaces for assemblies, performances and community activities;
• Quiet spaces as well as busy spaces.

Areas around buildings such as steps and...
stairs, doorways, and garden beds are valued play areas and will be appropriated by students for a range of activities. They should be considered when assessing the range of activities available and their safety.

Because schools have limited space, most areas need to be as multi-functional as possible to enable the best value to be obtained out of each part of the grounds.

**RESOURCES FOR TEACHERS AND CHILDREN**

WorkSafe K.I.D.S. is dedicated to childhood injury prevention through education. WorkSafe K.I.D.S. aims to provide quality education programs that result in reducing preventable child injuries and death.

**Our programs:**

**WorkSafe K.I.D.S. Safety Club** – a school-based program developed to guide school communities on issues of child safety and injury prevention. The Safety Club assists schools, teachers and students to identify and manage hazards in their school environment. It is the basis for an ongoing school safety program to protect our children.

The Safety Club is student driven with teacher assistance. Each school elects two student representatives and a teacher or parent representative to be the contacts. These students are safety role models of the school and are educated in safe practices.

**WorkSafe K.I.D.S. Kelly St** – an educational resource magazine sent quarterly to all Victorian Primary Schools. Each term Kelly St presents a different safety message, relevant to the curriculum and social activity of the school environment. Stories, activities, puzzles and competitions are designed and presented to encourage enjoyable learning.

Term One: School Safety – Road, Playground, Classroom, Peers
Term Two: Home/Farm Safety – Power, Water, Equipment & Appliances, Chemicals
Term Three: My Safety – Health, Diet, Exercise, Interests, Friends
Term Four: Outdoor Safety – Water, Sun, Fire, Environment

‘Think Safe, Play Safe’ – a media campaign to reinforce safety to primary school children in an attempt to make safety second nature. Thinking about our actions can save an injury or a life.

It is the philosophy of WorkSafe K.I.D.S. to put fun and meaning into education.

For information regarding:
- Playgrounds – Purpose and Planning
- Current Playground Safety Requirements in Victoria
- Developing a Safe and Creative Play Space for your School
- Safety Management System for School Playgrounds
  - What do we know about injury in playgrounds?
  - Key risk factors and safety issues
  - Injury Register Requirements
  - Inspections and Maintenance
  - Setting Priorities for Upgrading Playgrounds

**For further information contact:**

KIDS Foundation  
PO Box 12, Wendouree 3355  
Telephone: 1300 735 733  
Website: www.kidsfoundation.org.au

Our thanks to the KIDS Foundation for contributing this section.

**RISK, CHALLENGE AND SUPERVISION FOR PLAYGROUND SAFETY**

To be effective playgrounds need to provide a range of play opportunities in which children experience high levels of physical activities and social interaction. Despite supervision and the best of intentions, injury-resulting accidents will happen. Studies over a 25-year period in Australia indicate that serious (hospital level) injuries reach a peak in both males and females at 6 years of age while trauma (emergency treatment before release) injuries peak for males at age 13 and females at age 11. However with at least 5,000 emergency treatments each year of children while at Victorian schools, playground safety needs to be considered as a serious issue.

While there is no in-depth research and there are differences in interpreting statistics, indicative data suggests that for school aged children, fracture/dislocations and sprains/strains are the most common unintentional injuries and are associated with falls.
Actions directed towards minimizing injury-related accidents must work from the concept that children are not little adults. We cannot expect them to use play equipment according to adult rules or behaviour, and partly as a consequence, children’s injuries and their vulnerability to injury are again non-adult in characteristics.

**Risk and challenge**
A well-designed playground will stimulate the children’s imaginations and tempt them to explore new dimensions to play. However in developing new ideas, children will come up against the boundaries of their current levels of skill – and it is the challenge which is exciting. There is always some risk in meeting a challenge, but this risk can and should be managed by support (physical and psychological), so that the child develops risk-assessment skills. In fact, a child who is not allowed to develop these skills tends to be less competent, especially later in life.

Given that no playground can ever be 100 per cent safe (because children are unpredictable), it is a question of managing the level of risk, so that children learn to cope with it. This thesis is incorporated into the newly reviewed Playground Safety Standards (2003).

**Constructive approaches**

1. **Design**
Not every playground is designed to manage risk. Everyone involved in establishing and maintaining a playground needs to accept responsibility for eliminating unacceptable risks. Professional advice that covers both play and safety requirements should be sought. This could range from the size of grip surfaces to finger entrapment to freefall zones and soft fall areas. Special attention should be paid to climbing (or fixed) equipment design, ensuring that they have multiple access and egress points (since these create break off points which will allow children to withdraw or continue to a level at which they feel comfortable with). In case of litigation, it is necessary to be able to prove compliance with standards and that maintenance is according to a quality-based schedule. A certificate of compliance should be sought from every supplier or contractor.

2. **Management**
In a comprehensive study of management in playgrounds, King and Ball (1989) considered that:
“Attitudes to playground safety vary with individual countries. Some tend to stress the need for increased responsibility of children, recommending safety awareness training, while others rely more on ‘passive’ approaches. There is some evidence to suggest that improved safety awareness reduces accident rates in playgrounds, suggesting that there is no essential difference between accident prevention strategies for say roads and playgrounds”.

Since this survey, other studies, which have looked at the linkage between awareness and voluntary changes in behaviour and
the general growth in skills, tend to support the theory. However any deliberate strategy should be tailored to the developmental level of the children concerned. There is no single strategy for all ages. It is therefore suggested that children, parents and staff deliberately work together to develop an acceptable code of risk management. Such a code might include aggressive behaviour on climbing equipment, non-contact rules in ballgames etc. The vital element here is that children are more inclined to comply with a code that they themselves have developed. It could well become a standard project relating to the portions of the playground the children are using.

3. Supervision and support
Accidents are caused by a host of interdependent factors. Supervision is only one of these (although the most obvious). Apart from personal attitudes of the supervisor (such as a willingness to intervene), the biggest problem is related to playground design. A supervisor needs to be able to see the whole area by turning in an arc of 180 degrees – including any nooks and hidey-holes, which are a favoured, play space of some children. Visual access should be part of the original design planning i.e. use low-level planting in gardens, consider height/placement of mounds or larger equipment. A supervisor also needs to have fast physical access to parts of the playground – which is linked to a careful (and sophisticated) design of access corridors and the location of adult-friendly benches.

It should be noted that equipment design is very important in providing physical or psychological support for children at play. Equipment with graduated challenge, which is age and ability-related provides what Vygotsky calls support scaffolding (a way to encourage a child to reach the next developmental level).

3. Safety and support

For further information contact:
Play Environment Consulting
Prue Walsh
PO Box 135
Albion QLD 4010
Telephone: (07) 3252 2262
Website: www.playconsulting.com

Our thanks to Play Environment Consulting for contributing this section.

QUALITY IN PLAYGROUND SAFETY
The best way to provide safe playgrounds is to provide a quality outdoor play program in a quality outdoor play environment.

How many hazards are hidden in your playground?
The major cause of playground injury is falling from play equipment onto hard surfaces. The potential for injury from a fall is greater if there is no impact absorbing material under and around the equipment. Impact absorbing material is required for all fall heights particularly for fall heights above 500mm.

1. Inadequate Safe Fall Zone
Impact absorbing material should not only be provided underneath play equipment but must extend at least 1.5m beyond the outside edges of the equipment. The fall zone shall increase from 1.5m to 2.5m depending on the free height of fall from 500mm to 2500mm maximum.

2. Lack of Maintenance
Playgrounds should not be installed and forgotten. It is essential that all playgrounds are regularly maintained. There should be no missing, broken or worn components. All parts should be stable with no apparent sign of loosening. Impact absorbing materials should be regularly checked for depth and any signs of vandalism. A systematic inspection and maintenance plan should be in place to ensure that the playground is safe.
3. Lack of Supervision
Supervision by an adult carer is a key factor in playground safety. To make supervision easier and more comfortable, a play area should be designed to provide shade, seating and a clear view of the play area. Young children constantly challenge their own abilities, but are often unable to recognise potential hazards. In supervising play the carer should make sure that the child uses equipment which is appropriate for his or her age/size.

4. Platforms without Guardrails
Raised surfaces such as platforms, ramps and bridges should have guardrails and barriers (infill) to prevent falls. It is important that rails and barriers are vertical so that they cannot be used as footholds for climbing.

5. Trip Hazards
Trip hazards are created by parts of playground equipment or items on the ground. Exposed concrete footings, abrupt changes in surface elevations, playground edging, tree roots, tree stumps and rocks are all common trip hazards that are often found in the play environment. Exposed concrete footings pose a serious risk for injury if a child falls on them. They should be buried at least 200mm below ground level.

6. Age Inappropriate Activities
The developmental needs of children vary greatly. To provide a challenging but safe play environment for all ages it is important that the equipment in the playground is appropriate for the age of the intended user. Close supervision is important of younger children in particular. Whilst it is common to provide separate areas for younger and older children, there are significant supervision difficulties in doing this. The best-designed playground is one which has a diversity of age related activity within a reasonably confined area.

7. Overcrowded Play Areas
Serious injuries can result from collisions if the play area is overcrowded. Whilst the amount of space between separated play items can vary according to the Australian Standard AS4685, 2.5m is recommended as the minimum distance between each piece of play equipment and all paths, fences, trees, buildings, structures and other equipment in schools. Active play areas should be separated from quiet, creative areas. For example, a slide should not direct children into a sandpit used for creative play.

8. Potential Entrapment
Equipment should be built and installed in a way so that a child’s head, neck, limbs or fingers cannot become trapped. Any gap in the play equipment is not an entrapment unless it is possible to become trapped due to forced movement, such as going down a slide or a pole.

9. Pinch Points and Sharp Edges
Equipment should be checked regularly to make sure that there are no sharp edges. Moving components such as suspension bridges, track rides, seesaws and swings should be regularly checked to make sure that there are no moving parts or mechanisms that might crush or pinch a small finger.

10. Things that Protrude or Tangle
Protruding bolts and other pieces of hardware or components of equipment can cause bruises and cuts if a child bumps into them. These protrusions can also act as hooks, which can catch a child’s clothing and potentially cause strangulation if a child is caught by a hooded top. Ropes should be anchored securely at both ends so that they cannot form a loop or noose.

GROUND SURFACING IN PLAYGROUNDS
Why is the ground surface in an outdoor play space so important?
A significant body of scientific research indicates that the frequency and severity of play-
ground head injuries, resulting from falls from playground equipment, are substantially reduced where an adequate impact-absorbing surface is provided.

**Where is an impact-absorbing surface needed?**
The Australian Standard states that an impact-absorbing surface is needed wherever falls from play equipment are possible – i.e. in the ‘fall zone’.

Impact absorbing surfaces are required in outdoor play spaces to reduce potential head injury to children as a result of normal play.

Impact absorbing surfaces which have been tested are required in any area where falling is possible from a height of 500mm or above.

An impact-absorbing surface is not necessary where falls are prevented by engineering means.

**What is the fall zone?**
The fall zone is the area under and around a piece of playground equipment from which a child could fall. It extends under and around equipment in every direction in which it is reasonably foreseeable that a child could fall. It is the minimum distance from any part of equipment to any hard surface (borders, paths, tree trunks or adjacent equipment).

Concrete footings should be buried underground. Industry practice is that the top of the concrete be 50-100mm below natural ground level, and then covered with the required depth of impact absorbing material.

**How big is the fall zone?**
The Australian Standard says that the fall zone must extend from 1.5m minimum to 2.5m out from the playground equipment (or 1.9m in supervised early childhood centres) depending on the free height of fall. This allows for the height of most users, plus the outward momentum they could have as they fall.

For moving equipment this distance is measured from the extremity of the movement. Children falling, jumping or being pushed off equipment should land within the fall zone onto an impact-absorbing surface. Under certain circumstances fall zones may be reduced. (i.e. when equipment will not permit falling)

**What is the maximum fall height permitted in an outdoor play space?**
This is the greatest distance between parts of the equipment to which a child has reasonably foreseeable access and the playing surface or part of equipment beneath. It is measured from the standing surface (usually a platform) to the surface underneath the equipment. If the design of your equipment allows children access to higher parts (not necessarily intended for standing) then this should be considered the fall height.

**What is adequate impact absorbing material?**
The required impact absorbing material depth depends on the material used and the height of the equipment from which falls can occur. The height from which a fall could occur onto a surface that has the capacity to absorb the impact, is the free height of fall. Put briefly, falls from above the free height of fall onto a surface with an inadequate depth could result in head injury.

**Impact absorbing material information required**
Playground equipment suppliers are required to provide information on their products’ performance and on the required free height of fall. This should be in the form of certified test results, explaining what impact absorbing surface material depth (for loose fill materials) or structure (for fixed or ‘unitary’ products) is necessary for the required free height of fall.

Suppliers must also provide inspection and maintenance procedures necessary to ensure their product continues to perform at the required level throughout its life.

Suppliers of play equipment need to give written confirmation that their equipment is constructed and installed as per Australian Standard AS4685.

**For further information contact:**
The Playgrounds & Recreation Association of Victoria

Email: prav@netspace.net.au
Website: www.prav.asn.au

Our thanks to the Playgrounds and Recreation Association for contributing this section.
SAFETY IN SPORT – SMARTPLAY

Smartplay is a sport safety and injury prevention program that aims to reduce the incidence and severity of sport and recreational injuries.

Participation in sport and recreation provides a range of benefits. It combats obesity, enhances self-esteem, improves physical skills and develops friendships.

However, one of the main deterrents for participation in sport and recreation, particularly for young people, is the risk of injury.

But sports injuries aren’t inevitable. It is estimated that up to 50% of all sporting injuries are preventable.

The following advice provides children, parents and coaches with a guide on how to prevent sporting and recreational injuries.

WARM UP

A warm up should be completed before physical activity to prepare the body. The warm up should be fun and include games and activities relevant to the activity ahead. The length of a warm up will depend on the weather – if it is cold a longer warm up may be needed than if it was hot.

After warming up, stretching should be done. When stretching:

- Stretch all the muscles involved in the activity.
- Stretch gently and slowly.
- Never bounce.
- Keep breathing when stretching.

After activity, cool down. This prevents soreness and stiffness. To cool down, do a light jog or brisk walk followed by stretching.

DRINK UP

Dehydration and heat stress prevents us from playing at our best. Active people should drink water or sports drinks before, during and after activity to help replace lost fluids through sweat. Aim to drink 2-3 glasses (500ml) of water half an hour to an hour before activity, one glass (200ml) every 10-15 minutes during activity, and enough to fully re-hydrate after activity.

GEAR UP

Protective equipment can prevent injury. It should be worn at all times during training and games. It is important that it fits properly, is in good condition and is designed for the activity being undertaken.

Some common protective equipment includes wrist, elbow and knee guards; shin, shoulder and body padding; helmets; gloves and mouthguards.

Mouthguards

When playing sport, where there is a risk of injury to the face, players should protect their mouth against dental injuries by wearing an appropriately designed and made mouthguard.

Custom-fitted mouthguards are considered to provide the best protection for the teeth, lips and jaw. They provide a close fit, comfort and cushioning (shock absorption) effect. Other types of mouthguards are available such as the boil and bite (formed to the upper teeth after the lining is softened in boiling water) and the ready-to-wear which comes pre-formed, however, both offer limited protection.

To get the most protection from a mouthguard, it should have the following features:

- Be comfortable but a tight fit within the mouth.
- Allow normal breathing and swallowing.
- Allow normal speech.
- Be the correct thickness (4mm) over the teeth to provide protection against impact.
• Not cause gagging.
• Be odourless and tasteless.
To maintain a mouthguard’s protective qualities it needs to be cared for after activity by:
• Rinsing it in soap and warm (not hot) water or mouthwash after each use and allowing it to air-dry.
• Keeping it in a well-ventilated plastic storage box (with several holes) when it is not in use.
• Not leaving it in direct sunlight or hot conditions such as in a closed car or in a car’s glovebox.
• Ensuring it is in good condition before each use.
• Getting a dentist to check it at check ups.
• Replacing it if it is damaged.

WEATHER CONDITIONS
Children are highly susceptible to extremes in temperature therefore weather conditions should be carefully assessed prior to participation.

In hot conditions, the temperature and humidity must be considered and if deemed too hot or humid the event should be postponed or cancelled. To prevent sunburn, dehydration and heat illness children should be provided with shaded areas; wear light coloured and light weight clothing to cover exposed skin; wear broad-rimmed hats and sunglasses; and apply SPF 30+ sunscreen.

In cold conditions, children should dress in layers to trap heat and prevent heat loss. Layers can be removed as necessary according to exercise levels and conditions. Wet clothing should be changed as soon as practical.

MEDICAL CONDITIONS
All coaches must be aware of the medical history and current medical conditions of their players.

Those who are ill or recovering from a viral illness with symptoms such as fever, temperature, aches, pains or general muscular tiredness in the 24 hours prior to sport should not participate.

For uncomplicated upper respiratory tract symptoms, such as a runny nose and sneezing, participation should be limited to 10-15 minutes. After this time a player’s condition should be reassessed and if they are still unwell or are struggling to keep up, then they should not continue to participate.

Those taking prescribed medication must obtain a medical clearance form from their treating doctor before participating in sport or physical activity.

Any complaint of pain, tenderness, limitation of movement or disability should be referred to a medical professional for management. Adolescents should particularly take note of their spine, knees, ankles and wrists, which are the most vulnerable to training at their age and stage of growth.

IF INJURY OCCURS
Unfortunately injuries sometimes do occur, despite the best prevention.

To ensure injuries are suitably treated a Sports First Aider or Sports Trainer should be present at all sporting activities. Responsible coaches or activity supervisors should have some understanding of basic sports medicine principles. They can achieve this by completing a course from Sports Medicine Australia’s Safer Sport Program (see www.smavic.org for more information).

Soft tissue injuries should be treated with RICER—Rest, Ice, Compression, Elevation and Referral. Commence RICER immediately after injury occurs and continue for 48-72 hours.
PREVENTING SPORT SPECIFIC INJURIES
In addition to the above-mentioned safety advice, undertake the following safety tips for your chosen sport.

**AFL FOOTBALL**
Common injuries
Common causes of injuries are being tackled, hit/struck by another player, hit by the ball and falls.
Common types of injuries are wrist, hand, finger and forearm fractures, dislocations and sprains.

**Injury prevention**
- Wear a mouthguard, preferably custom-fitted, at all times.
- Seek professional advice on the boots you should wear.
- Learn, practise and use correct skills and techniques.
- Games for children and teenagers should be played in accordance with the National Policy for the Conduct of Junior Football established by the Australian Football League.

NETBALL
Common injuries
Common causes of injuries are awkward landings, slips/falls, player contact/collision, over-exertion, overuse and being hit by the ball.
Common types of injuries are sprains, bruising, fractures and dislocations.

**Injury prevention**
- Seek professional advice on footwear.
- Learn and practise correct passing, catching and landing techniques.
- Encourage children to participate in a Net Set GO! program (incorporating FunNet and Netta) to develop good skills and techniques.
- Lower goal rings should be used for relevant age groups.

**BASKETBALL**
Common injuries
Common causes of injuries are falls, player contact, awkward landings, abrupt changes in direction and being hit by the ball.
Common injuries are ankle sprains.

**Injury prevention**
- Learn and practise correct passing, jumping, landing and shooting techniques.
- Encourage children to take part in Skill, Fun & Play, Oz-Ball and Hoop Time programs to develop good skills and techniques.
- Juniors should be matched for competition on physical maturity and skill level.
- Never hang or swing on a basketball ring.

SOCcer
Common injuries
Common causes of injuries are player contact, falls and tackles.
Common types of injuries are bruising, sprains, strains, fractures and dislocations.

**Injury prevention**
- Wear a mouthguard, preferably custom-fitted, at all times.
• Wear shock absorbent shin guards at all times. Seek professional advice on the correct fitting of shin guards.
• Undertake fitness programs to develop endurance, strength, balance, coordination and flexibility.
• Encourage children to play Goalkick, Rooball and Football Anytime to develop good skills and technique.
• Children should head the ball with the proper technique and use the correct size ball for their age and weight. Younger children should use softer balls (Nerf ball) to head the ball. Once confidence is built, a regulation ball (under-inflated at first) can be introduced.

CRICKET
Common injuries
Common causes of injuries are being hit with the cricket ball and falls.

Common types of injuries are strains, sprains, fractures, bruising and open wounds.

Injury prevention
• Encourage children to play Have a Go and Kanga/Pairs cricket to develop good skills and technique.
• There are restrictions on how many overs you can bowl in competition. Ask your local cricket club for more information.
• Get your coach to show you the proper sliding stop.

RESOURCES FOR CHILDREN, PARENTS AND COACHES
In addition to the resources already mentioned, Smartplay has sport specific fact sheets on:
- In-line skating
- Skateboarding
- Baseball
- Hockey
- Rugby union
- Surfing
- Tennis
- Volleyball
- Gymnastics.

Smartplay also has a wide range of injury prevention resources available, such as:
• Safety guidelines for children in sport and recreation
• Warm up – a guide to warming up, stretching and cooling down for sport
• Drink up – a guide to hydration and staying safe in hot sporting conditions
• Gear up – protective equipment for sport and recreation
• Fix up – a basic guide to managing the first 48-72 hours of a soft tissue injury.

For further information contact:
Smartplay
Sports Medicine Australia
Sports House
375 Albert Road
South Melbourne VIC 3205
Telephone: (03) 9674 8777
Email: smartplay@vic.sma.org.au
Website: www.smartplay.com.au

Smartplay is managed by Sports Medicine Australia – Victorian Branch and is supported by VicHealth, Sport and Recreation Victoria and the Department of Human Services.

Our thanks to Smartplay, Sports Medicine Australia for contributing this section.
PROTECTING CHILDREN FROM THE SUN – BEING SUNSMART

The Sun – UV Radiation

Although our senses can easily detect sunlight and infrared radiation (heat), they cannot detect the level of ultraviolet (UV) radiation from the sun. UV radiation can’t be seen or felt.

In Victoria from September to April, UV radiation can be damaging to our skin on cool, cloudy days as well as hot, sunny ones.

While UV radiation comes directly from the sun, it can also be scattered and reflected by surfaces such as buildings, concrete, sand, snow and water. It can also pass through light cloud.

The effect of UV Radiation – Skin Cancer

Overexposure to UV radiation can cause sunburn, skin damage and skin cancer.

Sun exposure in the first 15 years of life contributes significantly to the lifetime risk of developing skin cancer.

Australia has the highest rate of skin cancer in the world and one in two people living in Australia will develop skin cancer during their lifetime. However, skin cancer is almost totally preventable.

Sun protection

Whenever ultraviolet (UV) radiation levels reach 3* (moderate) and above, sun protection is required. At that level UV radiation is intense enough to damage the skin and contribute to the risk of skin cancer.

In Victoria from September to April, UV radiation levels are above 3 for most of the day. Particular care should be taken between 10am-2pm (11am-3pm daylight saving time) when UV levels reach their peak.

The SunSmart UV Alert is issued by the Bureau of Meteorology when the UV Index is forecast to reach 3 and above. It is reported in most daily newspapers and some television and radio weather forecasts across Australia.

KEY MESSAGES FOR PARENTS AND CARERS

Who needs to use sun protection?

Children of all nationalities and skin types have very sensitive skin that will burn easily. Children with fair or pale skin are more likely to burn but even children with dark skin can suffer sun damage. A tan will not protect your child from skin cancer. Even if your child does not burn easily, they should still be protected from the sun.

UV and Your Baby

A baby’s skin is thinner than an adult’s skin. It is extremely sensitive and can burn easily so sun protection is needed from the very beginning. It is recommended that you don’t expose babies under 12 months to direct sunlight. If outdoors, babies need to be kept in the shade. Even when in the shade, use a combination of sun protection measures to minimise sun exposure.

Be SunSmart

To protect against skin damage and skin cancer, when the UV level is 3 and above, use a combination of 5 sun protection measures:

1. Seek shade

Try to use shade whenever possible. Plant trees or erect temporary or permanent shade structures in the places where your child plays, or move activities, eg wading pools and play equipment, into shaded areas.

Even while in the shade, UV radiation can reflect from surfaces such as water, sand and concrete so it is important that children con-

* The Global Solar UV Index is a rating system adapted from the World Health Organisation. It ranges from:

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<tr>
<td>0-2</td>
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tinue to wear a hat, appropriate clothing and sunscreen.

2. Wear clothing that covers as much skin as possible
Shirts that have collars and sleeves that cover the shoulders and are at least elbow length, and longer style shorts and skirts are most suitable. Choose lightweight, close-weave, loose fitting clothing that won’t make your child too hot.

3. Wear hats that protect the face, ears and neck
Wear a broad-brimmed, legionnaire or bucket hat.
- Broad-brimmed hats should have a brim of at least 7.5cm (6 cm for very young children).
- The front peak and the long, back flap of a legionnaire hat should meet at the sides to protect the side of the face, neck and ears.
- Bucket hats should have a deep crown and a brim of at least 5cm.
Hats that can be adjusted at the crown or can be tied at the front help secure the hat on the child’s head. If the hat is secured with a long strap and toggle, depending on their activity, it may be best to place the strap at the back of the child’s head so it doesn’t become a choking hazard. Many babies and toddlers do not like to wear hats and persistence is needed to teach them that a hat is part of their outside routine from September to April.

Baseball caps and visors offer little protection to the cheeks, ears and neck and are therefore not recommended.

4. Wear wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses – Category 2, 3 or 4)
Eyes, like skin, can be damaged by exposure to UV radiation. Some young children may be reluctant to wear sunglasses, so protect their eyes by wearing a hat and staying in the shade.

There are products available that have been specifically designed for babies and toddlers and have soft elastic to keep them in place.

The colour or darkness of the lenses doesn’t indicate the level of sun protection and you will need to check the label.

If using sunglasses, look for glasses that:
- Are close fitting;
- Wrap around and cover as much of the eye area as possible;
- Are preferably marked EPF (eye protection factor) 10.

5. Use SPF 30+ broad spectrum sunscreen.
Apply a 30+ broad-spectrum, water-resistant sunscreen 20 minutes before going outside and reapply it every two hours. Sunscreen ‘screens’ out UV radiation but does not completely ‘block’ it out so some UV radiation still reaches the skin. Sunscreen should never be the only method of sun protection nor should it be used to stay out in the sun longer. Always check the expiry date.

From May to August, UV radiation levels in Victoria are usually low (below 3). Therefore sun protection measures are not necessary during these months unless you are in alpine regions, or near highly reflective surfaces like snow or water.

Be a SunSmart Role model
Children often copy those around them and learn by imitation. If you adopt sun protection behaviours the children in your care are more likely to do the same.

Common Questions
I grew up playing in the sun. Now I hear it is wrong to let children play in the sun. What’s the truth?
Children should still be able to enjoy their favourite outdoor activities whilst staying safe in the sun. It’s about being smart in the sun with your choice of clothing, hats, sunglasses and sunscreen, with the timing of activities and by seeking shady environments. A
combination of five sun protection measures should be used whenever ultraviolet (UV) radiation levels reach 3 and above. At that level UV radiation is intense enough to damage the skin and contribute to the risk of skin cancer.

Do children get skin cancer?
Skin cancer in children is very rare but there have been cases of skin cancer being diagnosed in children. Anyone can be at risk of developing skin cancer. The risk increases as a person gets older – older people have generally had more sun exposure than younger people. Research shows that sun exposure in the first 15 years of life contributes significantly to the lifetime risk of developing skin cancer. Melanoma is the most diagnosed cancer each year for 15-44 year olds.

What is the right balance between getting enough vitamin D and protecting our children from skin cancer?
Some UV radiation exposure is important for vitamin D production. Vitamin D is necessary for bone, joint, muscle and neurological function. To get enough vitamin D from September to April, you only need 10 minutes of sun exposure to the face, arms and hands before 10 am or after 3 pm, on most days of the week.

Most people receive enough vitamin D simply by going about their day-to-day lives. So you don’t need to make a special effort to go outside to increase your ‘dose’ of vitamin D.

From May to August, UV radiation levels in Victoria are usually low (below 3). Therefore sun protection measures are not necessary during these months unless you are in alpine regions, or near highly reflective surfaces like snow or water. To get enough Vitamin D from May to August you need to expose your face, arms and hands to the sun for two to three hours per week.

To me, my child looks and seems healthier with a suntan. Is this true?
A tan is a sign of overexposure to the sun’s UV radiation and that damage has occurred. Continued exposure damages and weakens the skin and increases the risk of skin cancer.

Are any skin types immune to skin cancer?
No. While children with very pale skin are obviously more prone to sunburn, every child in Australia should be protected regardless of his or her skin colour and type. Olive or tanned skin does not provide adequate protection.

Can I use sunscreen on my children?
Sunscreen screens out UV radiation but does not completely block it out. Some of the sun’s UV radiation still gets through to the skin. Sunscreen should be applied to those areas of the body that are not already covered by a hat and clothing. The Australasian College of Dermatologists recommends the use of a sunscreen “at any age when there is unavoidable exposure to the sun” and states sunscreen is safe to use on babies. However it is always best to keep babies and toddlers out of the sun or well-protected using other forms of sun protection so that sunscreen use is minimal.

Many brands of sunscreen include a formulation especially for infants which offer the same degree of protection, but is much gentler on their skin. Sunscreens with Titanium Dioxide or Zinc Oxide work largely by reflecting the ultraviolet radiation away from the skin, and are less likely to cause problems with sensitive skin.

Sunscreen tips:
• Test the sunscreen on a small area of the baby or toddler’s skin before using it to make sure there won’t be any reaction.
• Use an SPF 30+ broad spectrum, water resistant sunscreen.
• Apply the sunscreen 20 minutes before going outside and reapply every two hours (even if the stated water resistance is longer than 2 hours).
• Always check and follow the use-by date on sunscreen.
• Don’t use sunscreen to extend time in the sun.
• Only use sunscreen with other forms of sun protection. It doesn’t offer enough protection if it’s used on its own.

Is it true that skin cancer is a worse problem now because of the hole in the Ozone layer?
There is a thin layer of ozone, made up of oxygen, that surrounds the Earth. It acts as a shield, protecting the planet from the most dangerous types of UV radiation.
Increases in skin cancer incidence observed in recent decades are probably related to changes in behaviour towards sun exposure rather than the increases in the amount of UV radiation due to ozone depletion. There may be an increase in skin cancers due to ozone depletion in the next fifty years or so but at this stage we are not certain about the effects of ozone depletion and any associated climate changes.

We do know that behaviour can have an impact on preventing skin cancer so it is important to use the five sun protection measures; shade, clothing, hats, sunglasses and sunscreen, whenever UV radiation levels reach 3 and above.

**Key messages for children**

- The sun has beneficial and harmful effects for living things.
- The sun produces UV radiation, which can cause sunburn and skin and eye damage.
- UV radiation levels are highest in the middle of the day so try to spend less time in the sun or play in the shade during these hours.
- UV radiation is different from heat. UV radiation is not warm. You can get burnt on cool, cloudy days!
- Protect yourself from the sun by playing in the shade, spending less time in the sun when UV radiation is strongest and by wearing long sleeved clothing, hats, sunglasses and sunscreen.
- A suntan and other skin changes, such as freckles, are signs that the sun has damaged the skin.

**Activities for children**

There is an abundance of curriculum material on sun protection in primary schools. Here are some fun activities, which will help encourage children to use sun protection and to make plans and develop skills to ensure they are protected.

**Making a SunSmart ad**

Divide the children into groups and ask each to create a SunSmart ad. To prepare, they should first decide on two or three key messages about sun protection that they want to get across. The ads could be performed live or filmed on video. Variations may include creating a radio ad or poster.

**Silly Sausage Science Experiment**

On a fine, warm, sunny day, try this experiment to explore protection from the power of the sun. You will need: seven thick sausages, sunscreen, plastic food wrap or a piece of T-shirt fabric, newspaper, silver foil and cooking oil.

- Sausage 1: apply SPF 30+ sunscreen to the sausage.
- Sausage 2: apply a low factor sunscreen to the sausage.
- Sausage 3: apply oil to the sausage.
- Sausage 4: Wrap sausage in plastic food wrap or a piece of T-shirt fabric.
- Sausage 5: Wrap this sausage in newspaper.
- Sausage 6: wrap sausage in silver foil.
- Sausage 7: (Control sausage). Place the control sausage on a paper towel.

Place the sausages in full sun where they will not be disturbed for an hour. Remove the sausages and have the children write and draw about their observations. Encourage them to make their own conclusion about the link between sausage skin and their own skin and the effects of different or no coverings.

**Magazine activity**

Ask the children to cut out pictures of people ‘doing’ a range of outdoor activities eg a picture of kids skateboarding, a woman in a sports car etc. Ask the children to comment on:

- Whether the people are engaging in ‘sun smart’ behaviours;
- If not, what can they do to become ‘sun smart’?

You could then ask them to draw a picture of
themselves engaging in their favourite outdoor activity – and adopting SunSmart behaviours.

**Design a SunSmart school excursion program**

Let the children’s imaginations soar as they devise their dream school camp or excursion program. The one requirement is that it must be SunSmart. The children should be encouraged to compile a list of required clothing and equipment as well as an itinerary.

**Designing/making a SunSmart hat**

Ask the children to create their own SunSmart hats using art/technology materials.

**Resources for teachers**

SunSmart has a number of useful resources available to help share our important sun protection message. These include teacher curriculum resources, posters, information sheets, flyers, student activity sheets and project pages, brochures and multi-lingual information sheets.

A resource listing is available on our website and resources can be ordered online at www.sunsmart.com.au or by calling (03) 9635 5148.

**SunSmart Schools and Early Childhood Program**

Early childhood services and primary schools are invited to join the SunSmart Schools and Early Childhood Program.

Being a member of the SunSmart Schools and Early Childhood Program:

• Demonstrates your commitment to protecting children and staff from the risks of UV radiation;
• Provides documented proof of your sun protection measures through a comprehensive sun protection policy approved by the Cancer Council;
• Assures parents/families that their child will be well protected from the sun
• Complements health and welfare programs;
• Promotes the school/service within the community as one that is committed to the health of the children in its care.

**Is your child’s school or early childhood service SunSmart?**

**How to join the SunSmart Program**

**Step 1:** Complete the application form (includes a questionnaire & agreement form).

**Step 2:** Attach a copy of your sun protection policy making sure it includes all of the main points recommended by SunSmart.

(You can use SunSmart’s sample policy as a guide or copy it.)

**Step 3:** Send these to SunSmart. We will review the application and policy and may offer some suggestions to ensure your school/service follows all of the SunSmart recommendations.

**Step 4:** Once the application and policy are finalised, we will invoice you and upon payment of a one-off $30 joining fee send you a SunSmart sign, certificate and other resources.

**Step 5:** You will then be a SunSmart member!

**For further information**

To find out more about the SunSmart Schools and Early Childhood Program contact:

SunSmart, The Cancer Council Victoria
1 Rathdowne Street
Carlton VIC 3053
Telephone: (03) 9635 5148
Email: sunsmart@cancervic.org.au
Website: www.SunSmart.com.au

*Our thanks to SunSmart, The Cancer Council Victoria for contributing this section.*
In Australia each year someone is either injured or dies due to fire in the home, often children die as a result of fire and many more are injured, perhaps scarred for life. Even if no one is hurt, the emotional cost of losing a home with cherished possessions and memories is great.

Because our homes are familiar places to us, we may tend to become complacent and careless. We may not see the hazards, but they are there.

**KEY MESSAGES FOR PARENTS**

**Smoke alarms**
It is now a legal requirement for owners of residential dwellings to install at least one smoke alarm on each level in the home. It is the owner’s responsibility to have the smoke alarm installed.
- Smoke alarms should be located between the sleeping areas on every level of your home.
- Where people sleep with their doors closed install an additional smoke alarm in the bedroom.
- Test smoke alarms each week.
- Clean smoke alarms every month by vacuuming the vents.
- Change the batteries once a year when you change your clock, at the end of daylight saving. ‘Change your Clock Change your Smoke Alarm Battery’.

**Fire blankets**
Fire blankets are specially designed to extinguish small cooking fires that may occur in the kitchen. The fire is extinguished by smothering the flames and preventing oxygen getting to the fire. Water should never be used for oil, fat or electrical fires.

Care must be taken when using a fire blanket as you must lay the blanket over the fire and not throw the blanket over it.

Fire blankets can be purchased from most hardware stores and will cost you approximately $30-$40. You should position them where they are easily accessible and at least one metre from the stove.

**Fire extinguishers**
Dry powder extinguishers (red with a white band) are the most suitable extinguisher for use in the home. They can be used on most fires, for example wood, paper and textiles through to flammable liquids, cooking oils and electrical fires. They should also be kept in cars, caravans and boats.

They can be purchased at most hardware
stores and cost approximately $30-$40. The fire extinguisher in the home should be near the entrance to the kitchen.

After extinguishing a fire, phone the fire brigade on 000. They will ensure there are no embers left in the vents or roof space.

**PLANNING IN THE EVENT OF A FIRE**

**Home escape plan**

House fires are extremely dangerous and can be very scary. Smoke can fill a room within seconds. You may quickly feel disoriented and start to panic. Many will be struggling to breathe.

You must know what to do in the event of a fire occurring so that you are fully prepared. It is important to have an escape plan and practise this regularly.

- Sit down with the family and draw your home escape plan so everyone knows what to do in case of fire.
- Practise getting out of your home. (Make a game of it so it involves the children).
- You must know at least two ways out of every room.
- If exiting a closed room, feel the door with the back of your hand. If it is hot, do not open it, use the alternate exit, usually the window.
- Never deadlock yourself in your home. Escape could be delayed and could cause death.
- Learn to crawl low in smoke. Smoke rises, so the safest air to breathe is close to the ground.
- Arrange to meet all the family members at a previously agreed spot outside your home. This could be the letterbox, a tree, or a light post.
- Once out of your home, stay out. Never go back into a burning house.
- Call the Fire Brigade immediately from a mobile phone or neighbour's home on 000.

**In the event of a fire:**

- If you discover a fire in a room then help anyone in need if it is safe for you to do so.
- Close the door to prevent the fire from spreading to the rest of the house.
- Get out the nearest and safest exit possible.

If you live in a two storey house and find you are prevented from escaping, don't panic:

- Move all family members into one room.
- Close the door and seal the bottom of the doorway with a blanket to prevent smoke entering the room.
- Ensure you have a landline phone or mobile phone in your bedroom and dial 000 for the fire brigade.
- Open a window and yell for help.
- Do not jump.
- Once out of a burning house, stay out. Never go back inside, not even to collect your favourite things.
- Phone the fire brigade on 000.
- Stay at your meeting place until the fire brigade arrives.
- Make sure everyone is accounted for.

**EDUCATIONAL RESOURCES FOR PARENTS AND TEACHERS**

**Fire safety tips**

For more detailed information on the above issues plus heaters and open fires, electrical appliances, cooking, smoking, candles and oil burners. Contact: Metropolitan Fire Brigade on (03) 9665 4464.

**Fire Ed**

A Metropolitan Fire Brigade fire safety education strategy for primary schools in the Metropolitan Fire District. Specialised resource materials are provided for primary aged new arrivals who attend an English language school or centre. Fire Ed for Special Ed has additional resource support to increase the access for students with a disability. Contact: Metropolitan Fire Brigade on (03) 9420 3908.

**Early fire safety**

An educational program delivered by firefighters about the daily care and protection of very young children – for parents, caregivers
and early childhood professionals. The aim is to raise awareness in preventing burns and scalds. Contact: Metropolitan Fire Brigade on (03) 9420 3908.

The Juvenile Fire Awareness Intervention Program (JFAIP)
For children and adolescents (including those with intellectual disabilities) who have been involved in playing with fire or setting fires. The program, delivered by Victoria's Fire Services, aims to reduce the number of deaths, injuries and millions of dollars of property damage caused by juvenile fire lighting in Victoria. It is home based, free and strictly confidential. Contact: Metropolitan Fire Brigade on 1300 309 988.

SmokeBuster
An interactive education bus which provides the Metropolitan Fire Brigade with an additional and innovative way to deliver fire safety information to the community. It is outfitted with educational displays, video presentations and touch screen computers. Contact: Metropolitan Fire Brigade on (03) 9420 3904.

FLAMES
A program designed to teach better English skills through the study of fire safety and to educate Adult Migrant Education Services (AMES) Centre students about fire safe behaviours. Contact: Metropolitan Fire Brigade on (03) 9420 3905.

FLAMES for ELS/ELC
This program is designed to teach English through the teaching of fire safety. It is aimed at teenaged new arrivals who attend English language schools or centres. Contact: Metropolitan Fire Brigade on (03) 9420 3905.

Operation Homesafe
A voluntary program whereby the householder invites local firefighters to assist with their home and fire safety. Firefighters identify fire and safety hazards around the home. Contact: Metropolitan Fire Brigade on (03) 9665 4464

For further information contact:
Metropolitan Fire Brigade
Community Education Department
Telephone: (03) 9665 4464
Website: www.mfb.org.au
Email: commed@mfbb.vic.gov.au
Our thanks to Metropolitan Fire Brigade Community Education Department for contributing to this section.

Rural Fire Safety

RADIANT HEAT – THE KILLER IN A BUSHFIRE
Every summer, people try to survive bushfires by wearing light summer dresses, shorts, singlets and even swimsuits. They often die without the flames ever touching their exposed skin. People need to understand the real risks of bushfire – heat stroke, dehydration and asphyxiation.

Radiant heat can kill. You need to cover up – dress to protect yourself – take refuge from direct heat. Radiant heat cannot be transmitted through solid objects.

If you put your hand near open flame, an electric heater element, or an electric light bulb, you can feel the radiant heat it generates. Draw your hand away and the amount of heat on your skin decreases.

Put something between your skin and the heat source and your skin immediately feels cooler. That's all you need to remember about radiant heat from bushfires – distance and shielding protect you from dangerous exposure.

The danger is real. Radiant heat from the flame front of a bushfire scorches vegetation well in front of its path. It kills animals caught in the open. People can also die if they do not seek protection.

Death is caused by heat stroke, when the body's cooling system fails, leading to heat exhaustion and heart failure.

What you can do to shield yourself from radiant heat – cover up and take cover

1. Protect your exposed skin areas
Bushfires usually occur on days of high tem-
perature. You and your family may be in shorts, swimsuits, bare feet or sandals.

Remember, the dangerous effects of radiant heat are increased by the amount of skin exposed.

As soon as you know there are bushfires in your area, cover up!

Firefighters wear protective gear to survive, so should you.

Put on natural fibre long pants, light long-sleeved wool jumpers or close weave cotton shirts or overalls. Wear good solid footwear – preferably leather and a sturdy hat. This is your survival suit.

No matter where or when you face a bushfire, remember to wear your survival suit. Cover up to survive.

Don’t be caught outside wearing a swimsuit or shorts, cover yourself as soon as you become aware of a fire in your area.

2. Take cover inside your house

As the fire front passes, radiant heat levels become extreme.

Your clothing may not be sufficient to protect you for the five to twenty minutes it may take for the fire to pass. But radiant heat cannot penetrate through solid objects. That means your best protection is a well-prepared house. As the fire front passes, stay inside with doors and windows shut to protect against spark entry. Remember, if you flee from your house, you lose its protection against radiant heat. Other structures such as brick walls can offer protection.

3. Reduce the risk of dehydration

Dehydration occurs when fluid output from the body is greater than fluid input. It is dangerous because it creates a build up of salts and minerals in the body tissues, which puts strain on the kidneys. When the kidneys fail, death can quickly follow.

The high air temperature during a bushfire and the added stress of wearing extra clothing to shield against radiant heat will contribute to make you sweat heavily. The fluids you lose must be replaced continuously or you risk dehydration. Keep cool and drink water often. Drink cool fluids at every opportunity – even if you don’t feel thirsty.

Drink often to replace the fluids you sweat off. Alcohol and fizzy drinks must be avoided as they aid dehydration.

Children and the elderly are especially vulnerable, so pay attention to their needs. Keep them indoors where they do not need to wear heavy protective clothing for long periods. Cool the skin by sponging with cold water. Make sure they drink frequently.

4. If caught on the road

Remember, if your plan is to leave your home on a day of extreme fire danger then do it early – well before you become aware of a fire. A late evacuation is a deadly option. Declaration of a Total Fire Ban should be your trigger to put your plan into action.

Always u-turn to safety if you have the option but if you are caught on the road your car offers the best protection from radiant heat as the fire front passes. Do not get out and run.

RESOURCES FOR TEACHERS

Fire Safe and Junior Fire Safe
Classroom lessons for primary students covering a broad range of fire safety issues, including bushfire preparedness, outdoor fire safety, CFA in the community, personal fire safety and home fire safety. Contact: CFA on (03) 9262 8444.

Mobile Education Van
This is a program for primary school students providing a semi-trailer that tours Victoria delivering home fire safety lessons. It is set up to resemble a house and involves home hazard identification, home escape plans and personal survival skills. School interactive lessons and follow-up teacher worksheets, and posters are included. Contact: CFA on (03) 9262 8444.

For further information contact:
Country Fire Authority
8 Lakeside Drive
Burwood East, 3151
Telephone: (03) 9262 8444

Our thanks to the Country Fire Authority for contributing this section.
Child Safety on Farms

Farms can be wonderful places for children, where independence and responsibility is fostered and family relationships are strengthened.

The farm environment has been able to provide children with valuable and unique experiences that have enabled them to develop both socially and physically, even though they are in an isolated setting.

However farms are also a work place and evidence shows that this places children at greater risk of injury when playing or helping out around the farm.

What are the facts about children being injured on farms?
On average, 30 children aged under 14 die on Australian farms each year as a result of injury, a third of these being visitors to the farm. Around 600 children are admitted to hospital each year for farm related injuries – that’s more than 10 admissions for farm injuries each week. Many more children with farm related injuries present at Emergency Departments of country hospitals and to General Practitioners.

What are the main causes of injury to children on farms?
For children aged 0-4 years the most common cause of death is drowning, specifically dams, rivers, creeks, pools, water troughs and animal dips; followed by farm vehicles and machinery, especially tractors (eg. falls and runovers).

For children aged 5-14 years the key causes of death are farm machinery, farm motorcycles (including ATVs), other vehicles and animals (mostly horses).

Farm motorcycles and horses are prominent causes of non-fatal hospital admissions/ Emergency Department presentation. Other causes of non fatal farm injury include machinery, vehicles, other animals and farm structures.

Why are children particularly at risk of farm injury?
Children are at risk for two main reasons. These are to do with the nature of the farm environment and child growth and development characteristics.

1. The farm – family home and rural workplace
Farms are often a home and a workplace-children are commonly exposed to workplace hazards not present in urban homes.

Farm hazards are many and varied, with potential consequences of injury being severe or fatal (eg drowning, runovers, entanglement, falls)

The severe consequences of injury and the higher frequency and duration of exposure to safety hazards place children on farms at increased risk.

2. The child – growing and changing
Consider the fact that children grow and progress through stages of:

• Physical development.
• Intellectual development.
• Emotional development.

Children are not only smaller, they see the world differently to adults and are not always rational, cautious or able to foresee unsafe consequences.

Children will learn and develop farm safety skills as they grow and gain experience under supervision. However, full responsibility for personal safety should not rest completely with children, even if they appear competent in some situations or have been given rules to follow. The safety of children is always an adult responsibility – primarily the parent or carer, but also a shared concern of farm owners, managers, farm workers and other adults visiting the farm.

What we can do to keep kids safe on farms or rural properties?
It may be helpful to use the S-A-F-E approach to address child safety on the farm.

The S-A-F-E approach to farm hazards:

S See the hazards – conduct a farm safety walk to identify hazards.

A Assess the risk of injury and consider how old children are, how long and how often they are exposed to risks.

F Fix the problems by using a variety of control measures.

E Evaluate and record your actions.

Some people will have more control over
implementing safety measures than others, but everyone can help in some way.

**Key messages for adults on farms**
- Create a safe play area, such as a securely fenced house yard, which separates small children from bodies of water, farm machinery, vehicles and other hazards. Support this with supervision.
- Ensure someone is designated to ‘keep watch’ over children and that everyone on the farm is alert to ‘watch out’ for children.
- Fill in unused water-bodies (eg ditches) and cover tanks with lids.
- Ensure children wear helmets when riding and only ride horses and bikes suited to their size, age and ability.
- Develop and regularly reinforce ‘out of bounds’ areas for children when not with adults (eg. dams, workshops).
- Apply ‘no passenger’ rules for tractors, machinery and four-wheel motorbikes.
- Ensure children wear seatbelts in vehicles and that they do not ride the back of utes.
- Provide hearing protection for children accompanying adults using firearms, chainsaws or other noisy equipment.
- Learn how to resuscitate a child.
- Complete the checklist to determine how well you are managing these child safety risks on your farm.

**CHECKLIST FOR A SAFE PLAY AREA**
- Is there a safe play area (eg. a fenced house yard) for small children which is securely separated from farm machinery, vehicles, work activities and other hazards?
- Does the safe play area have shade and interesting things for children to do?
- Are there ‘out-of-bounds’ rules, for children who are not with a supervising adult, which are regularly reinforced?
- Do ‘out-of-bounds’ areas include all hazardous places (eg. water tanks, farm machinery, vehicles, silos, workshops and areas where stock are yarded)?

**Water**
- Are swimming pools, effluent ponds, channels or dams securely fenced if near the house?
- Are tanks, wells and troughs near the house fitted with lids or strong mesh, and are unused ditches filled in?
- Have those who look after children been alerted to ‘keep watch’ when children are around and could wander off into water?
- Do you know how to resuscitate a drowning child?

**Farm Motorcycles**
- Are children appropriately supervised when learning to ride two-wheeled motorcycles?
- Do all riders always wear a currently fitted motorcycle helmet, long pants, and a sturdy footwear when riding motorbikes?
- Does the farm adopt manufacturers’ recommendations and:
  - Prevent children under 16 from riding quadrunners (ATVs);
  - Prevent passengers riding on quadrunners.

**Horses**
- Are children only allowed to ride horses suited to their age and riding ability?
- Are children appropriately instructed and supervised when learning to ride horses?
- Do children on the farm always wear well-fitted riding helmets and smooth-soled riding boots when riding horses?

**Tractors and Machinery**
- Do you prevent children from riding as passengers on tractors and machinery?
- Are children encouraged to keep away from tractors and farm machinery on your farm?

**Farm Vehicles**
- Do children always use seatbelts and proper restraints and never ride in the back of utes?
- Are drivers careful when moving vehicles near the house in case children are present?
- Are keys kept out of reach of children when vehicles are not in use?

**Other hazards**
Have other hazards (eg. firearms, chemicals, electrical, noise, silos) that children could access on your farm been identified and addressed?

Copies of this checklist can be downloaded from Farmsafe Australia’s website at www.farmsafe.org.au
Please note that the checklist is not a substitute for a comprehensive ‘on farm’ safety inspection and occupational health and safety management program. More information on this and ‘Managing Farm Safety’ courses for farm owners and managers is available from Farmsafe Australia and your state Farm Safety Organisation.

The Victorian Farmsafe Alliance is a collaborative project funded by the Victorian WorkCover Authority, the Department of Human Services, The Department of Primary Industries and the Victorian Farmers Federation.

The Victorian Farmsafe Alliance with the support of local farm safety action groups and community centres conducts activities to raise the awareness of farm injuries and presents practical solutions.

**RESOURCES FOR TEACHERS**

There are a variety of resources available to schools and community organizations. The farm model is very popular amongst younger students, as are the activities and puzzles, which support this activity.

A number of videos are available to organisations that wish to run programs about farm safety. Titles include:

- **Health & Safety on the Farm**, a guide to health and safety induction of farm workers.
- **Farm Safety, The Video**, a 10 minute video with a lighter approach depicting hazards faced by children on the farm
- **The John Deere Collection**, one hour collection featuring a number of aspects of farm safety.
- **Farm Safety, how one Victorian farmer made it happen**, a practical demonstration of simple solutions to farm hazards.
- **We’re Killing our Kids**, NZ video featuring a doctor pointing out the unacceptable level of death and injuries from ATVs on farms.
- **Cattle Handling**. A NZ video demonstrating practical cattle handling skills and yard design.
- **Clearing the Air**. A guide to handling conflicts in the workplace.

A recently acquired set of display material is also available for loan; this comprises a freestanding display board with a range of posters and information sheets.

A teaching resource called ‘Ripper’ – Rural Injury Prevention Primary Education Resource is available. This provides a teaching program for students of varying ages, and will help reduce children’s risk of injury by:

- Increasing their awareness and understanding of farm hazards.
- Helping them develop strategies and behaviours which will prevent farm injuries.

‘Safe Play Areas’ is a resource package to help parents in rural environments plan and construct a safe and interesting play area that makes the supervision of children at play more manageable.

The above-mentioned resources are available from Community Health Centres and the Farmsafe Alliance, which is located in the Victorian farmers Federation office. While many resources are available free on loan, it is advisable to book well in advance. The Ripper book sells for $15.

**For further information contact:**

The Victorian Farmsafe Alliance  
C/- Victorian Farmers Federation  
24 Collins Street, Melbourne 3000  
Telephone: (03) 9207 5509  
Website: www.farmsafe.org.au

Our thanks to the Victorian Farmsafe Alliance for contributing this section.
It is estimated that tens of thousands of Australians are bitten or stung annually by venomous creatures. Fortunately, serious bites and stings are relatively infrequent, probably due to highly urbanized nature of our population. Annually in Victoria there are an average of 375 hospital admissions and more than 1,100 emergency department presentations as the result of venomous bites or stings.

Venomous bites and stings are more frequent in the warmer months, representing both an increase in the activity of venomous creatures and the prevalence of outdoor activity. Bites and stings are particularly common to the limbs.

Advice on treatment for bites and stings is available from the Poisons Information Centre on 131 126 from anywhere in Australia.

**SNAKES AND SNAKEBITE**

**Prevention of snake bite**

Most cases of snakebite can be avoided by following these simple rules:

- Leave snakes alone.
- Wear sturdy shoes and adequate clothing in ‘snake country’. Do not wear sandals or thongs.
- Never put hands in hollow logs or thick grass without prior inspection.
- When stepping over logs, carefully check the ground on the other side.
- Always use a torch around camps and farmhouses at night – most snakes are active on summer nights.

- Keep barns and sheds free of mice and rats, as they will attract snakes.
- Keep grass well cut – particularly in playgrounds and around houses.

**Special notes regarding children:**

- Never let children collect snakes.
- If a young child says he or she has had contact with a snake, please believe them. (Better to be safe than sorry).

**Snake bite when far from civilisation**

Leaders of bush walking groups, scouts and individuals traveling alone in remote areas often seek advice on this subject. Such groups should be advised on how to avoid snakebite before setting out (see above).

- People travelling in isolated areas are far more likely to need medical aid following falls, heart attacks or other illness, than for snakebite.
- When possible a radio transmitter or
mobile telephone should be part of the expedition’s equipment.
• If snakebite occurs, appropriate first aid may ‘buy time’ for the patient to reach medical care.

Some facts on snakebite
• Not all snakes are venomous but it is safer, from a first aid point of view, to consider all snakes dangerous.
• Sometimes only minimal amounts of venom are injected, even though puncture marks are present.
• At least 95% of bites occur on the limbs. Around 60% involve the lower limb.
• The venom may be injected quite deeply. It has been shown that little venom is removed by incision or excision.
• Research has shown that movement of venom into the blood stream may be delayed if firm pressure is applied to the bitten area and the limb is immobilised.

First Aid for snakebite

First Aid using the Pressure-Immobilisation Procedure:
• Immediately apply a broad, firm pressure bandage around the limb and over the bite site.
• It should be as tight as one would bind a sprained ankle.
• As much of the limb as possible should be bandaged.
• Bandage from below upwards as this will be most comfortable. Even though a little venom is squeezed upwards, the bandage will be far more comfortable, and therefore may be left in place for longer if required.
• Start at the toes or fingertips.
• Crepe bandages are ideal but any flexible material can be used – tear up clothing or old towels into strips or use panty hose.
• Do not remove clothing, as the movement in doing so will promote the entry of venom into the blood stream.
• Lie the patient down to minimize movement
• Keep the limb and the victim as still as possible.
• Bind some type of splint to the limb eg piece of timber, spade, any rigid object.
• Bring transport to the victim whenever possible.
• Leave the bandages and splint on until medical care is reached.
• Don’t cut or excise the bitten area.
• Don’t apply an arterial tourniquet.
• Don’t wash the bitten area. The snake involved may be identified by the detection of venom on the skin. If the snake can be safely killed, bring it to the hospital with the victim for identification.

Bites on the hand or forearm:
• Bind to elbow with bandages.
• Use splint to elbow.
• Use sling.
If the bandages and splint have been applied correctly, they will be comfortable and may be left on for several hours. They should not be removed until the patient has reached a doctor.

When bandaging, leave tips of toes showing so that cyanosis (blue skin colour) will be visible on inspection.
are removed. The doctor will leave bandages in position until he or she has assembled appropriate antivenom and drugs, which may have to be used when the bandage is removed.

(The first aid measures can always be quickly re-applied if deterioration occurs, and left on until antivenom therapy has been started.)

**Additional first aid for snake bite:**
- Bites to the trunk: If possible apply firm pressure over the bitten area. Do not restrict chest movement. Keep the patient still.
- Bites to the head or neck: No first aid for bitten area.
- Sea snakes: The pressure-immobilization procedure is appropriate for sea snake bites.

**SPIDER AND INSECT BITES**

**First aid for bites and stings by other Australian creatures, which may cause death:**

The pressure-immobilisation procedure described on the previous pages is now recommended for use in the majority of other bites and stings with several exceptions discussed below. Arterial tourniquets are no longer recommended for any type of bite or sting.

**Sydney Funnel-web spider**

The pressure-immobilization procedure should be commenced as soon as possible and left in position until the patient is in hospital. Experimental evidence suggests that this venom may lose its activity if kept in the bitten limb. Antivenom is available.

**Redback spider**

No first aid is recommended for these bites other than the local application of iced water. The venom works slowly and if its movement is restricted, local pain may become severe. More than 300 case received antivenom each year and no deaths have occurred since this treatment became available.

**Other types of spiders**

A variety of common house and garden spiders frequently deliver bites, but usually very little occurs other than a little local pain and swelling. Bites are best lightly washed with soap and water. Iced water may give relief from mild pain and itching. Medical advice should be sought if local changes are causing concern. Note: If bitten by a spider, always try to capture and preserve the culprit in methylated spirit for identification purposes, even if it has been squashed.

**Bees, wasps and ants**

May cause anaphylactic shock or death in allergic persons. In non-allergic persons, iced water usually relieves the pain. In all cases, bee stings should be scraped or pulled off as quickly as possibly to prevent further injection of venom from the venom gland, which remains attached to the sting.

In persons known to be allergic, medical care should be sought immediately. Patients who have suffered systematic reactions should have access to injectable adrenaline and know how to use it. Purified venoms are available to desensitise people allergic to bees and most wasps. Purified Jumper ant, bull ant and Green Headed ant venoms for this...
The Australian paralysis tick
As soon as possible, the tick should be carefully removed by levering it out of the skin with tweezers, dental floss or the open points of curved scissors. It is possible that this action may result in the further injection of toxic saliva into the victim, but the longer the tick remains in situ, the more venom may be injected. If the patient is already ill, the pressure-immobilisation procedure should be used to inhibit the movement of toxic saliva. NB. Check carefully for other attached ticks! An antivenom is available to treat severe cases of paralysis.

MARINE CREATURES

Blue-ringed octopus and Conus shells
The pressure-immobilisation procedure is recommended. Prolonged artificial respiration may be needed following a bite or sting.

Box jellyfish
Pour domestic vinegar (never methylated spirit or alcohol) over the adhering tentacles to inactivate them as soon as possible. This prevents the further discharge of stinging cells. Artificial respiration and cardiac massage may be required. Antivenom is available.

Other types of jellyfish
The application of vinegar is recommended for stings by the other dangerous jellyfish such as the Morbakka and Irukandji. Current opinion is that all other jellyfish stings, including those due to Physalia (the ‘blue bottle’ or ‘Portuguese man ‘o’ war’) are best washed with sea water and then covered with iced water packs.

Stonefish and other stinging fish
Severe pain is the most prominent feature. Do not attempt to restrict the movement of the injected toxin. Some stonefish stings respond to bathing in warm (not scalding) water. All stonefish stings require medical attention, as do most deep stings caused by other fish. Often foreign material and bacteria are deposited quite deeply. Stonefish antivenom is available.

Note: Even if the bitten or stung person is ill when first seen, the application of the pressure-immobilization procedure will help to prevent further movement of venom during transport to hospital.

Stingrays
Any stings or suspected stings by stingrays involving the chest or abdomen must be considered a medical emergency and medical attention sought immediately. Deaths have occurred when the barb has penetrated the heart or abdomen. There is no specific first aid.

For further information:
The Australian Venom Research Unit provides a 24 hour Advisory Service for doctors via the Poison Information Centres (131 126 Australia wide), and directly via telephone 1300 760 451.
The Australian Venom Research Unit
Department of Pharmacology
University of Melbourne VIC 3010
Telephone: (03) 8344 7753
Website: www.avru.org.au
Our thanks to the Australian Venom Research Unit for contributing this section.
Pets are an integral part of our lives as Australians. In fact over 80% of Australians have an animal companion during childhood. The relationship between children and their pets is special and comforting, and it brings many benefits for child development, family harmony and even health.

The benefits of growing up with pets

Child development

Having a relationship with a pet can help develop such skills as:

- Nurturing skills;
- Empathy;
- Caring attitude;
- Responsibility;
- Non-verbal communication.

Studies have shown that children with pets:

- Have higher self-esteem;
- Have improved social skills;
- Are more popular with their peers.

Family harmony

Pet ownership also has a beneficial effect on family harmony. Research shows that families with a pet:

- Spend a lot more time interacting;
- Provide a focus for fun activities and friendly conversation including the important topics of life.

Health

The relaxation and relief from stress provided by animal companionship also yields health benefits for parents. In comparison with their pet-less counterparts, pet owners:

- Have a decreased risk of cardiovascular disease;
- Have fewer minor illnesses and complaints;
- Visit the doctor less often.

While owning a dog can be a delightful family experience and has enormous benefits for the child and the family, parents need to be aware of the risk of injury through dog bites. This Dogs ‘n’ Kids information is part of an overall strategy to reduce the incidence and severity of dog bites to children. It has been developed by the Safety Centre at The Royal Children’s Hospital in conjunction with other child safety units, the Children’s Injury Prevention Working Party, local government authorities and maternal and child health services. It was made possible with funding from the Petcare Information and Advisory Service.

While owning a dog can be a wonderful experience, it carries with it certain responsibilities. Some of these responsibilities relate to your family’s, the dog’s, and other peoples’ well-being.

Other requirements are detailed by organisations such as municipal councils.

Who is at risk of injury from dog bites?

Dog ownership within a family brings with it the risk of dog bites to children. Children are most frequently bitten by their own family dog or by a friend’s dog. Children most at risk of dog bite injuries are under five years
old, usually in and around their own homes. Around 30,000 people each year attend hospital emergency departments in Australia for dog bite injuries. Young children are often bitten on the head, face and neck because of their height in relation to the dog’s height. Dog bites can lead to permanent scarring and disfiguration, and the wounds may become infected. If bitten by a dog, the child may require a tetanus booster and other medical care.

**MINIMISING THE RISK OF DOG BITES**

We tend to forget that dogs do not communicate in the same way as humans. For example, humans make eye contact when communicating and make physical contact through an open handshake. Both of these behaviours may be seen as a challenge by the dog. Training is the key to preventing dog bites. Dogs, children and adults all need to be trained in how to approach and communicate effectively.

**Sleeping dogs**

Teach children not to approach a sleeping dog. When suddenly awoken from sleep, humans have been known to behave defensively, that is to strike out, and dogs when woken in fright may behave in much the same way. Dogs should not be disturbed when sleeping. If you need to wake the dog up, call them from a distance to allow them time to become oriented.

Provide the dog with a bed that is separated from noisy or busy areas. This will minimise the risk of unintentionally waking the dog.

**Feeding dogs**

Children should be taught not to approach a dog that is eating or gnawing on a bone.

Feeding is an adult’s only activity. This is because correct nutrition is important and also dogs may become protective of their food or bones. Some dogs may be conditioned to accept interference with their food from the time they enter the house as a puppy. This requires the owner to teach the dog not to react if its food is removed while eating. Start by putting your hand on the food bowl. If the puppy is happy and does not show sign of aggression, such as growling, add a treat to the food bowl and reward the puppy with a pat. This training should continue throughout the dog’s life, especially if there is a possibility of children entering the property.

**When approaching a dog**

Children should be taught not to approach an unfamiliar dog.

Much behaviour humans show toward each other can be perceived as a threat by dogs. If a dog is in the company of its owner, it is essential to ask the owner’s permission first before approaching the dog. The owner must initiate the introduction of a new person to their dog. The dog should be approached on an angle, not from the front or rear. Once closer to the dog, curl your fingers and slowly extend the back of the hand and allow the dog to sniff the hand before tickling under the chin or the side of the chest. Dogs should not be patted on the top of the head or the shoulders.

An open palm facing the dog may be seen as a threat by the dog and may cause the dog to act defensively. If the dog doesn’t sniff or
backs away, do not attempt to pat it. When approaching a familiar dog always call the dog by name before approaching.

**Always supervise children around dogs**

Young children can be rough and unrelenting. They may be unaware that their behaviour is annoying to the dog. Their high pitched squeals and uncoordinated attempts at showing affection can disturb the dog, causing it to act defensively or trigger a chasing response. Discourage rough, inappropriate play, as this may overexcite the dog.

There should be at least one adult per child per dog. Adults should initially control the child’s movements when they are learning to interact with dogs. Showing children the correct behaviour is essential when young children are learning the skills of interacting with the dog. You hold and guide a young child’s hand to pat the dog gently. Young children need constant supervision when in contact with dogs.

Establishing eye contact with a dog can be seen as a threat or challenge.

**When approached by a strange dog**

Children are easily excited. A common reaction in their excitement is to run and squeal. This behaviour can frighten a dog that may only be curious, or want to join in the fun.

When approached by an unfamiliar dog, children should be taught to stand like a statue with their arms by their sides. In all probability, the dog will sniff the child, and then walk away. It is important to instil in children the importance of not making eye contact with the dog. Train children to look at their own feet when approached by a dog, until a relationship has been strongly established.

Children should be taught to leave strange dogs alone and to report stray dogs to an adult who may be able to deal with the dog appropriately.

Never approach an unfamiliar dog, even if it looks friendly.

**Important dog behaviour to recognise**

Dogs, as with any animals, have a special way of communicating with each other and humans.

Few people really know or understand signs of dog body language. A dog’s body language may give us clues about how a dog may be feeling.

A dog should be left alone if it:

- Lifts its lips
- Growls
- Backs off
- Raises the hair on its back.

**RESPONSIBILITIES OF DOG OWNERS**

**Choosing the right dog**

Choosing the right dog for your family is important. The choice you make may be with you for 15 years or more, so it is important to take a little extra time to consider many factors. It is essential that you do not purchase a breed of dog simply because it is ‘in fashion’, or if the breed has been featured in a popular film or television show. This could lead to the dog and the family being unhappy and may lead to dogs being surrendered in animal shelters or dumped.

To choose the breed that will best suit your family, some things to consider are:

- The expected activity level of the dog;
- How much time you can dedicate to exercise;
- If you have children or expect to in the future;
- Whether your dog would be a working dog or a house dog;
- How much time might be required for grooming;
- Your budget for food and maintenance;
- The most manageable size dog for you;
- How much time the dog will spend alone;
- The person likely to be the main carer of the dog;
- Training required;
- The size of your yard.

**Need help choosing a breed?**

Any dog is capable of biting. Small dogs may inflict small wounds; larger dogs may inflict larger wounds. Parents should be wary of
introducing a young child to any breed without strict supervision. The Petcare Information and Advisory Service can assist members of the public to choose breeds most likely to suit their lifestyle. Potential dog owners can contact the service prior to purchasing a dog to help find a good match, this can be done on the website www.pet-net.com.au for free by clicking on Selectapet. Responsible canine associations or your nearest veterinarian can give you good advice about choosing the right dog.

Training
Obedience training is essential for all dogs regardless of breed, size or age.

Training is just teaching the dog good manners. Proper training is important to ensure the dog behaves appropriately around strangers and children. Dogs that leap on visitors are not only annoying, but can cause serious falls. Dogs that fail to obey commands such as ‘come’ and ‘stay’ could be placing their own life and also the car driver’s life at risk by running onto the road.

All dogs should be taught the basic commands that will keep them and others safe. Commands such as ‘come’, ‘stay’, ‘sit’ and ‘drop’ are the least a dog should know. Some dogs can also be trained not to react when someone interferes with their food, although it is best never to interfere with dogs whilst eating. Train them to walk safely on a loose lead.

For advice on training, contact an obedience club, Canine Good Citizen or Delta Society or there are many excellent books on the subject.

Dogs need clear and consistent messages. Once a dog is trained older children will need to be taught how to give an effective and meaningful command.

Children can also reward their dog for being obedient by offering treats and pats.

Socialising the dog
Socialising your dog throughout its life is very important. Socialising means learning to be friendly to people, children and other animals. It helps when selecting a dog that will become a member of a family, to choose a pup that has been socialised with children and other animals. This may mean the puppy is more used to having frequent contact with children and other animals. Dogs that are not members of a household with children need to be introduced to children regularly. If a new baby is expected in the family, plan some time prior to the arrival of the baby to socialise the dog with other children and babies.

The dog’s environment
Dogs need to exercise their minds as well as their bodies if they are to live happily in a family.

A dog’s environment needs to be social with both dogs and people. Most dogs like the opportunity to get involved with their physical and social environments. This interactivity may result in a happier, more relaxed dog, less likely to be aggressive.

A well-managed physical environment for your dog can eliminate many of the unwanted and destructive behaviours that are usually associated with boredom.

Law in most municipal councils requires a secure yard that prevents the dog roaming. This also minimises the risk of injury to the dog through motor vehicle accidents.

Sometimes a fence that allows a dog to see the outside world and passers by can help occupy time and make them less likely to react to dogs and people. However, other dogs can be more reactive if they see outside the fence so their line of sight may need to be blocked.

Clean, dry bedding should be raised from ground level.

The yard must be free from faeces. Do not allow your dog to foul other people’s environments. Clean up any faeces the dog deposits inside or outside the yard.

Interactivity should be provided for the dog during periods when it is left alone. Toys such as a Kong or raw bones are good starters. Remember to change your dog’s toys regularly to reduce boredom.

Some dogs may become possessive with bones. Avoid the bones if this is so.

Dogs need regular walks and training to provide interest and variety in their day. Areas outside of the property can be utilised for walks and training and off leash exercise in allowed areas. Children should always be supervised when a dog is present. Separate
the dog from baby or children's bedrooms with an unbreachable door or barrier.

**The law**

All states have laws that outline the responsibilities that dog owners have for their dog's behaviour.

There is punishment for offences of these laws. These laws vary from state to state and council to council, but generally the following principles apply.

You are required by law to register your dog with the local council, usually prior to the dog reaching six months of age. Registration is often cheaper for desexed dogs and renewal notices are usually sent with the council land rate notices. Failure to register your dog can lead to a fine. It is important that your dog is identified. A collar and tag with a clearly marked name, phone number, address and local council identification is important. A microchip provides permanent identification.

Some councils require dogs to be under 'effective control' while in public spaces, others require dogs to be leashed at all times except in specially designated areas where dogs can be exercised off the leash.

Dog owners should contact their local council to find out which rules apply.

Most councils have limitations on the number of dogs that may be kept on a property. A permit may be needed if you keep more than the specified number of dogs.

Your council may have laws requiring owners to remove any faeces deposited by their dog. This is courteous practice even if not required by law.

It is an offence if your dog:
- Strays onto another person's property;
- Roams at large;
- Rushes at, attacks, chases or worries any animal or person;
- Creates a nuisance, eg. excessive barking.

You can be held liable for any damage caused by your dog.

**Hot weather**

Children and dogs should never be left alone in a car. In hot weather, the temperature inside the car can increase dramatically within a few minutes, leaving the window down makes little difference to the temperature inside the vehicle.

Children and dogs left in vehicles on warm days are at risk of rapid dehydration and even death. Most states have laws regarding children being left unattended by an adult. Offences under these laws may result in a fine or imprisonment.

**LEARNING HOW TO LIVE TOGETHER**

**Introducing a new dog into a household with a child:**

- Choose a puppy that has had positive experience with children in the breeder’s home.
- Assess the response of an older dog to children before accepting it into your home.
- Prior to the arrival of the dog, ensure children understand that the dog is a living and feeling animal and not a toy.
- It can be beneficial to allow children to have had positive, supervised socialisation experiences with other dogs, prior to bringing your new dog home.
- The dog must always be treated gently and quietly.
- Sometimes the dog will want to be left alone such as when sleeping or eating.
- The child should be encouraged to take on age appropriate responsibilities such as grooming or ensuring the water dish is full.
- Older children can learn to train their dog with obedience activities.
- Train your child to make sure an adult is always present when in company with a dog.
- As both dogs and children vary, it is impossible to identify an age for children to be able to accept responsibility around dogs.
Introducing a child into a household with a dog

Young babies and children should never be left alone with a dog. Young children do not have the skills or understanding of how to handle a dog appropriately. The child may have no concept of the pain they may be inflicting on a dog when handled roughly or the concepts of dominance and aggression.

A new baby requires parents to devote an enormous time commitment in order to feed and nurture the infant adequately. Time spent with the baby is time that might normally have been spent with the family dog. If any adjustments to the dog’s routine are likely, gradually phase them in, for example the amount of time to be spent with the dog, where the dog will be fed, sleep etc. Ensure the dog has had regular, safe exposure to children.

The dog should obey basic commands such as ‘sit’, ‘stay’, ‘come’ and ‘drop’.

Prior to the arrival of the baby, gently introduce ‘child like’ contact with the dog, for example stroking and gentle pulling of the ears, tail or paws. The dog should be rewarded for accepting the contact.

The dog should be taught how to gently accept toys or food from an adult’s hand after the appropriate command.

Rewarding a dog with praise or food when the baby is in its presence creates a positive association for the dog. Shouting at the dog or locking it outside will create a negative association for the dog. Interaction between the dog and adults should not be exclusive to times when the baby is asleep. The dog should get used to the sound and smell of the baby before you bring the baby home. While the baby is still in hospital, bring home something that smells of the baby and allow the dog to sniff it.

Use an unbreachable door barrier across the baby’s room to prevent the dog entering the room unnoticed.

Teaching children how to interact with dogs

Children learn most effectively by ‘doing’. Many of a child’s life skills, such as crossing the road, grooming and eating are learned from the parent with the child modelling the desired behaviour. Telling children “Don’t...!” will not give the child the necessary information or skills to perform the correct behaviour.

Telling a child “Don’t cross the road there”, does not give the child any information about an alternative crossing place, or the reason why they should not cross there. A statement such as “Cross at the school crossing because the crossing supervisor will make sure all cars stop for you” is a more appropriate message. Children need to be taught how to interact appropriately with dogs; they need positive messages and role models.

Model the desired behaviour with the child. Tell them what you are doing and why you are doing it. Break the sequence of events into smaller steps.

Ensure the child understands which part of the dog they may touch, for example, under the dog’s chin and on the chest.

One person should hold the dog while the parent guides the child through the correct action. Hold and guide the child’s hand when teaching them the correct patting motion and where to pat. Once the child begins to consistently demonstrate competency, the parent modeling can gradually be withdrawn.

Reward the child and the dog when the desired behaviour is demonstrated. If the child or the dog is uncooperative, do not persist. Try again at another time. Don’t assume that once the behaviour has been demonstrated, the child will remember the correct sequence, appropriate place to pat the dog, or action required. The skill may need an extended period of assistance and observation in order for the child to be fully competent in the skill.

Health issues affecting dogs ‘N’ kids

Responsible owners maintain their dog’s health. A dog which is unwell may be irritable. Dogs, like humans are susceptible to a variety of diseases and conditions that are caused or exacerbated by poor hygiene. Some diseases found in dogs can be transferred to humans, so it is essential to insist on strict hygiene rules for the entire family.

It is important to discuss the following
information with your veterinarian who can give you accurate and specific information on keeping your dog healthy.

**Infections**
Young children may not fully understand the importance of personal hygiene. The new puppy that has not yet been toilet trained poses a health risk for children crawling around as they can put their hands in dog faeces, and pick up infections or roundworm eggs from the floor or ground.

Young children are likely to have less resistance than adults and can pick up a mild or serious type of gastroenteritis or other disease from dog faeces. It is important to supervise their hand washing after contact with animals. It is particularly important to ensure all faeces are removed from the yard.

Your veterinarian, dog trainer or qualified dog breeders will give advice about how to toilet train a new puppy quickly and effectively using rewards.

**Canine vaccinations**
All puppies require vaccinations for canine distemper, hepatitis and parvovirus. Vaccinations are also available for kennel cough. A yearly trip to the veterinarian is necessary for booster vaccinations and the opportunity for a general health check. Children cannot catch these diseases.

**Worms**
Dog worms such as roundworm, hookworm, whipworm, tapeworm and heartworm can easily be controlled at home. Puppies are more susceptible to worms and should be wormed at least every two to four weeks and adult dogs every three months. Heartworm requires different medication and should be discussed with your vet. Consult your vet for further advice. It is essential that all worm control medication be placed in a locked child-resistant cupboard.

With the exception of tapeworm, adult dog worms cannot be transmitted to people, however the larva from worm eggs can migrate in the skin or organs and cause a rare condition called visceral larva migrans. Ensure dogs are wormed regularly. Children can pick up worm eggs from sources such as dogs, the ground and the school. They can pick up worms from other children. Ensure children are taught how to wash their hands thoroughly.

**Fleas**
Fleabites can cause nasty skin irritations for dogs and humans. Fleas carry tapeworm eggs. Children ingesting these fleas can become infected with tapeworms. Flea control medications are now available for dogs and are one step in the flea control cycle. All dogs’ bedding should be kept clean. Thorough vacuuming of all carpets and regular flea control programs within the house are recommended.

**Water**
Dogs need ample supply of clean water, especially in the warmer months. Larger dogs require a higher volume of water. If young children are likely to enter the property, they may be at risk of drowning in large containers of water. Replace large drinking containers with a series of smaller bowls that are not likely to be a drowning hazard for children.

**For further information contact:**

**The Safety Centre**
The Royal Children’s Hospital
Flemington Road, Parkville, 3052
Telephone: (03) 9345 5085

**The Petcare Information and Advisory Service Australia**
Level 13 Como
644 Chapel Street, South Yarra 3141
Telephone: (03) 9827 5344
Toll Free: 1800 631 784
Website: www.petnet.com.au

Or contact your local council or your nearest veterinarian.

*Our thanks to Petcare and The Royal Children’s Hospital Safety Centre for contributing this section.*
Safety at Home

POISONING PREVENTION

We use and store many chemicals and medicines in our homes that are potentially harmful to children. Poisoning is the second largest cause of hospitalisation due to accidents, after falls. Most accidental poisonings resulting in hospitalisation occur in the home. The Poisons Information Centres around Australia deal with hundreds of calls each day.

Victorian Poisons Information Centre

The Victorian Poisons Information Centre (VPIC) is located at the Royal Children’s Hospital in Melbourne. VPIC provides members of the Victorian public with emergency telephone advice about:

• First aid in the event of poisoning, suspected poisoning, bites and stings;
• The need for medical assessment;
• Prevention of poisoning;
• Referral to other information sources.

VPIC provides health professionals with information about:

• The ingredients in products involved in poisoning or exposure;
• Assessment of the severity of poisoning or exposure;
• Potential toxic effects from a poisoning or exposure;
• Treatment and management advice.

VPIC aims to prevent unnecessary visits to general practitioners and hospitals and to ensure patients who are poisoned receive the most effective treatment promptly.

What is a Poison?

Any medicine or household product used incorrectly can be a poison.

Poisons may include:

• Drugs and medicines, eg. paracetamol, cough and cold preparations, prescription medicines such as heart pills, sleeping tablets, and many more.
• Cleaning products, eg automatic dishwasher detergents, bleaches, drain cleaners.
• Cosmetics, eg perfume, cologne, after-shave, nail polish remover.
• Other chemicals, eg petrol, alcohol, herbicides, pesticides, cigarettes, glues and adhesives, mothballs, rat/mouse bait.
• Poisonous plants, eg oleander, datura, deadly nightshade.

Poisoning can occur when a substance is swallowed, inhaled, spilt on the skin, splashed into the eye or injected.

If someone is poisoned contact the Victorian Poisons Information Centre.

If you or someone else may have been poisoned, do not try to induce vomiting. Do not wait for symptoms to occur. Take the child and container with you to the phone and call the Poisons Information Centre on telephone 13 11 26, 24 hours a day to find out what to do and to obtain correct first-aid advice. It will help if you can report what the substance was and how much the child has swallowed.

KEY MESSAGES FOR PARENTS

Prevention of poisoning

Many poisonings occur when products or medicines are not in their usual storage locations, eg when they are left on a benchtop or bedside table, during transport from the shop to home.

• Medicines and poisons should never be left within children’s reach or unattended. They should be put away immediately after using or buying them.
• Household products and medicines should be stored in a locked or child-resistant cupboard, out of reach and out of sight of children (at least 1.5m high). Locks
and lockable cabinets can be bought from hardware stores or the Home Safety Shop at the Royal Children’s Hospital.

• Garden sprays, fertilisers, paints, thinners, handyman products etc should be kept in a locked garage cupboard or shed and out of the reach of children.
• All products should be kept in their original containers with clear labels, never in cups or soft drink bottles.
• Whenever possible, purchase household products and medicines that are in child resistant packaging.
• Food should be kept separate from poisons.
• Labels should be read carefully before use. Always follow the direction for use when painting, spraying or cleaning the oven. Use appropriate protection and ensure there is adequate ventilation.
• Medicines should be referred to by their proper names. Do not confuse children by referring to medicines as lollies.
• Young children tend to imitate adults, so adults should avoid taking medicines in children’s presence.
• Medicine cupboards should be cleaned out regularly. Unwanted and out-of-date medicines should be taken to your local pharmacy for disposal.
• Visitors’ bags may contain medicines. They should be kept well out of reach of children.
• Errors can occur when medicines are being administered, eg. incorrect calculation of the dose, doubling-up on doses. Taking more than the recommended dose may be harmful, so take care when giving or taking medicines.
• Do not take other people’s medicines.
• Parents and carers should be aware that the incidence of poisoning increases when usual household routines are disrupted, eg moving house, being on holiday, and having visitors.

For further information contact:
The Victorian Poisons Information Centre
website: www.rch.org.au/poisons/
Telephone: 13 11 26 for advice, brochures, stickers and posters.
The Safety Victoria website:
www.safety.vic.gov.au
The Australian Drug Foundation
Telephone 1300 858 584
Website: www.druginfo.adf.org.au
Our thanks to the Victorian Poisons Information Centre for contributing this section.

BUNK BEDS
The major cause of hospital admission due to injury in young children is falls.
Most of these injuries occur at home, at school and at sport and recreation venues.
Falls are commonly from playground equipment and during sport. But every year in Australia more than 2,000 children are injured from using bunk beds.
Young children falling from the bunk and head entrapment causing strangulation or limb entrapment, cause the most common and serious injuries.

Bunk beds are not suitable for children under the age of six. Do not let children use bunk beds as a play area. Many injuries occur when children fall from the top bunk while playing. Before you buy:
• Check that there is no gaps sized 95mm to 230 mm in any part of the bed, including guardrails, to prevent children trapping their heads.
• Look for guardrails or bed-ends on all sides of the upper bed, ensuring that the tops of the guardrails are at least 160 mm (about the length of a ball point pen) above the top of the mattress, to prevent children rolling out.
SAFETY AT HOME

• Check that there are no protrusions of more than 8mm.
• Check that all tube ends are plugged.
• Check that all nuts and bolts are flush and smooth.
• Check that ladders are firmly fixed and stable.

For further information contact:
Product Safety Policy Section
Australian Competition & Consumer Commission
PO Box 1199, Dickson ACT 2602
Telephone: (02) 6243 1262

Our thanks to the Product Safety Policy Section, Australian Competition & Consumer Commission for contributing this section.

ELECTRICAL HAZARDS IN THE HOME

Electricity is all too easily taken for granted. Each week 30 Australians are accidentally injured or killed by electricity.

Carelessness, a frayed lead, old appliances, poor maintenance or hazardous conditions can lead to the possibility of ‘earth leakage’, the most common cause of electrocution. Incredibly, more than 80% of electrical deaths could have been prevented had a safety switch or Clipsal Residual Current Device (RCD) been fitted.

Everyone should be aware of potential electrical hazards. Here are some things you should and shouldn’t do to protect your family in and around the home.

Continually monitor all your electrical appliances and power tools. Inspect the plugs and cords and look for signs of frayed leads and exposed wires. If tools are faulty, stop using them. Have them professionally repaired or replace them.

Be on the lookout for faulty switches, sockets and light fittings. If a switch or socket is arcing every time you flick the switch, switch it off. If a light fitting has worked itself loose from the connection, do not attempt a repair. In these instances, call an electrician and have it repaired or replaced without fail. Never attempt any electrical repairs, modifications or extensions. Do not authorise anyone to attempt such work unless they are licensed to do so otherwise you will put lives, equipment and insurance claims at risk.

Key Messages for Parents

• Prevent dust build up in the elements of electrical appliances particularly with portable heaters and hair dryers. A build up of dust is all it takes to cause an arc to earth and create a potential hazard.
• Avoid leaving electrical appliances near water or allow them to get wet. Don’t hose down garage walls where power points are in close proximity.
• Avoid coiling extension cords when using them as these can heat up and melt.
• Avoid leaving extension cords in situations where people can trip over them.
• Prevent children from using any electrical appliance without adult supervision.
• Insert safety plugs in all power points not in use.
• Do not piggyback adaptors onto power points, purchase a power board instead.
• When you plug in an appliance, make sure it is fully inserted as the exposed pins on the plug are very much live and life threatening.

If your safety switch or circuit breaker keeps tripping, you could be overusing the number of electrical appliances on the one circuit. Disconnect some appliances to eliminate the problem. If the safety switch or circuit breaker continues to trip, then you may have an earth leakage due to a poor connection or faulty appliance. Contact your electrician immediately. He will have all the correct testing equipment to identify the problem professionally.

If you live in a period home, your mains wiring may utilise cotton covered rubber cable. Be careful! Weak points may occur where the cable is bent. If moisture finds its way through a section of split conduit to that point, then the moisture will short out to the metal conduit causing arcing and a possible fire. Contact an electrician and seriously consider rewiring the home complete with new electrical accessories and switchboard.

The most important thing you can do is to check that you have a safety switch correctly fitted. If you don’t have one, get one. Do not put off the decision. Push the test button from time to time to make sure it is working correctly. Contact your electrician if you sus-
SAFETY AT HOME

pect that it is not operating correctly.
Our thanks to Clipsal Australia Pty Ltd for contributing this section.

SCALDS PREVENTION
In August 1998 the Victorian Government passed legislation aimed at eliminating the risk of legionella bacteria forming in storage hot water services and preventing scalding at hot water outlets used for bathing. This means that hot water for domestic use must be stored at a minimum temperature of 60°C to kill legionella bacteria and reduced to 50°C maximum at hot water outlets to prevent scalding.

Are water burns really a problem?
Each year, hot tap water causes serious scalds to many small children and elderly people around Australia.

More than 90% of these scalds occur in the bathroom where the temperature of water from the hot tap is set too high and a person cannot react quickly enough to avoid a serious scald injury.

At 60°C it takes only one second to cause a full thickness scald. At 50°C it takes five minutes. It may not seem a big difference in temperature, but it can mean the difference between scarring for life, agonising pain, hospitalisation and skin grafts, on the one hand, or a relatively minor injury on the other.

This is why the Plumbing Regulations require a maximum temperature of 50°C at the hot taps used for bathing purposes. This is hot enough for a bath or shower, but not hot enough to cause severe scalding.

How hot is too hot?
Before the latest temperature regulations, the hot water temperature in most Victorian homes was generally set between 65°C and 75°C. In some homes, the hot water temperature was even higher.

The table below shows you how long it takes for skin to receive a major scald burn from water at a range of different temperatures.

How can I prevent scalds?
The best way of preventing scalds in the bathroom is to reduce the temperature of the hot tap water at the basin, bath and shower to 50°C. By law, all new hot water systems now have this setting. (The only exceptions to this are premises intended for children and the elderly – such as early childhood centres, schools, nursing homes, and so on. These now have a temperature limit of 45°C.)

The above settings are not bathing temperature. Cold water still needs to be mixed with hot water. The maximum bathing temperature recommended for young children is 37-38°C.

If you have had a hot water system installed before 5 August 1998, there are various ways of reducing the temperature of the hot tap water in the bathroom, depending on the type of system.

For the best advice, talk to your licensed plumber, who may recommend:
- Installing a tempering valve, which reduces the hot water temperature in the bathroom, but does not affect the temperature in the kitchen
- Installing a thermostatic mixing valve, which can be set to deliver hot water at a precise, safe temperature

What else can I do to reduce the risk of burns in the bathroom?
- Always run cold water first.
- Never leave a small child in the care of an older child, who may be able to turn on the hot water tap.
- Take the child with you, if you have to answer the door or the telephone.
- Never leave your child alone in the bathroom.
- Keep the bathroom door closed when not in use.

What features do I look for when I’m buying a new hot water system?
If you are buying a gas continuous flow hot water system, there are two types available.
SAFETY AT HOME

One is factory set to a maximum of 50°C, which can be installed to supply bathroom fixtures without the need to install a tempering valve. These models have a sticker attached, which specifies the temperature limitation, and they are generally not suitable for kitchen and laundry taps, as consumers generally prefer hotter temperatures at these points.

The other type is generally available with a higher default temperature setting of 55°C or 60°C, which may be increased if required. When installing these units the plumber must also install a tempering device to ensure the bathroom fixtures are tempered to 50°C. Both models may have remote temperature control touch pads available as an option.

If you are buying a storage hot water service many energy source options are available including gas, electric and solar. They all store hot water and therefore need to be set to at least 60°C to prevent legionella growth and be tempered to 50°C at bathroom taps to prevent scalding.

What else should I watch out for?

Other than tap water, the most common causes of scalds are hot drinks and hot liquids from kettles, pots and saucepans.

You can prevent your child from being scalded by taking special care to supervise them in the kitchen.

In particular:
• Always keep hot drinks, kettles and jugs away from the edge of the bench.
• Use a curly cord or buy a cordless jug.

• Use non-slip placemats instead of tablecloths.
• Always keep hot drinks away from children.
• Always turn pot handles away from the front of the stove or bench.
• Use rear hot plates first.
• Fit a safety guard around your stove or hot plates.

If you or your child is scalded you should:

1. Remove clothing quickly. This helps the heat escape from the skin. Leave clothes on, however, if stuck to the skin.
2. Immediately pour lots of cold water gently over the scald for 15–20 minutes. This will stop further burning. It also helps to relieve the pain. Never use ice, oil, butter or ointment, as these can further damage the skin.
3. Cover the scald with a clean cloth, and keep the person warm.
4. See a doctor if the scald is on the face, hands, feet, genitals or buttocks, or is blistered or is larger than a 20 cent coin.

In an emergency phone 000 for an ambulance.

For further information contact:
The Plumbing Industry Commission
450 Burke Road
Camberwell VIC 3124
Tel: (03) 9889 2211
Freecall: 1800 015 129
Email: mail@pic.vic.gov.au

Our thanks to the Plumbing Industry Commission for contributing this section.
We gratefully acknowledge the advice and guidance of Kidsafe, and its ‘Hot Water Burns Like Fire’ campaign.
Emergencies can and do happen. In an emergency, we often think less clearly – we can waste valuable time and time can be important.

Make sure that you have a list of emergency numbers near your telephone. They might be keyed into a phone memory bank, or displayed as a list close to the phone.

These numbers should include: Doctor, Ambulance, Fire, Police and Poisons Information Centre.

It's also a good idea to learn first aid. The Royal Children’s Hospital Safety Shop, among others, run courses, which also include information on resuscitation. Resuscitation can save a child’s life.

First aid is a practical skill best taught by an accredited instructor. This information is in no way a substitute for doing a first aid course.

First aid-trained operators should ideally perform CPR, but any resuscitation is better than none.

**DR ABCD: helping you help others**

In an emergency, telephone 000.

DR ABCD is the name of a plan, which helps you to remember what to do in case of an emergency. Each letter stands for something you must do, and the order in which you must do it. All first aid begins with DR ABCD. Here is a brief reminder of what to do:

**D Danger**

Check for DANGER to you, others and the injured person. You can’t help someone else if you become hurt yourself. Only move the injured person from danger if it is absolutely necessary.

**R Response**

Check for RESPONSE: is the injured person conscious? The injured person should be assessed by shouting and gentle stimulation. Is there a response? Infants and children should not be shaken.

**A Airway**

If the injured person is unconscious, CLEAR and OPEN the AIRWAY.

**Clearing the airway:**

If blood or vomit is present in the mouth or the child has been involved in a water incident, turn them on their side and clear any material from the mouth.

**Opening the airway:**

Tilt the head back (depending on the child’s size and age), support the jaw and open the mouth.

- Adult/large child – maximum head tilt.
- Small/child – slight head tilt.
- Infant – no head tilt (support the head in a horizontal position).

**B Breathing**

If the unconscious child has been placed on their side to clear the airway, check for breathing in this position.

If the airway is not obstructed, the casualty may be left on their back for this assessment.
To check if the child is breathing LOOK for the movement of the lower chest and LISTEN and FEEL for the escape of air from the nose and mouth. If the child is breathing and has not already been placed on their side, position them on their side in a stable position and ring 000.

If the child is not breathing or not breathing normally, place them on their back and open the airway as above. Block the nose and place your widely opened mouth over the child’s mouth, or mouth and nose, depending on their size and give 2 initial RESCUE BREATHS/PUFFS in 2 seconds, blowing only until the chest rises and then allow the air to passively escape.

C Compressions
If the child has no signs of life (ie. unconscious, unresponsive, not moving and not breathing normally) commence EXTERNAL CHEST COMPRESSIONS.

A universal compression ratio of 30:2 (30 compressions followed by 2 ventilations) is recommended for all ages regardless of the number of rescuers present aiming for 100 compressions per minute.

Victims requiring chest compressions should be placed supine on a firm surface (ie. floor for adult/child and table for infants).

Visualise the lower half of the sternum, which equates to the centre of the chest and place your hands or fingers in this position, according to the age and size of the child. Press straight down on the sternum to a 1/3 of the depth of the chest.

Give 30 compressions followed by 2 rescue breaths and continue until there are Signs of Life, the scene becomes unsafe, qualified help arrives, you are unable to continue or an authorized person pronounces life extinct.

D Defibrillation
There are now a number of sites in our community that provide PAD (Public Access Defibrillation), such as Melbourne Airport. This enables first aiders to apply an electronic device called an Automatic External Defibrillator (AED) to the chest of the cardiac arrest casualty, which if the machine directs the first aider they are then able to provide a controlled electric shock to the casualty’s heart.

Calling for medical help as soon as possible will give the injured person the best chance of survival. If there are other people around, send them to ring 000 immediately.

BASIC FIRST AID

Bleeding
Certain diseases can be transmitted through blood, so take precautions to prevent infections. Try to wash your hands with soap before and after; wear gloves if possible when managing bleeding, and cover cuts or scratches on your hands before touching an injured person.

Severe bleeding
Act quickly. Heavy blood loss can kill the injured person.

• **Priority 1:** Press hard on the wound, using fingers or a clean cloth pad such as a towel. Get the injured person to do this for you if possible. If blood soaks through put another pad on top and keep pressing. When bleeding stops, leave the pad or wad of cloth in place and bandage to hold it firmly. Raise the injured part unless fractured.

• **Priority 2:** Call for medical aid. Stay with the injured person. Watch for signs
PREPARING FOR EMERGENCIES

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of shock. If the injured person loses consciousness, follow DR ABCD steps.

Minor bleeding
• Priority 1: Wash the wound thoroughly using a clean cloth soaked in clean water. Do not put antiseptic into an open wound – it may damage the tissues.
• Priority 2: Cover with a clean dressing (preferably sterile and non-stick). Hold in place with a bandage. If the wound is a puncture or is dirty (e.g. animal bite) the injured person should see a doctor.

Impaled objects
DO NOT pull out an impaled object. Control the bleeding by pressing around it instead of directly on the wound. Put a pad around it before bandaging to prevent pressure on the impaled object. Seek medical aid.

Cuts and bruises
Follow these steps:
R Rest the injured part in the most comfortable position.
I Ice covered in cloth, applied to the injury for 20 minutes
C Compression bandage, firm but not tight.
E Elevate the injured part unless you suspect a fracture.

Nose bleeds
Sit with the head forward. Pinch the soft part of the nose firmly for 10 minutes. Apply a cold pack to the neck and forehead. If bleeding persists, seek medical aid.

Scrapes and grazes
Wash thoroughly with running water to remove dirt. Cover with non-stick dressing, bandage or tape the dressing in place. Seek medical aid if anything is embedded in the wound.

Splinters
Clean the area with a clean cloth soaked in clean water. If the splinter is buried, seek medical aid. If the end is accessible, use a probe to tease it out, grasp with forceps and remove. Apply sterile adhesive dressing.

BURNS AND SCALDS
Priority 1
• Smother burning clothing: STOP, DROP and ROLL then smother with water or a blanket.
• If a hot liquid caused the burn, remove clothing carefully but quickly.
• If a chemical burn, do not walk in the chemical or get it on your hands. DO NOT pull off clothing stuck to the skin.

Priority 2: Cool the burned skin. Use gently running cool water from a tap or hose (10 minutes for heat burns, 20 for chemical burns).
Priority 3: Cover the burned area. Use a sterile non-stick dressing or clean wet cloth. DO NOT use lotions, butter or oils; DO NOT prick blisters. If the burn is larger than a 20c piece and/or there are blisters, seek medical aid.

CHOKING
Adults or large child
Partial obstruction
If the injured person is conscious and breathing, help them relax and breathe deeply and ask them to cough to remove the object. If a partial obstruction lasts longer than a few minutes, call an ambulance.

Total obstruction
If they are unable to breathe, cough or speak, clutching their throat, anxious and their conscious state deteriorates rapidly, call an ambulance and follow these steps:

Conscious
Encourage the casualty to bend forward with their head lower than their chest, you may be able to position a child over your lap and perform up to 5 sharp back blows between the shoulder blades with the heel of one hand. Check to see if each back blow has relieved the airway obstruction.

If back blows are unsuccessful the rescuer should perform up to 5 chest thrusts. Check to see if each thrust is successful in removing the obstruction.

To perform the chest thrusts, identify the same compression point as for chest compressions, with one hand on the sternum and the other between the shoulder blades. The chest thrusts are similar to chest compressions, however are sharper and delivered at a slower rate. This can be performed in the sitting, lying over your lap or standing position. If the obstruction is still not relieved continue to alter-
nate between 5 back blows and 5 chest thrusts whilst waiting for the ambulance to arrive.

**Unconscious**
Commence CPR.

**Infant or small child**

**Partial obstruction**
Place the child face down in a steep head down position over your lap (gently) and encourage them to cough. If they are unable to clear their own airway, call an ambulance.

**Total obstruction**
Manage as per adult/large child.

**DISLODGED TOOTH**
Clean it with the persons own saliva or milk – not water. If it is a second tooth replace it promptly. Splint the tooth using cooking foil and ask the casualty to bite firmly on the splint. If the tooth cannot be replaced, store it in a small amount of milk and immediately refer the casualty to a dentist or hospital emergency department.

**SAFETY IN THE WATER**
- Follow the DR ABCD steps.
- Start mouth to mouth as soon as possible, even while in the water if you can. Get urgent medical help while continuing mouth to mouth. If someone else can assist, keep up mouth to mouth, and get them to call an ambulance. Don't stop resuscitation.
- If the injured person starts breathing, lay them on their side. Keep warm and check pulse and breathing until medical help arrives. Don’t give up! People have been revived after being under water for half an hour. Every second counts in restoring oxygen to the brain, so keep going.

**POISONING**
- **Priority 1:** Follow DR ABCD action plan. If the area is dangerous or suspect, do not enter the area until the Fire Brigade has arrived. If the poison is from gas or inhaled chemicals and it is safe to enter, open windows and doors or turn off the gas.
- **Priority 2:** Identify the poison eg. look for a container, check the label, and try to work out how much was taken. Do not induce vomiting.
- **Priority 3:** Ring the Poisons Information Centre on 131 126 (national number)
- **Priority 4:** Seek medical aid urgently.

**EDUCATIONAL RESOURCES FOR CHILDREN AND ADOLESCENTS**

**MAS school programs**
The Metropolitan Ambulance Service provides lecture programs and displays on ‘school’s first aid’, drugs and alcohol. It facilitates School First Aid lectures, high school drug and alcohol lectures, teachers curriculum days, attends carers/ support groups, school fete days, school holiday programs, Girl Guide/Scout meetings and public displays.
Website: www.ambulance-vic.com.au
Telephone: (03) 9840 3500.

**First Aid for students**
The Royal Life Saving Society has specifically designed courses for students in Years 4-8. This allows participants to gain practical experience in resuscitation and basic first aid techniques including bandaging, slings, bites and bleeding.
Website: www.rlssa.org.au/vic
Telephone: (03) 9567 0000.

**EAR for students**
In this course the Royal Life Saving Society provides the opportunity for students to gain valuable emergency life support skills.
Website: www.rlssa.org.au/vic
Telephone: (03) 9567 0000.

**First Aid for Parents and Carers**
We strongly recommend all parents and carers undertake a first aid course and regularly update their resuscitation skills.
Emergcare are the providers of first aid courses to The Royal Children’s Hospital Safety Centre.
Email: clancyj@bigpond.net.au
Telephone: (03) 9304 1622

**For further information:**
The resuscitation and first aid procedures in this section are based on Australian Resuscitation Council Guidelines
Website: www.resus.org.au
Our thanks to Emergcare, providers of first aid courses to The Royal Children’s Hospital Safety Centre, for contributing this section.
Safe Retrieval and Disposal of Needles and Syringes

Safe disposal
The risk of contracting HIV (the virus that causes AIDS) or other blood borne viruses by injuring yourself with a needle and syringe is very low.

If you find a discarded needle or syringe
The following steps will help you to safely retrieve and dispose of inappropriately discarded needles and syringes.
• Assess if the needle and syringe is in a place where it can be easily removed.
• If you do not want to dispose of the needle and syringe yourself or if it is in an awkward place to reach, contact the Disposal Help-line for more information or to arrange for it to be removed.
• You can call the Disposal Help Line on 1800 552 355, 24 hours a day, seven days a week.

If you decide to remove the needle and syringe yourself make sure you:
• Wear latex or plastic gloves for protection. Thicker gloves, such as gardening gloves, make it difficult to pick up the needle and syringe.
• Take an approved disposal container and lid to the site. These containers are available from all Needle and Syringe Programs and most local councils. If you do not have one, use a hard plastic container such as an empty detergent bottle. Do not use glass bottles as these can break.
• If the needle and syringe is difficult to reach, carefully remove rubbish or other material around it so that you have direct access to it.
• If there is more than one needle and syringe separate them by using a stick, or the end of a broom. Do this carefully. Each needle and syringe can then be picked up individually.
• Pick up the needle and syringe by the barrel (plastic end). Do not pick it up by the needle end. Make sure the needle is pointing away from you.
• Never recap a needle and syringe, even if the cap is also discarded.
• Place the needle and syringe, needle end first, into the container. The container should be on a stable surface and not held by hand.
• Secure the lid on the container.
• Take off the gloves and put them in a plastic bag. Tie a knot at the end of the bag and place it in a rubbish bin.
• Wash your hands with soapy water.
• To dispose of the container take it to your local Needle and Syringe Program, local council office or contact the Disposal Help-Line (1800 552 355) for further advice. Do not dispose of needles and syringes in rubbish bins, drains or toilets.

If you get a Needle Stick Injury
If you get pricked by a discarded needle and syringe (often referred to as ‘needle stick injury’) the following steps should be taken:
• Flush the injured area with flowing water.
• Wash the wound well with soap and hot water.
• Put antiseptic on the wound and cover it with a waterproof band-aid.
• Seek medical attention for an assessment of the risk of infection and appropriate treatment.
• If the needle and syringe can not be retrieved, mark the area so others are not at risk and contact the Disposal Help-line.

For further information and support
The Disposal Help-line
Telephone: 1800 552 355
This section taken from Department of Human Services leaflet ‘Safe Retrieval & Disposal of Syringes & Needles’.
Severe allergies in children

ANAPHYLAXIS IN SCHOOLS

What is anaphylaxis?
Anaphylaxis is a severe, life-threatening allergic reaction, and up to 2% of the general population are at risk.

The most common causes in children are eggs, peanuts, tree nuts, cows milk, bee or other insect stings, and some drugs.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline injection (EpiPen®).

Signs and symptoms of anaphylaxis
All reactions need to be taken seriously, but not all reactions will require adrenaline. A reaction will include one or more of these symptoms, and it is possible that a number of them will occur simultaneously.

The following are common signs and symptoms of an allergic reaction:
- Hives or welts;
- A tingling feeling in or around the mouth;
- Abdominal pain, vomiting or diarrhoea;
- Facial swelling;
- Cough or wheeze;
- Difficulty swallowing or breathing;
- Loss of consciousness or collapse;
- Breathing stops.

It is also important to remember that young children may not be able to express what the problem is, or may describe it in other words.

Prevention of any allergic reaction:
- Know and avoid the causes;
- Do not allow food sharing or swapping;
- Only give foods approved by parents;
- Give only food rewards or ‘treats’ provided by the parents;
- Encourage parents to provide safe treats from home;
- Practise routine hygiene. Children and staff should always wash their hands after play and before eating.

Treatment of a life threatening reaction
The recommended treatment for a life threatening allergic reaction is adrenaline, given as an EpiPen® injection. An EpiPen® is a single dose auto-injector, which is prescribed by a doctor and provided by the parents.

Management of anaphylaxis:
- Each child who has been prescribed an EpiPen® requires a medical management plan, completed by a doctor. A parent must provide written consent to use the EpiPen® in line with this management plan.
- Employers should support staff training, so that all staff can recognise an allergic reaction and be able to administer an EpiPen® appropriately.
- If a reaction is suspected, the management plan should be followed.
- If an EpiPen® is given, an ambulance must be requested by phoning 000.

Care of the EpiPen®:
- Clearly label storage container with child’s name;
- Check expiry date regularly;
- Store at room temperature;
- Store in a safe, easily accessible location close to the child

Staff may also find it useful to store the phone numbers for parents or guardians, medical services and other relevant contact people in the storage container

GENERAL ISSUES

Banning of products
Banning of products that contain the allergen is NOT recommended, for many reasons.

Banning products will not succeed in creating an ‘allergy free zone’. It is difficult to achieve a 100% ban, for a variety of reasons. For example, product labels can be confusing, parents of non-allergic children may not comply with the ban and staff can become complacent.

Food sharing
Food sharing between children at risk of ana-
phylaxis should be completely avoided. These children must only have food provided from home or given with the parent’s permission.

**Food preparation**

Any staff, including relief staff, who are responsible for cooking or delivering food to children should know about the child’s allergies. They should be aware of alternative words used to describe the particular allergy food. For example, cow’s milk may be called casein, and egg may be called ovoalbumin.

**Art/craft**

Food containers or packages that contained the allergy food should not be used. Parents of children with anaphylaxis can help by checking art/craft products for hidden ingredients, as they are often more aware of terms used.

Separate tables should be used for art/craft and food. Where this is not possible, tables must be cleaned thoroughly between uses.

**Excursions**

The EpiPen® must be taken on all excursions and a staff member trained to use the EpiPen® should also be present. The EpiPen® should always be readily accessible.

**For further information:**

The Department of Allergy conducts education sessions for carers, parents and teachers. Details of these community education sessions are available on the website or by phone.

- Website: www.rch.org.au/allergy
- Telephone: (03) 9345 5701.

Our thanks to The Royal Children’s Hospital Department of Allergy for contributing this section.

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**Children with Asthma**

Asthma is very common among children. Approximately 15% of Australian children are currently diagnosed with asthma. A written Asthma Action Plan is an important tool to help manage asthma, for children, parents, school staff and anyone caring for your child.

**KEY MESSAGES FOR PARENTS**

As part of good asthma management, parents should make sure that their child has a written Asthma Action Plan.

An Asthma Action Plan is a written set of instructions prepared in partnership with your doctor and will help to:
- Care for day-to-day asthma;
- Recognise worsening asthma and the steps to manage it;
- Carry out First Aid in an emergency.

**KEY MESSAGES FOR SCHOOL STAFF**

The information in an Asthma Action Plan is essential for school staff so they can better manage your child while in their care.

Your child should be reviewed regularly by the family doctor (and again if there are changes in their asthma) and the Asthma Action Plan updated accordingly.

School Asthma Action Plans can be obtained from The Asthma Foundation of Victoria by calling 1800 645 130 or downloaded from The Asthma Foundation of Victoria website www.asthma.org.au.

The Asthma Foundation of Victoria also provides schools with information, education and resources that support the school community to become Asthma Friendly®.

The Asthma Friendly® Schools Program aims to improve the well being of young
Australians with asthma and enable them to participate fully in daily activities, including regular exercise and sport.

Research has shown that school staff involved in the Asthma Friendly® Schools Program are more confident when dealing with children’s asthma.

**KEY MESSAGES FOR CHILDREN**

Children should also be encouraged to take an active part in their own asthma care as soon as they are old enough to take their own medication.

An asthma attack can occur anywhere, at any time and educating children can assist in providing skills that could save a life.

Exercise is a very common trigger for asthma. However, as exercise is vital for health and development, it is one that children should not avoid.

Children with asthma should be encouraged to be active. Don’t let asthma stop your child from being active. Take the time to learn how to manage asthma in order to have a healthy active lifestyle. See your doctor for advice.

**FIRST AID FOR ASTHMA**

If someone is having an asthma attack and they do not have their own Asthma Action Plan (or their plan is not readily available) you should follow the 4-Step Asthma First Aid Plan as outlined below:

**4-Step Asthma First Aid Plan**

**Step 1:** Sit the person upright and give reassurance. Do not leave the person alone.

**Step 2:** Without delay give four separate puffs of a blue reliever medication (Airomir, Asmol, Epaq or Ventolin). The medication is best given one puff at a time via a spacer. Ask the person to take four breaths from the spacer after each puff of medication. If a spacer is not available, just use the puffer on its own.

**Step 3:** Wait four minutes. If there is little or no improvement, repeat steps 2 and 3.

**Step 4:** If there is still little or no improvement call an ambulance (Dial 000).

(Call an ambulance at any time during this 4-Step Asthma First Aid Plan if the person’s condition suddenly deteriorates or you are concerned about their condition).

Continuously repeat steps 2 and 3 while waiting for the ambulance.

**For further information contact:**

The Asthma Foundation of Victoria

Telephone: (03) 9326 7088
Freecall: 1800 645 130
Email: advice@asthma.org.au
Website: www.asthma.org.au

Our thanks to the Asthma Foundation of Victoria for contributing this section.
The Safety House Program

The Safety House Program was first introduced at Wooranna Park Primary School, Dandenong North in 1979. Prior to its introduction, there had been unofficial reports of some 12 approaches to children in the area in a three-month period.

The Safety House Association of Victoria Inc. was soon formed, now there are approximately 350 local committees covering more than 500 schools, with approximately 17,000 registered Safety Houses in Victoria.

WHAT IS THE SAFETY HOUSE PROGRAM?
The Safety House Program is a positive step that any community can take to help make the streets safer for our children and our senior citizens. It is something the whole community can be involved in. Basically, the Program involves establishing a network of Safety Houses in a local area. These are houses that children and senior citizens can use if they meet with trouble whilst they are out and about in their community.

The broad aims of the Program are:
• To provide community assistance to children and senior citizens when they feel unsafe when travelling about in their community.
• Through a network of Safety Houses, to provide a reliable means for children and senior citizens to get help as quickly as possible, by running to a safe place and a helpful person.
• To deter undesirable people from entering local areas through the prominent and permanent display of Safety House signs.
• To alert the wider community to the dangers faced by children and senior citizens when commuting about in their community.
• To encourage children to gain the health benefits that walking and exercising in their local community can offer.

What’s involved?
People who would like their house or business designated as a Safety House can apply to their local Safety House Committee. As part of our security, each person in the house or business, aged 17 years or over, is screened and interviewed by the local committee and then undergo a national police check. All information obtained is strictly confidential.

When prospective Safety Householders are interviewed, several factors are considered:
• Does the house have a telephone?
• Is someone normally at home during the times children are normally moving about in their community?
• Is there a dog on the premises?
• Are there any other factors that may deter a child or a senior citizen from approaching or entering the premises?

How do children know about Safety House?
One of the major aspects of the Safety House Program is the education of children and adults.

Children are educated to recognise the Safety House sign and to trust their feelings and instincts about people and situations. Teaching children to be aware of their feelings helps them to identify potentially unsafe people and situations. Children are then taught what to do at times when they do not feel safe. This is a vital part of helping children to look after their own safety.

Safe ways to travel to and from school and when they visit friends after school and on weekends are also dealt with in the classroom. It is emphasised that Safety Houses can be used at anytime but are only for times of genuine need and that the Safety House householder will call the police so that the police can advise them as to what action they will need to take.

Parents and interested adults are also informed about the Program. Their interest, enthusiasm and involvement are vital to success.

Our thanks to the Victoria Police, Community Consultation and Crime Prevention Office for contributing this section.
INFORMATION FOR CHILDREN
‘Feeling unsure? Knock on a Safety House door’.

What is a Safety House?
A Safety House is a place where you can go for help if you feel unsafe, frightened or unsure. The people in a Safety House have had special police and community checks so you know that they are safe people who can be trusted to help you. Children can go to a Safety House any time of the day or night to get help.

A Safety house can be:
• A house
• A shop
• A business premise
• A shopping centre
• A hospital or police station

When might I need to use a Safety House?
Anytime you are away from home, either alone or with a friend. Maybe you are going to the shops, school, your friend’s house, or playing at a park (or skate park). You can go to a Safety House whenever you need help.

If you were:
• Frightened by someone;
• Feeling unsafe;
• Hurt;
• Lost;
• Being bullied;
• Feeling scared;
• Frightened by animals;
• Approached by a stranger who makes you feel unsafe;
• Being watched or followed;
• In need of help for any other reason.

When you are out walking, riding or playing, Safety Houses are there to help keep you safe.

How do I find a Safety House?
Look for the yellow Safety House sign, the triangle with a ‘smiley’ face. The sign could be:
• On a letterbox;
• Near the front of a house;
• On the front fence;
• On the front gatepost;
• In the front window of a shop.

How do I use a Safety House?
At a house: Go to the front door and knock loudly or ring the doorbell.

At a shop: Go to the front counter or look for one of the people working at the Safety House. Tell the person what your problem is and why you feel unsafe. The Safety House person will get help for you.

What happens if I use a Safety House?
If you use a Safety House the person will ask you for your name and address and what happened and then they will ring the police. The police will decide if they need to attend and they will advise the Safety House person what to do.

SAFETY AT PUBLIC EVENTS
What happens if you are in a crowd and get separated from your family or friends? What should you do if you are lost in a shopping centre, or other crowded area?

Be prepared – plan ahead:
• Make sure you know your name, address and phone number and a parent’s mobile number.
• Decide on a meeting spot beforehand so everyone will know where to go if they are separated. In large shopping centres this might be the information counter. At an AFL Football Stadium it may be a numbered stand entrance.
• Seek help from someone reliable like a shop employee, police or security officer, or failing that, an adult in a family group.

Have some family safety rules:
• If children become separated from parents, they should not search but go straight to
the designated meeting place.
• Explain to children to seek help from someone like a shop employee, security officer or an adult in a family group.
• If someone offers them a lift, children should say no and go straight to a shop or Safety House location.
• If someone grabs them, children should struggle and scream out something like “I don’t know this person”, “this is not my mum/dad”, making as much noise as they can.

Feeling unsure?
Not all strangers are bad but we need to be wary of people we do not know. If a situation does not feel right, ask yourself these three questions:
1. Do I feel safe with this person?
2. Do my parents know where I am?
3. Can I get help if I need it?
If you answer NO to any one of these questions, DO NOT GO. Remember – One no, don’t go.
You have the right to be safe. ALWAYS. Remember – Safety House is for every child.

SAFETY ON PUBLIC TRANSPORT
As children get older they also get more independent and often secondary school involves travelling by public transport. So if travelling on a bus, a train or a tram, be careful: Stop! Look! Listen! Whenever you are near trains, trams, buses or rail lines; Think!

At the bus, train or tram stop:
• Stay well back from the roadside or well away from the edge of a train platform.
• While waiting, children should be in a group.
• At night, wait in a well-lit area.
• Always wait until the vehicle stops completely before going near the door.
• Never try to open the door when a train or tram is still moving.
• Wait for other passengers to get off first.
• Don’t push or shove others when getting on the vehicle.

Riding on the bus, train or tram
• Be courteous to drivers, they have the important job of getting everyone to their destinations safely.
• Check bags are not blocking the aisle.
• If you are travelling by yourself, sit near the front of the vehicle, or near regular passengers or people you recognise.
• If someone sits or stands close to you so that you feel uncomfortable, be polite but move seats.

Leaving the train or tram
• Look out for your stop and be ready to leave the vehicle without having to rush.
• Once you are off, stand well back.
• Never try to cross a road before the tram has moved away.
• Never cross the road or train/tram track until you can see clearly both ways.
• Don’t cross the road in front of a tram or between parked cars.

What else should you do?
• Keep your property close to you at all times.
• It is a good idea to always carry a phone card or money for a phone call.
• Ring home if you will be late.
• Don’t be afraid to look for a police officer, public transport staff or a Safety House if you have any problem. You are important and your safety is your first priority.

What happens if you miss your tram or train?
Anyone can have a bad day, you may miss the tram or the train is cancelled, so what are you going to do to make sure that you are safe and that people at home are not getting worried when you don’t turn up on time?
This is something important that you need to discuss with your parents before it happens. You need to work out a plan of what you would do and then stick to the plan. You will know how you are getting home and your parents will know exactly the same thing.

For resources and further information:
The Safety House Association of Victoria Inc.
44 Whyte Street, Brighton, VIC 3186
Telephone: (03) 9593 3788
Freecall: 1800 626 840
Website: www.safetyhouse.org.au
Our thanks to the Safety House Association for contributing this section.
GUIDELINES TO ASSIST PARENTS

As parents, you will need to decide how old a young person should be before they are left at home on their own.

Parents have obligations towards their children as defined in the *Children, Youth and Families Act 2005*. This Act states that as a parent or guardian it is an offence to fail to protect children from harm. Parents and guardians have a duty of care in respect of a child and it is an offence to leave a child unattended. A person who has the control or charge of a child must not leave the child without making reasonable provision for the child’s supervision and care for a time which is reasonable having regards to all the circumstances of the case.

The age when young people no longer need supervision will depend on many varying factors. Not all teenagers have a mature sense of responsibility to be left alone.

**When assessing each individual situation consider the following:**
- How far away you are?
- How long you are away?
- How accessible are you (or a nominated friend or neighbour)?

**Consider also if the young person has an adequate:**
- Maturity;
- Sense of responsibility;
- Understanding of actions and consequences;
- Knowledge of what to do in an emergency;
- Ability to follow instructions;
- Ability to carry out action plans and emergency procedures.

*Note:* Young people may be responsible enough to be left alone but may not have the ability to also care for younger siblings until they are much older.

**Encourage responsibility in children:**
- Ensure emergency numbers are entered into the phone speed dial.
- Establish with your children basic rules around safety and security. Make sure they know these basic rules
- Rehearse and reiterate:
  - what to do in an emergency;
  - what they can touch, what they must not touch, including the use of electrical appliances;
  - security doors to be kept locked at all times, access to keys, the possibility that it is better not to answer the door at all rather than talk to someone unknown.

**It is important to teach children and encourage them to:**
- Understand their own body signals, which will help them recognise when they are feeling unsure or unsafe;
- Trust their body signals when they do feel unsafe;
- Take action when they feel unsafe to make themselves feel safe again; and
- Identify networks of trusted people around them who they can call and rely upon to help eg; friends, relatives, neighbours.

**When answering the telephone:**
- Always have a list of emergency or network numbers available near the phone.
- Never tell someone unknown that they are home alone – always say that mum or dad can’t come to the phone right now and take a message.
- If a caller asks, “What number is this?” Reply with “What number are you trying to call?”
- If you have an answering machine, use it.
RESPONSIBILITY AND INDEPENDENCE FOR OLDER CHILDREN

Only answer calls from people that you know, otherwise let them leave a message.
• If you receive an obscene phone call, hang up immediately.
• Don’t be tricked into having conversations with people you don’t know.

**When answering the front door:**
• You do not have to answer the door, look through a side window to see if you know the person first.
• Always ask, “Who is it” before answering the door, if you don’t know who it is, don’t open.
• Talk to unknown people through the door or through a locked security door, especially when you feel unsafe.
• NEVER invite someone you don’t know into your house.
• If a person refuses to leave, call the police.

**General**
• Have a plan for when the child is home alone.
• Have an escape route planned for any emergency and a fire evacuation plan and practice these.
• Keep doors and windows locked when inside the house, make sure that keys are accessible and that doors can be opened if there is an emergency.
• Don’t allow unsupervised use of dangerous electrical appliances.
• Have guidelines on what utensils can be used for food preparation.
• Practice scenarios with your children to prepare them for all occasions and to help them turn unsafe situations into safe situations.

**For further information contact:**
Victoria Police
Community and Cultural Division
Concourse level
Victoria Police Centre
637 Flinders Street, Melbourne 3005
Telephone: (03) 9247 5306
Website: www.police.vic.gov.au
Our thanks to the Victoria Police, Community and Cultural Division for contributing this section.

Protective Behaviours for Children

Being a parent is a challenging and exhilarating job, a roller coaster of feelings and experiences. This can be especially so when you are parenting a 10-12 year old.

These children are on the cusp of adolescence; they are in the eldest group of children in the primary school and are taking on leadership roles in their classrooms as well as on the sports arena.

Children 10-12 years old are beginning to want to explore their world more, they are spending more time away from you but you still worry about them and want to make sure they are safe.

Children in this age group need to know that their parents care for them enough to set reasonable limits to keep them safe. Children of all ages need to:
• Be treated with respect;
• Have their successes acknowledged;
• Know it is their behaviour that is disapproved of, not them;
• Be offered encouragement for endeavours;
• Be listened to;
• Know all feelings are OK, but some expressions of feelings are not.

**KEY MESSAGES FOR PARENTS**

As parents of 10-12 year olds it is most important that the communication channels are wide open.

Listening to children and carefully observing their body language will allow you to pick up on any signal from your child that something is not OK.

Children may not be able to tell you that they are feeling unsafe or something is not OK for them. Perceptive parents will pick up a change in behaviour and then can ask how the child is feeling; this may prompt the child to begin to share something.
Parents quickly learn to avoid asking a child “How was your day?” as they get the universal answer “Fine” and when asking, “What did you learn?” get the answer “Nothing”. Parents who comment on a child’s body language, “You look sad, happy, etc” have more chance of opening up the channels of communication to allow the child to share how they are.

Parents are the child’s primary caregivers and their behaviour is modelled by children. It is important that parents are able to manage their own anger, knowing what triggers their anger and what socially acceptable outlets parents use to release the anger. The feeling of anger is a very healthy feeling and essential to motivating society to make changes, address inequalities etc however some adults express that feeling of anger in a totally inappropriate way through violence and abuse. Parents who get angry and release it in a socially appropriate way teach their children the difference between the feeling and how to safely express it. Parents need to teach their children appropriate ways to release their feelings.

Parents also need to think about their problem solving skills. It is OK for children to witness their parent’s arguments as long as they resolve them in a way that models respect, appreciating the other’s point of view and finally is resolved with a win-win outcome. This process teaches children how to keep safe in a possible volatile situation. Keeping their cool and learning how to resolve conflict situations in a peaceful win/win way will help keep kids safe.

RESOURCES FOR PARENTS AND TEACHERS

The National Association for Prevention of Child Abuse and Neglect (NAPCAN) is a national organisation committed to the prevention of child abuse and neglect in its many forms. NAPCAN raises community awareness about the issues of child abuse and neglect, parenting and children’s well being. NAPCAN also aims to open the lines of communication between the many community groups and professionals. NAPCAN initiates and supports appropriate prevention programs and operates as a lobby group for the implementation of reforms in child protection.

NAPCAN produces a range of free resource materials for parents, caregivers, educators and children. Information is available on:

- Parenting tips;
- Alternatives to hitting;
- Cool down before things heat up;
- 30 ways to boost a child’s confidence;
- Children grow with love and care;
- When I feel sad and hurt;
- What is child abuse?

And many more which can all assist parents in the important job of bringing children up to feel safe in all aspects of their lives.

For further information contact:
NAPCAN Vic.
‘Lockington’
16 The Vaucluse, Richmond 3121
Telephone: (03) 9427 1178
Website: www.napcan.org.au
Email: napcanvic@aol.com

Thank you to NAPCAN for contributing this section.

DISCUSSING SAFETY WITH YOUR CHILD

What does ‘safety’ mean to you?
There are many ways to talk to children about safety, emphasising that “We can’t SCARE people into feeling safe”. When we discuss safety with children it is important that we do not leave them feeling afraid and disempowered, but instead that we provide them with awareness of their own safety and help-seeking strategies regarding what to do if they feel unsafe.

KEY MESSAGES FOR PARENTS

Ask your child what ‘safety’ means to them, and use as many everyday examples as possible to talk about the times they do and don’t feel safe, exploring what they can do in those unsafe times to help them feel safe again. Share your experiences with them, emphasising that we all have times when we don’t feel safe.

You could use ‘Even if…’ questions to discuss safety with your child, eg. How could you keep yourself safe even if...?:

- You heard a strange noise at night?
- Someone bullied you?
- You got lost?
• You were late in being picked up from school?
• Someone you didn’t know asked you to go somewhere with them?
Or make up your own ‘Even If…’ questions.

**How can you talk to your child about safety without making them feel afraid?**

The most important factor when discussing safety with your child is keeping the communication channels open, letting your child know they can talk to you about ANYTHING.

It is also vital that you help your child identify a ‘Safety Network’ of trusted adults who they can talk to if you are unavailable.

Discussing an ‘Emergency Network’ is also important, identifying who your child could go to if they felt unsafe in a place where their ordinary network of people were not available.

**FURTHER RESOURCES FOR PARENTS AND TEACHERS**

*Protective Behaviours, a personal safety program (Victoria) Children’s Protection Society*

When we are thinking about the safety of children, it is important to ask two key questions:

1. Do children understand the concept of ‘safety’, and can they recognise when they are not feeling safe?
2. Do children know what to do, or who to turn to if they do not feel safe?

Children need to understand the importance of their ‘Body Signals’ or ‘Early Warning Signs’ that act like an internal alarm bell to tell us when we don’t feel safe, and also to have strategies for what to do when the alarm bell rings.

Protective Behaviours, a personal safety program encourages parents, teachers, and other people responsible for the care of children to educate them about safety, providing knowledge and skills to help children keep themselves safe. This program stresses the need to ‘feel’ safe, as well as being safe, recognising the important of psychological or emotional safety.

It is important to resist the language of ‘Stranger Danger’ with children, as the reality is that many people who pose a risk to children may not be strangers at all, but may be well known to the child. Instead, children need an awareness of their own feelings of safety and skills to seek help in times when they do not feel safe.

Protective Behaviours, a personal safety program has two key themes:

1. We all have the right to feel safe all of the time.
2. Nothing is so awful that we can’t talk about it with someone.

Training in Protective Behaviours, a personal safety program is available for Parents through the Children’s Protection Society, providing strategies to discuss safety issues with children.

**Further information**

If you are interested in attending a Parent Information Session, please contact:

**Children’s Protection Society**

Coordinator of Training & Community Education
70 Altona St, West Heidelberg 3081
Telephone: (03) 9458 3566

*Our thanks to Children’s Protection Society for contributing this section.*
Children today are exposed to the Internet at an early age and from a variety of places, which can include:

- School – computers can be found in all levels of the education system.
- Home – many homes have personal computers and Internet access.
- Friends – if your child does not have access to the Internet at home, there is a high chance that one of their friends will have an Internet connection.
- Libraries – libraries have Internet terminals for use by patrons.
- Public Access Centres and Internet Cafes – public places where members of a community can gain access to the Internet.
- Mobile Internet enabled devices – many mobile devices such as phones are now able to access the Internet.

With so many ways for children to connect to the Internet, it is virtually impossible to deny them access. As a result, parents need to prepare children for Internet safety, just as they do other forms of child safety such as crossing the road or how to act in an emergency.

Being prepared with an Internet safety strategy for your children will reduce the risk of problems occurring.

**WHAT ARE MY CHILDREN DOING ONLINE?**

**Young Ones (2-7 Years)**

Preschoolers can begin to explore the Internet and learn about the computer. Sit with them and teach them basic computer and Internet skills via educational games or appropriate sites.

Children from about five years of age may also enjoy (with your help) email correspondence with family and friends. This is a great way to start teaching them beginning keyboard skills.

**Tips for Parents**

- Install software such as filters and pop up stoppers to limit accidental exposure to unsuitable material.
- Check out good sites for children – you should be responsible for selecting the sites that this age group visit.
- Very close supervision is strongly recommended.
- Set up bookmarks so very young children can easily return to the sites you select.
- Use safe search engines for this age group to avoid accidentally uncovering inappropriate material in search results.
- Limit email correspondence to a list of friends and family you have approved.
- Teach them the basics of Internet safety through sites such as Netty’s World (www.nettysworld.com.au).

**Children (8-11 years)**

From around eight years of age children can become increasingly interested in exploring the Internet, chatting and correspond online. Some older children may begin to assert their independence and look for inappropriate material. Marketers may target them, but increasingly they learn to recognise the difference between advertising and other material.

It helps to talk to children about commercial information and how to deal with it. Whilst their skills and independence are increasing, making Internet exploration a family activity allows you to maintain close supervision.

**Tips for Parents**

- Be actively involved in your child’s Internet use.
- Emphasise safe online behaviour and discuss why this is needed. Be actively involved with education programs that your child’s school has implemented.
- Investigate any chat room or online club your child wishes to join and make sure they are legitimate.
- Consider using Internet filters and other technological tools to help manage access to content and services.
- Discuss the use of good cyber manners.
(Netiquette) just as you do for the real world.

- Place the computer in a public area of the home to help keep an eye on what’s going on. Be aware of any Internet enabled mobile devices they may have or have access to.
- Use search engines designed for this age group.
- Teach them how to be Internet safe by using a fun interactive educational site, designed for this age group, Cyberquoll (www.cyberquoll.com.au).

**Teenagers (12-18 years)**

The Internet becomes a valuable tool for homework and projects for teenagers. At the same time, younger teens start to become more independent and self-assured, wanting more freedom and coming under more peer influence. Their online and email contacts tend to expand. Some may challenge the use of filtering or blocking software and attempt to access inappropriate content.

Many are ‘Net savvy’. They know about hacking into systems and understand basic computer programming. They are more able to differentiate between advertisements and other material, and to recognise persuasion techniques.

Many older teens can write their own programs and know how to manage computer hardware and software. Their use of the Internet includes school research, job, further education and health searches, global communication and enhancing their technical skills. This increasing knowledge can also get them into trouble if they explore ways of getting around technical tools and methods for breaking into private systems.

**Tips for Parents**

- Stay in touch with what your children are doing online. While it may become less feasible to actively supervise their access, continue to discuss Internet issues and share Internet experiences. Educate them on the importance of Internet safety.
- Keep the family computer in a public area in the home and be aware of any mobile Internet enabled devices (such as phones) that may be able to be used to connect to the Internet. Set ground rules for the use of such devices.
- Reinforce safety messages and cyber rules. Younger teenagers in particular should be reminded of the need to protect their privacy.
- Ensure teens understand that posting to newsgroups makes their email address public. Have them change their email address if they suspect they are being tracked.
- Ensure both you and your teenagers understand laws relating to copyright, privacy, software piracy, hacking and obscenity.
- Be careful of what is published online by teenagers. Many enjoy creating and publishing their own websites, so help them ensure the content is suitable before making the web pages available for anybody to see.

**INTERNET ADVICE FOR FAMILIES**

Children need parents and carers to help teach them how to stay safe online. You may wish to think about the following to help your family:

- Discuss with your children the potential risks of the Internet including: Content (inappropriate materials they might be exposed to online), Contact (people trying to meet up with them in real life after meeting them on the Internet) and Commercialism (exposure to marketing and advertising messages).
- Spend time online with your children and explore websites together. Take an interest in what they like to do online.
- Help your children use the Internet as an effective research tool – learn about handy homework tips for children and also good searching ideas.
- Be aware of your children communicating to people they don’t know, particularly in chat rooms. Set house rules about what information your children can give out.
- Put the family computer in a public area of the home, such as the living room, rather than a bedroom. Be aware of any other methods your child may be using to access the Internet and set appropriate guidelines.
- Talk to your children about their Internet experiences – the good and the bad. Let them know it is OK to tell you if they come
across something that worries them and that it does not mean that they are going to get into trouble.

- Teach your children the ways to deal with disturbing material – they should not respond if someone says something inappropriate and they should immediately exit any site if they feel uncomfortable or worried by it.
- Teach children that information on the Internet is not always reliable.
- Encourage children to treat others in the same way that they would in real life by giving them an understanding of netiquette.
- Know the best ways of avoiding spam (junk email) and how to identify it when it first appears.
- Protect your computer from security threats such as viruses by installing appropriate software.
- Discuss Internet safety issues with your Internet Service Provider and see if they can offer any solutions that may help.
- Develop an Internet safety strategy for your family.

Children need parents and carers to teach them how to make smart choices about who and what they find online, how to deal with commercial material, how to safeguard their privacy, how to have a positive experience when meeting people online, and how to use their time on the Internet effectively.

WHO IS NETALERT?
NetAlert Limited (NetAlert), Australia’s Internet safety advisory body, was established by the Australian Government in late 1999 to provide independent advice and education on Internet safety and managing access to online content.

NetAlert provides people – particularly young people and parents – with information about the issues, risks and dangers associated with using the Internet. It offers advice about how to minimise risks, avoid problems and use the Internet safely and responsibly. NetAlert works closely with Australian Government and State agencies (particularly the Australian Broadcasting Authority), the Internet industry and community organisations in order to promote Internet safety.

How can NetAlert help?
NetAlert provides an email and telephone helpline for the wider community to use offering information and advice about the benefits and hazards of the Internet. It has a particular focus on the methods (including filtering) of managing inappropriate content and providing children with safe access to the Internet. The helpline is accessible through a toll free national telephone number: 1800 880 176 and an e-mail address: enquiries@netalert.net.au

The NetAlert parent’s website, www.netalert.net.au, is filled with advice and resources on Internet safety. Free materials such as Internet safety brochures, parents’ guides to Internet safety and information sheets can be downloaded from the website or ordered through the helpline. The website is a good starting point to learn about the issues.

NetAlert has created an educational program specifically designed for parents. The program, available on CD-ROM, has real parents talking about Internet safety issues and providing solutions.

NetAlert has also developed a website specifically for younger children, Netty’s World - www.nettysworld.com.au. Netty is the star of this site designed to help young children learn about Internet safety. Netty lives on the Internet in ‘Netty’s World’ and guides children through a range of Internet safety issues via an online storybook – ‘Netty’s Net Adventure’. A number of fun games are also available to reinforce the safety messages. Children can also become members of ‘Netty’s Club’ where free Internet safety materials are provided by mail on a regular basis. The club helps children stay reminded about important and relevant Internet safety messages in an enjoyable way.

NetAlert has created an interactive educational program for primary school aged children called Cyberquoll. Cyberquoll is available at www.cyberquoll.com.au or via CD-ROM. Cyberquoll contains six animations. The introductory episode sets the scene. Episodes 2 to 5 investigate the issues through the things children want to do on the
Internet now, or will consider doing in the near future. Broadly these fall into the themes of: Online Content, Online Communication, Online Publishing, Commercialism and Online Marketing, Safety and Security, and Privacy. Episode 6 can be used to explore all the themes.

NetAlert has also created an interactive educational program called CyberNetrix for secondary school students. The program is available from www.cybernetrix.com.au or can be ordered free of charge from NetAlert. Furthermore, NetAlert has created a DVD called Wise up to IT, which includes 4 real life case studies of young people’s experiences on the Internet. Cases include cyber stalking, cyber bullying, luring and grooming in chat rooms and scams/ID theft. This program is available from NetAlert’s youth portal at www.wiseuptoit.com.au or the DVD can be ordered free from info@wiseuptoit.com.au or by calling 1800 880 176.

Finally, NetAlert distributes a monthly e-newsletter for parents on Internet safety that can be subscribed to through the NetAlert website. A range of topics are discussed, questions answered from the helpline as well as snippets of news and events on Internet safety related matters.

For further information:
NetAlert Limited
Telephone helpline: 1800 880 176, Monday to Friday, 9am-5pm
Email: enquiries@netalert.net.au
Website: www.netalert.net.au

Our thanks to NetAlert for contributing this section.
Here are some important tips for you to consider when choosing an organisation or activity your child will participate in, or deciding who you should leave your child with.

Please consider:

• The safety procedures that staff use
• How welcome the staff make you feel
• Whether the organisation is able to provide adequate care for your children
• If the area is well designed for the age of your children and their needs
• Whether cultural diversity is welcomed and responded to appropriately
• If staff interact well with children
• How the organisation selects its staff and volunteers
• Whether the staff are experienced and qualified
• Not being afraid to ask questions
• Becoming involved with your child’s activities
• How safe your children are in the care of your family and friends
• The safety of the place where your children will be cared for
• Listening to your children - ask them about their day - encourage them to speak up if they don't feel safe