- **Burns**: They may want to watch fires, or play with matches. They may also throw things onto a fire. They may want to play with fireworks, and they may also want to start cooking and preparing foods in the kitchen. They may also be more rowdy, and during play in the kitchen knock for example stoves and cooking pots over.
- **Being hurt during play**: Rough play may cause falls and other injuries. Children may also fight, and cause injuries to each other. Children may also choose objects in the environment to play with that can cause injuries, such as bottles, broken glass and wire sometimes found in yards.
- **Poisoning**: Children may mistake paraffin for cooldrink if stored in a cooldrink bottle. They may also want to experiment with the different chemicals found in the home.

---

**Activity 4**

Question for small group discussion.

Ask the group to think of other injuries that may happen at these ages. How could they be prevented? Give each group a copy of the table (Handout 13.3: Developmental stages 3 to 6 years) and ask them to identify and explain the possible injury risks.

---

**Handout 13.3: Developmental stages: 3 to 6 years**

<table>
<thead>
<tr>
<th>Age</th>
<th>Physical development</th>
<th>Mental development</th>
<th>Emotional development</th>
<th>Social development</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 years to 6 years</td>
<td>- Good balance and coordination</td>
<td>- Talks in sentences</td>
<td>- Identifies with caregiver and likes to imitate them</td>
<td>- Needs choices as s/he wants more independence</td>
</tr>
<tr>
<td></td>
<td>- Has refined motor skills (e.g. can draw a square with good corners)</td>
<td>- Has developed certain likes and dislikes</td>
<td>- Forms image of self</td>
<td>- Can share and take turns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Expresses ideas, asks questions, and engages in discussions</td>
<td>- Can be physically further away from caregiver</td>
<td>- Likes to show off skills to adults</td>
</tr>
</tbody>
</table>

13.6.2 Preventing injuries

Supervision is more difficult at this age, as children begin to want more independence and often play with other children and outside. However, when possible, children should be supervised during their activities, and when playing with other children an adult should be available to supervise the play. Specific suggestions include:

- **Falls:** Ensure that the child’s environment is safe for falls; that children will not hit anything hard or sharp when falling. Try to make sure that children cannot climb high structures, or when they do they do not climb too high. Also ensure that if the children climb, the surface on which they fall is soft, such as grass or gravel, and not concrete. Supervise children while they are climbing.

- **Drowning:** Ensure that children are supervised when playing near rivers or lakes. Ensure that the neighbourhood does not have uncovered drains. Is possible, teach the children to swim, or take them to swimming classes, just in case. Always supervise children in the bath.

- **Burns:** At all ages, ensure that matches and lighters are out of reach and never used as entertainment. Always have children supervised near a fire, and do not throw anything into the fire — children may want to imitate you. Children should never be allowed to play with fireworks, all fireworks should be used by adults. Laws in some areas also dictate that fireworks are not allowed to be used in residential areas. Do not allow children to play in the kitchen. If children want help to cook, have them do so supervised.

- **Being hurt during play:** Children will play, and supervision is the only thing that will reduce the number of injuries from happening. Make sure that children do not have access to dangerous objects with which to play.

- **Poisoning:** At this age, children are larger and may use chairs to reach what they want. Ensure that poisonous substances are stored out of reach, in a lockable cupboard with child resistant closures.

13.6.3 The primary school years: 6 to 12 years

- **Physical development**

  Children’s physical development proceeds at a steady pace during the primary school years, but less dramatically than during the pre-school years. The child’s weight increase in this stage is largely due to the increase in the size of the skeleton and muscular systems as well as the size of some of the body organs.

- **Mental development**

  Children during this stage can foresee the consequences of their actions because of their level of mental functioning and because of their past experiences. They are highly verbal and ask fact-oriented questions such as “how”, “why”, and “when”.

- **Emotional development**

  Over this age children are increasingly able to act independently. They remain dependent on affection and support from adults and although they can be more independent, they still want their caregivers to be present when they need help.
They can identify what they feel and can distinguish between wishes, motives and actions.

- **Social development**

  This is a period characterised by children spending increasing periods of time interacting or playing with his or her peers and in groups, frequently away from home and the watchful eyes of their caregivers. During this period children also become increasingly interested and involved in organised sports.

  The injuries that children may experience at this age are:

  - **Traffic related injuries:** Children at eight years old cannot judge distance as well as an adult can. They are also more excitable than adults, and may run across the road without looking. They may also not be fully familiar with traffic rules. They may also be knocked over by cars while riding their bicycles.
  
  - **Sporting injuries:** As children become more involved in organised sports, they may come across injuries, for example in football and baseball.
  
  - **Burns:** Children may start cooking on their own, and may experience cooking related burns. They may also experiment with fires. They may also want to play with electrical goods, such as TVs and radios and see what makes them work, which may cause electrical burns.
  
  - **Drowning:** Children who have not learned to swim may drown if they are near a river, dam or other water. If they can swim, they are still not as strong swimmers as adults are.
  
  - **Poisoning:** Children may want to take their medication on their own, and may take a mis-dosage. They may also mistake paraffin in a cooldrink bottle as cooldrink. They may mistake bright coloured medications as sweets.
  
  - **Falls:** Children continue to climb and explore their environment. They may also fall off bicycles.

---

**Activity 5**

Question for small group discussion

What injuries had the members of the team experienced at this age? How could they have been prevented?

Give each group a copy of the table (**Handout 13.4: Developmental stages: 6 to 12 years**) and ask them to identify the possible injury risks and also explain why this is a possible injury risk.
Handout 13.4: Developmental stages: 6 to 12 years

<table>
<thead>
<tr>
<th>Age</th>
<th>Physical development</th>
<th>Mental development</th>
<th>Emotional development</th>
<th>Social development</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 to 12 years</td>
<td>- Can play sport and develop new skills</td>
<td>- Highly verbal</td>
<td>- Acts independent, but can be irresponsible at times</td>
<td>- Enjoys working and playing with others</td>
</tr>
<tr>
<td></td>
<td>- Full of energy</td>
<td>- Ask fact-oriented questions (e.g., wants to know how, why and when)</td>
<td>- Still dependent on affection from adults</td>
<td>- Plays mostly with same-sex peers</td>
</tr>
<tr>
<td></td>
<td>- Fine motor coordination well-developed (e.g., writing and drawing skills)</td>
<td></td>
<td>- More independent, but want caregiver to be present to help</td>
<td>- Learns to achieve and compete</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Initiates and identifies with same-sex adults</td>
</tr>
</tbody>
</table>


13.6.4 Preventing injuries

- **Traffic related injuries**: Teach children traffic rules. Ensure that children do not travel alone. Make sure that groups of children have adult supervision, as children in groups especially may become excitable and not notice the traffic. Do not allow children to play near roads.
- **Sporting injuries**: Ensure that all sports activities are supervised by an adult, and happen in a safe area.
- **Burns**: Supervise children while they are cooking. Teach them how to cook safely, preferably do not allow them to use fire or paraffin stoves. Teach children about the dangers of fire, and ensure that they are not near to fires unsupervised. Do not allow children to experiment with electrical appliances that may cause a shock and which should only be worked on by a professional, such as TV’s or computer monitors. Teach children to respect electricity, and ensure that any appliances that they are working on are always unplugged.
- **Drowning**: Children should be supervised while swimming. If the child does not yet know how to swim, try to find someone to teach them, as swimming is a very important skill especially for those children living in areas near water.
- **Poisoning**: Never let children take medication unsupervised. Keep everyone’s medication away from children, and keep other poisonous substances away from children, too.
- **Falls**: Continue to supervise children while climbing and riding bicycles if possible.

**CLOSING REMARKS**

Other injuries may also happen to children at all ages. For example, animal bites may occur at any age. Young children should not be around animals unsupervised,
and as they get older they should be taught to respect animals. Older children should be taught never to tease animals, as for example dogs may cause severe injuries. Children should be taught to be wary of snakes and spiders, and not to play with them.

This module has introduced the injuries that may happen to children at different ages. Module 5 to Seven delve deeper into specific injuries and their prevention. When presenting information to the caregiver during the visit, it is good to present all the information, but especially that information that relates to the children they have. This helps to make the information more relevant and help them to remember the information better.

### 13.7 SESSION FOUR: PREPARATION FOR DAY TWO

**Visiting materials**

- Child visit material — 1: *Information to share with caregiver*
- Child visit material — 2: Poster: *“Milestones of Childhood”* ¹

---

**Instructions**

- Handout 13:1 — 13.4 provides background information that the visitors may need during the visit, but remind them that the purpose of the visit is to alert the caregivers to how best to react to the developmental stages of the child to reduce the risks to injuries.
- The focus in this session should be to make sure that the visitors will know exactly what information is to be shared during the visit. This is presented in Child visit material — 1: *Information to share with caregiver*. Read and discuss this with the visitors.
- Child visit material — 2: Poster: *“Milestones of Childhood”* is what the caregiver will receive. This serves as a reminder to the caregiver on how the different developmental stages of a child bring its own risks to injuries. You may use any other suitable poster that depicts the developmental stages of a child.

---

¹ Contact details: NESTLE: (011) 889-6000 or Kutala Njemane — 082 801 0785.
Child visit material — 1: Introductory information to share with the caregiver

CHILD DEVELOPMENT VISIT

INTRODUCTORY INFORMATION YOU SHOULD SHARE WITH THE CAREGIVER

Childhood injuries are related to child development. Children's risks to injury and the prevention measures needed, differ according to age. By understanding the developmental stages of a child, we can tailor injury prevention strategies to a child's particular age- and developmental stage.

- Infants and toddlers (0-3 years)
  - are at particular risk because they are developing rapidly.
  - the child’s primary focus is to get control of his or her body movements.
  - learn about an object in the environment by touching, smelling, and even tasting it.

While these behaviours are important for development, they also place the infant or toddler at risk for injury.

- Pre-school children (3-6 years)
  - are curious and very interested in exploring the environment and understanding how things work.
  - do not understand the consequences of their actions, for example may pull on an electric cord to see what happens.

While these behaviours are important for learning and acquiring skills development, they also place the infant or toddler at risk for injury.

- School children (6-10 years)
  - spend more time with their friends and are frequently away from the home.

13.8 TRAINING SCHEDULE

DAY TWO

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 min</td>
<td>Refresh content: Child development</td>
<td>Handouts 13.1 — 13.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child visit material-1:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introductory information to share</td>
</tr>
<tr>
<td></td>
<td></td>
<td>with the caregiver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child visit material-2:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poster: &quot;Milestones of Childhood&quot;</td>
</tr>
<tr>
<td>Time</td>
<td>Content</td>
<td>Materials</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>10 min</td>
<td>Assessment of content</td>
<td>Appendix 13-A: Child development questionnaire</td>
</tr>
<tr>
<td>20 min</td>
<td>Visiting procedure</td>
<td>Appendix 13-B: Child development — visiting procedure</td>
</tr>
<tr>
<td>30 min</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>30 min per visitor</td>
<td>Practice of visit</td>
<td>Appendix 13 C — E Material for role-play assessment</td>
</tr>
<tr>
<td>30 min</td>
<td>Visitor concerns</td>
<td></td>
</tr>
</tbody>
</table>

**Total:** 2 hours (excluding the role plays)

### 13.9 SESSION FIVE: CHILD DEVELOPMENT REFRESHER

______________________________ Instructions _________________________________

Use *Handout 13.1-4* and the *Child visit material 1* and *2* to refresh the content.

### 13.10 SESSION SIX: CHILD DEVELOPMENT — ASSESSMENT OF KNOWLEDGE

**Teaching material**

- Appendix 13-A: *Child development questionnaire*

______________________________ Instructions _______________________________

- Remind the visitors that this test is to build their confidence.
- Administer the questionnaire.
- Rotate the answer sheets so that each visitor is marking another visitor's answers. Alternatively the trainer may do the marking whilst the visitors take a break.
- The important part is now to let each visitor see where she made mistakes and discuss this.
- If a visitor performed badly, below 50%, we suggest that you do an oral test at the time of that visitor's role-play.
13.11 SESSION SEVEN: CHILD DEVELOPMENT: VISITING PROCEDURE

Visiting materials

- Child visit material — 1: Information to share with caregiver.
- Child visit material — 2: Poster: "Milestones of Childhood"

----------------------------------------------- Instructions

- Use Appendix 13-B: Child development — visiting procedure to guide the visitors through the visit activities.
- Make sure that visitors have all the materials they will need for the visit.
  - Child visit material — 1: Information to share with caregiver.
  - Child visit material — 2: Poster: "Milestones of Childhood" or another suitable poster.
  - Their diaries.
- Go through the visit and show them how to use these materials for the visit.

13.12 SESSION EIGHT: INDIVIDUAL ASSESSMENT AND FEEDBACK OF THE CHILD DEVELOPMENT VISIT ROLE-PLAY

Teaching materials

- Appendix 13-C: Script and setting — Child development role-play
- Appendix 13-D: Scoring guide — Child development role-play
- Appendix 13-E: Scoring sheet — Child development role-play

----------------------------------------------- Instructions

- Follow the role script and setting.
- It is important that feedback is given immediately after the role-play. Allow the visitor to talk you through her concerns about her performance.
- If the visitor performed badly then schedule a re-assessment once all the role plays are done or for the following day. DO NOT ALLOW THE VISITOR TO PROCEED WHEN YOU ARE IN DOUBT ABOUT HER COMPETENCIES FOR THE VISIT.

13.13 SESSION NINE: CLOSURE — VISITORS' CONCERNS

End the day’s training by giving them the opportunity to address any outstanding issues. End on a positive and encouraging note. If you are confident about their competency, tell them.
14 Module five
Burns prevention and treatment

Nelmarie du Toit

14.1 AIMS
The aim of this module is to give the visitors information about burns and methods for their prevention and to prepare the visitors for the Burns visit.

14.2 OBJECTIVES
At the end of this module the visitor should understand:

- different types of burns
- causes of burns
- how they can be prevented
- emergency treatment of such burn

14.3 TRAINING SCHEDULE

DAY ONE

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 min</td>
<td>Classification of Burns Causes and Prevention</td>
<td>Cards “Be aware and take care” cards Video: “One careless moment”</td>
</tr>
<tr>
<td>30 min</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>60 min</td>
<td>Causes and Prevention (Cont.)</td>
<td></td>
</tr>
<tr>
<td>30 min</td>
<td>Causes and Prevention (Cont.) Evacuation plan</td>
<td>Handout 14.1 Burns: Questions and answers</td>
</tr>
<tr>
<td>30 min</td>
<td>Tea break</td>
<td></td>
</tr>
</tbody>
</table>
### 14.4 SESSION ONE: CLASSIFICATION, CAUSES, PREVENTION AND TREATMENT OF BURN INJURIES

#### 14.4.1 Introduction

Introduce the topic by asking if any of the visitors had any experiences of burn related injuries. Then proceed with the following activity.

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**Activity 1**

*“Be aware and take care” cards.* Each visitor is handed a card. On each card there is either a safe or an unsafe practice illustrated. The visitors should get the matching card to the one that she has from one of the other visitors.

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**Activity 2**

Show the video: “One careless moment” and have a general discussion afterwards.

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2. Contact: Edu — Educated (EDUCO), PO Box 10050, Caledon Square, 79205.
3. Contact: CAPFSA; Tel. (021) 685-5208 or capf@capfsc.co.za
14.4.2 Classification of Burn injuries

Burns are classified in three different categories:

- **1st Degree/Superficial**
  A burn injury that affects the skin's outer layer (epidermis). The skin is red and painful but does not blister or scar. An example would be sunburn. Usually heals by itself within a week.

- **2nd Degree/Partial thickness**
  Partial thickness burns cause blistering and are very painful. Under the blister they are red and moist. They will heal within three weeks with minimal cosmetic defects. Deep partial thickness burns are dry and may appear ivory or pearly white. Skin grafting is usually recommended for deep 2nd degree burns.

- **3rd Degree/Full thickness**
  This is a very serious injury where the skin is too damaged to heal on its own. The epidermis (1st layer of skin) and dermis (2nd layer of skin) are destroyed. Underlying muscles, bones or internal organs may be affected. The burn may look charred but may not be as painful as the other types of burns because the nerve endings may be burnt away.

14.4.3 Scalds or fluid burns

This is a major cause of all burn-related accidents. Fluid burns cause about 70% of cases reported. Small children like to explore; they don't know the difference between safe and unsafe behaviours. Hot tea, coffee, fish oil and water cause most fluid burn injuries. Fluid burns occur mostly in the kitchen or during cooking, while a good proportion occurs in the bathroom.
a. Prevention

*Hot Water*

- Always fill a bath with cold water first. Thereafter add hot water and test the temperature before you put the child in the bath. If you are called away an inquisitive child could try to bath himself or a younger sibling. Children have died after having fallen into baths of hot water.
- A child less than five years should never be left alone in the bath or near hot water. He or she could easily turn on the hot water tap and not be able to turn it off again.
- Lower the thermostat temperature on the hot water cylinder to a safer temperature of -∞-∞ degrees Celsius.
- If anyone else gives your child a bath such as a relative or baby sitter, teach the person to keep the child safe in the bath.
- Appliance cords such as kettle cords that hang over the edge of the kitchen counter always pose great danger. Keep these cords short and out of reach of young children or buy a coiled or flexed cord or shorten the cord.
- When boiling water or cooking on a paraffin stove, never leave a child alone near the hot water and always supervise the child.

*Food and hot drinks*

- Put the baby down when drinking something hot. It is not safe to drink anything hot with a child on your lap. Small children are curious; they would want to reach up and see what is in the cup and can spill the drink.
- A crawling child will most likely pull the tablecloths trying to stand up. Avoid using overhanging tablecloths. Use placemats instead, until the child is older.
- Make sure pot handles are turned to the back of the stove to avoid the child pulling on them. Preferably use the back plates on the stove for cooking.
- High chairs should not be kept next to the stove.
- When busy, keep the baby in a playpen or a safe separate area, away from the cooking area.
- Always check the temperature of food before feeding it to children.
- Keep mugs and cups away from the edges of table counters; out of sight and reach of little hands.
- When using a paraffin stove to cook make sure that the pot is not too big for the stove.

*Microwave ovens*

- Although this may not be a common appliance in low-income households, the microwave oven is very convenient for busy families.
- Microwave ovens should be mounted where small hands cannot reach the controls.
- Microwaves can heat food and drink unevenly. It is important to always stir or mix food through to disperse the heat evenly.
- Always check the temperature of the food and drink before serving it to children. The container may feel cool but the food can be scalding. Microwave foods can be deceptively hot.
- Extra care should be taken to avoid steam burns when removing lids or coverings from food cooked in the microwave.
- Older children need to be instructed in the safe use of a microwave and all heating appliances.

**b. Emergency treatment of fluid burns**
- Remove all clothing. If the clothing is stuck to the skin do not remove it.
- Run plenty of cold water over the burnt area for ± 20 minutes or until pain lessens and disappears.
- Do not apply any ointment, creams or ice to the burn.
- Do not break any blisters.
- Cover the burnt area with clean non-sticky dressing or a clean cloth.
- Take the child to the doctor, clinic or hospital immediately.

### 14.5 SESSION TWO: CAUSES, PREVENTION AND TREATMENT OF BURN INJURIES (CONT.)

#### 14.5.1 Flame and fire burns

Flame and fire burns are the major causes of burn related deaths. They leave permanent scars that are not easy to heal.

Frequently in the news we hear of a shack settlement that was devastated by a fire. Shacks are often made of wood and burn easily. If possible, people should try to build their homes from non-flammable material. They should also ensure that there is at least a three to five metre gap between their home and the next home. In this way, if a fire starts in someone else's home, it does not spread as rapidly, and the family has time to react to the fire or escape from their own home.

#### 14.5.2 Prevention of flame and fire burns

**Indoors**

- Sources of fire like candles, matches and cigarette lighters should be kept out of children's reach. They are never to be used to entertain children.
- Never leave a child alone in a room with an open fire, e.g. burning candle, lamp, paraffin stove or fireplace.
• A burning lamp or stove must not be put on an uneven surface where it could easily unbalance and fall over.
• Never smoke in bed. Smoking in bed is a major cause of accidental fire deaths in homes.
• Always check to see that cigarettes are extinguished before emptying ashtrays. Stubs that are still burning can ignite trash.
• All fires and heaters must be guarded. Children should be closely supervised near any fire.
• Keep portable heaters in a safe place away from furniture and curtains where people cannot trip over it.
• Locate heaters three feet away from the bed to prevent the bed from catching fire.
• The storage area above the stove should be free of flammable items.
• Items that can attract children (e.g. cookies and candy) should not be kept above the stove or cooking area.
• Never leave a paraffin stove unattended.
• Matches and lighters should be kept away from children and stored out of reach.
• Because you do not know when an emergency can occur plan your escape route in advance.
• Safety equipment like fire extinguishers, smoke alarms and a bucket of sand should be available in your home.
• Children should be taught the evacuation procedures to prepare them in the event of a fire emergency.
• Teach children to stop, drop and roll on the floor if clothing catches alight and to crawl low on the floor and go to escape thick smoke. Explain that the cleanest air is closest to the floor.
• Use sand to smother any fire caused by paraffin, oil or petrol and not water.
• If a pan with oil overheats and catches alight switch the heat off. Smother the flame with a lid or a damp cloth. Do not carry or move the burning pan.
• Install smoke alarms at strategic points throughout the house. There should be at least one smoke alarm on each level of the house.
• Do not place the paraffin stove on the floor when cooking. The stove may accidentally be pushed over and cause a fire.

**Outdoors**

• Flammable liquids such as petrol or paraffin should never be poured onto fire.
• Braai fires should be put out with water. Do not cover braai fires with sand as children can step onto the hot sand and burn their feet.
• Small children should never be left alone near a braai or open fire. Children must always stay a safe distance from all fires.

**14.5.3 Paraffin**

• Never fill paraffin appliances while they are operating. Always refuel the heater outside to prevent spillage on floors, which could later result in fire.
• Keep the room in which the paraffin heater operates ventilated (e.g. keep a door open or the window ajar). This will prevent an indoor air pollution problem, which is unhealthy.
• Always turn appliances off when you leave home or go to sleep.
• Heaters should be turned off whilst sleeping and never left operating unattended.
• Heaters should be placed at least three metres away from anything that might catch fire such as clothing, furniture and curtains. Keep all flammable liquids and fabrics away from an open flame.
• There should always be an adult in the room when a paraffin appliance is being used.
• Children should be at least two metres away from paraffin appliances when in use.
• Place paraffin appliances on a steady and even surface so that they cannot be knocked or pulled over.
• If paraffin smells of petrol or other substance, avoid using it in the paraffin stove as the stove might explode.
• If paraffin has a pinkish or blue colour do not use it as it might be contaminated with something else like petrol.

14.5.4 Emergency treatment of fire burn injury
• Follow the same treatment instruction as for fluid burns. Run cool water over the burn for at least 20 minutes. Remove the clothing if it is not sticking to the skin.
  Cover the area with a clean cloth or bandage.
• Get the person to a hospital as soon as possible.

14.5.5 Electrical burns
One of the most frequent causes of house fires is electricity used carelessly or incorrectly. Remember that although electricity is invisible it is dangerous. Teach children to respect electricity as it can kill.

a. Prevention

Indoors
• When handling electrical appliances or switches ensure that your hands are dry. Remember that electricity and water do not mix.
• The overloading of plugs can cause a fire. A multi-adapter will assist you to use several appliances without the risk of over-heating.
• Do not pull a plug by the cord. Switch the plug off before pulling at it.
• Always wire your plugs correctly.
• Broken plugs or loose wires are dangerous. Always use SABS approved plugs and make sure there are no loose wires.
• Avoid children sticking their fingers or objects into a socket by using a safety plug or cap.
• When using electrical appliances, it should be plugged into a wall socket and not a light socket.
• Bare wires should never be inserted into electrical sockets. Always use a correct plug. Do not connect electrical appliances to light sockets.
• When pouring water into a kettle or steam iron, make sure they are unplugged before you switch it on.
● Follow manufacturer instructions when using any electrical appliance.
● Extension or other electrical cords that are frayed or worn should be replaced and not repaired.
● Never run extension cords or electrical cords under carpets or where people can walk and trip over it or where it would lead to the wearing of the cords. Run the cords alongside the wall.
● Fixing or joining cords with insulation tape is dangerous; it is preferable to use a proper connector.
● Tapping into a neighbour's electricity supply or overhead network is dangerous and illegal.
● Never use electrical appliances in the bathroom.
● Never use water to put out an electrical fire if the mains are not switched off. Use a dry chemical fire extinguisher.
● Small children are naturally interested in cords and plugs so keep them out of reach.
● Supervise children near electrical heaters.

Outdoors
● Children should be warned to keep away from electricity substations and wires running on the ground should be reported. The voltage is extremely high and very dangerous.
● Children should never climb on a roof, ladder, tree or pole near overhead electric wires.
● Teach children not to throw stones and objects at power lines as the insulators can break, causing the conductor to drop. This is a hazard to people and animals that can be electrocuted by low hanging conductors.
● It is dangerous to make a fire under power lines.
● Teach children not to touch any electrical power lines.
● Never run extension leads from one house to another or over the streets.
● Teach children the dangers of playing near or in power stations.

14.5.6 Emergency treatment of electrical burns
● When electrocution has occurred, switch all electricity off at the main supply before touching the victim.
● Remove the victim from the source of the electricity using a non-conductive object for e.g. rubber, wood or newspaper. The person can be pushed away using a broomstick or chair.
● Do not use metal objects as this can serve as a conductor.
● Move the patient to safety. Assess for vital signs and resuscitate if necessary (mouth to mouth).
● Take the patient for emergency medical treatment or call emergency services for assistance.
14.6 Session Three: Causes, prevention and treatment of burn injuries (Cont.)

14.6.1 Gas burns

a. Prevention

- Check that your gas cylinder is not overfilled. You can recognise an overfilled cylinder by the swelling and bulging of the bottle.
- Never store gas bottles near a direct source of heat such as a stove, heater, fire or direct sunlight.
- Never place a cylinder on an electric stove.
- In a fire situation don't panic, as long as the cylinder does not get too hot there is no immediate danger. If you cannot remove the cylinder, try keeping it cool by spraying water onto it.
- Gas under normal conditions cannot burst or explode, it will do either only if it is overfilled or heated on high temperatures. These are very dangerous as they can cause serious fire, resulting in injury and damage to property.
- If you cannot do either of the above then keep a safe distance away.
- Always transport gas in an upright position not on its side. If the cylinder is lying on its side and the valve should leak, then liquid would escape which is much worse than a gas leak.
- Always allow enough time for your appliance to cool down after use before touching it or storing it away.
- When using a cylinder always make sure it is on a level surface so that it cannot easily fall over.
- If you should smell the gas it means you have a leak somewhere, which must be found and fixed. Turn the gas off, do not smoke and make sure there are no other flames or sparks in the vicinity.
- To find the leak use soapy water and apply it to the place where the leak seems to be coming from; bubbles will form at the point of the leak.
- When the leak has been fixed you may continue using the appliance.
- If you cannot fix the leak do not use the appliance, rather ask your local dealer for advice.
- Only use a proper hose as an ordinary plastic hose will deteriorate and eventually start to leak. Never use a garden hose.
- Make sure hoses are clamped on both ends.
- Check all rubber washers and hoses regularly and replace them when worn.
- Light matches first before turning the gas on.
- When not being used, always close the cylinder valve.
- Before using your appliance for the first time, read the manufacturer's instructions.

14.6.2 Sunburn

The sun can also cause burn injuries.

Prevention

- Keep children out of the sun during the peak hours. The sun’s ultra violet light is more intense between 11h00 to 15h00. If children are to be in the sun during
these hours put sunscreen on all their exposed areas, i.e. hands, arms, feet and face.

- Dress your children in protective clothing. All children should use hats to guard them against sunburn.

14.6.3 Chemical burn

- Chemicals such as sulphuric acid and caustic soda or other corrosive chemicals used for cleaning can cause extensive skin damage. Always store it out of reach of young children.

Emergency treatment for chemical burns

- It is important to remove the chemicals from the child’s skin as quickly as possible to minimise damage.
- Should any chemical come into contact with clothing, remove the contaminated clothing and thoroughly wash the skin with soapy water. Children have died from inhaling fumes from contaminated clothing.
- Assess the damage and take the child for medical assistance if needed.

14.6.4 Explosives

These types of burns are caused by certain agents exploding, i.e. fireworks, spray cans and certain chemicals that are exposed to heat.

Prevention

- Teach children never to throw empty cans into a fire.
- Children should not be allowed to play with fireworks.

14.6.5 Contact burns

Contact burns are another important group. These predominate in the one to three year age group and are generally caused by touching hot electrical appliances such as irons, ovens, heaters, etc. Children falling onto hot objects can also cause these burns. Supervise small children closely and teach them about the dangers of hot objects to prevent these types of burns.

14.6.6 Emergency evacuations (escape plan)

It is important to have a clear regularly practised plan for evacuations in the event of an emergency. The most likely reason for evacuation from a building is fire.

- Identify areas where a fire is most likely to start, e.g. kitchen, laundry and garage.
- Plan evacuation (escape) routes and assembly points.
- Make sure that both adults and children know how to raise the alarm when necessary.
- Everyone in the house should be briefed on access and/or the use of the phone in an emergency (e.g. phone-cards, coins, and neighbours).
- Everyone should be briefed on how to make a call to an emergency telephone number.
- Keep emergency telephone numbers next to the phone or somewhere that is easily accessible.
• Every room should have at least two escape areas such as a window and door.
• Everyone must know what route exists to take in an emergency as well as the meeting point outside the home. Planning an alternative escape route is also a good idea.
• Practice the evacuation procedure on a regular basis to avoid panic during a real situation.
• Include small children as a part of the discussion and rehearsal. It is especially important to make sure that they must escape: they can't hide from fire under a bed or in a closet.

**14.6.7 How to react to fires**

- Always keep a bucket of sand in the same room as your paraffin appliance in case a fire starts.
- Never use water on a paraffin fire.
- If a small paraffin fire starts, throw sand at the base of the fire and not at the top of the flames.
- Never try to put out large fires, rather get to safety.
- Find out where the nearest fire hydrant is to your house so that you can inform the fire department in case of a fire.

**14.6.8 Closing questions**

The *Burns: Questions and answers* below serve as a closure to the lecture. We suggest that this should be done in group — format where the group answers and discusses the questions.

**Handout 14.1: Burns: Questions and answers**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the most common causes of burns?</td>
<td>1. Fluid burns or scalds — hot tea, coffee, water</td>
</tr>
<tr>
<td>2. What is the safe way to run a bath?</td>
<td>2. Always start with cold water first and then add hot water. Always test the temperature of the water before bathing the child.</td>
</tr>
<tr>
<td>3. Why are tablemats safer to use than tablecloths?</td>
<td>3. A young child is most likely to pull on overhanging tablecloth while trying to stand up.</td>
</tr>
<tr>
<td>4. Appliance cords have always fascinated young children. What can be done to prevent children pulling on these cords?</td>
<td>4. Keep the cords short and out of reach of young children or buy a coiled or flexed cord.</td>
</tr>
<tr>
<td>5. Fires cause much death and destruction in property every year. How can we safe-guard young children?</td>
<td>5. Teach them to treat a flames or fires with care and respect. Never leave a child where she or he will have access to an open flame, heaters, lamp and stoves.</td>
</tr>
<tr>
<td>6. What should never be used to extinguish a paraffin fire, oil fire or petrol fire?</td>
<td>6. Water</td>
</tr>
</tbody>
</table>
14.7 SESSION FOUR: PREPARATION FOR DAY TWO

Visiting materials

- Materials to use during the visit
  Burns visit material — 1: Introductory information to share with the caregiver
  Burns visit material — 2: Burns safety checklist
  Burns visit material — 3: Safety tips to share with the caregiver after the checklist
  Burns visit material — 4: Emergency treatment for burns and electrocution

Instructions

Discuss each of these with the visitors. These will serve as their guidance during the visit, and therefore you should ensure that the visitors understand the content and the sequence in which they are to use this during the visit. They will be assessed on this during the role-plays on Day Two.

Burns visit material — 1: Introductory information to share with the caregiver

INTRODUCTORY INFORMATION TO SHARE WITH THE CAREGIVER

Burns are a major cause of injury related death to children under the age of five years. Most of these burns happen in and around the home. A child’s skin is thinner and more sensitive than adults. Therefore, their skin will burn more quickly and at a lower temperature.

During the visit we will focus on hot liquid, fire or flame, electrical, and paraffin related burns. Although these are not the only causes of burn injuries to children, they are the most common.

For example, most (70%) of the burn injuries to children are caused by hot liquids (fluid). Most fluid burn injuries are caused by hot tea, coffee, oil and water. Fluid burns happen mostly in the kitchen, and in bathrooms.

Although flame burn injuries are not as common as fluid burn injuries to children, they are the most severe. Flame burn injuries are not easy to heal and leave permanent scars. Flame burn injuries are also the major causes of burn related deaths.
## Burns visit material — 2: Burns Safety checklist

<table>
<thead>
<tr>
<th>FLUID BURN</th>
<th>YES</th>
<th>NO</th>
<th>Not applicable</th>
<th>CHANGES TO BE MADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you always pour cold water first when bathing a child?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are hot liquids and hot foods placed out of children's reach?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are pot handles always turned inward on the stove so that they cannot be knocked over?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use place mats instead of table cloths when there is a small child in the house?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever drink hot liquids whilst a child is in your lap?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are kettle cords hanging over the table or counter?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use cold water to treat a burn?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After treating a burn injury at home, do you take the child to the clinic?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## FLAME BURN

| Do you ever smoke in bed?                                                  |     |    |               |                    |
| Are matches and candles stored safely out of children's reach?             |     |    |               |                    |
| Are paraffin stoves and lamps placed on a flat solid surface away from curtains? |     |    |               |                    |
| Are heaters kept away from hanging clothes or paper which could catch fire?|     |    |               |                    |
| Do you ever leave food on a stove unsupervised?                           |     |    |               |                    |
| Do you ever leave a child alone in a room with an open flame?              |     |    |               |                    |
| Do you always extinguish a fire when done with it?                        |     |    |               |                    |
| Do you have a bucket of sand or fire extinguisher at home?                |     |    |               |                    |

## ELECTRICAL BURN

<p>| Are worn or frayed electrical cords, extensions and appliances repaired?   |     |    |               |                    |</p>
<table>
<thead>
<tr>
<th>FLUID BURN</th>
<th>YES</th>
<th>NO</th>
<th>Not applicable</th>
<th>CHANGES TO BE MADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are unused electrical sockets covered with plugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are electrical cords beyond children’s reach?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are extension cords placed along the wall and not under carpets or where people are walking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are electrical cords ever run from one house to the other?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use one plug for more than three electrical appliances?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you always make sure your hands are dry when handling electrical appliances?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are electrical sockets usually covered when not in use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are plugs wired correctly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PARAFFIN**

| Do you use a funnel to pour paraffin into a lamp or stove?                 |     |    |                |                    |
| Do you use a childproof safety cap on a paraffin container/bottle?         |     |    |                |                    |
| Do you always turn a paraffin stove off when leaving the room?             |     |    |                |                    |
| Do you ever pour water on a fire caused by paraffin?                      |     |    |                |                    |
SAFETY TIPS TO SHARE WITH THE CAREGIVER AFTER THE CHECKLIST

Fluid burns
- Always fill a bath with cold water first. Thereafter add hot water and test the temperature before you put the child in the bath. When called away an inquisitive child could try to bath himself or a younger child. Children have died after having fallen into baths of hot water.
- Appliance cords such as kettle cords that hang over the edge of the kitchen counter always pose great danger because the child can pull on the cord and get burnt. Keep these cords short and out of reach of young children or buy a coiled/flexed cord.
- It is not safe to drink anything hot with a child on your lap. Small children are curious; they would want to reach up and see what is in the cup and can spill the drink.
- A crawling child will most likely pull the tablecloths trying to stand up. Avoid using overhanging tablecloths. Use placemats instead, until the child is older.

Fire/flame burns
- Sources of fire like candles, matches and cigarette lighters should be kept out of children’s reach. They should never be used to entertain children.
- Never leave a child alone in a room with an open fire, e.g. burning candle, lamp or fireplace.
- A burning lamp/stove must not be put on an uneven surface as it could easily fall over.

Electrical burns
- When handling electrical appliances/switches ensure that hands are dry. Remember that electricity and water do not mix.
- Extension or other electrical cords that are frayed or worn should be replaced and not repaired.

Paraffin
- Never fill paraffin appliances while they are operating. Always refill the heater outside to prevent spillage on floors, which could later result in fire.
- Use the heater in a well ventilated room.

Gas
- Never store a gas bottle near a direct source of heat such as stove, heater, fire or direct sunlight.
EMERGENCY TREATMENT FOR BURNS AND ELECTROCUTION

Burns
- Remove all clothing. However, if clothing is stuck to the skin do not remove.
- Run plenty of cold water over the burnt area for about 10 minutes or until pain lessens and disappears.
- Do not apply any ointment, creams or ice to the burn.
- Do not break any blisters.
- Cover the burnt area with clean, non-sticky dressing or a clean cloth.
- Take the child to the doctor, clinic or hospital immediately.

Electrocution
- When electrocution has occurred, switch off at the main supply before touching the victim.
- Remove the victim from the source of the electricity using a non-conductive object e.g. rubber, wood or newspaper.
- Do not use metal objects as this can serve as a conductor.
- Move the patient to safety. Assess vital signs and resuscitate if necessary.
- Take the victim for emergency medical treatment or call emergency services for assistance.
14.8 TRAINING SCHEDULE

DAY TWO

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 min</td>
<td>Refresh content: Burns</td>
<td>Burns visit material 1 to 4</td>
</tr>
<tr>
<td>10 min</td>
<td>Assessment of content</td>
<td>Appendix 14-A: Burns questionnaire</td>
</tr>
<tr>
<td>45 min</td>
<td>Identifying risks in photos</td>
<td>Appendix 14-B: Burns photographic discussion sheet</td>
</tr>
<tr>
<td>20 min</td>
<td>Visiting procedure</td>
<td>Appendix 14-C: Burns — visiting procedure</td>
</tr>
<tr>
<td>30 min</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>30 min per visitor</td>
<td>Practice of visit</td>
<td>Appendix 14 D — F Material for role-play assessment</td>
</tr>
<tr>
<td>30 min</td>
<td>Visitor concerns</td>
<td></td>
</tr>
</tbody>
</table>

Total: 2 ½ hours (excluding the role plays)

14.9 SESSION FIVE: BURNS REFRESHER

--------------------------------------------- Instruction

Use Burns visit material 1 to 4 to refresh the content.

14.10 SESSION SIX: BURNS — ASSESSMENT OF KNOWLEDGE

Teaching materials
- Appendix 14-A: Burns questionnaire

--------------------------------------------- Instructions

- Remind the visitors that this is to build their confidence.
- Administer the questionnaire.
- Rotate the answer sheets so that each visitor is marking another visitor’s answers. Alternatively the trainer may do the marking whilst the visitors take a break.
- The important part is now to let each visitor see where she made mistakes and discuss this.
- If a visitor performed badly, below 50%, we suggest that you do an oral test at the time of that visitor’s role-play.
14.11 SESSION SEVEN: BURNS: USE OF PHOTOGRAPHS

Teaching material

- Appendix 14-B: Burns photographic discussion sheet

Instructions

- This can be done in a group setting where the visitors discuss the risks they can identify.
- Use the accompanying scoring sheet to guide the discussion. Scoring will be done during the individual role-plays.

14.12 SESSION EIGHT: BURNS — VISITING PROCEDURE

Teaching materials

- Burns visit material 1 to 4
- Two Burns: photographs
- Appendix 14-C: Burns — visiting procedure

Instructions

- Use Appendix 14-C to guide the visitors through the visit activities.
- Make sure that visitors have all the materials they will need for the visit:
  - the photograph
  - safety checklist
  - the safety gift: burn shield and leaflet 4
  - their diaries
- Go through the visit and show them how to use these materials for the visit.

14.13 SESSION NINE: INDIVIDUAL ASSESSMENT AND FEEDBACK OF THE BURNS VISIT ROLE-PLAY

Teaching materials

- Appendix 14-D: Script and setting — Burns role-play
- Appendix 14-E: Scoring guide — Burns role-play
- Appendix 14-F: Scoring sheet — Burns role-play

4. Contact: CAPFsCA; Tel. (021) 685-5208 or capfsca@pgwc.gov.za
Instructions

- Follow the script and setting for the role-play.
- It is important that feedback is given immediately after the role-play. Allow the visitor to talk you through her concerns about her performance.
- If the visitor performed badly then schedule a re-assessment once all the role plays are done or for the following day. **DO NOT ALLOW THE VISITOR TO PROCEED WHEN YOU ARE IN DOUBT ABOUT HER COMPETENCIES FOR THE VISIT.**

14.14 SESSION TEN: CLOSURE — VISITORS’ CONCERNS

End the day’s training by giving them the opportunity to address any outstanding issues. End on a positive and encouraging note. If you are confident about their competency, tell them.
15 Module six
Poisoning prevention
and treatment

Nelmarie du Toit and Noluthando Loleka

15.1 AIMS
The aims of this module are:

- To create awareness about dangerous substances in the home amongst the visitors.
- To develop an awareness about how to prevent and treat poisonings.
- To prepare the visitors for the Poison visit.

15.2 OBJECTIVES
At the end of this module the visitor should understand:

- Different types of poisoning.
- The categories that dangerous substances fall into.
- How to do a home audit.
- How to identify risk areas, create a safe home and the importance of changing behaviour in order to create a safe environment.
- Emergency care in a poisoning incident.
- The use of paraffin child resistant caps.
### 15.3 TRAINING SCHEDULE

#### DAY ONE

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 min</td>
<td>Types and categories of poisoning — Medicine</td>
<td>Video:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Child poisoning”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pills vs Sweets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Water vs Paraffin</td>
</tr>
<tr>
<td>30 min</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>30 min</td>
<td>Types and categories of poisoning (Cont.)</td>
<td>Handout 15.1</td>
</tr>
<tr>
<td></td>
<td>— Paraffin</td>
<td>Poison: Questions and answers</td>
</tr>
<tr>
<td></td>
<td>— Household products</td>
<td></td>
</tr>
<tr>
<td></td>
<td>— Poisonous plants</td>
<td></td>
</tr>
<tr>
<td>30 min</td>
<td>— Emergency treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>— Carbon monoxide poisoning</td>
<td></td>
</tr>
<tr>
<td>30 min</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>60 min</td>
<td>Handouts: preparation for Day Two</td>
<td>Poison visit material — 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introductory information to share with the caregiver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poison visit material — 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poison Safety checklist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poison visit material — 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safety tips to share with the caregiver after the checklist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poison visit material — 4:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency treatment of poisoning</td>
</tr>
</tbody>
</table>

**Total:** 3 hours

### 15.4 SESSION ONE: TYPES AND CATEGORIES OF POISONING

#### Teaching materials

- Basic
- “Child poisoning” video
- Paraffin safety caps
- Colourful pills and Smarties (sweets) on card
- Container with water and a container with paraffin

---

5. Contact: CAPTSA; Tel. (021) 685-5208 or capfsa@capwcapwa.gov.za
15.4.1 Introduction

If you do have the video, you can show it in the beginning of the session.

There are many dangerous substances to be found in the home. Often these are not safely packed in child resistant containers and are stored in such a way that they are easily found by children. Dangerous substances fall broadly into four different categories:

- Paraffin and solvents.
- Medicines and pharmaceuticals.
- Household detergents.
- Insecticides and pesticides.

Children most at risk of ingesting a dangerous substance are under the age of five years old. Between birth and four years of age in particular, children explore their environment through taste and touch. While they are exploring their environment they do not discriminate between what is safe and what is dangerous, which makes them very vulnerable to injury and injury related death.

Activity 1

Demonstrate how misleading appearances of poisonous substances are by putting water in one container and paraffin or another clear solvent in a similar container. Ask the visitors which one is water. You can collect some brightly coloured pills and glue them onto a sheet of paper. Take some similar looking sweets and glue them onto another piece of paper. Hold them up to the visitors and ask them whether both sets are equally appealing to someone under the age of four.

15.4.2 Types of poisoning

- Ingestion (swallow) — e.g. paraffin, medication
- Inhalation (breath) — e.g. carbon monoxide, toxic fumes
- Injection (through skin) — i.e. snake bite
- Contact (through skin) — plants

15.4.3 Categories of poisonous substances

- Paraffin and solvents.
- Medicines and pharmaceuticals.
- Household detergents.
- Insecticides and pesticides.
- Plants.

Most poisonous substances belong to the above categories. Each category includes many common products that you can buy from the supermarket.

Paraffin and solvents include for example paraffin, turpentine, thinners, paints and spray paints, glue and many more products.
Medicines and pharmaceuticals include, for example, vitamin pills, contraceptive pills, medicines like antibiotics, painkillers and others. This also includes beauty products, such as creams and oils for the skin; hair lighteners and colorants, toothpaste and mouthwash and basically anything you use for your body.

Household detergents include, for example, bleach, washing powders and liquids, soaps, anything you wash the floors with; generally anything you would use to make your home clean.

Insecticides and pesticides include, for example, insect killing sprays, like Doom or other marked products, rat poisons and pesticides that come in powered form, and liquids that are used to keep insects and pests away.

Other things that are common in the household but you might not think of as poisonous, are some household plants, cigarette butts and alcohol, to name but a few. Carbon monoxide can also cause poisoning, not only in children but also adults. Carbon monoxide (CO) is in the smoke caused by wood or coal fires.

Alcohol and tobacco may not affect adults as much as children, but because children are small and their metabolism is different to adults, they can get poisoned by these substances.

15.4.4 Medicine

Prevention

- Medicines should always be stored out of reach and out of sight in a cabinet or cupboard that can lock or has a child-resistant cap.
- When giving medicine to one child ensure that it is stored safely and that the medicine is not accessible to other children. Never share prescribed medicine such as antibiotics amongst children.
- Always read the label.
- Make sure that the correct medication and dosage is administered. Taking more medication than the recommended dosage can be harmful.
- Dispose of unwanted or out of date medications by returning them to a pharmacist.
- Do not confuse children by teaching them that medicines are sweets.
- When visiting friends or relatives, especially the elderly, make sure children don’t have access to medications that might be stored on bedside tables, in handbags or on kitchen tables.
- Purchase tablets and medications in child-resistant containers or blister packs when available, and store it out of reach of the children.

Identify where pills and medicines of all kinds are kept. When you look at most pills they are bright, colourful and appealing to children. Government dispenses 75% of all medicines in the country in plastic bags. Many pharmaceutical companies still don’t package their products with child resistant closures. Poisonings can happen as a result of children being able to access unsafely stored medicines. Always try and buy a product that has been safely packed. Make sure all medicines are kept
stored out of reach of children. Make sure that anyone who comes to stay is requested to lock up their medicines and keep them away from children.

15.5 SESSION TWO: TYPES AND CATEGORIES OF POISONING (CONT.)

15.5.1 Paraffin
Children between the ages of one and four years are most at risk for accidentally drinking paraffin. Small children have a very poorly developed sense of taste and smell. Therefore the bad smell or taste of paraffin will not stop small children from drinking it. As little as 0,1 — 0,2ml of ingested paraffin can spread to the lungs and damage large areas of it and can cause pneumonia. Children drink paraffin when it is stored in cooldrink or liquor bottles, thinking that it is water or cooldrink. The chances of a child developing pneumonia from paraffin are increased when the child is made to vomit or when the child is given something to eat or drink. Therefore never give the child anything to eat or drink if they have swallowed paraffin. Treat this as an emergency. Take the child immediately to a clinic, doctor or hospital for medical attention. Paraffin poisoning is primarily caused by aspiration into the respiratory system (lungs) and not absorption from the gastrointestinal tract (stomach).

15.5.2 Effects of paraffin poisoning
- Children usually cough, gag, choke and have difficulty breathing.
- Children may have stopped breathing with or without turning blue.
- Possible complications in the first 24 hours are fluid in the lungs and coughing of blood.
- Symptoms include extreme tiredness and convulsion.

Prevention
- Make use of a child resistant closure on all containers or bottles in which paraffin is stored. Child safety closures are available for free.
- Every household that uses paraffin should have a container specifically to store paraffin which is clearly marked to indicate that it contains paraffin.
- Children often drink paraffin from a secondary container (cup or jug) used to pour paraffin into stoves or lamps. It is advisable to use a funnel instead of a cup.
- When using child safety caps, make sure that the cap fits properly and that it is properly closed.
- Even when using a child safety cap, the paraffin container should still be stored out of reach of children.

15.5.3 Household products, insecticides and pesticides
Bleaches, oven cleaners, dishwasher detergent, weed-killer, insecticides, paints and other cleaners are found in most homes, and these can be poisonous.

Prevention
- Any household products and empty containers no longer in use should be
disposed of in a safe manner. Empty containers and rinse before throwing it in the bin.

- Store dangerous household products in a lockable cupboard or in a cupboard with a child resistant closure.
- Always leave chemicals in their original containers. Do not store them in cool-drink bottles.
- Preferably purchase household products that have child resistant closures.
- The powder or liquid used in dishwashing machines is extremely dangerous when swallowed. It is corrosive and will cause internal burns and bleeding.
- Be extremely careful about using sprays and pest poisons of any kind, even where you are assured that it is safe to do so. If it kills animals or bugs, it must be dangerous.

15.5.4 Poisonous plants

We have many poisonous plants in South Africa. Plants with berries and fruits are attractive to little children. Some plants are toxic when swallowed. In addition, many have touch irritants that may cause rashes, or even eczema. Children should be taught not to eat any plant, flower or berry. The following are just a few examples of poisonous plants:

- Syringa: bark, leaves and berries are poisonous.
- Oleander: all parts are poisonous.
- Dieffenbachia (Elephant’s ear): all parts are poisonous.
- Poinsettia: leaves and flowers.
- Foxglove: all parts are poisonous.

(If may be useful if the trainer can have same samples of what these plants look like)

15.6 SESSION THREE: EMERGENCY TREATMENT AND CARBON MONOXIDE POISONING

15.6.1 Emergency treatment (For the trainer: find out what is your nearest Poison Centre’s telephone number)

How do you know your child has been poisoned? You can notice that a child who was well an hour or two ago has symptoms such as an inability to follow you with his or her eyes, being sleepy before bedtime; or eyes that go around in circles. Any unusual or new symptoms should make you think of poisoning as a cause. The child may also suddenly throw up, which makes it difficult to diagnose poisoning.

Other signs can be burns around the lips or mouth, stains of the substance on their clothing or on the child's face, or a smell in the breath. Also suspect poisoning if you find an open bottle of pills or other poisonous substance.

If you suspect that a child has been poisoned, remain calm. There are ways in which each type of poison should be treated. Sometimes products have first aid instructions on the container or inserted in the container — follow these and then call the poison centre. Because it is not always easy to see what type of poison is in the
product that the child has swallowed, the best way to make sure what to do is to call
the poison center to ask what to do next. They will ask what product the child has
eaten, and you will have to know. You will also have to tell them the child's age, height
and weight, existing health conditions, how the child was poisoned by the
substance (swallowed, inhaled, splashed in eyes), and if the child has vomited. Take
the container to the phone with you.

The wrong treatment for a poison injury can cause more damage. If you are not
100% of what the correct treatment is, don't try to guess. Below are some guide-
lines on what you can do, but remember, the best way is always to ask an expert!

- Do not give an unconscious victim anything by mouth.
- Do not make the child vomit unless you are told to do so by the Poison Control
  Centre or a doctor. A strong poison that burns on the way down the throat will
  also do damage on the way back up.
- Do not try to neutralise the poison with lemon juice or vinegar or any other
  substance, unless you are told to do so by the Poison Control Centre or a doctor.
- Do not use any "cure-all" type antidote.
- Do not wait for symptoms to develop if you suspect that someone has been
  poisoned. If you don't have a phone, take the container and child quickly to the
doctor. Don't forget the container, this will tell the doctor what the child has
eaten, and help them treat it in the right way.

15.6.2 Carbon monoxide poisoning

Protect children from carbon monoxide poisoning. Carbon monoxide is a colour-
less, odourless gas that cuts off oxygen to the brain and heart and can cause death
and neurological damage. Symptoms of carbon monoxide poisoning include head-
ache, fatigue, nausea and dizziness. These symptoms are often mistaken for the flu
by parents and healthcare professionals. The danger to infants and children is
especially high because they have elevated metabolic rates and the gas accumu-
lates in their bodies faster than in adults. Unborn babies have a greater risk of birth
defects, neurological disorders and death when the mother is exposed to carbon
monoxide.

Prevention

The first thing parents and caregivers should do to protect their families from
carbon monoxide poisoning and other indoor pollution is to ensure that equipment
that uses wood, coal, anthracite, paraffin, gas or petrol is in good working order so
that there are no leaks. Also, when cooking with wood, coal and paraffin it is essen-
tial to ensure that there is good ventilation in the cooking area.

Parents should also ensure that space heaters, furnaces, fireplaces, paraffin
heaters and wood-burning stoves are vented properly and inspected annually.
Never leave a car's engine running in the garage, particularly if the garage is
attached to the house, and never use a stove or oven to heat your home.

Parents should pay close attention to the following common sources of carbon
monoxide in the home:
- heaters
- ovens
- stoves
- gas-fired dryers
- clogged chimneys
- corroded flow pipes
- unvented supplemental heaters
- coal fires.

15.6.3 Closing questions

The *Poison: Questions and Answers* below serves as a closure to the lecture. We suggest that this should be done in a group — format where the group answers and discusses the questions.

**Handout 15.1: Poison: Questions and answers**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. At which age is a child most at risk for accidental poisoning?</td>
<td>1. Child younger than three years — exploring the world by tasting, touching, putting things into his mouth.</td>
</tr>
<tr>
<td>2. What are the common examples of poisoning?</td>
<td>2. Medication — iron pills, sleeping pills, aspirin, tranquillizers.</td>
</tr>
<tr>
<td>3. Where and how should hazardous products be stored?</td>
<td>Household products — ammonia, bleach, drain cleaners, weed killers, bleachers, caustics, mothballs.</td>
</tr>
<tr>
<td>4. Why do so many children drink paraffin and other bad smelling, bad tasting substances?</td>
<td>Poisonous plants</td>
</tr>
<tr>
<td>5. How should a situation be treated when a child has ingested paraffin?</td>
<td>3. It should always be stored out of reach and out of sight of children in a lockable cupboard or with a child resistant closure.</td>
</tr>
<tr>
<td></td>
<td>4. A child under four years has an under developed sense of smell, taste and therefore cannot always tell when a substance is smelling or tasting bad. Paraffin is incorrectly stored in cool drink and liquor bottles and children cannot tell difference.</td>
</tr>
<tr>
<td></td>
<td>5. Do not give the child anything to eat or drink. Do not make the child vomit. Remove clothing if it smells of paraffin. Seek medical treatment immediately at the clinic or hospital.</td>
</tr>
</tbody>
</table>
15.7 SESSION FOUR: PREPARATION FOR DAY TWO

Visiting materials

- Materials to use during the visit
  - Poison visit material — 1: Introductory information to share with the caregiver
  - Poison visit material — 2: Poison safety checklist
  - Poison visit material — 3: Safety tips to share with the caregiver after the checklist
  - Poison visit material — 4: Emergency treatment of poisoning

Instructions

Discuss each of these with the visitors. These will serve as their guide during the visit, and therefore you should ensure that the visitors understand the content and the sequence in which they are to use this during the visit. They will be assessed on this in the role-plays on Day Two.

Poison visit material — 1: Introductory information to share with the caregiver

INTRODUCTORY INFORMATION TO SHARE WITH THE CAREGIVER

Many children accidentally eat or drink poisonous substances every year, and have to go to hospitals for treatment.

Poisons can cause a child to die, and some poisons can also cause diseases such as pneumonia, which has a long lasting effect on a child's life.

Children most at risks to ingesting a poisonous substance are under the age of 5 years. Between birth and four years old in particular, children explore their environment through taste and touch. While they are exploring their environment they do not discriminate between what is safe and what is dangerous, which makes them very vulnerable to injury and injury related death.
### Poison visit material — 2: Poison Safety checklist

<table>
<thead>
<tr>
<th>FLUID BURN</th>
<th>YES</th>
<th>NO</th>
<th>Not applicable</th>
<th>CHANGES TO BE MADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medicines stored out of reach of children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are medicines kept in a locked cupboard?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are household cleaners kept in a locked cupboard?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you store rat and other pesticides out of reach of children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you store paraffin in a container with a paraffin safety cap and on a high shelf out of reach of children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is medication only given to children by an adult?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a window or door open when you use paraffin appliances in your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Do you know what to do when your child has ingested a poisonous substance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use another container such as a cup or jug to pour paraffin into your appliances?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know of any poisonous plants near your house?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Poison visit material — 3: Safety tips to share with the caregiver after the checklist

**SAFETY TIPS TO SHARE WITH THE CAREGIVER AFTER THE CHECKLIST**

Childproof safety caps are available for paraffin containers. Safety caps deter children from opening a container. Remember that even if your cleaning and beauty product has a safety cap, it should still be in a place where children cannot reach it. All your dangerous substances should be tightly closed — even safety caps don’t work if someone forgets to close it properly! Also use labels that clearly mark what is stored inside the container.

When all your poisonous substances are packaged properly and clearly you still have to store them away from children. Store all your household detergents, pesticides, insecticides, beauty products and other substances on a high shelf or a lockable cupboard. Do not store dangerous substances like paraffin in cool drink bottles. Children can think that there is still cool drink
inside the container, and may open and drink it. Do not keep your dangerous substances in glass containers. Glass breaks easily and children can get access to the substance. Use a funnel not a cup to pour paraffin into an appliance. Children often drink from a cup that has been used to pour the paraffin.

Never store poisonous substances on the same shelf as food. Mistakes happen to anyone, and children may pick up poisons when reaching for food. Also, some substances may leak onto food, and cause poisoning in that way.

Toothpaste tastes good and children like it. But toothpaste should never be swallowed — it has a lot of fluoride in it, which is poisonous. Fluoride collects in your body and may eventually cause poisoning. Keep toothpaste away from the reach of children and always supervise when young children are brushing their teeth, to make sure they do not swallow it. Children under the age of three should not have their teeth brushed with fluoride toothpaste.

Identify where pills and all kinds of medicines are kept. If they are in a place accessible to children move them. When you look at most pills they are bright and colourful and appeal to children. Always try and buy a product that has been safely packed.

Never keep old medicines. If the expiry date is past on a medicine, take it to the local pharmacy and give it to them. Old medicines are dangerous both for adults and children, and cannot be thrown away like normal litter. Make sure all medicines are kept right out of reach of children.

Be very careful when using insect sprays and other pesticides. Even if the package says that it is safe to use around humans, make sure that you and your children are not exposed to a lot of sprays and pesticides. If the product kills animals and bugs, it must be dangerous for people too. Always leave windows or doors open when you use paraffin appliances in your house.

Poison visit material — 4: Emergency treatment for poisoning

EMERGENCY TREATMENT FOR POISONING

- Keep the telephone number of the local poison centre always at hand.
- DO NOT give an unconscious victim anything by mouth.
- DO NOT make the child vomit unless you are told to do so by the Poison Control Centre or a doctor. A strong poison that burns the throat while swallowing will also burn and do damage on the way back up.
- DO NOT try to neutralise the poison with lemon juice or vinegar, or any other substance, unless you are told to do so by the Poison Control Centre or a doctor.
- DO NOT use any cure-all type antidote.
- DO NOT wait for symptoms to develop if you suspect that someone has been poisoned.
- Take the child immediately to a doctor, clinic or hospital if you suspect poisoning.
15.8 TRAINING SCHEDULE

DAY TWO

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 min</td>
<td>Refresh content: Poison</td>
<td>Poison visit material 1 to 4</td>
</tr>
<tr>
<td>10 min</td>
<td>Assessment of content</td>
<td>Appendix 15-A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poison questionnaire</td>
</tr>
<tr>
<td>45 min</td>
<td>Identifying risks in photos</td>
<td>Appendix 15-B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poison photographic discussion sheet</td>
</tr>
<tr>
<td>20 min</td>
<td>Visiting procedure</td>
<td>Appendix 15-C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poison — visiting procedure</td>
</tr>
<tr>
<td>30 min</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>30 min per visitor</td>
<td>Practice of visit</td>
<td>Appendix 15 D — F</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Material for role-play assessment</td>
</tr>
<tr>
<td>30 min</td>
<td>Visitor concerns</td>
<td></td>
</tr>
</tbody>
</table>

Total: 2 ½ hours (excluding the role plays)

15.9 SESSION FIVE: POISON REFRESHER

------------------------------ Instruction ------------------------------

Use Poison visit material 1 to 4 to refresh the content.

15.10 SESSION SIX: POISON — ASSESSMENT OF KNOWLEDGE

Teaching materials

- Appendix 15-A: Poison questionnaire

------------------------------ Instructions ------------------------------

- Remind the visitors that this is to build their confidence.
- Administer the questionnaire.
- Rotate the answer sheets so that each visitor is marking another visitor’s answers. Alternatively the trainer may do the marking whilst the visitors take a break.
- The important part is now to let each visitor see where she made mistakes and discuss this.
- If a visitor performed badly, below 50%, we suggest that you do an oral test at the time of that visitor’s role-play.
15.11 SESSION SEVEN: POISON: USE OF PHOTOGRAPHS

Teaching material

- Appendix 15-B: Poison photographic discussion sheet

Instructions

- This can be done in a group setting where the visitors discuss the risks they can identify.
- Use the accompanying scoring sheet to guide the discussion. Scoring will be done during the individual role-plays.

15.12 SESSION EIGHT: POISON — VISITING PROCEDURE

Teaching materials

- Poison visit material 1 to 4
- Two Poison photographs

Instructions

- Use Appendix 15-C: Poison — visiting procedure to guide the visitors through the visit activities.
- Make sure that visitors have all the materials they will need for the visit:
  - the photographs
  - safety checklist
  - the safety gift: safety cap and labels, and container
  - their diaries
- Go through the visit and show them how to use these materials for the visit.

15.13 SESSION NINE: INDIVIDUAL ASSESSMENT AND FEEDBACK OF THE POISON VISIT ROLE-PLAY

Teaching materials

- Appendix 15-D: Script and setting — Poison role-play
- Appendix 15-E: Scoring guide — Poison role-play
- Appendix 15-F: Scoring sheet — Poison role-play

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6. Contact: CAPFSA; Tel. (021) 685-5208 or capfssa@pgw.gov.za or PASAS; info@pasasa.org
7. Find a donor to procure.
Instructions

- Follow the script and setting for the role-play.
- It is important that feedback is given immediately after the role-play. Allow the visitor to talk you through her concerns about her performance.
- If the visitor performed badly then schedule a re-assessment once all the role plays are done or for the following day. **DO NOT ALLOW THE VISITOR TO PROCEED WHEN YOU ARE IN DOUBT ABOUT HER COMPETENCIES FOR THE VISIT.**

15.14 SESSION TEN: CLOSURE — VISITORS’ CONCERNS

End the day’s training by giving them the opportunity to address any outstanding issues. End on a positive and encouraging note. If you are confident about their competency, tell them.
16 Module seven
Falls prevention and treatment

Nelmarie du Toit and Shehaam Hendricks

16.1 AIMS

The general aim of this session is to familiarise and equip the visitor with practical safety information on falls and methods of prevention and treatment that can be used during the Falls visit.

16.2 OBJECTIVES

At the end of this module the visitor should understand falls in terms of the:

- causes and factors contributing to falls;
- results of falls;
- prevention of fall injuries;
- emergency treatment.

16.3 TRAINING SCHEDULE

**DAY ONE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 min</td>
<td>— Introduction&lt;br&gt;— Prevention of falls&lt;br&gt;— Emergency treatment</td>
<td>Handout 16.1 Falls: Questions and answers</td>
</tr>
<tr>
<td>30 min</td>
<td><strong>Tea break</strong></td>
<td></td>
</tr>
<tr>
<td>60 min</td>
<td>Handouts: preparation for Day Two</td>
<td>Falls visit material — 1: Introductory information to share with the caregiver&lt;br&gt;Falls visit material — 2 Falls Safety checklist&lt;br&gt;Falls visit material — 3 Safety tips to share with the caregiver after the checklist&lt;br&gt;Falls visit material — 4 Emergency treatment of falls</td>
</tr>
</tbody>
</table>

Total: 2 ½
16.4  SESSION ONE: FALLS PREVENTION

Teaching materials

- Basic

16.4.1 Introduction

Introduce the topic by asking if any of them had any experiences of fall related injuries.

Falls are the most common cause for children seeking medical attention. Most injuries presenting to trauma units are as a result of falls. Children sustain falls by falling on level surfaces, from heights, stairs and steps, mobiles, playground equipment, dropping from attendant’s arms, and off beds.

Children can sustain a variety of injuries as a result of a fall. The most common injuries sustained during a fall are lacerations, concussions and fractures. More commonly, falls result in minor injuries. Injuries sustained during a fall will seldom lead to a death, although this is not unheard of. More serious consequences of a fall have been physical disability and/or permanent brain damage for the victim.

There are three important factors that influence the severity of a fall:

i.  The height from which the child falls.

Children under five years should not have access to heights of more than two metres.

ii. The surface that the child falls on.

Landing on hard surfaces such as concrete, ceramic tiles, or tar will result in a more severe injury compared to softer, more impact absorbing surfaces, e.g. sand, grass, carpets, rubber tiles, wooden floors.

iii. What the child may hit during the fall.

Additional injury will be sustained if the child hits equipment or furniture during the fall.

Activity 1

Divide the visitors into groups of three or four. Divide a flipchart page into four parts. Identify four main areas in the house, i.e. kitchen, bedroom, bathroom, living area. Identify five common dangers in each room that could lead to a fall. Discuss the practical solutions to eliminate those dangers in the typical home.
16.4.2 Preventing falls with babies

Baby-safety is about thinking ahead. Babies often start moving and rolling before the caregiver expects them to. More commonly, trauma units treat young children that have fallen from prams, baby walkers, changing tables, bouncing chairs, beds and attendant’s arms. A number of falls amongst babies occur when an adult falls while holding a child.

- Avoid changing or leaving the baby unattended on a high surface, e.g. a table or bed, as the baby may fall off. Preferably change the baby on the floor or keep all changing equipment within reach. Always keep one hand on the baby at all times during a nappy change.
- If awake, take the baby around with you rather than leaving him or her alone in a room. Keep the baby on your back or in a playpen.
- When cooking, the safest place for the baby is in a cot with sides up, a pram with a harness, a playpen or an area cornered off in the kitchen (a safe distance from the cooking section).
- When the baby is able to sit, avoid placing the baby on an elevated surface where she can fall; a stable and low surface is safer.
- Stay with and support the baby during a bath to avoid them slipping under the water. Never leave a small child alone in the bath. Ignore the telephone and door or take the child with you when you do answer.
- Baby walkers (walking rings) can place the small child in a dangerous position as it increases mobility and speed. Walkers can easily overbalance and fall over, with the child still inside. The walking ring should not be used near changes in floor surfaces (e.g. from vinyl to tile or carpet) or levels (e.g. steps). Babies in walkers should be closely supervised, as they are more at risk for injury.

16.4.3 Preventing falls with toddlers

Adventurous crawlers and toddlers move fast and have little understanding of the dangers associated with height and depth. As soon as a toddler is old enough, allow her to explore in a safe and controlled environment so that she will develop and acquire a sense of balance and develop good judgment to minimise the danger of serious injury. This will also assist the child in improving co-ordination and strength.

- Safety gates or barriers should be placed at the top and bottom of stairs until the child is able to negotiate steps with ease.
- Banisters or stair-railings that the toddler can climb onto or slip through should be boarded up.
- Bunk beds should have safety rails and a fixed ladder. Children younger than six years should not sleep on the top bed of bunk beds. Beds, especially bunk beds, should not be play areas for children. The bedroom is for quiet playing only like puzzles, writing, colouring-in or schoolwork.
- All windows, balconies and outside stairways in double storey and high-rise buildings should be suitably guarded to prevent falls. Windows should not be allowed to open wide. Keep furniture or anything that children can climb on away from windows as children may use it to gain access to windows.
- Encourage children to clear up toys after play and ensure that the stairway is cleared of toys or other obstructions that could cause falls.
• Wipe up puddles of spilt liquid on floors immediately to avoid someone slipping on it.
• Use non-slip or suction type mats in the bath and shower. Alternatively use a hand towel or large face towel as a bathmat. Install sturdy grab bars on the wall next to the bath. Mop spilt water on bathroom floors immediately to avoid falls on slippery floors.

16.4.4 General prevention of falls at home

The caregiver can prevent falls if she is aware of the following.

Indoors
• Bad lighting can lead to falls.
• Highly polished or slippery floors are a danger for small children.
• Loose rugs, wrinkled carpets and curling, worn linoleum may lead to falls if not secured to the floor.
• Shoes with untied laces and worn heels can lead to a fall.
• Wipe up fats and liquids spilt in the kitchen or bathroom immediately.
• Sharp corners on benches, coffee tables and other furniture should be covered to prevent injury.

Hazards outdoors
• Unsafe and unstable ladders.
• Uneven surfacing in the garden.
• Uncovered drains and potholes.
• Loose branches on garden trees that can snap under weight.
• Toys and garden tools lying around.

16.5 SESSION TWO: GENERAL EMERGENCY TREATMENT

Seek medical attention if there is:

• Loss of movement or function in a limb.
• Vomiting; the child looks pale or in shock.
• Enlarged pupils or squint.
• Continued pain and swelling.
• A large cut on the head.

Call an ambulance when:

• Blood comes from mouth, nose and/or ears.
• The child is unconscious or has been unconscious.
• The child is convulsing or has convulsed (has a fit).
• The child is in distress, conscious but unable to move by itself.

16.5.1 Emergency treatment of fractures

Signs and symptoms of a fracture

Pain and swelling, discoloration, bone exposed through skin, deformed limb, and loss of limb function.

Treatment

• Do not move the patient.
• Assess the injury.
• Stay with the patient and call for help.
• Provide comfort and support to the patient.
• Avoid movement of the injured part.
• Phone for medical assistance.
• Do not give anything to eat or drink.

16.5.2 Emergency treatment of bleeding

The seriousness of bleeding depends on how much blood is lost and how quickly it was lost in relation to how much blood the body contains. Serious bleeding is life threatening. An adult has about six litres of blood in the body and can comfortably tolerate the loss of about 500ml of blood, if it occurs over a period of 10-15 minutes. However, if the adult body loses a larger quantity of blood or even the same amount but the loss happens very quickly, the body may develop signs and symptoms of shock. There are two types of bleeding:

• External bleeding
• Internal bleeding

External bleeding

External bleeding is normally visible. Cover the wound with a clean, non-sticky dres-
Sing. Apply pressure and elevate the injured body part, if possible. It is not advisable to use cotton wool, tourniquets or pressure points to stop the bleeding. It is also not advisable to remove old dressings but rather apply a new dressing over the original dressing.

**Internal bleeding**

Internal bleeding can be very serious because it is difficult to detect and control. A patient suffering internal bleeding needs prompt medical attention. Internal bleeding can occur with a sick person, (e.g. ruptured ulcer, stroke) or with an injured person (e.g. chest injury, femur fracture).

**Nose bleeding**

Pinch the soft part of the nose. Seat the person in a comfortable position. Let the patient breathe through the mouth. Do not plug the nose. The person should not try to swallow the blood, rather spit it out.

**16.5.3 Emergency treatment of foreign objects in the wounds**

Should there be a foreign body in a wound, for example a nail, glass or a knife, it should not be removed or disturbed, as this will complicate the injury. Apply pressure around the wound and seek medical attention immediately.

**16.5.4 Closing questions**

The *Falls: Questions and answers* below serves as a closure to the lecture. We suggest that this should be done in a group — format where the group answers and discusses the questions.

**Handout 16.1 Falls: Questions and answers**

**Questions**

1. What are the three most important factors that influence the severity of a fall?
2. What is the maximum height to which a young child (younger than five years) should be allowed access?
3. What is the golden rule when putting children in prams, pushchairs, car seats, bouncing chairs, etc.?
4. Why are baby walkers (walking rings) dangerous for small children?
5. Mention three hazards indoors and outdoors?
6. If a child has had a fall, when do you need to seek medical advice?

**Answers**

1. The height from which the child falls
   The surface he or she lands on
   When a child knocks into anything during a fall
2. ± two meters
3. Always fix the harness when placing young children in the mentioned equipment.
4. It increases a small child’s mobility and speed. A child is exposed to increased dangers of stoves, plugs and stairs. It should not be used near changes in surfaces e.g. from a tile floor to a carpet.
5. Indoor hazards: highly polished or slippery floors; loose rugs or wrinkled carpets; fats and liquids spilt on the floor; sharp corners on furniture.
   Outdoor hazards: unsafe or unstable ladders; uneven surfacing in the garden; uncovered drains and potholes; loose branches on garden trees that can snap under weight; toys, garden tools or waste lying around.
6. Loss of movement or function in a limb; vomiting; the person looks pale or in shock; enlarged pupils; continued pain and swelling; a large cut on the head; squinting.

16.6 SESSION THREE: PREPARATION FOR DAY TWO

Visiting materials

- Materials to use during the visit
  Falls visit material — 1: Introductory information to share with the caregiver
  Falls visit material — 2: Falls safety checklist
  Falls visit material — 3: Safety tips to share with the caregiver after the checklist
  Falls visit material — 4: Emergency treatment of falls

Instructions

Discuss each of these with the visitors. These will serve as their guide during the visit, and therefore you should ensure that the visitors understand the content and the sequence in which they are to use this during the visit. They will be assessed on this in the role-plays on Day Two.

Falls visit material — 1: Introductory information to share with the caregiver

INTRODUCTORY INFORMATION TO SHARE WITH THE CAREGIVER

Falls are the most common cause for children seeking medical attention. Most injuries presenting to Trauma Units are as a result of falls. Children sustain falls by falling on level surfaces, from heights; stairs or steps; mobiles; playground equipment; dropping from attendant’s arms and off beds.

Children can sustain a variety of injuries as a result of a fall. The most common injuries sustained during a fall are lacerations, concussion and fractures. More commonly, falls result in minor injuries. Injuries sustained during a fall will seldom lead to a death, although this is not unheard of. More serious consequences of a fall have been physical disability and or permanent brain damage for the victim.
## Falls visit material — 2: Falls Safety checklist

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are floors clean?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are the floors slippery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is the access to the window blocked with guards/ safety latches so that small children cannot fall out?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are safety gates/ obstruction used at stairs? (If applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are children always supervised?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are (loose) carpets a tripping hazard?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is lighting adequate to prevent falls?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you change your baby on a high surface.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you keep all changing equipment close by when changing the child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you put your child out of harm’s way when cooking? E.g. On your back, a playpen, cot or out of the kitchen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Is the harness always used when placing the child in the pram? (If applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you immediately wipe fat and liquid spills in the kitchen and bathroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do you educate children not to run inside the house as they can fall?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Are electrical cords and extensions a tripping hazard?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SAFETY TIPS TO SHARE WITH THE CAREGIVER AFTER THE CHECKLIST

Falls are the most common cause for children seeking medical attention. There are three important factors that influence the severity of a fall:

1. The height from which the child falls.
   Children under five years should not have access to heights of more than two metres.

2. The surface that the child falls on.
   Landing on hard surfaces such as concrete, ceramic tiles, tar will result in a more severe injury compared to softer, more impact absorbing surfaces, e.g. sand, grass, carpets, rubber tiles, wooden floors.

3. What the child may hit during the fall.
   An additional injury will be sustained if the child hits equipment or furniture during the fall.

The young child is at risk for falls from birth to young adolescence. Children are more at risk than adults because of a child’s developmental limitations, i.e. lack of judgement and concentration, thought processing and physical size. Children experience different risks for falls as they move through developmental stages.

Indoors: Pay attention to the following:

- Bad lighting, loose rugs, wrinkled carpets not secured to the floor.
- Shoes with untied laces and worn heels can lead to a fall.
- Fats and liquids spilt in the kitchen or bathroom- to be wiped up immediately.
- Sharp corners on benches, coffee tables and other furniture should be covered to prevent injury.
Falls visit material — 4: Emergency treatment for falls

EMERGENCY TREATMENT FOR FALLS

Seek medical attention if there is:
- Loss of movement or function in a limb, vomiting, pallor or shock.
- Enlarged pupils or squint.
- Continued pain and swelling.
- A large cut on the head.

Call an ambulance when:
- Blood comes from mouth, nose and/or ears.
- The child is unconscious or has been unconscious.
- The child is convulsing or has convulsed (has a fit).
- The child is in distress, conscious but unable to move by itself.

16.7. TRAINING SCHEDULE

DAY TWO

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 min</td>
<td>Refresh content: Burns</td>
<td>Poison visit material 1 to 4</td>
</tr>
</tbody>
</table>
| 10 min   | Assessment of content         | Appendix 16-A
            |                                | Falls questionnaire                          |
| 45 min   | Identifying risks in photos   | Appendix 16-B
            |                                | Falls photographic discussion sheet          |
| 20 min   | Visiting procedure            | Appendix 16-C
            |                                | Falls — visiting procedure                   |
| 30 min   | Tea break                     |                                               |
| 30 min per visitor | Practice of visit           | Appendix 16 D — F
            |                                | Material for role-play assessment            |
| 30 min   | Visitor concerns              |                                               |

Total: 2 ½ hours (excluding the role plays)
16.8 SESSION FOUR: FALLS REFRESHER

Instruction

Use Falls visit material 1 to 4 to refresh the content.

16.9 SESSION FIVE: FALLS — ASSESSMENT OF KNOWLEDGE

Teaching materials

- Appendix 16-A: Falls questionnaire

Instructions

- Remind the visitors that this is to build their confidence.
- Administer the questionnaire.
- Rotate the answer sheets so that each visitor is marking another visitor’s answers. Alternatively the trainer may do the marking whilst the visitors take a break.
- The important part is now to let each visitor see where she made mistakes and discuss this.
- If a visitor performed badly, below 50%, we suggest that you do an oral test at the time of that visitor’s role-play.

16.10 SESSION SIX: FALLS: USE OF PHOTOGRAPHS

Teaching material

- Appendix 16-B: Falls photographic discussion sheet

Instructions

- This can be done in a group setting where the visitors discuss the risks they can identify.
- Use the accompanying scoring sheet to guide the discussion. Scoring will be done during the individual role-plays.
16.11  SESSION SEVEN:  FALLS — VISITING PROCEDURE

Teaching materials

- Falls visit material 1 to 4
- One Falls photograph

Instructions

- Use Appendix 16-C: Falls — visiting procedure to guide the visitors through the visit activities.
- Make sure that visitors have all the materials they will need for the visit:
  - the photograph
  - safety checklist
  - the safety gift: a first aid kit with Savlon, plasters and cotton wool
  - their diaries
- Go through the visit and show them how to use these materials for the visit.

16.12  SESSION EIGHT:  INDIVIDUAL ASSESSMENT AND FEEDBACK OF THE FALLS VISIT ROLE-PLAY

Teaching materials

- Appendix 16-D: Script and setting — Falls role-play
- Appendix 16-E: Scoring guide — Falls role-play
- Appendix 16-F: Scoring sheet — Falls role-play

Instructions

- Follow the script and setting for the role-play.
- It is important that feedback is given immediately after the role-play. Allow the visitor to talk you through her concerns about her performance.
- If the visitor performed badly then schedule a re-assessment once all the role plays are done or for the following day. DO NOT ALLOW THE VISITOR TO PROCEED WHEN YOU ARE IN DOUBT ABOUT HER COMPETENCIES FOR THE VISIT.

16.13  SESSION NINE:  CLOSURE — VISITORS' CONCERNS

End the day’s training by giving them the opportunity to address any outstanding issues. End on a positive and encouraging note. If you are confident about their competency, tell them.

---

8. Contact donor to procure
Selected bibliography

Below are selected books that you can consult for more about the topics in this introduction. If you have a local library or if you can get access to a university library, ask the librarian to help you find these books so that you can have a good background of running a programme before you start the home visitation programme.

For general information on home visitation programmes


**General information on evaluating and designing programmes**


**General information on safety promotion and public health**


APPENDICES

Section one
APPENDIX 1

Recruitment interview

Interviewers’ names: ..................................................  Date: ..................................................
Interviewee name: ...........................................................................................................................
Residential community: ...................................................................................................................

Educational background
Grade passed: ..............................................................................................................................

How do you rate your English reading skill?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td></td>
</tr>
</tbody>
</table>

How do you rate your English writing skill?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td></td>
</tr>
</tbody>
</table>

Interpersonal skills
- What previous experience do you have of working to help people (e.g. volunteerism, counseling)?
- Explain what a home visitor does.
- What personal qualities do you believe you have that allows you to work with people?
- How do you think you will be able to work on your own?
- How will you approach people to enter their homes?
- How do you feel about inspecting people's homes in order to identify safety risks?
Commitment
The programme will start ......................... (date) until ......................... (date).

Will you be available for the duration of the programme? To be selected for the programme you will have to participate in and successfully complete the in-service training.

The training will start on ......................... (date) until ......................... (date).

There are ......................... (number) training sessions. Will you be able to attend all the training sessions?

• What would prevent you from being available for the training or implementation?
• Do you work? If yes how will this affect your ability to commit to the programme? Will you be able to be there on time for each and every session?

Payment*
You will receive payment for the visits but not the training. Remember that the home visits will be conducted individually.

You will receive R ......................... for each visit that you undertake.

Each visitor should conduct on average ......................... (number) visits. (Spell out the payment procedure.)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any concerns regarding payment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finally, do you want to participate in the programme?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you be committed to provide your services?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* As per agency's decision
APPENDIX 2

Team building day

Programme for the team building day
1. Welcome
2. Expectations for the day
3. Activity 1 & 2 & 3 (Making a flag/Leading a blind man/Bundle walking)
4. Team vs. group

REFRESHMENTS
5. Activity 4 & 5 & 6 (Blindfolded square/Blind folded soccer/Treasure hunt)
6. The importance of functioning as team
7. Personal reflections
8. The way forward

LUNCH

Teambuilding training
In welcoming the visitors the aims of the teambuilding day should be spelled out:

- They will experience in a fun way what it means to be part of a team.
- They should realise that a team is as strong as its weakest member.
- The day is also an opportunity to get to know each other better
- The day is set aside to motivate them for the work that they will be doing

Suggested activities:
1. Divide the group into small teams and members are to stay in those teams for the rest of the day. Ask each group to come up with a name for their team and they have to paint a flag for the team. Each team will then present and explain this to the group.
2. Let them divide in pairs; one is blindfolded and the partner is to lead the blindfolded person along a safe obstacle course.
3. Each team ties a rope loosely around them as a group. Let them walk a distance while each of them is to share some personal information such as background, family life, likes and dislikes.

Group discussion: Team vs. Group
Ask the group to discuss in their teams what a team is and what a group is. Use the following as a guideline for the discussion.

1. Characteristics of a team:
- Team members share same objectives
• Team members compliment each other (working together)
• The success of the team depends on members
• Co-operation is essential
• Cohesion and unity
• Strength of members (use each others strength in the team)
• Members have an obligation to the team
• Teams last longer than a group

Characteristics of a group:
• Not all members have common objectives
• Each member wants different things from the group
• Groups last for a shorter period
• Groups break up after objectives have been achieved
• Members have no obligations to each other outside the group
• Groups still function as a team to achieve goals and objectives

Suggested activities:
1. Give each team a length of rope. Then blindfold all, and let them construct a square.
2. Divide the group into two teams. Each team will have blindfolded ‘soccer players’ and a partner for each player that have to guide the blindfolded person on the ‘soccer field’.
3. Let them have fun with a treasure hunt.

The importance of functioning as team
Use the activities to discuss the importance of functioning as a team and to emphasise the inter-dependency between members of a team.

Personal reflections
Give each person the opportunity to reflect on the following
• Reason why I became involved in the programme.
• What are the challenges of the programme and functioning as a team.
• How can I use what I have learnt.

The way forward
This is an opportunity to discuss the activities and training schedule that lies ahead, and also to answer any concerns that they may have.
APPENDIX 3

Visitor’s diary

Instruction to the visitor:
Please complete this for every visit that you conduct. This will be collected by the staff members during your weekly meeting with them. Please be honest!

Name of visitor: ........................................................................................................................................................................

Date of visit: ........................................................................................................... Topic of the visit: ...................................................................................

House number of the home you visited: ........................................................................................................................................

1. How was this visit?

<table>
<thead>
<tr>
<th>Good = 1</th>
<th>Okay = 2</th>
<th>Bad = 3</th>
</tr>
</thead>
</table>

Mark with an X if any of the following are reasons for your answer in:

- The parent was friendly but did not want to answer my questions
- The parent was very unfriendly towards me
- I was tired today
- The parent understood the information I shared and answered my questions
- I really think that I helped them today to make their home safer
- The parent was not at home at the time that we had an appointment

If there are any other reasons, you can write it at the bottom of the page!!

2. Did you speak to the same person as on the previous visit?

<table>
<thead>
<tr>
<th>Yes = 1</th>
<th>No = 2</th>
</tr>
</thead>
</table>

3. Do you think the parent is still interested in the programme?

<table>
<thead>
<tr>
<th>Yes = 1</th>
<th>Somewhat = 2</th>
<th>No = 3</th>
</tr>
</thead>
</table>
4. Did you have to give them advice on problems that is not part making the home safer?

Yes = 1  No = 2

If Yes, can you please tell the staff how you handled it?

5. How do you feel about the programme at present?

Positive = 1  Not positive or negative = 2  Negative = 3

6. Here you can write any other notes on this visit: .................................................................
APPENDIX 4

Assessment of a visit by a staff member or site coordinator

Instructions
You need the visitor to get consent from the caregiver, and ask the visitor then to make an appointment with the caregiver. During the visit you should rate the visitor’s performance as well as the caregiver’s participation.

The staff member/site coordinator to complete:

A. Assessment of the visitor
How would you rate the visitor on the following:

1. Level of knowledge

| Good = 1 | Okay = 2 | Bad = 3 |

2. Relationship with the caregiver

| Good = 1 | Okay = 2 | Bad = 3 |

3. Presenting the information

| Good = 1 | Okay = 2 | Bad = 3 |

4. Getting the caregiver involved

| Good = 1 | Okay = 2 | Bad = 3 |

B. Assessment of the caregiver

1. The caregiver’s attitude towards the visitor

| Good = 1 | Okay = 2 | Bad = 3 |
2. Do you think that the caregiver is interested in the programme

| Yes = 1 | Somewhat = 2 | No = 3 |

3. The caregiver’s participation

| Good = 1 | Okay = 2 | Bad = 3 |

C. Overall impression of the visit

1. The success of the visit

| Very good = 1 | Good = 2 | Acceptable = 3 | Bad = 4 | Very bad = 5 |

2. Reasons for your rating of the visit. ...........................................................................................................................................................................
APPENDIX 5

Caregiver’s assessment of the visitor and programme

Instructions
1. Either the site coordinator or a staff member should visit two randomly selected homes per visitor in the absence of the visitor (10% of the sample.)
2. The questionnaire should be completed by the caregiver; the staff may have to assist some of them in doing this.
3. This should be done after the Child development and Poison visits.
4. Feedback of the Caregiver’s assessment should be given to the visitor during the weekly supervision meeting.

Dear Caregiver

Please answer the following questions.

House number: .................................. Street name: ..................................................................................................

Date of the visit: ..................................................................................................................................................

Staff member to mark which visit is being evaluated

<table>
<thead>
<tr>
<th>Contact visit</th>
<th>Child development</th>
<th>Burns</th>
<th>Poison</th>
<th>Falls</th>
</tr>
</thead>
</table>

1. Did the Visitor explain the purpose of this visit in such a way that you understand it?
   
   | Yes = 1 | Somewhat = 2 | No = 3 |

2. How did the visitor treat you?

   | Good = 1 | Okay = 2 | Bad = 3 |

3. Did the visitor know what she was talking about?

   | Yes = 1 | Somewhat = 2 | No = 3 |
4. Do you think the visitor is positive about this programme?

Yes = 1    Somewhat = 2    No = 3

5. Did you learn anything from the visitor to make your home safer for children?

Yes = 1    Somewhat = 2    No = 3

6. Are you still interested to be part of this programme?

Yes = 1    No = 2

7. What did you like and/or dislike about the visit?

................................................................................................................................................................
................................................................................................................................................................
................................................................................................................................................................
APPENDICES

Section two
APPENDIX 10-A

Example of activities for Ice breaker

10. Module one: Introduction to unintentional childhood injuries and home visitation

Game 1: Getting to know each other
Each participant is provided with a page with the following information on it:

(Use any other kind of information that will be applicable to the group.)

<table>
<thead>
<tr>
<th>Information</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying in the community: 1-5 years</td>
<td></td>
</tr>
<tr>
<td>Staying in the community: 5-10 years</td>
<td></td>
</tr>
<tr>
<td>Have one son</td>
<td></td>
</tr>
<tr>
<td>Have a son and daughter</td>
<td></td>
</tr>
<tr>
<td>Grew up in XXX (area where some of them were likely to grow up)</td>
<td></td>
</tr>
<tr>
<td>Have children that attend high school</td>
<td></td>
</tr>
<tr>
<td>A person who's favorite color is blue</td>
<td></td>
</tr>
</tbody>
</table>

The group is given five minutes to fill this in by moving around and asking these questions. The first person who completes this list or has the most names filled in, receives a prize. Let the winner also read out her list.

Interviewing and introducing one another
Give each member a pen and paper, and then pair each one to another. Make sure that those who may know each other are not paired. Let them interview one another, for example they must ask the other person's name, what she likes and dislikes, hobbies, general information about her family, etc. The interviewer should record the information, and the pair will introduce each other to the group.
APPENDIX 11-A

Script for selection role-play

11. Module two: Training video

Provide each candidate with the script. After they have read it, proceed with the role-play. The staff member is to act as 'Caregiver'. It is advisable to ask a colleague to assist with these assessments.

Script

You are a home visitor in a community programme that focuses on preventing unintentional childhood injuries. This is your first visit to the caregiver, whose house has been supplied by your organisation. The purpose of your visit is to recruit the caregiver to take part in the programme which aims at educating caregivers to make their homes safer.

- Introduce yourself and the organisation.
- Explain the purpose of the visit, i.e. to educate caregivers about unintentional childhood injuries and help them to prevent such injuries.
- Ask whether the caregiver is interested to participate.

You can improvise as much as you like. Be spontaneous. There is no right or wrong in what you will be doing.

Scoring sheet

Name: ..............................................................................................................................................

1 — No potential
2 — You are in doubt
3 — Have potential and can be considered a suitable
4 — A certainty
5 — Excellent; potential as site coordinator

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friendly and warm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scoring: Rater One ________ Rater Two ________
## APPENDIX 12-A

### Key issues in building a relationship

#### 12. MODULE THREE: Relationship building and interviewing skills

<table>
<thead>
<tr>
<th>Effective Listening</th>
<th>Empathy</th>
<th>Confidentiality</th>
<th>Non-Judgemental</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Ear" /></td>
<td><img src="image2.png" alt="Heart" /></td>
<td><img src="image3.png" alt="Unlock" /></td>
<td><img src="image4.png" alt="Person" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Punctual</th>
<th>Nonverbal Cues</th>
<th>Core Message and Meanings</th>
<th>Offer Help But Don’t Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5.png" alt="Watch" /></td>
<td><img src="image6.png" alt="Speech Bubble" /></td>
<td><img src="image7.png" alt="Question Mark" /></td>
<td><img src="image8.png" alt="People Holding Hands" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deliver on Promises</th>
<th>Language and Culture Appropriate</th>
<th>Genuineness</th>
<th>Share Information/Not the Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image9.png" alt="Mailbox" /></td>
<td><img src="image10.png" alt="People Talking" /></td>
<td><img src="image11.png" alt="People Pointing" /></td>
<td><img src="image12.png" alt="People Shaking Hands" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Own Safety</th>
<th>Observant</th>
<th>Acceptance</th>
<th>Patience</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image13.png" alt="Hard Hat" /></td>
<td><img src="image14.png" alt="Eye" /></td>
<td><img src="image15.png" alt="Handshake" /></td>
<td><img src="image16.png" alt="Hourglass" /></td>
</tr>
</tbody>
</table>
APPENDIX 12-B

Letter of informed consent

LETTERHEAD OF ORGANISATION

AGREEMENT OF INFORMED CONSENT

Name of participating parent*: ................................................................................................................................................

Street name*: ...........................................................................................................................................................................

House Number*: .....................................................................................................................................................................

* To be completed by caregiver

Hello,

My name is .............................................................................. I am a volunteer for the ..................................................

(organisation). You may have attended the community meeting where we informed the people of the project that we are running. This project is about sharing our knowledge to help parents and caregivers to prevent injuries that can happen to young children in the house. As you know children get 'accidentally' hurt by burns, falls, drinking and eating poisonous things, and many of these accidents often happen in our houses. What we intend with this programme is to help you to become more aware of the many risks in our homes that can cause children to get injured. If there are children younger than ten years living in this house, would you be interested in hearing more about our programme?

(You may wish to get an indication from the caregiver if he/she is interested before proceeding any further)

I will be paying you five visits over the next _ months (one visit every two weeks). Each time we will discuss a different topic. The topics are child development, burn injuries, fall injuries, and poisoning injuries. Each time I will also show you some photographs fill in a checklist and advise you on how homes can be made safer. At each visit I will also give a small safety gift that may help you to make your house safer. (The safety gift depends on the organisation)

Any information that I may learn from you during the visits will be kept confidential and will stay between you and me. When I have to report back about my visits, I will not use your name or address or any other identifying information. If there are things that you would not like me to report, I will do so, unless somebody is at risk to get injured if the information is not disclosed. You have the right to withdraw your participation at any time during the project if you wish to do so.
Do you understand what this programme is about? ☐ Yes  ☐ No

Would you like to participate in this study?  ☐ Yes  ☐ No

Would you like to have a copy of this letter?  ☐ Yes  ☐ No

Do you have any questions for me?  ☐ Yes  ☐ No

When is a convenient time for me to come for the first visit?

Date: .................................................................................................................. Time: ..................................................................................................................

Person to visit ..................................................................................................................

Thank you for agreeing to participate in this study.

Please complete the information below to show that you agree to participate in this project.

I .......................................................................................................................... (caregiver),

agree to participate in the above project. I have had the programme explained to me by

.................................................................................................................. (visitor).

I agree that my name or any other identification will be held confidential and is not to be given to
anyone other than the visitor ......................................................................................... (name).

Only under the conditions explained to me, will any personal information be revealed to the
supervisor of the programme ........................................................................................... (name).

Furthermore, I understand that I can stop the interview and withdraw my participation at any point
during the programme.

SIGNATURE: ............................................................................ DATE: .................................................. (Caregiver)

SIGNATURE: ............................................................................ DATE: .................................................. (Home visitor)

SIGNATURE: ............................................................................ DATE: .................................................. (Programme supervisor)

Contact detail of organisation

Contact person: ........................................................................................................

Tel: ............................................................................................................................

Street address: ........................................................................................................

e-mail address: ........................................................................................................

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APPENDIX 12-C

Script and setting — Contact visit role-play

Module three (day two) (Cont.)

1. SETTING FOR ROLE-PLAY

Arrange two chairs in the room. Ask a visitor or a colleague to act as caregiver. You should position yourself in such a way that you can observe the nonverbal communications of the visitor.

2. SCRIPT FOR ROLE-PLAY

Phase A — Introduction

Visitor is to knock on the door. The ‘caregiver’ then answers the door and may or may not invite the visitor into the house. If the visitor is not invited to enter she should politely ask if she may come in. The visitor is to introduce herself and ask whether it is convenient for the caregiver to listen to her.

For the trainer

To give real-life credence to the interview you want the ‘caregiver’ to act with suspicion, hostility or being difficult to see how the visitor copes with this. Play this scenario if you think that a visitor lacks the skills to handle difficult caregivers.

Phase B — Information Input

Delivering the message

From here on, let the caregiver act spontaneously. Either the caregiver asks or the visitor shares the information on her own account. (This format will give the visitors a sense of what to expect in the homes the caregivers will not act according to a script.) Before the visitor starts sharing the information, she must establish whether children aged ten years and younger are living in the house, and who the main caregiver is. Ensure that the caregiver is informed about:

- What this programme is about.
- Who is running this project.
- How the houses were selected.
- What the caregiver can expect form the visitor once consent is given.
- The ethics of the programme.
Getting informed consent

After the caregiver has been given sufficient information to decide whether she will participate, the visitor is to ask if the caregiver will participate. At this point the visitor is to proceed with completing the consent letter. Ask them to physically fill in the letter you will collect afterwards to see whether it has been completed accurately.

Phase C — Closure

The visitor should take the lead in ending the visit. If she takes too long to do this, the mother should say that she has work to do and would like to know if the visitor is finished with the interview. The visitor should make the follow-up appointment and thank the caregiver for her time. Before leaving the visitor should present the contact list and explain the use of having such a list.

3. INSTRUCTIONS FOR THE HOME VISITOR

This is a role-play of the contact visit. You must apply the skills and knowledge you have learned thus far. During the home visit you will be required to:

- Ensure that you ask to speak to the main caregiver in the home.
- Explain the purpose of the programme, what is required of the caregiver, and obtain the caregivers consent for participating in the programme.
- Complete the letter of consent.
- Give the referral list and say why it is given.
- Make an appointment for the next visit and leave.
APPENDIX 12-D

Scoring guide — Contact visit role-play

Module three (day two) (Cont.)

1 — Little or no knowledge/skill — would require considerable training/support to improve competence
2 — Limited knowledge/skill — requires some training/support to improve competence
3 — Reasonable knowledge/skill — occasional training/support to improve competence
4 — Considerable knowledge/skill — would need little additional training/support to improve competence
5 — Has specialist knowledge/skill — can act as advisor or consultant to others

Phase 1 — INTRODUCTION

A) Gaining consent for the visit
   ● Do they ask for the appropriate person
   ● Do they make sure that this house is eligible for the programme
   ● Explain what the visit will entail, length

B) Building rapport and trust
   ● Friendly vs intrusive
   ● Respectful — encourage participation, but ultimately accept families wishes, don't try to force them
   ● Trustworthy — don't make promises they cannot keep
   ● Non-judgmental
   ● Patient
   ● Confident

Phase 2 — INFORMATION INPUT

C) Delivering the message
   ● What this programme is about
   ● Who is running this project
   ● How the houses were selected
   ● What the caregiver can expect form the visitor once consent is given
   ● The ethics of the programme
D) Obtaining consent for participation
   ● Ask if the caregiver wants to participate.
   ● Completing the consent letter.

E) Maintaining rapport
   ● Friendly vs intrusive
   ● Respectful — encourage participation, but ultimately accept families wishes, don't try force them
   ● Trustworthy — don't make promises they cannot keep
   ● Non-judgmental
   ● Empathic vs sympathetic

F) Completing the letter
   ● Legible
   ● Accurate and complete

Phase 3 — CLOSURE

G) Ending visitation
   ● Initiates closure
   ● Ends at an appropriate time
   ● Makes follow-up appointment
   ● Thanks parent for their time
   ● Gives and explains the referral list

TOTAL TIME TAKEN FOR VISITATION: _____

(This will serve as an indication of how to schedule their visits.)
APPENDIX 12-E

Scoring sheet — Contact visit role-play

Module three (DAY TWO) (Cont.)

Name of participant: ........................................................................................................................................

Date of role-play: ........................................................................................................................................

Name of rater: ...............................................................................................................................................}

1 — Little or no knowledge/skill — would require considerable training/support to improve competence

2 — Limited knowledge/skill — requires some training/support to improve competence

3 — Reasonable knowledge/skill — occasional training/support to improve competence

4 — Considerable knowledge/skill — would need little additional training/support to improve competence

5 — Has specialist knowledge/skill — can act as advisor or consultant to others

Phase 1 — INTRODUCTION

<table>
<thead>
<tr>
<th>A) Gaining consent for the visit</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>B) Building rapport and trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phase 2 — INFORMATION INPUT

<table>
<thead>
<tr>
<th>C) Delivering the message</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>D) Obtaining consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E) Maintaining rapport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F) Completing the letter</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Phase C — CLOSURE

<table>
<thead>
<tr>
<th>G) Ending visitation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
APPENDIX 13-A

Child development questionnaire

Name:........................................................................................................ Date: ........................................................................................................

Name of volunteer: .................................................................................. Date: ........................................................................................................

Instructions
The aim of this questionnaire to determine what you know about child injury prevention. There are 10 questions with multiple-choice answers. Read each question carefully and select ONE of the four responses listed below that you think is the most correct answer. Place a mark in the box next to the ONE response you have selected.

Example:
Which ones below are fall risks?
- [ ] Slippery floors
- [ ] Loose carpets
- [ ] Uneven paving
- [x] All of the above Answer: All of the above

1. What is the most common cause of injuries to children who get treated at hospitals?
- [ ] Poisoning
- [ ] Burns
- [ ] Falls
- [ ] All of the above

2. Injuries to children in the home can be prevented by:
- [ ] Improving parental supervision
- [ ] Removing hazardous items
- [ ] Teaching children safe behaviour
- [ ] All of the above
3. At what age is the child very interested in exploring his/her environment, trying to find out how things work?
   - Birth to 3 years — infant and toddler
   - 3 to 6 years — pre-school child
   - 6 to 12 years — primary school child
   - All of the above

4. At what age does the child begin to get control over his/her body and movements?
   - Birth to 3 years — infant and toddler
   - 3 to 6 years — pre-school child
   - 6 to 12 years — primary school child
   - All of the above

5. At what age is the child at particular risk for injuries because their skills are developing so rapidly (fast)?
   - Birth to 3 years — infant and toddler
   - 3 to 6 years — pre-school child
   - 6 to 12 years — primary school child
   - All of the above

6. At what age does the child spend increasing periods of time playing with his or her friends away from home?
   - Birth to 3 years — infant and toddler
   - 3 to 6 years — pre-school child
   - 6 to 12 years — primary school child
   - All of the above

7. Children in this age group learn about an object (thing) in their environment by looking at it, touching it, smelling it, and tasting it?
   - Birth to 3 years — infant and toddler
   - 3 to 6 years — pre-school child
   - 6 to 12 years — primary school child
   - All of the above
8. During this stage of development, certain gender differences in social behaviour start to show. For example, girls tend to avoid rough play and fights while boys tend to be more aggressive and take risks.

☐ Birth to 3 years — infant and toddler
☐ 3 to 6 years — pre-school child
☐ 6 to 12 years — primary school child
☐ All of the above

9. Which of the following chores are safe for a five year old child:

☐ Boil water on the stove
☐ Dust and help fold the washing
☐ Take care of a younger child for short periods of time (15 minutes)
☐ All of the above

ANSWERS
1. Falls
2. All of the above
3. 3 to 6 years — pre-school child
4. 3 to 6 years — pre-school child
5. 3 to 6 years — pre-school child
6. 6 to 12 years — primary school child
7. Birth to 3 years — infant and toddler
8. 6 to 12 years — primary school child
9. Dust and help fold the washing
APPENDIX 13-B

Child development — visiting procedure

1. MATERIALS FOR THE HOME VISIT
   - Child visit material - 1: Information to share with caregiver.
   - Child visit material - 2: Poster: Milestones of Childhood
   - Referral list of service agencies in the community

2. CONTENT AND PROCEDURES FOR THE VISIT

   Phase 1 — Introduction

   Goal: To introduce yourself and the programme to the caregiver and to obtain the parent’s consent for participation.

   Phase 2 — Sharing of information on child development

   Goals:
   - To build and maintain a friendly relationship with the caregiver
   - To share information with caregiver that will help them understand the relationship between childhood injuries and child development: Use the poster to facilitate the discussion on child development and share additional information from the training that you received. (Handout 13.1 13.4)
   - To encourage parent to take part in the discussion and to share information with you.

   Be friendly and show interest in the caregiver, their family and home. Ask about the children and respond positively to what the caregiver shares with you.

   Do not behave as the expert and simply tell the parent about the facts of child development and childhood injuries.

   Phase 3 — Closure

   Goal: To end the visit in an appropriate manner and ensure that you have addressed all the caregiver’s concerns raised during the visit.

   Give the referral list with the contact details of different agencies to the caregiver. If there are any personal problems raised by the caregiver, make referrals to the appropriate community resources.

   Make your appointment for the next visit (date, day and time)
APPENDIX 13-C

Script and setting — Child development role-play

So as not to make the role-plays too long the assessment will only focus on Phase A: Introduction and Phase B: Information sharing on child development for the first home visit.

Note: Be sure to let the home visitors know that we are only assessing aspects of the visit and that the real visit will be longer and include other interactions and issues.

SETTING FOR ROLE-PLAY
A room with a door and two chairs. The home visitor's observation skills will not be assessed during the first visit because the focus is on how they relate and share information with the parent. Therefore the setting is not important for this assessment.

SCRIPT FOR ROLE-PLAY
One person will be required to role-play the parent.

Phase A — Introduction
For the purposes of the role-play, an appointment at the home has been set-up. The mother should answer the door. The mother will remember the appointment and will invite the visitor inside, but she will insist on knowing the purpose of the visit, what will the visit involve, and how long the visit will take.

She must ask: What are you going to do during the visit?

The visitor should then explain what the visit will entail.

Phase B — Information sharing on child development
The visitor must use the poster The Milestones of Childhood to discuss the relationship between childhood injuries and development.

The mother will say she has two children, if asked: one a baby girl of nine months who is sleeping at the moment and a three year old boy who is currently playing at the neighbour's house.

The mother will show interest in what the visitor has to say and basically say that she will try her best to protect her children from harm.

Note: Not many instructions for the caregiver are given because the focus is on how the visitor tries to engage the caregiver and how she can relay information on childhood injuries and development.
INSTRUCTIONS FOR THE HOME VISITOR

You must apply the skills and knowledge you have learned thus far. For the purposes of role-play, an appointment has been made with the family so they are expecting you. During the home visit you will be required to:

- Explain the purpose of the visit and obtain his or her permission to conduct the visit.
- You must share information with the caregiver on the relationship between childhood injuries and development.
APPENDIX 13-D

Scoring guide — Child development role-play

Phase A — INTRODUCTION

1) Gaining consent for the visitation
   ● Do they ask for the appropriate person
   ● Explain the purpose of visit
   ● Explain what the visit will entail, length
   ● Ensure confidentiality and anonymity
   ● Obtain consent for participation

2) Build rapport and trust
   ● Friendly vs intrusive
   ● Respectful — encourage participation, but ultimately accept families wishes, don't try force them
   ● Confident
   ● Credible

Phase B — SHARING OF INFORMATION

3) Child development
   ● Accuracy of information shared
   ● Discuss developmental characteristics of age groups
   ● The type of injury risks each age group may be exposed to
   ● Suggest solution for prevention

4) Build rapport and trust
   ● Do they show an interest in the parent by asking about their children
   ● Do they try to engage the parent by getting them to also share information
   ● Respectful
   ● Don't come across as expert
   ● Supportive
### APPENDIX 13-E

**Scoring sheet — Child development role-play**

Name of participant: ........................................................................................................................................................................

Date of role-play: .............................................................................................................................................................................

Name of rater: ....................................................................................................................................................................................

1 — Little or no knowledge/skill — would require considerable training/support to improve competence

2 — Limited knowledge/skill — requires some training/support to improve competence

3 — Reasonable knowledge/skill — occasional training/support to improve competence

4 — Considerable knowledge/skill — would need little additional training/support to improve competence

5 — Has specialist knowledge/skill — can act as advisor or consultant to others

#### Phase 1 — Introduction

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>1) Gaining consent for the visitation</td>
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<tr>
<td>2) Building rapport and trust</td>
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</tbody>
</table>

#### Phase B — Sharing of information

<table>
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<tr>
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<th>1</th>
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<th>3</th>
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<th>5</th>
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</thead>
<tbody>
<tr>
<td>3) Sharing information on child development</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Maintaining rapport</td>
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</tbody>
</table>
APPENDIX 14-A

Burns questionnaire

Module five: Burns Questionnaire

Name: .......................................................... Date: ........................................................................

Name of volunteer: .................................................. Date: ................................................................

Instructions
The aim of this questionnaire to determine what you know about child injury prevention. There are 10 questions with multiple-choice answers. Read each question carefully and select ONE of the four responses listed below that you think is the most correct answer. Place a mark in the box next to the ONE response you have selected.

Example:
Which ones below are fall risks?

☐ Slippery floors
☐ Loose carpets
☐ Uneven paving
☒ All of the above  Answer: All of the above

1. Burns are the most common cause of accidental (injury) deaths among what age group of children?

☐ Infants (birth to 1 year)
☐ Toddlers and pre-schoolers (1 to 4 years)
☐ Pre-schoolers (5 to 6 years)
☐ All of the above

2. What is the most common cause of burn injuries to children?

☐ Flame
☐ Electricity
☐ Hot liquid
☐ All of the above
3. Why are table mats safer to use than tablecloths?
   - [] Table mats will not burn
   - [] Table mats are easier to wipe clean
   - [] Table mats are smaller and don't hang over the side of the table
   - [] All of the above

4. What is the safest way to fill a bath with water?
   - [] Start with hot water first then add cold water
   - [] Start with cold water first then add hot water
   - [] Add both cold and hot water at the same time
   - [] All of the above

5. What should be used to put out a coal fire?
   - [] Water
   - [] Sand
   - [] A blanket
   - [] All of the above

6. What should you not do when treating a child who has been burnt?
   - [] Run plenty of cold water over the burnt area
   - [] Cover burnt area with clean non-sticky dressing
   - [] Apply butter to the burn
   - [] All of the above

7. What should you do when someone has been electrocuted?
   - [] Switch off the main supply before touching the victim
   - [] Remove the victim from the source of electricity using a non-conductive object like a broom stick.
   - [] Move the victim to safety and call for help
   - [] All of the above

8. Which list of objects are non-conductive (do not conduct electricity)?
   - [] Rubber, wood and newspaper
   - [] Wood, newspaper and metal
   - [] Rubber, metal and plastic
   - [] All of the above
9. Which of the following sentences are true:

☐ A child’s skin is thinner and more sensitive than adults, and therefore will heal much faster
☐ A child’s skin is thinner and more sensitive than adults, and therefore will burn more quickly
☐ A child’s skin is less sensitive than adults, and therefore will not scar as easily
☐ All of the above

10. Hot tea, coffee, oil and water are all common causes of what type of burn injuries:

☐ Flame
☐ Electricity
☐ Hot liquid
☐ All of the above

ANSWERS
1. Toddlers and pre-schoolers (1 to 4 years)
2. Hot liquid
3. Table mats are smaller and don’t hang over the side of the table
4. Start with cold water first then add hot water
5. Water
6. Apply butter to the burn
7. All of the above
8. Rubber, wood and newspaper
9. A child’s skin is thinner and more sensitive than adults, and therefore will burn more quickly
10. Hot liquid
APPENDIX 14-B

Burns photographic discussion sheet

Group discussion
The visitors should identify the risks and possible solutions. Individual assessment of each visitor will be done during the role-play. Below the photos is the answer sheet to ensure that all the risks and solutions are covered.

<table>
<thead>
<tr>
<th>Photo #</th>
<th>Cause of injury (hazards)</th>
<th>Type of burn injury</th>
<th>Prevention measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 yellow bucket, stove and cords on the floor</td>
<td>cords on floor/ electric outlet accessible pull on long table cloth stove (cooking food, hot liquid) accessible</td>
<td>electrocution type of injury depends on the items on the table: — if there is hot liquid or food the child can burn</td>
<td>• move cords from floor area and nail around the wall • cords must be kept out of reach • remove table cloth and replace with shorter cloth or mats • safety cover on electrical outlet • never leave the child alone near hot liquids, stove or fire • supervise at all times when someone is cooking</td>
</tr>
<tr>
<td>Photo #</td>
<td>Cause of injury (hazards)</td>
<td>Type of burn injury</td>
<td>Prevention measures</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 2       | red tablecloth, paraffin lamp, matches etc. | burn | • place out of reach of children (high stable surface)  
• remove table cloth and replace with shorter cloth or mats  
• place items on non-flammable stable surface  
• put a glass cover on the lamp |
|         | matches candle paraffin lamp | burn |         |
|         | pull on long tablecloth | burn |         |
|         | tablecloth is flammable | burn |         |
|         | an open flame there is no safety glass | burn |         |
APPENDIX 14-C

Burns — visiting procedure

1. MATERIALS FOR THE HOME VISIT
   - Burns visit material 1 to 4
   - Safety gift - burn shield and pamphlet
   - Referral list of service agencies in the community

2. CONTENT AND PROCEDURES FOR THE VISIT

   Phase 1 — Introduction
   Goal: To introduce yourself again and remind the caregiver again what the aim of your visit is.

   Phase 2 — Sharing of information on burns
   Goals:  
   - To build and maintain a friendly relationship with the caregiver  
   - To introduce the topic of burn related injuries to children and help the caregiver to understand the risks and how burn injuries can be prevented.  
   - Use the information (*Burns visit material - 1*) to introduce the topic.  
   - Present the photographs and engage the caregiver in a discussion on the injury risks and possible solutions.

   Be friendly and show interest in the caregiver, their family and home. Ask about the children and respond positively to what the caregiver shares with you.

   Phase 3 — Burn safety checklist
   Goal:  
   - To identify burn hazards in the home and assist the caregivers to find solutions for a safer environment.  
   - Ask for permission to implement the safety checklist (*Burns visit material - 2*) by explaining what the checklist is about.  
   - Encourage the caregiver to come up with their own solutions for removing hazards.  
   - Share information on the safety tips you have learned during the training (*Burns visit material - 3*).

   Phase 4 — Safety gift and treatment of burn injuries
   Goal:  
   - To share information with the caregiver on how to treat burn injuries to children.  
   - Give the parent the safety gift and explain when and how it should be used.  
   - Share the information that you learned on how to treat burn injuries (*Burns visit material - 4*).
Phase 5 — Closure

Goal: • To end the visit in an appropriate manner and ensure that you have addressed all the caregiver’s concerns raised during the visit.

Give the referral list with the contact details of different agencies to the caregiver. If there are any personal problems raised by the caregiver, make referrals to the appropriate community resources. Make your appointment for the next visit (date, day and time).
APPENDIX 14-D

Script and setting — Burns role-play

SETTING FOR ROLE-PLAY
One room comprising of a kitchen and living area with a table, couch or chairs.

The table
- A primus stove should be on the table.
- Matches and candle on the table within reach of children.

The chairs
- These are part of the living area.
- Electrical extension cord running from under the table across the floor where people walk.
  Electrical outlet of extension cord is open lying on the floor.

Home visitor requires:
- Two Burns photographs
- Burns safety checklist
- Burn shield and pamphlet on burns

SCRIPT FOR THE ROLE-PLAY
One person will be required to role-play the caregiver.

Phase A — Sharing of information on burns
For the purposes of the role-play, the visitor has already introduced herself and is sitting down with the caregiver to introduce the topic of the visit. The caregiver should start off the role-play by asking the following question and simply listen to the visitor

“So what have you come to talk to me about today?”

The visitor must show the caregiver the photos and ask her to identify risks. If the caregiver fails to do this, the visitor should guide her by pointing the following:

Risks: The visitor should offer no solution at this point.
   Identify the cords lying on the floor could be dangerous and suggest they should be moved away

The caregiver shouldn’t offer any other information than the above but be responsive and positive to what the visitor says.
**Phase B — Safety checklist**

When the visitor asks if she can perform the checklist the caregiver should agree. The caregiver shouldn’t offer any information unless asked a specific question. The caregiver will answer questions according to the checklist below. *(Note: some of the items should be observed and not asked and in some cases the caregiver’s answers may not match the actual situation, this is because we would like to see if the visitor observes and not only reports what the parent says).*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you ever smoke in bed?</td>
<td>No, <em>I don’t smoke</em></td>
</tr>
<tr>
<td>Are matches and candles stored safety out of children’s reach?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are paraffin stoves and lamps placed on flat solid surface away from curtains?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are heaters kept away from hanging clothes or paper which could catch fire?</td>
<td><em>I don’t have any heaters</em></td>
</tr>
<tr>
<td>Do you ever leave food on stove unsupervised?</td>
<td>No</td>
</tr>
<tr>
<td>Do you ever leave a child alone in a room with an open flame?</td>
<td>No</td>
</tr>
<tr>
<td>Do you always extinguish fire when done with it?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have a bucket of sand or fire extinguisher at home?</td>
<td>No</td>
</tr>
<tr>
<td>Are worn or frayed electrical cords, extensions and appliances repaired?</td>
<td><em>No, there aren’t any worn cords</em></td>
</tr>
<tr>
<td>Are unused electrical sockets covered with plugs?</td>
<td>No</td>
</tr>
<tr>
<td>Are electrical cords beyond children’s reach?</td>
<td><em>My children don’t play with the cords</em></td>
</tr>
<tr>
<td>Are extension cords placed along the wall and not under carpets or where people walk?</td>
<td>No</td>
</tr>
<tr>
<td>Are electrical cords ever run from one house to the other?</td>
<td>No</td>
</tr>
<tr>
<td>Are more than three electrical appliances used on one plug?</td>
<td>No</td>
</tr>
<tr>
<td>Do you always make sure your hands are dry when handling electrical appliances?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Discussion of solutions:

<table>
<thead>
<tr>
<th>The visitor should identify the following five risks:</th>
<th>The caregiver's responses to generating solutions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Matches and candles accessible to children</td>
<td>I wasn’t aware that the matches were accessible. I'll take care to move them.</td>
</tr>
<tr>
<td>2) Bucket of sand or fire extinguisher</td>
<td>That’s a good idea. Caregiver will consider getting a bucket of sand.</td>
</tr>
<tr>
<td>3) Unused electrical socket uncovered</td>
<td>I make sure my children don’t touch the cords. I watch them carefully. I will use safety covers for the plugs.</td>
</tr>
<tr>
<td>4) Electrical cords in reach of children</td>
<td>I make sure my children don’t touch the cords. I watch them carefully.</td>
</tr>
<tr>
<td>5) Cords in the walk way</td>
<td>I am going to role this up and put it away just now. You just came to visit me a bit too early.</td>
</tr>
</tbody>
</table>

**ROLE-PLAY**

**BURNS PREVENTION SAFETY CHECKLIST**

(The visitor is to record the responses of the ‘caregiver’ on the checklist. During your feedback show her how accurately she recorded this.)

Name: .................................................................................................................................................................

<table>
<thead>
<tr>
<th>FLAME BURN</th>
<th>YES</th>
<th>NO</th>
<th>Not applicable</th>
<th>CHANGES TO BE MADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you ever smoke in bed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are matches and candles stored safety out of children's reach?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are paraffin stoves and lamps placed on flat solid surface away from curtains?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are heaters kept away from hanging clothes or paper which could catch fire?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever leave food on stove unsupervised?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever leave a child alone in a room with an open flame?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you always extinguish fire when done with it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a bucket of sand or fire extinguisher at home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLAME BURN</td>
<td>YES</td>
<td>NO</td>
<td>Not applicable</td>
<td>CHANGES TO BE MADE</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Are worn or frayed electrical cords, extensions and appliances repaired?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are more than three electrical appliances used on one plug?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you always make sure your hands are dry when handling electrical appliances?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Phase C — Safety gift and information on treatment**

The caregiver should thank the visitor for giving them the gift and ask the visitor the following questions:

*What is this for?*
*When do I use it?*
*How do I use it?*

The caregiver should listen to what the home visitor has to say about treatment and respond positively by saying that is important information to know.

**INSTRUCTIONS FOR THE HOME VISITOR**

*Give the home visitor the photograph, checklist and safety gift*

You must play the role of the home visitor and apply the skills and knowledge you have learned thus far. For the purposes of the role-play you will not be expected to act out the whole visit but only parts of it. During the home visit you will be required to:

- Introduce the topic of burns with the caregiver and then present the caregiver with the photograph and discuss the burn risks and possible solutions.
- Obtain the caregiver's permission to conduct the safety checklist, and discuss the hazards and possible changes that can be made to create a safer environment.
- Give them the pamphlet and safety gift and tell them when and how it should be used. Share with the caregiver other information on the treatment of burns.
APPENDIX 14-E

Scoring guide — Burns role-play

Phase A: Sharing of information on burns
1) Sharing of introductory information on Burn-related injuries and prevention
   • Adequate coverage of content
   • Accuracy of information shared

2) Photograph discussion
   • Do they discuss:
     — cords on floor/electric outlet accessible
     — child can pull on tablecloth
     — stove (cooking food, hot liquid)
   • Adequate coverage of content
   • Accuracy of information shared

3) Maintaining rapport during photograph discussion
   • Do they try to engage the parent by getting them to also share information
   • Respectful
   • Don’t come across as expert
   • Supportive

Phase B: Safety checklist
4) Identification of risks
   • Do they identify the five risks according to checklist
     — Matches and candles not stored out of children’s reach
     — No bucket of sand or fire extinguisher
     — Electrical sockets uncovered
     — Electrical cords within reach of children
     — Cords where people walk

5) Appropriate solutions for safety
   • Do they generate appropriate solutions with parent for each of the five risks

6) Maintaining rapport
   • Do they involve the caregiver in the process of implementing the checklist
   • Do they involve the caregiver in generating solutions
   • Do they listen to parent
   • Respectful
   • Friendly — not the expert
Phase C: Issuing of safety gift and information on treatment of burns

7) Safety gif
   - Do they adequately explain how the burn shield should be used and the information in the leaflet
   - Do they adequately explain the treatment of burns and electrocution
   - Accuracy of information

8) Maintaining rapport
   - Listen to caregivers and respond appropriately
   - Non-judgmental
   - Respectful
   - Don't come across as expert
   - Supportive
APPENDIX 14-F

Scoring sheet — Burns role-play

NOTE: THIS SCORE SHEET IS ALSO TO BE USED FOR POISON AND FALLS ROLE-PLAYS

Name of participant: ........................................................................................................................................................................

Date of role-play: ..............................................................................................................................................................................

Name of rater: ......................................................................................................................................................................................

1 — Little or no knowledge/skill — would require considerable training/support to improve competence

2 — Limited knowledge/skill — requires some training/support to improve competence

3 — Reasonable knowledge/skill — occasional training/support to improve competence

4 — Considerable knowledge/skill — would need little additional training/support to improve competence

5 — Has specialist knowledge/skill — can act as advisor or consultant to others

<table>
<thead>
<tr>
<th>Phase A — Sharing information on burns</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Sharing introductory information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Photograph discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Maintaining rapport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase B — Safety checklist</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>4) Identification of hazards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Discussion of solutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Maintaining rapport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase C — Safety gift and burns treatment</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>7) Issue and discuss burn shield</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Share information on treatment of burns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Maintaining rapport</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 15-A:

Poison questionnaire

Module six: Poison Questionnaire

Name: ................................................................. Date: .................................................................

Name of volunteer: .................................................. Date: .................................................................

Instructions

The aim of this questionnaire to determine what you know about child injury prevention. There are 10 questions with multiple-choice answers. Read each question carefully and select ONE of the four responses listed below that you think is the most correct answer. Place a mark in the box next to the ONE response you have selected.

Example:

Which ones below are fall risks?

☐ Slippery floors
☐ Loose carpets
☐ Uneven paving
☐ All of the above

Answer: All of the above

1. Why do children drink bad smelling and bad tasting substances such as paraffin?

☐ Small children have a poor sense of taste and smell
☐ Small children think that all liquids are cold drinks
☐ Small children are impulsive and irresponsible
☐ All of the above

2. How should a situation be treated when a child has drunk paraffin or another poisonous substance?

☐ Give the child milk to drink so that it can lessen the poisonous effects
☐ Make the child vomit so that the poison does not reach the child’s stomach
☐ Take the child to the doctor or clinic and take the container with you
☐ All of the above
3. How can you prevent children from drinking poisonous liquids such as jik and paraffin?
   - Put poisonous liquids in a locked cupboard
   - Keep liquids in clearly marked non-glass containers
   - Use childproof safety caps
   - All of the above

4. Children in this age group are most at risk of ingesting a dangerous substance?
   - Birth to 4 years
   - 5 to 6 years
   - 6 to 12 years
   - All of the above

5. What are common examples of poisoning among children?
   - Medicine
   - Household products, such as jik
   - Poisonous plants
   - All of the above

6. In which of the following statements, can children be poisoned by all of the substances mentioned?
   - Toothpaste, iron tablets, and turpentine
   - Paraffin, cough mixture, and pain killers
   - Dish washing liquid, perfume, and saline solution
   - All of the above

7. Which of the following are common sources of carbon monoxide in the home?
   - Water heaters, unvented space heaters, paraffin heaters
   - Coal stoves
   - Chimneys and fireplaces
   - All of the above

8. How would you protect your family from carbon monoxide poisoning?
   - Ensure that equipment that uses wood, coal, anthracite, paraffin, gas or petrol is in good working order so that there are no leaks
   - Ensure that equipment that uses wood, coal, anthracite, paraffin, gas or petrol is vented properly and inspected annually
Ensure that there is good ventilation by opening a window when cooking with wood, coal and paraffin

All of the above

9. Old medicines or medicines that have past their expiry date, should be:

- Thrown away into the rubbish bin
-Flushed down the toilet
- Taken to the pharmacy
- All of the above

10. Which of the following statements about paraffin safety is true?

- Paraffin should be safely stored away on the same shelf as food

- A young child is likely to taste dangerous substances, such as paraffin, as they are curious and want to about their environment

- Use a cup to pour paraffin into an appliance so that you don’t spill

- All of the above

ANSWERS

1. All of the above

2. Take the child to the doctor or clinic and take the container with you

3. All of the above

4. Birth to 4 years

5. All of the above

6. Dish washing liquid, perfume, and saline solution

7. All of the above

8. All of the above

9. Taken to the pharmacy

10. A young child is likely to taste dangerous substances, such as paraffin, as they are curious and want to about their environment
APPENDIX 15-B

Poison photographic discussion sheet

Group discussion
The visitors should identify the risks and possible solutions. Individual assessment of each visitor will be done during the role-play. Below the photos is the answer sheet to ensure that all the risks and solutions are covered.

<table>
<thead>
<tr>
<th>Photo #</th>
<th>Cause of injury (hazards)</th>
<th>Type of burn injury</th>
<th>Prevention measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (pink dressing table and mirror)</td>
<td>Easy access to poison substances</td>
<td>Poisoning</td>
<td>• Stored in a plastic carrier or bag and hang it on the wall</td>
</tr>
<tr>
<td></td>
<td>Storing food items with poisonous substances</td>
<td>Poisoning</td>
<td>• Or on a high shelf</td>
</tr>
<tr>
<td></td>
<td>Storing of other poisonous substances (paraffin) in a cool drink bottle and not in its original container</td>
<td>Poisoning</td>
<td>• These items could be stored in a lockable cupboard</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Food items must be stored separately from detergents and other poisonous substances as this may encourage children to eat and drink poisonous things</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Paraffin must be safely stored containing a childproof safety cap and a clearly marked label</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Paraffin must stored out of reach of children</td>
</tr>
<tr>
<td>Photo #</td>
<td>Cause of injury (hazards)</td>
<td>Type of burn injury</td>
<td>Prevention measures</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>2 (green) dressing table with tablets, photo, bar of soap, toothpaste.</td>
<td>Easy access for children&lt;br&gt;Cleaning products, toothpaste and tablets are stored together on the dressing table.</td>
<td>Poisoning&lt;br&gt;Poisoning</td>
<td>• Place out of reach of children (either on a high shelf or lockable cupboard)&lt;br&gt;• Items must be stored separately</td>
</tr>
</tbody>
</table>
APPENDIX 15-C

Poison — visiting procedure

1. MATERIALS FOR THE HOME VISIT
   - Poison visit material 1 to 4
   - Two Poison photographs
   - Poison safety checklist
   - Safety gift: childproof safety cap and labels, paraffin containers, and emergency safety tips
   - List of contact details of service agencies in the community

2. CONTENT AND PROCEDURES FOR THE VISIT

Phase 1 — Introduction
   Goal: To introduce yourself again and remind the caregiver again what the aim of your visit is.

Phase 2 — Sharing of information on poison
   Goals:
   - To build and maintain a friendly relationship with the caregiver
   - To introduce the topic of poison related injuries to children and help the caregiver to understand the risks and how burn injuries can be prevented.
   - Use the information (Poison visit material - 1) to introduce the topic.
   - Present the photographs and engage the caregiver in a discussion on the injury risks and possible solutions.

   Be friendly and show interest in the caregiver, their family and home. Ask about the children and respond positively to what the caregiver shares with you.

Phase 3 — Poison safety checklist
   Goal:
   - To identify poison hazards in the home and assist the caregivers to find solutions for a safer environment.
   - Ask for permission to implement the safety checklist (Poison visit material - 2) by explaining what the checklist is about.
   - Encourage the caregiver to come up with their own solutions for removing hazards
   - Share information on the safety tips you have learned during the training (Poison visit material – 3).

Phase 4 — Safety gift and treatment of poison injuries
   Goal:
   - To share information with the caregiver on how to treat poison injuries to children.
   - Give the parent the safety gifts and explain when and how it should be used (the safety
cap, container and label is to store paraffin safely).

- Share the information that you learned on how to treat poison injuries (Poison visit material - 4).

**Phase 5 — Closure**

*Goal:* To end the visit in an appropriate manner and ensure that you have addressed all the caregiver’s concerns raised during the visit.

Give the referral list with the contact details of different agencies to the caregiver.

If there are any personal problems raised by the caregiver, make referrals to the appropriate community resources.

Make your appointment for the next visit (date, day and time).
APPENDIX 15-D

Script and setting — Poison role-play

1. SETTING FOR ROLE-PLAY
One room comprising of a kitchen and living area.
The room consists of a table, couch or chairs.

The table
- A primus stove should be on the table.
- Cleaning products should be placed on the table as well, e.g. furniture polish, jik, and aerosol can.
- Paraffin (use water) in a 2 litre cold drink bottle should be placed under the table, in full view.

The chairs
- These are part of the living area.

Home visitor requires:
- Photograph
- Paraffin safety cap and container

SCRIPT FOR ROLE-PLAY
One person will be required to role-play the caregiver.

Phase A — Sharing of information on poisoning
For the purposes of the role-play, the home visitor has already introduced themselves and is sitting down with the caregiver to introduce the topic of the poisoning. The caregiver should start off the role-play by asking the following question and simply listen to the visitor:

“So what have you come to talk to me about today?”

The visitor must show the caregiver the photos and ask her to identify risks. If the caregiver fails to do this, the visitor should guide her by pointing the following:

Risks: Paraffin accessible to children and stored in a cold drink bottle, but offer no solutions.

The caregiver shouldn't offer any other information than above but be responsive and positive to what the visitor says by agreeing.

Phase B — Safety checklist
When the visitor asks if she can perform the checklist the caregiver should agree. The caregiver
shouldn't offer any information unless asked a specific question. The caregiver will answer ques-
tions according to the checklist below. (Note: some of the items should be observed and not asked
and in some cases the caregiver's answers may not match the actual situation).

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medicines stored out of reach of children?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are medicines kept in a locked cupboard?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are household cleaners kept in a locked cupboard?</td>
<td>No</td>
</tr>
<tr>
<td>Are pesticides like rat poison stored out of reach of children?</td>
<td>I don't keep rat poison.</td>
</tr>
<tr>
<td>Is paraffin stored in a container with a childproof safety cap and on a high shelf out of reach of children?</td>
<td>I don't have a safety cap.</td>
</tr>
<tr>
<td>Is medication only given to children by an adult?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are windows or doors open when you use paraffin appliances in your house?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you know what to do when your child has ingested any poisonous substance?</td>
<td>Yes, I will give them milk.</td>
</tr>
<tr>
<td>Do you use another container such as a cup or jug to pour paraffin into your appliances?</td>
<td>I use a cup.</td>
</tr>
<tr>
<td>Do you know of any poisonous plants near your house?</td>
<td>No</td>
</tr>
</tbody>
</table>

Discussion of solutions:

<table>
<thead>
<tr>
<th>The visitor should identify the following five risks:</th>
<th>The caregiver's responses to generating solutions:</th>
</tr>
</thead>
</table>
| 1) Household detergents accessible                   | I wasn't aware that the detergents were accessi-
|                                                      | ble I'll take care to move them.                  |
| 2) Paraffin accessible, no safety cap                | That's a good idea caregiver will use the cap.    |
| 3) How to treat a child when they have ingested poison | See if you can establish what the child has di-
|                                                      | gested; call the poison control center, and then if neces-
|                                                      | sary take the child to the clinic or hospital. If possible, take the container from which the child the substance with. |
| 4) The use of a cup for pouring paraffin              | But I've always used the same cup, and the chil-
|                                                      | dren know not to touch it.                        |
| 5) Knowledge of poisonous plants                      | I'll make sure the children don't pick flowers in future. |
Phase C — Safety gift and information on treatment

The caregiver should thank the visitor for giving them the gift and ask the visitor the following questions:

What is this for?
When do I use it?
How do I use it?

The caregiver should listen to what the home visitor has to say about treatment and respond positively by saying that is important information to know.

INSTRUCTIONS FOR THE HOME VISITOR
Give the home visitor the photograph, checklist and safety gift

You must play the role of the home visitor and apply the skills and knowledge you have learned thus far. For the purposes of the role-play you will not be expected to act out the whole visit but only parts of it. During the home visit you will be required to:

● Introduce the topic of poisoning with the caregiver and then present the caregiver with the photograph and discuss the poisoning risks and possible solutions.
● Obtain the caregiver's permission to conduct the safety checklist, and discuss the hazards and possible changes that can be made to create a safer environment.
● Give the caregiver the safety gift and tell her when and how it should be used. Share with the caregiver other information on the treatment of poison.
APPENDIX 15-E

Scoring guide — Poison role-play

Phase A: Sharing of information on poisoning

1) Sharing of introductory information on poisoning and prevention
   - Adequate coverage of content
   - Accuracy of information shared

2) Photograph discussion
   - Do they discuss:
     - poisonous substances being accessible to children
     - storing food items with poisonous substances
     - paraffin in a cool drink bottle
     - Adequate coverage of content and solutions
     - Accuracy of information shared

3) Maintaining rapport during photograph discussion
   - Do they try to engage the parent by getting them to also share information
   - Respectful
   - Don't come across as expert
   - Supportive

Phase B: Safety checklist

4) Identification of risks
   - Do they identify the five risks according to checklist
     - Household cleaners accessible to children
     - Paraffin accessible, no safety cap
     - Milk should not be given to a child who has ingested poison
     - Using a cup to pour paraffin
     - No knowledge of poisonous plants

5) Appropriate solutions for safety
   - Do they generate appropriate solutions with parent for each of the risks

6) Maintaining rapport
   - Do they involve the caregiver in the process of implementing the checklist
• Do they involve the caregiver in generating solutions
• Do they listen to parent
• Respectful
• Friendly — not the expert

**Phase C: Issuing of safety gift and information on treatment of burns**

7) **Safety gift**
   - Do they adequately explain how the cap, container and label should be used
   - Do they adequately explain the treatment of poison injuries
   - Accuracy of information

8) **Maintaining rapport**
   - Listen to caregivers and respond appropriately
   - Non-judgmental
   - Respectful
   - Don’t come across as expert
   - Supportive
# APPENDIX 15-F

## Scoring sheet — Poison role-play

**USE THE SAME SCORING SHEET AS FOR BURNS ROLE-PLAY**

Name of participant: .........................................................................................................................................................

Date of role-play: ..............................................................................................................................................................

Name of rater: .......................................................................................................................................................................

1. Little or no knowledge/skill — would require considerable training/support to improve competence
2. Limited knowledge/skill — requires some training/support to improve competence
3. Reasonable knowledge/skill — occasional training/support to improve competence
4. Considerable knowledge/skill — would need little additional training/support to improve competence
5. Has specialist knowledge/skill — can act as advisor or consultant to others

<table>
<thead>
<tr>
<th>Phase A — Sharing information on burns</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Sharing introductory information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>2) Photograph discussion</td>
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<th>Phase B — Safety checklist</th>
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<tr>
<td>4) Identification of hazards</td>
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<td>5) Discussion of solutions</td>
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<th>Phase C — Safety gift and burns treatment</th>
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APPENDIX 16-A

Falls questionnaire

Name: ......................................................... Date: .................................................................
Name of volunteer: ............................................... Date: .................................................................

Instructions
The aim of this questionnaire to determine what you know about child injury prevention. There are 10 questions with multiple-choice answers. Read each question carefully and select ONE of the four responses listed below that you think is the most correct answer. Place a mark in the box next to the ONE response you have selected.

Example:
Which ones below are fall risks?

☐ Slippery floors
☐ Loose carpets
☐ Uneven paving
☑ All of the above  Answer: All of the above

1. What are the most important factors that influence the severity of a fall?

☐ The height the child falls from
☐ The type of surface the child lands on
☐ Whether the child knocks into anything during the fall
☐ All of the above

2. Why are infants and toddlers at risk of falling off high surfaces?

☐ They cannot sense the dangers associated with height and depth
☐ They cannot balance
☐ They are careless
☐ All of the above
3. What is the golden rule when putting children in prams, pushchairs, car seats, bouncing chairs, etc.?
   - Ensure that the brakes are on
   - Ensure the harness/seatbelt is fastened
   - Ensure that the child is sitting still
   - All of the above

4. Which ones below are fall risks?
   - Slippery floors
   - Loose carpets
   - Uneven paving
   - All of the above

5. If a child has had a fall, when do you need to seek medical advice?
   - Loss of movement or function
   - Continued pain and swelling
   - Vomiting, paleness or shock
   - All of the above

6. How should you treat a bleeding wound?
   - Remove objects, such as a nail, glass or knife from the wound
   - Use a tourniquet or bandage tightly to stop the bleeding
   - Apply pressure and elevate the injured body part if possible
   - All of the above

7. At what age is the child at particular risk for fall injuries because their skills are developing so rapidly (fast)?
   - Birth to 3 years - infant and toddler
   - 3 to 6 years - pre-school child
   - 6 to 12 years - primary school child
   - All of the above
8. When helping a child who has fallen and sustained a fracture, which of the following must you not do?
   □ Assess the injury and provide the child with comfort and support
   □ Move the injured child to a safer and more comfortable place
   □ Stay with the child and get someone to phone for help
   □ All of the above

9. To prevent falls, which of the following should be attended to:
   □ Fats and liquids spilt in the kitchen or bathroom
   □ Bad lighting
   □ Wrinkled carpets and carpets not secured to the floor
   □ All of the above

ANSWERS
1. All of the above
2. All of the above
3. Ensure the harness/seatbelt is fastened
4. All of the above
5. All of the above
6. Apply pressure and elevate the injured body part if possible
7. Birth to 3 years - infant and toddler
8. Move the injured child to a safer and more comfortable place
9. All of the above
APPENDIX 16-B

Falls photographic discussion sheet

Group discussion
The visitors should identify the risks and possible solutions. Individual assessment of each visitor will be done during the role-play. Below the photos is the answer sheet to ensure that all the risks and solutions are covered.

PHOTO 1

<table>
<thead>
<tr>
<th>Photo</th>
<th>Cause of injury (hazards)</th>
<th>Prevention measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>with yellow bucket</td>
<td>Electrical cord across the floor</td>
<td>• Remove cord and tack around wall</td>
</tr>
<tr>
<td></td>
<td>Small walking space and all the furniture</td>
<td>• Possibility of arranging furniture differently</td>
</tr>
<tr>
<td></td>
<td>Low stove — child can fall onto the stove</td>
<td>• Move stove to higher surface</td>
</tr>
</tbody>
</table>

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APPENDIX 16-C

Falls — visiting procedure

1. MATERIALS FOR THE HOME VISIT
   - Falls visit material 1 to 4
   - Photograph
   - Falls safety checklist
   - Safety gift: first-aid kit, pamphlet and emergency safety tips
   - Referral list of service agencies in the community

2. CONTENT AND PROCEDURES FOR THE VISIT

Phase 1 — Introduction
Goal: To introduce yourself again and remind the caregiver again what the aim of your visit is.

Phase 2 — Sharing of information on falls
Goals: To build and maintain a friendly relationship with the caregiver
   - To introduce the topic of fall related injuries to children and help the caregiver to understand the risks and how fall injuries can be prevented.
   - Use the information (Falls visit material - 1) to introduce the topic.
   - Present the photographs and engage the caregiver in a discussion on the injury risks and possible solutions.

Be friendly and show interest in the caregiver, their family and home. Ask about the children and respond positively to what the caregiver shares with you.

Phase 3 — Burn safety checklist
Goals: To identify fall hazards in the home and assist the caregivers to find solutions for a safer environment.
   - Ask for permission to implement the safety checklist (Falls visit material - 2) by explaining what the checklist is about.
   - Encourage the caregiver to come up with their own solutions for removing hazards.
   - Share information on the safety tips you have learned during the training (Falls visit material - 3).

Phase 4 — Safety gift and treatment of falls injuries
Goals: To share information with the caregiver on how to treat falls injuries to children.
   - Give the parent the safety gift and explain when and how it should be used.
   - Share the information that you learned on how to treat falls injuries (Falls visit material - 4).
Phase 5 — Closure

Goal: ● To end the visit in an appropriate manner and ensure that you have addressed all the caregiver’s concerns raised during the visit.

Give the referral list with the contact details of different agencies to the caregiver.

If there are any personal problems raised by the caregiver, make referrals to the appropriate community resources.
APPENDIX 16-D

Script and setting — Falls role-play

SETTING FOR ROLE-PLAY
- One room comprising of the kitchen and living area.
- The room comprises of a table, couch or chairs.

The floors
- There should be items such as toys or newspapers lying on the floor
- There should be an electrical cord running across the floor

The table
- There needn't be anything on the table, but you can place a box under the table

The chairs
- These are part of the living area.

Home visitor requires:
- Photograph
- Falls checklist
- Safety gift: savlon, plasters, cotton wool

SCRIPT FOR THE ROLE-PLAY
One person will be required to role-play the caregiver.

Phase A — Sharing of information on burns
For the purposes of the role-play, the visitor has already introduced themselves and is sitting down with the caregiver to introduce the topic of the visit. The caregiver should start off the role-play by asking the following question and simply listen to the visitor

“So what have you come to talk to me about today?”

The visitor must show the caregiver the photo and ask her to identify risks. If the caregiver fails to do this, the visitor should guide her by pointing the following:

Risks: *Electrical cord, but offer no solutions.*

The caregiver shouldn't offer any other information than above but be responsive and positive to what the visitor says.
**Phase B — Safety checklist**

When the visitor asks if she can perform the checklist the caregiver should agree. The caregiver shouldn't offer any information unless asked a specific question. The caregiver will answer questions according to the checklist below. *(Note: some of the items should be observed and not asked and in some cases the caregiver’s answers may not match the actual situation, this is because we would like to see if the visitor observes and not only reports what the parent says).*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are floors clean?</td>
<td>Yes — <em>(BUT THE VISITOR OBSERVES THAT TOYS AND OTHER ITEMS LYING ON THE FLOOR)</em></td>
</tr>
<tr>
<td>Are the slippery?</td>
<td>No</td>
</tr>
<tr>
<td>Is the access to the window blocked with guards or safety latches so that small children cannot fall out?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are safety gates or obstruction used at stairs?</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Are children always supervised?</td>
<td>Sometimes they play outside in the yard on their own, especially when I'm cleaning or cooking inside.</td>
</tr>
<tr>
<td>Are loose carpets a tripping hazard?</td>
<td>No</td>
</tr>
<tr>
<td>Do you change the baby on a high surface?</td>
<td>Sometimes I change my baby (one year old) on the table.</td>
</tr>
<tr>
<td>Do you keep all changing equipment close by when changing the child?</td>
<td>I keep it under the table in a box</td>
</tr>
<tr>
<td>Do you put your child out of harm's way when cooking?</td>
<td>They play outside.</td>
</tr>
<tr>
<td>Is the harness always used when placing the child in the pram?</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Do you immediately wipe fat and liquid spills in the kitchen and bathroom?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you educate children not to run inside the house as they can fall?</td>
<td>I tell my children they mustn't run in the house.</td>
</tr>
<tr>
<td>Are electrical cords and extensions a tripping hazard?</td>
<td>Yes.</td>
</tr>
</tbody>
</table>
Discussion of solutions:

<table>
<thead>
<tr>
<th>The visitor should identify the following five risks:</th>
<th>The caregiver's responses to generating solutions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Items (toys, newspaper, etc) lying on floor</td>
<td>I’ll make sure children tidy up after playing.</td>
</tr>
<tr>
<td>2) Supervision of children</td>
<td>It is difficult to watch the children all the time especially when cooking or cleaning. I do look every now and again to see that they are okay.</td>
</tr>
<tr>
<td>3) Changing a one year old baby on high table</td>
<td>I won’t use the table anymore.</td>
</tr>
<tr>
<td>4) Baby’s changing items kept under table are they accessible without having to let go of baby to get items?</td>
<td>I will remember that.</td>
</tr>
<tr>
<td>5) Electrical cord running across floor</td>
<td>Yes I’ll consider running the wire around the walls.</td>
</tr>
</tbody>
</table>

Phase C — Safety gift and information on treatment

The caregiver should thank the home visitor for giving them the gift and listen to what the home visitor has to say about treatment and simply responded positively by saying that is important information to know.

INSTRUCTIONS FOR THE HOME VISITOR

*Give the home visitor the photograph, checklist and safety gift*

You must play the role of the home visitor and apply the skills and knowledge you have learned thus far. For the purposes of the role-play you will not be expected to act out the whole visit but only parts of it. During the home visit you will be required to:

1. Introduce the topic of falls to the caregiver and then present the caregiver with the photograph and discuss the fall risks and possible solutions.
2. Obtain the caregiver's permission to conduct the safety checklist, and discuss the hazards and possible changes that can be made to create a safer environment.
3. Give the caregiver the safety gift. Share with the caregiver other information on the treatment of falls.
APPENDIX 16-E

Scoring guide — Falls role-play

Phase A: Sharing of information on falls

1) Sharing of introductory information on falls and prevention
   - Adequate coverage of content
   - Accuracy of information shared

2) Photograph discussion
   - Adequate coverage of content and solutions
   - Accuracy of information shared

3) Maintaining rapport during photograph discussion
   - Do they try to engage the parent by getting them to also share information
   - Respectful
   - Don't come across as expert
   - Supportive

Phase B: SAFETY CHECKLIST

4) Identification of risks
   - Do they identify the five risks according to checklist
     | — Toys, newspaper or other items lying on the floor
     | — Supervision of children playing outside
     | — Changing baby on table (high surface)
     | — Baby's items in box under the table
     | — Electrical cord across the floor

5) Appropriate solutions for safety
   - Do they generate appropriate solutions with parent for each of the five risks

6) Maintaining rapport
   - Do they involve the caregiver in the process of implementing the checklist
   - Do they involve the caregiver in generating solutions
   - Do they listen to parent
   - Respectful
   - Friendly — not the expert
Phase C: Issuing of safety gift and information on treatment of falls

7) Safety gift
   ● Do they adequately explain when this should be used
   ● Do they adequately explain the treatment of fall injuries
   ● Accuracy of information

8) Maintaining rapport
   ● Listen to caregivers and respond appropriately
   ● Non-judgmental
   ● Respectful
   ● Don't come across as expert
APPENDIX 16-F

Scoring sheet — Falls role-play

USE THE SAME SCORING SHEET AS FOR BURNS ROLE-PLAY

Name of participant: .................................................................

Date of role-play: .................................................................

Name of rater: ........................................................................

1 — Little or no knowledge/skill — would require considerable training/support to improve competence
2 — Limited knowledge/skill — requires some training/support to improve competence
3 — Reasonable knowledge/skill — occasional training/support to improve competence
4 — Considerable knowledge/skill — would need little additional training/support to improve competence
5 — Has specialist knowledge/skill — can act as advisor or consultant to others

<table>
<thead>
<tr>
<th>Phase A — Sharing information on burns</th>
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<th>2</th>
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<tbody>
<tr>
<td>1) Sharing introductory information</td>
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<td>2) Photograph discussion</td>
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