



## KEEPING YOUR CHILD SAFE

### FROM THE PRESIDENT

All parents want their children to grow up in a safe environment. The Police, welfare agencies and many other groups help to make the community safe for children with education and enforcement programmes, but parents ultimately have the greatest role to play.

With this in mind, the Police Managers Guild has written this booklet especially for parents. It offers constructive advice and tips to help parents create a happy, safe home, and perhaps more importantly, it helps parents show their kids how they can act responsibly and be safe away from home.

However, if there is one piece of advice that all parents should take on board, it is simply to talk to our kids. Communication is our most valuable tool. If we spend regular time with our kids and make sure we talk with them, we can understand them better. And they might just get to understand us better.

This booklet also reinforces the message that as parents, we all need to “walk the walk” and present positive role models. We can only expect our children to do as we do; not do as we say.

John Reilly  
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### THE FIRST YEARS

About 13,000 children aged under 5 are hospitalised each year because of accidental injuries and poisonings. Many of these are avoidable.

To help keep your child safe, check your home environment and family safety procedures.

For example, have you:

- Taught your child not to leave the property without a trusted adult?
- Taught your child to hold an adult's hand when stepping onto the road?
- Fenced the outdoor play area?
- Made sure the garage, driveway and work areas are not accessible?

- Hired a babysitter who is at least 14 years of age and left written instructions, including a contact number (see section on babysitters).
- Checked safety aspects of your child-minder's home or childcare centre?
- Installed safety catches on windows above ground level?

### **Sudden Infant Death Syndrome**

Sudden Infant Death Syndrome, or cot death, is the unexpected death of a child that cannot be explained through autopsies and investigations. SIDS claims 80-100 lives every year in New Zealand. However, cot death numbers have reduced dramatically in New Zealand over the past 15 years. This decline is attributed to the findings of the New Zealand Cot Death Study, conducted over three years. The study's aim was to identify risk factors for SIDS.

New Zealand was the first country to launch a SIDS prevention campaign in 1991.

The main advice given by the Ministry of Health and the New Zealand Cot Death Association to prevent SIDS is:

- Do not smoke during pregnancy.
- Avoid smoking in bed with your baby or near your baby.
- Sleep baby on his/her back.
- Breast-feed your baby if you can.
- Give your baby his or her own sleeping place, not in bed with you.

To help your baby sleep soundly, follow these guidelines:

- Put the baby on its back to sleep; keep the babies head uncovered, with the feet to the foot of the cot and with babies face clear at all times.
- Use a firm, clean, fitting mattress with no gap between the mattress and the cot side. Tuck in all bedding securely.
- Never put the baby on a waterbed and pillows. Soft toys, loose quilts or duvets are not recommended.
- Keep baby's room temperature about 15-18C.
- Check your baby often.

### **Falls**

Falls are the most common cause of injury to children. You can take action now to help prevent falls.

Check your decks, porches and steps. Use barriers to keep children safe.

Check that beds, bunks and furniture are not near windows. Always use window locks.

Children often fall from furniture such as a couch or bed. Keep small children on the floor but use a barrier (for example a playpen or door barrier).

Change babies' nappies on the floor and have everything you need at hand.

Avoid placing children under 3 in an adult-height bed. Use a mattress on the floor or use a bed guard or rail.

Never leave a child in a car seat or bouncinette on a high surface, such as a benchtop or table.

Don't use baby walkers. They are dangerous because they provide infants under 12 months with speed, height and mobility which they are unable to deal with.

Check your handrails on your deck or porch. Do they prevent children falling through or climbing over?

Use stair guards or barriers, and impact-absorbing mats at the bottom of stairs. Non-slip surfacing, good lighting and regular maintenance are also important.

Remove any hazards that could make you or your child slip or trip. Clear spills and keep floor and play areas clear. Take special care when carrying a baby.

Place furniture away from windows and install a guard or barrier that makes windows difficult to open.

### **Make water fun ... and safe**

Pre-schooler drowning accidents are most likely to occur at home. The frightening fact is that children can drown in less than two minutes – and they can drown quietly without you ever hearing it happen.

The Water Safety Council suggests you take some simple precautions around your home and that you always watch your children carefully around water.

To judge whether your home is safe, try the following checklist. How do you score?

- I always stay with my child at bathtimes.
- I have a non-slip mat in the bath or shower to stop slipping.
- I always keep the toilet lid shut.
- I keep the plug for the bath out of reach of children.

- I make sure large water containers, such as nappy buckets, are out of reach of children.
- I have my home pool fenced.
- I check for water hazards around my home and I am aware of water hazards in my neighbourhood.
- I have a safe fenced play area for my child.

Supervision around water is essential, whether it is at bathtime, in a paddling pool, at the river or at the beach. Never leave children unsupervised near water.

#### *Water areas around home*

Buckets, water containers, water troughs, dog bowls and toilet bowls can all be dangerous to young children. Children love to play, especially in water. However, as they reach into or over buckets or containers they can lose their balance and fall in.

Place buckets and other water containers out of your child's reach and get into the habit of emptying water containers and paddling pools immediately after use. It is also a good idea to keep the toilet lid closed or the bathroom door shut – especially with toddlers who like to climb and explore.

#### **Keeping safe around dogs**

Sometimes children and pets do not get along! But just as there are good and bad ways to behave with people, there are good and bad ways to play with animals.

Young children especially, can receive nasty bites from dogs that are not properly under the owner's control. If your child is bitten, see if the dog has a collar or tag and take note of the direction the dog went. Wash the bite with soap and water and see your doctor at once. Report the dog to your local authority's animal control division.

#### *Ten rules\**

1. Never go up to a dog you don't know. If the owner is there, ask permission to pat the dog.
2. Don't stare at a dog. It may see this as a threat.
3. Don't tease dogs. It may make them angry.
4. Don't go near a dog when it is eating. It may think you're trying to take its food away.
5. When going onto a strange property, don't go in if the dog is growling or barking. Dogs naturally want to protect their property.
6. When stroking a dog, rub its chest and don't place your hand on the back of its neck because the dog may see this as a threat.
7. Mother dogs are very protective, so don't touch the puppies unless the owner is there.
8. Do not disturb a sleeping dog by touching it. Wake it up from a distance by making a noise.
9. If a strange dog approaches you, **act like a tree** – stand still. If a strange dog approaches you and you are lying down, or the dog knocks you down, **act like a log** – lie still. The dog will not see you as a threat, and it should go away after it smells you.
10. If you have any problems tell your teacher or parent to report the problem to the council's animal control officers.

*\* Courtesy Hutt City Council Animal Control division*

#### **WEB SAFETY**

Computers and the internet are great learning tools for children. However, parents need to protect their children from some of the seamier sides of the net.

It's worth spending time with your child online and establishing some ground rules. The Censorship Compliance unit of the Department of Internal Affairs suggests the following advice for parents, which is also available at [www.censorship.dia.govt.nz](http://www.censorship.dia.govt.nz), or you can call them at (04) 495-7200.

Most online services and internet providers allow parents to limit their children's access to certain services and features such as adult oriented "chat" and bulletin boards. Check for these when you first subscribe. In addition, there are now programs designed specifically to enable parents to prevent children from accessing inappropriate materials on the internet. These tools, while not foolproof, are useful for helping parents control children's access. But they cannot take the place of parental involvement and supervision.

The internet and some private bulletin boards contain areas designed specifically for adults who wish to post, view, or read sexually explicit material. Most private bulletin board operators who post such material limit access to people who attest that they are adults but, like any other safeguards, be aware that there are always going to be cases where adults fail to enforce them or children find ways around them.

The best way to assure that your children are having positive online experiences is to stay in touch with what they are doing. One way to do this is to spend time with your children while they're online. Have them show you what they do and ask them to teach you how to access the services.

While children and teenagers need a certain amount of privacy, they also need parental involvement and supervision in their daily lives. The same general parenting skills that apply to the real world also apply while online.

If you have cause for concern about your children's online activities, talk to them. Also seek out the advice and counsel of other computer users in your area and become familiar with literature on these systems. Open communication with your children, use of such computer resources, and getting online yourself will help you obtain the full benefits of these systems and alert you to any potential problem that may occur with their use.

### **Guidelines for parents**

Make it a family rule to:

Never give out identifying information – home address, school name, or telephone number – in a public message such as chat or bulletin boards, and be sure you're dealing with someone that both you and your child know and trust before giving it out via e-mail. Think carefully before revealing any personal information such as age, marital status or financial information. Consider using a pseudonym or unlisting your child's name if your service allows it.

Get to know the services your child uses. If you don't know how to log on, get your child to show you. Find out what types of information it offers and whether there are ways for parents to block objectionable material.

Never allow a child to arrange a face-to-face meeting with another computer user without parental permission. If a meeting is arranged, make the first one in a public spot, and be sure to accompany your child.

Never respond to messages or bulletin board items that are suggestive, obscene, belligerent, threatening, or make you feel uncomfortable. Encourage your children to tell you if they encounter such messages. If you or your child receives a message that is harassing, of a sexual nature or threatening, forward a copy of the message to your service provider and ask for their assistance.

If you become aware of the transmission, use, or viewing of child pornography while online, report this immediately to the Department of Internal Affairs by e-mailing: [censorship@dia.govt.nz](mailto:censorship@dia.govt.nz). You should also notify your service provider.

Remember that people online may not be who they seem. Because you can't see or even hear the person it would be easy for someone to misrepresent him or herself. Thus, someone indicating that "she" is a "12-year-old girl" could in reality be a 40-year-old man.

Remember that everything you read online may not be true. Any offer that's "too good to be true" probably is.

Be very careful about any offers that involve your coming to a meeting or having someone visit your house.

Set reasonable rules and guidelines for computer use by your children (see My Rules for Online Safety). Discuss these rules and post them near the computer as a reminder. Remember to monitor their compliance with these rules, especially when it comes to the amount of time your children spend on the computer. A child or teenager's excessive use of online services or bulletin boards, especially late at night, may be a clue that there is a problem. Remember that personal computers and online services should not be used as electronic babysitters.

### **Rules for online safety\***

- I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school without my parents' permission.
- I will tell my parents right away if I come across any information that makes me feel uncomfortable.
- I will never agree to get together with someone I "meet" online without first checking with my parents.
- If my parents agree to the meeting, I will be sure that it is in a public place and bring my mother or father along.
- I will never send a person my picture or anything else without first checking with my parents.
- I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do, I will tell my parents right away so that they can contact the online service.
- I will talk with my parents so that we can set up rules for going online. We will decide upon the time of day that I can be online, the length of time I can be online, and appropriate areas for me to visit. I will not access other areas or break these rules without their permission.

*\* Based on material supplied by the National Center for Missing and Exploited Children, 2101 Wilson Boulevard, Suite 550, Arlington, Virginia 22201-3052, USA.*

## **BABY SITTERS**

All parents need regular breaks from their children to “recharge the batteries” and have some time with adults without worrying about the children.

However, you need to be sure your children are safe when you are out. Don't leave them alone.

In fact, the law says parents and caregivers are responsible for supervising or arranging suitable supervision for children at all times up to the age of 14.

Section 10B of the Summary Offences Act 1981 states:

“Leaving child without reasonable supervision and care – Every person is liable to a fine not exceeding \$1000 who, being a parent or guardian or a person for the time being having the care of a child under the age of 14 years, leaves that child, without making reasonable provision for the supervision and care of the child, for a time that is unreasonable or under conditions that are unreasonable having regard to all the circumstances.”

It does not mean literally that you must not leave a child aged under 14 alone. It might not be “unreasonable” to leave a child who is, say, aged 13, mature and trustworthy, and where a neighbour is advised that you are out, and in a case where you will not be gone for long.

The Police take seriously cases where children are left for long periods of time – having to cook meals, look after small children and generally fend for themselves.

If you need to leave your children for any time, make sure they are being looked after or looked out for by someone capable and trustworthy. Children are vulnerable and trusting – don't leave them with just anyone. If you have doubts about a neighbour or even a family member, don't use those people as babysitters.

When you need to call in a babysitter you don't know, find out something about them first. Invite them over when you are there for the first occasion, so you can introduce the children and get details without having to rush out the door to your engagement.

Make sure babysitters know where they can contact you and what to do in an emergency. Keep emergency numbers near the telephone and show the babysitter where emergency and civil defence supplies are kept. If any of the children are on special medication, ensure the babysitter knows how to administer it if necessary.

Show them exit doorways and tell them about the family evacuation plan in the event of a fire or other emergency. Practising the exit drill (see separate section on fire safety) can be a fun activity for the babysitter and the children.

Make sure the house is secure when you leave, checking all doors and windows. Tell the babysitter not to open the door to strangers. The babysitter should tell telephone callers that you are not available and will call them back – not that you are out and that they are alone with the children.

And don't forget the babysitter's safety. Get them home safely – don't let them walk home on their own in the dark.

## **POISONS**

More than 10,000 pre-school children are poisoned each year in New Zealand. Many children are poisoned at home by substances that parents thought were safely stored.

All homes contain medicines and poisonous household products.

These include: aspirin, paracetamol tablets, the “pill”, dishwasher detergents, iron tablets, heart tablets, blood pressure tablets, anti-convulsants, anti-depressants, sedatives, tranquillisers, antihistamines, diuretics, asthma drugs, alcohol, antifreeze, disinfectants, eucalyptus oil camphor, caustics, corrosives, insecticides, herbicides, pesticides, rat killers, petroleum products, solvents, thinners, adhesives, brake fluid, ammonia, batteries, cigarettes.

The National Poisons and Hazardous Chemicals Information Centre (NPHCIC) at the University of Otago provides a 24-hour emergency telephone service about poisons. The centre also provides written information if non-urgent advice is needed. Staff maintain a computer database on the health effects of various chemicals, medicines, plants and animals.

The Poisons Centre recommends the following guidelines:

- Keep all household and garden chemicals (weed or plant sprays, ant, rat or mouse bait, insect repellants, petrol, turpentine etc) in a locked cupboard or cupboard with child resistant locks.
- Store all household cleaning products (furniture polish, bleach, dishwashing liquid, machine dishwasher powder, all-purpose cleaners, washing machine powder or liquidout) of reach of children.
- Chemicals and cleaning products should always be kept in their original container, with a child proof or tightly fitting lid.
- Drinking glasses, beverage bottles or food containers should never be used for storage of chemicals. This is very dangerous and illegal.
- Manufacturers of chemicals and household cleaning products print “instructions for use” on the

container. These instructions are for your safety and should always be read before use, even if you have used the product before.

- Protective clothing is for your personal safety and should be used correctly. Faulty or broken equipment should be replaced.
- Only use garden or agricultural sprays when there is no wind.
- If you have any chemicals that are no longer needed it may not be safe, or legal, to simply pour them down the drain or to put them into household rubbish. Contact your local regional council for information on safe disposal.
- Store all medicines out of reach of children preferably in a locked cupboard. When you pick up your medicines from a pharmacist you can ask for a child resistant packaging.
- Always keep medicines in their original bottle or packet and never put different tablets or capsules in the same container. Children should be encouraged to take their medicines without referring to them as lollies, sweets or soft drinks. Be positive without associating them with food, drinks or treats.
- Check the label on the bottle or packet before taking your drugs or if required to give them to someone else, e.g. your children or someone you care for. If you are not sure about instructions - check with your doctor.
- Always take medicines according to instructions.
- Take your medication out of view of children. This way children won't try and copy you. Medicine left in bags is easily accessible, so, try and keep bags out of reach.
- Return all unused and out-of-date drugs to your local pharmacist. This is better than simply throwing them away down the toilet, kitchen sink or in household rubbish.
- Children should be encouraged to enjoy the plants in the garden without eating them and it may be advisable to have plants which are poisonous out of reach of children – NPHCIC can tell you which plants are poisonous.
- Berries, flowers, leaves and other plant material that fall onto lawns or garden paths should be cleared away so children are not tempted to put them in their mouth.
- It may be a good idea to know the names of your plants so that you can give correct information to your doctor or NPHCIC if it is needed.
- If you have to burn rubbish do it in an open area, and be careful not to allow the smoke to blow towards your family or neighbours. Smoke can cause irritation to the throat and lungs. Some plant material can produce poisonous fumes if burned, for example, oleander. Treated wood and plastics are not safe to burn. Old chemical or medicine packets, especially inhalers, should not be burned.

### **Poison first aid**

If you suspect your child has swallowed something poisonous:

Stay calm – this will help the child to stay calm.

Protect yourself from poisoning, especially if there is smoke, fumes or a lot of chemicals spilt. Check to see if the person is conscious by talking to them. If you don't get a reply, check that they are breathing and have a pulse, place them on their side (recovery position – see section on FIRST AID).

If there is no pulse and they are not breathing immediately start resuscitation. The mouth-to-nose technique must be used if there is any chance the rescuer may be contaminated by the poison by using mouth-to-mouth technique. Call an ambulance. Try to identify the chemical or drug involved so that correct information can be given to the doctor.

If a poison has been swallowed contact the Poison Centre on (03) 474-7000 or your doctor. Making someone vomit is not always best. If the poison is corrosive then drinking may be helpful. Water is the best thing to drink.

Some household products can cause vomiting. If vomiting does occur, try not to let children inhale the vomit as they may damage their lungs. Children should not be put to bed after swallowing any poison without first contacting the Poison Centre or a doctor.

Sometimes poisons can splash into the eyes which are very sensitive and can be quickly damaged by liquids or powders. If this happens, wash the eye with water. Cleanse the eye for at least 20 minutes. Rinse the eye from the nose to the ear so as not to flush the poison into the other eye. Lift both lids so water can flush away the chemical from under both eyelids. After cleaning the eye, go to the nearest hospital or medical centre so a doctor can assess the eye.

If corrosive products are splashed in the eye call an ambulance immediately. Ambulance officers can help cleanse the eyes while travelling to the hospital.

If chemicals splash onto the skin, remove the person away from the chemical and immediately clean the affected skin with lots of water. Remove any contaminated clothing unless there is burnt skin or clothing. If a large area of skin has been exposed, call an ambulance while still cleaning the area. If a small area is involved, clean the area with water for 20 minutes, if pain, swelling or irritation persists seek medical attention. The fire service may be needed to assist with chemical spills. Do not hesitate to

call if you are unsure.

### **FIRE SAFETY**

In 1998, Housing New Zealand began a campaign to ensure that all its rental accommodation had smoke alarms installed. By the end of the programme, 250,000 alarms had been installed.

The benefits were demonstrated in one recent incident when an alarm alerted a family to fire and all members got out of the house safely. The house was gutted, but the family – including some small children – was safe.

Another publicity campaign – by the Fire Service – provides some simple advice for people caught in a fire: Get out and stay out. The campaign gives a strong message that you should stay out of a burning building – don't be tempted to go back for valuables or even to try saving the life of another person. The Fire Service will respond quickly to an emergency and its firefighters are equipped to deal with all kinds of fires. A private individual cannot know the dangers fire can present and how quickly it can spread, nor do they have the proper equipment.

Sadly, it is often children who are the victims of house fires. The speed with which a fire can engulf a house means it's important to have smoke alarms for early warning and a fire escape plan so everyone can get out of the house quickly.

Children should never have unsupervised access to matches, lighters, candles or other naked flames.

They don't realise the danger of fire or how quickly a fire can spread.

The small cost of smoke alarms is nothing compared with the knowledge that you will be alerted early to a fire that could kill you and your children. Smoke alarms can give you vital time to escape safely.

Two alarms per house is recommended, and one on each level of multi-storey homes. Make sure one is in the hallway near sleeping areas.

Other precautions you can take include:

- Connect a hose that can reach all areas of the house to an outdoor tap and keep it connected.
- Buy a fire extinguisher (consult the Fire Service for the correct type for your situation), but remember extinguishers have limited uses. It could be fatal if you use valuable time with a fire extinguisher when you should be concentrating on saving life and calling the Fire Service on 111.

An escape plan is essential if you are to reduce the likelihood of someone losing their life or being injured in a fire. The Fire Service's says it is important that families practise – three to four times a year – an escape plan. The plan can be a valuable exercise in which the whole family should be involved, and have some fun at the same time.

Sit down with your family and discuss your plan, taking into account the number of people in the house, the location of exits, how everyone will get out, where you will all meet and what you will do then. Make sure babysitters also know your drill.

Your escape plan should include:

- Two ways out from each room – there is an obvious way out (the door), but ensure you discuss the alternative way out.
- Means of helping young children, elderly people or those with disabilities. Your plan should have a designated helper for these people.
- Somewhere to meet safely outside (such as the letterbox).
- How to call the Fire Service on 111 from a safe telephone (if you have a cellular phone, leave it near a door where you can find it quickly on your way out).

If a fire does happen, remember that smoke and deadly gases rise, so keep low to the ground and crawl if you need to. Close doors behind you as you leave the house if you can.

If you are in a situation where your clothes catch fire, use the STOP, DROP and ROLL rule – STOP immediately (don't run as that will fan the flames), DROP to the ground or floor and ROLL over and over until the flames are out.

### **ROAD SAFETY**

More children die and are injured in traffic crashes than any other form of accident. On average, a child is injured every day on New Zealand roads, and one dies on average every 18 days.

Road safety is an important part of the Police's work. In 2000, the new Government believed it was important enough to re-establish a separate traffic force to deal specifically with traffic safety and enforcement. The new highway patrol would be dedicated solely to traffic duties.

Key road safety messages from the Police and Land Transport Safety Authority (LTSA) have screened on television and in the press. In one commercial, family members die because seatbelts are not worn; in another hard-hitting series of commercials, a teenage driver injured in a crash is shunned by his mates and has to be helped by his mother with his toileting.

The Police believe the messages are important if New Zealand is to improve its death and injury statistics.

Education is a key feature of the Police campaign to change road habits. Officers spend many hours in classrooms and at schools helping children understand road safety.

However, parents still have the greatest influence and can greatly minimise traffic danger if they help their children learn some basic safety rules – and if they follow the rules themselves. If you J-walk across the road, ride a bicycle without a helmet or run red lights, your children will soon be confused about what they should be doing. Chances are they will follow what you do, not what you say. Avoid double standards by setting an example.

As soon as a child is old enough to move about, they have the potential to be involved in a road accident. That is why it is crucial that parents keep toddlers away from the roads by keeping doors and gates closed or the child under close supervision.

When they are old enough for school, go with them over the route they will be taking. If they are to walk to school, walk with them a few days beforehand and look for the safest route, keeping an eye out for danger spots, particularly where they have to cross the road. Get them to use pedestrian crossings and talk about where cars might come from – perhaps around a corner or from a driveway.

If they are to take a bus, show them where they will get off the bus and where they should then go.

The road outside a school is always busy when the school day begins and ends. Parents should:

- Always set a good example with your children when crossing the road – it will help to ensure their safety when you aren't there.
- Walk to the school gate to drop off or collect your child – always hold on to little hands.
- Never call out from across the road – excited children forget to look out for traffic.
- Have children use the car door on the footpath side – it keeps them away from the traffic.
- Never stop on the yellow “No Stopping” lines – they are there to ensure children can see and be seen.
- Take extreme care when pulling into driveways close to the school – child pedestrians can be unpredictable and unaware of your presence.
- On wet days, drive slowly and with patience. Obey all school parking restrictions – be prepared to walk further than usual.
- Above all, choose safety over convenience.

Our teenagers are likely to reflect our driving and safety habits as they come to the point where they want to get their driving licence. An investment in a reputable driving school will be money well spent. Even if you think you know how to drive safely, you might not be the best person to teach your teenager.

Make sure you talk to teenagers about road safety, particularly about the dangers of speed and drink/driving, and the fact that a licence means they must act responsibly not only for their own safety, but also for that of their friends and other road users. Ensure they observe the rules and responsibilities that go with being a learner and restricted driver.

### **Make it click!**

Keep children safe in your car by ensuring they are securely strapped into approved child seats.

Remember, it is your responsibility as the driver, to make sure children are buckled in properly.

The law says if a child seat is available, it must be used. If there is no car seat but seat belts are available, then they must be used if they fit the child. If neither is available, then children must travel in the back seat.

Infant seats are designed from birth until 9kg (about 6 months old). An infant's seat must always face the back of the car. Some infant seats must also be secured to the car by a special tether strap and bolt. A child seat faces forward in the car and is designed for children who can hold their head up by themselves. The seat is usually used once the child has reached 9kg and lasts until the child is 3-4 years.

The Plunket Society has seats to hire at reasonable prices. If you decide to buy seats, check to see if the seats have the Standards Approved label. You will also need to decide whether you want an infant seat for use during the first six months or a seat that is suitable for children from 0-4 years.

Booster seats are designed to “boost” your children so they can better fit a car seat belt. Ideally, a booster seat should be used in conjunction with a child harness. The harness is designed for children from 4-8 years and is used in conjunction with a car lap seat belt. The harness is secured to the car by an anchor bolt.

If your child has outgrown a booster seat and harness, they are ready for a car seat belt. The lap portion of the belt should be worn low, should fit snugly and should not cut across your child's face or neck.

Child-proof locks will stop bored children trying to get out of the car.

### **Drink/driving**

Drinking and driving is a dangerous mix. Because it's difficult to know whether you might be under the legal blood/alcohol limit (especially as an inexperienced teenager), the simplest rule is not to drive if you are drinking.

Alcohol slows your reactions, dulling your judgment and vision and impairing your ability to drive. If you are convicted of a drunk-driving charge, you can expect severe penalties – even imprisonment. It's no fun, as a teenager, to have to go through a court appearance and to suffer the penalties.

Apart from losing your driver's licence or having to pay a hefty fine, you could lose your job and have your social life ruined.

Statistically, you are most at danger of being involved in a drink/drive crash if you are an 18-30 year-old male. Although comprising only 15 percent of all drivers, they make up 50 percent of all drunk drivers in crashes.

Sixty-six percent of fatal crashes to which alcohol contributed occurred on open roads.

Alcohol is the second-most common reason for a fatal crash after speed.

What can we do as parents to keep our teenagers safe if they are drinking?

We can offer to pick them up from parties, restaurants or pubs. We can spell out the advantages of having a "designated driver" – someone who does not drink so they can drive the others home – when they go out with friends.

More important, we should set an example by not driving after drinking.

## **IN THE WATER**

Water and water sports form an integral part of many New Zealanders' lives. We enjoy swimming, fishing, boating, kayaking, wind-surfing ... and we enjoy the summer days with the family on the beach or at the river.

Along with the fun goes a responsibility for parents and caregivers to constantly watch their children around water. Tragedy can happen very quickly.

It's important that children learn to swim. It's like riding a bike – a skill that's never forgotten.

Swimming gets children fit, gives them confidence, a sense of achievement and a skill that could save their life. A skilled swimmer might even be able to save someone else's life.

Schools run swimming programmes as part of their physical education curriculum, but local authorities also have some excellent programmes at swimming pools with trained instructors. If you are at the beach a lot, ask the local surf lifesaving club for advice and consider joining the club along with your children.

The key to safe and worry-free days is to follow some simple guidelines.

### **Home pools and spas**

Of all water hazards, home pools present the greatest risk for children. Half of all drownings of children under 6 occur in home swimming pools.

Home swimming and spa pools are required by law to be enclosed by a fence and fitted with a self-closing and self-latching gate. Make sure your pool meets these legal requirements. Keep ranch sliders and other doors that access a pool area locked as well.

Always use a spa pool cover and make sure it is locked when the spa is not in use. Keep young children away from spa pools unless there is constant adult supervision. Check your spa pool has the dual drains and drain covers required by current safety standards.

### **The beach**

Never let children swim alone or unsupervised. Make sure everyone swims between the lifeguard flags on patrolled beaches, but don't rely on lifeguards to watch out for your children.

Watch out for and avoid rips – a calm spot of water where surf is not breaking; it indicates an area where a strong undertow could pull a swimmer underwater and out to sea.

Be wary of letting your children play with inflatable toys and toy animals, water wings and tubes as these have not been specifically designed to protect your child in the water.

If your child is playing with a boogie board, it is a good idea to get them to wear fins or flippers as well. This will allow them to kick their way out of trouble if they get caught in an unexpected rip or hole.

Make sure children (and adults) wait for an hour after eating before swimming. This will help to stop cramps that can cause temporary paralysis in the water. Don't drink alcohol at the beach – not only will you be less capable of watching out for your children, but you will also be less able to swim properly. Make sure your children wear appropriate clothing. Jeans are unsafe for swimming as they can get waterlogged and pull a child under the water.

### **The river**

Avoid areas where there may be snags or tree-lined banks, above and below bridges. Check the river for any rapids or holes before letting your children swim.

### **Public swimming pools**

Children under 8 years of age must be supervised at swimming pools by someone who is at least 14 years of age. Don't expect the pool lifeguards to be babysitters. Your child could be disappointed if a lifeguard finds they are unsupervised and asks them to stay out of the pool.

Water Safety New Zealand recommends you do not take babies into public swimming pools until they are at least 6 months old. By that time:

- Their immune systems have developed enough to protect them from catching diseases from the many other children who will also be in a public pool.
- They will have sufficient head control to enable them to keep their head out of the water.
- Their body temperature control system will be developed enough to cope with the changes in temperature that come with undressing and getting wet.
- Their ears will be better able to deal with immersion in water.

All children, even small babies, should wear some form of swimming clothing. Nappies are no good for swimming as they hold water in and can become heavy.

Dress children in specific swimming clothes, especially if children are not potty-trained as faeces can be contained in clothing and not pollute the swimming pool.

There should be a shallow pool for babies and toddlers and the temperature in this pool should be safe for young children. Dunking a baby under water too often can cause them to swallow more water than their kidneys can handle. This can lead to a condition known as water intoxication.

### **Water first aid**

If you find a child in a water emergency, call 111 immediately, or get someone to contact emergency help while you care for the child.

S-R-A-B-C is the key to responding:

**S for Safety** – Think about the child's safety and your own, if you are the rescuer. Remove the child from the water and try to keep them warm and comfortable.

**R for Response** – Assess the child's level of responsiveness – speak to them and if necessary shout to rouse them, or shake them gently (never shake violently).

**A for Airway** – If you get no response, tilt the head back slightly and drop the child's chin to open their airway.

**B for Breathing** – Look and listen for breathing and feel for a pulse. If there are no signs of breathing, apply mouth-to-mouth resuscitation. Administer one slow, full breath, then check the child for a pulse or breathing.

**C for Circulation** – Can you feel a pulse? If so, stay with the child and monitor closely until help arrives. If there is no pulse, apply CPR (see section on CPR).

### **FIREARMS**

New Zealand law requires gun owners to have a firearms licence issued by the Police.

Firearms should always be kept out of reach of children. Recent incidents have shown how dangerous guns can be in the hands of children.

Ammunition should be stored separately from the gun. The gun should be disabled by removing the bolt or firing mechanism and stored separately.

Gun owners must have a lockable store for guns at home. The firearms must always be locked there unless under the immediate supervision of the licence holder. Guns should never be left out unattended.

The Police issue a firearms safety manual which lists seven basic rules for gun owners:

- Treat every firearm as loaded.
- Always point firearms in a safe direction.
- Load a firearm only when ready to fire.
- Identify your target.
- Check your firing zone.
- Store firearms and ammunition safely.
- Avoid alcohol or drugs when handling firearms.

### **PREPARING FOR DISASTER**

Disasters can strike quickly and without warning, so it's important to be prepared. For parents, their first concern is often the children. Planning for an emergency gives children a sense of security that they will be looked after, and that they can do something to look after themselves.

Encourage your children to join school civil defence teams. Many schools compete for civil defence awards, and learn valuable skills in the process.

In New Zealand, we are at risk from many kinds of natural disasters, including earthquakes, flooding, volcanic eruptions, tsunami (tidal waves) and storms. Man-made disasters can also occur; a particular danger being hazardous material spills from trucks, trains, planes and at storage facilities.

Contact your local Civil Defence office to find out what types of disasters are most likely to happen in your area. Civil Defence will give you information on preparing for a disaster. Find out if your neighbourhood has a warning signal, what it sounds like and what you should do when you hear it.

Your workplace, children's school or preschool centre will have a disaster plan. Schools and teachers are prepared for disasters and school staff will do everything they can to keep your child safe.

It's important to create a disaster plan with your family. Talk with your family about why you need to prepare for disaster. Explain the different dangers of fire, storms, floods and earthquakes to children. Plan to share responsibilities and work together as a team.

As a family, discuss the disasters that are most likely to happen and talk about what to do in each case. Make sure everyone knows where to get help if it is needed and how to make contact with other members of the family during a disaster. Arrange a place for your family to meet. First aid is a good skill to learn – for more information, contact your local Order of St John or Red Cross (see section on FIRST AID).

Barnardos recommends a hazard hunt with the whole family participating. Anything that can move and/or break when your house starts to shake is a hazard.

Think about what will happen to heavy furniture, fixtures and appliances. Anchor bookcases and other top-heavy furniture to studs using metal angle braces, "L" brackets and lag screws. Fasten shelves to the bookcase.

Stop refrigerators, washing machines and other heavy appliances from moving by blocking the rollers. Check for any possible flying glass. Check your chimney is secure and tie down your hot water cylinder.

Anchor heavy mirrors and pictures over beds, chairs and couches with wire through eye screws into studs. Keep beds away from windows.

Know where the safe spots in your home are for each type of disaster, for example under a doorway during an earthquake or in the attic in a flood.

Keep emergency telephone numbers by the phone such as those for fire, police, ambulance and doctor. Teach your children how to turn off the water, gas and electricity at the main switches. Only turn gas and water off if you suspect the lines are damaged or if you are instructed to do so by emergency authorities.

Keep a battery-operated radio handy and follow instructions from local emergency officials. Be ready to evacuate immediately if you need to do so.

If you have to evacuate, wear protective clothing and sturdy shoes. Take your disaster survival kit (see separate section). Lock your home. Listen for and use travel routes specified by local authorities.

If there is time, shut off water, gas and electricity before leaving. Always leave a note telling others when you left and where you are going.

Meet with your neighbours to plan how you can all work together after a disaster until help arrives. If you are a member of a neighbourhood organisation such as Neighbourhood Watch, introduce disaster preparedness as a new activity. Get to know your neighbours' skills and needs. Think ahead and plan childcare for children of parents who can't get home.

Stock supplies in your home to meet your needs for at least three days. Replace stored water every three months and stored food every six months. Also keep a bucket and supply of rubbish bins handy for a makeshift toilet. Don't put chemical cleaners in the toilet cistern as chemicals will poison a potential source of drinking water.

Assemble a disaster survival kit with items you will need in an evacuation. Store these supplies in sturdy, easy to carry containers such as backpacks, duffle bags or covered rubbish containers.

### **Your disaster kit**

Things you might need in your disaster kit (depending on the age of family members) are:

- Family documents such as birth and marriage certificates, insurance policies, drivers licences, passports and family photos.
- Personal hygiene items such as towels and soap, toothbrushes and toothpaste.
- Babies' and children's supplies and their favourite toy or activity.
- One change of clothing and footwear per person, waterproof clothing and one blanket or sleeping bag per person.

A first aid kit that includes:

- Your family's prescription medications.

- Emergency tools including a battery-powered radio, torch and extra batteries.
- An extra set of car keys, a credit card and cash.
- Special items for infant, elderly or disabled family members
- An extra pair of glasses or hearing aid.

So if disaster does strike...

- Remain calm and put your disaster plan into action.
- Check for injuries. Give first aid and get help for seriously injured people.
- Listen to your battery-powered radio for news and instructions and be prepared to evacuate if advised to do so. Always wear protective clothing and sturdy shoes.
- Check for damage in your home. Use flashlights. Check for fires, fire hazards and other household hazards.
- Sniff for gas leaks. If you smell gas or suspect a leak, turn off the main gas valve, open windows and get everyone outside quickly. Do not light a match or open flame.
- Clean up spills, medicines, bleaches, petrol and other flammable liquids immediately.
- Be prepared to deal with the emotional needs of your children. Stay close enough to talk with and comfort each other. Talk about what happened and encourage your children to talk about their feelings.

## **DRUGS AND ALCOHOL**

Drugs and alcohol are now freely available to teenagers and even younger children in New Zealand. The question then is, what makes some children take up drug or alcohol habits, when others avoid these substances?

Unfortunately, despite the extensive research, there is no ready answer. However, parents can take many positive steps to ensure their children are aware of the risks and consequences. Parents' contribution can help reinforce the messages coming from schools and the Police with programmes such as DARE (Drug Abuse Resistance Education – see section on POLICE YOUTH EDUCATION SERVICE).

The biggest deterrent for children is you, the parent.

### **21 tips for parents**

American research suggests children who learn from their parents or caregivers about the risks of drugs are 36 percent less likely to smoke marijuana than children who don't; they are 50 percent less likely to use inhalants; 56 percent less likely to use cocaine; 65 percent less likely to use LSD.

You are the most powerful influence in your child's daily life.

The following 21 tips can help you turn your child away from the influence of drugs and alcohol that seem almost inevitable nowadays. They are provided courtesy of the Office of National Drug Control Policy in the United States. Their website – [www.theantidrug.com](http://www.theantidrug.com) – contains many other pieces of useful information on drugs and alcohol.

#### *Get involved*

Kids who are close to their parents are least likely to engage in risky behaviours. The more involved you are in your children's lives, the more valued they'll feel, and the more likely they'll be to respond to you.

1. Establish "together time," a regular weekly routine for doing something special with your child – even something as simple as going out for ice cream.
2. Don't be afraid to ask where your kids are going, who they'll be with and what they'll be doing. Get to know your kid's friends – and their parents – so you're familiar with their activities.
3. Try to be there after school when your child gets home. The "danger zone" for drug use is between 4 and 6pm, when no one's around; arrange flexible time at work if you possibly can. If your child will be with friends, ideally they have *adult* supervision – not just an older sibling.
4. Eat together as often as you can. Meals are a great opportunity to talk about the day's events, to unwind, reinforce, bond. Studies show that kids whose families eat together at least five times a week are less likely to be involved with drugs or alcohol.

#### *Learn to communicate*

Do you know your kid's favorite music group? What's cool at school? The more you communicate, the more at ease your child will feel about discussing drugs and other sensitive issues with you.

1. Be absolutely clear with your kids that you don't want them using drugs. Ever. Anywhere. Don't leave room for interpretation. And talk often about the dangers and results of drug and alcohol abuse. Once or twice a year won't do it.

2. Be a better listener. Ask questions – and encourage them. Paraphrase what your child says to you. Ask for their input about family decisions. Showing your willingness to listen will make your child feel more comfortable about opening up to you.
3. Give honest answers. Don't make up what you don't know; offer to find out. If asked whether you've ever taken drugs, let them know what's important: that you don't want them using drugs.
4. Use TV reports, anti-drug commercials, news or school discussions about drugs to help you introduce the subject in a natural, unforced way.
5. Don't react in a way that will cut off further discussion. If your child makes statements that challenge or shock you, turn them into a calm discussion of why your child thinks people use drugs, or whether the effect is worth the risk.
6. Role play with your child and practise ways to refuse drugs and alcohol in different situations. Acknowledge how tough these moments can be.

#### *Walk the walk*

1. Be a living, day-to-day example of your value system. Show the compassion, honesty, generosity and openness you want your child to have.
2. Know that there is no such thing as “do as I say, not as I do” when it comes to drugs. If you take drugs, you can't expect your child to take your advice. Seek professional help if necessary.
3. Examine your own behaviour. If you abuse drugs or alcohol, know that your kids are inevitably going to pick up on it. Or if you laugh uproariously at a movie when someone is drunk or stoned, what message does that send to your child? Be a role model; the person you want your kid to be. What stronger anti-drug message is there?

#### *Lay down the law*

Kids between 11-13 – ages highly at risk for drug experimentation – are increasingly independent. Despite their protests, they still crave structure and guidance; they want you to show them you care enough to set limits.

1. Create rules – and discuss in advance the consequences of breaking them. Make your expectations clear. Don't make empty threats or let the rule-breaker off the hook. Don't impose harsh or unexpected new punishments.
2. Set a curfew. And enforce it strictly. Be prepared to negotiate for special occasions.
3. Have kids check in at regular times. Give them a cellphone, a phone card, change or even a pager, with clear rules for using it. (Remember, pagers and cellphones are not allowed in some schools.)
4. Call parents whose home is to be used for a party. On party night, don't be afraid to stop in to say hello (and make sure that adult supervision is in place).
5. Make it easy to leave a party where drugs are being used. Discuss in advance how you or another designated adult will come to pick your child up the moment he or she feels uncomfortable. Later, be prepared to talk about what happened.
6. Listen to your instincts. Don't be afraid to intervene if your gut reaction tells you that something is wrong.

#### *Praise*

1. Praise good behavior consistently and immediately. Expressions of love, appreciation and thanks go a long way. Even kids who think themselves too old for hugs will appreciate a pat on the back.
2. Accentuate the positive. Emphasise the things your kid does right. Restrain the urge to be critical. Affection and respect – making your child feel good about himself – will reinforce good (and change bad) behaviour far more successfully than embarrassment or uneasiness. What encourages a kid more than his or her parents' approval? The right word at the right time can strengthen the bond that helps keep your child away from drugs.

## **SUICIDE**

New Zealand has the highest rate of reported youth suicide in the developing world.

The Ministry of Education and the National Health Committee suggest in *Young People at Risk of Suicide: A Guide for Schools*, that about 90 percent of young people dying by suicide or making suicide attempts will have had a mental health disorder at the time.

The booklet says the three mental health disorders most commonly associated with suicidal behaviours are:

- Depressive disorders – present in almost three-quarters of those making suicide attempts.
- Alcohol, cannabis and other drug abuse – present in more than a third of those making suicide attempts.
- Significant behavioural problems (such as conduct disorders and anti-social behaviours) – present in a third of young people making suicide attempts.

Depression is a common illness that affects the whole person physically, mentally and emotionally.

Everyone has changes in mood and gets down sometimes. But when the feeling of gloom persists, life might seem hopeless.

There is no one single cause of depression. A variety of factors contribute to it. Depression is more likely to occur where there is a family history of depression or other psychiatric disorders; with chemical imbalances in the brain which can upset behaviour, feelings and thoughts; with negative patterns of thinking and distortions; with alcohol and substance abuse; and with environmental factors such as loss, stress, adverse life events and chronic illness.

Depression can be treated by counselling that focuses on changing negative thought patterns, reviewing and understanding problems; improving self-esteem; learning stress management skills; strengthening communication within the family; improving social skills; or monitoring and decreasing the effects of unpleasant events.

Different kinds of medication can also be used to help treat depression. Medications may improve a depressed person's mood and can effectively treat sleep and appetite problems. A combination of counselling and medication is often helpful.

Lifestyle changes can also lead to a general improvement in health and wellbeing. A balanced diet, daily exercise, plenty of water, regular sleep and reduced alcohol and drug intake are all helpful.

Young people need your love and attention and their own space. Spend some time with them at least once a week. This could be watching a video or TV programme, going shopping, joining in sports activities, talking about school and studies or sharing a meal with just the two of you.

It's important to keep lines of communication open, to support and encourage young people and learn to recognise when they need help.

If some of the following signs persist, depression may be the cause:

- Sad, anxious or bored mood
- Changes in sleep pattern, such as insomnia or oversleeping
- Restlessness
- Irritability, tearfulness
- Feeling worthless
- Poor concentration
- Decreased energy, feeling tired
- Obsessive behaviour, for example pre-occupation with music, stories and games that have a death theme; withdrawal from social contact and activities
- Saying life's not worth living or indicating thoughts of suicide
- Increased use of alcohol, drugs and substance abuse

A range of specific events and experiences may contribute to a young person feeling depressed. These could include:

- Abuse: physical, emotional, sexual.
- Loss: of a loved one, a close friend or pet, through relationship breakup, through unresolved grief from a death, by moving to a new city or country.
- Relationships: difficulty making friends, pressure from friends to behave in a certain way, tension in family relationships.
- Sexual development: confused sexual feelings, possible attraction to same sex, coping with being gay or lesbian and the responses of others, body image.
- General: academic pressures, fear of failure, employment concerns, chronic physical illness, conflict between cultural misunderstandings, sense of identity and place in the world, bullying, constant put-downs and criticism, dependence on alcohol, substance abuse.

If a young person you care about shows signs of depression, there are many ways you can help.

Some ways to start a conversation with a young person showing signs of depression are:

"I'd like you to tell me what you are afraid of."

"Please tell me what is worrying you and I will listen to what you say."

"I know I sometimes get angry, but it's because I care."

"I will stay here with you and we will work it out."

"It is obvious things are not OK at the moment, but they could get better."

"It is important to have faith in yourself and with support, this will help you work through the good as well as the bad times."

"Would it help if I came with you to see the doctor?"

"I can find someone for you to talk with, and I'll make an appointment for you."

Most young people who die because of suicide may have been depressed, but this does not mean that most people who are depressed will attempt suicide. A small number of those who attempt suicide may show inappropriate anger or violence, or show no signs at all.

If you are worried that your child is suicidal, look out for the following signs:

- Threats of suicide
- Previous attempts at suicide
- Talking about death and wanting to die
- Making final arrangements – giving away treasured possessions
- Changes in mood, sleeplessness, loss of appetite, not caring about appearance
- Withdrawal from relationships and activities; isolation from others
- Statements of hopelessness, helplessness or worthlessness
- Reduction in academic or work performance
- High-risk behaviour (drug taking, dangerous driving)
- Urgency of action and the speeding up of activities
- Sudden lift of spirits after a period of depression

If you think your child is showing these signs, you can do several things to check if your gut feeling is right.

Check out your view of the young person with others if you're feeling uncertain, for example friends of the young person, teachers and relatives.

Talk with your teenager and LISTEN calmly.

Ask directly if they have considered harming themselves and do not be shocked by their response.

Encourage them to think of choices open to them.

Do not offer simple advice. A person who is thinking about suicide is often overwhelmed by their problems and will not necessarily believe they can be solved.

Show you are ready to support them and help them get support they need.

Avoid telling them what to do, lecturing them on the rights and wrongs of self-destruction, saying that suicide is the easy way out or telling them they are seeking attention.

Don't try to deal with this on your own. Seek advice from a health professional.

If possible, help the teenager to see a doctor or counsellor.

If a young person exhibits the following – they should not be left alone:

- Saying they or you would be better off if they were dead
- Has just made an attempt at suicide.
- Has decided on a method they can carry out and has set a time.
- Has left a final written note.

If this is the case you need to:

- Make sure someone stays with them.
- Take precautions by locking away all drugs, guns, alcohol, car keys and any other dangerous objects.
- Involve others and try not to handle it alone.
- Contact a doctor, your local hospital or an emergency service (ambulance, police, fire). Let them know the situation is urgent.
- Insist on getting assistance – don't promise to keep it secret or confidential.

### **POLICE YOUTH EDUCATION SERVICE**

The Police Youth Education Service (YES) promotes individual safety to young people, families, teachers and school communities, to help create safer communities. Police Education Officers are working in partnership with teachers in the classroom to achieve this goal.

YES has identified four strategic themes for educational programmes:

#### *Crime Prevention and Social Responsibility*

Programmes included in this theme are designed to encourage children and young people to behave responsibly, assist with crime prevention and help keep communities safe. Topics include stealing, vandalism, search and rescue, shoplifting, being lost, community support, fingerprinting, keeping law and order, the role of the Police and Police dogs.

#### *Drug Abuse Resistance Programme*

DARE is a Police education programme that has been running in New Zealand since 1989. The programme is aimed at school children of all ages, and is co-ordinated by the Youth Education Service of the Police and the DARE Foundation of New Zealand, through more than 50 local DARE support committees. Through a range of DARE programmes, young people are empowered to avoid illegal drugs and make sensible choices about their use of alcohol and other legal drugs. Some DARE programmes have been developed for use in school classrooms, including a programme in Maori for

classes using Te Reo. Other programmes are for the community (parents/caregivers and young people in trouble), and are managed by the community section of DARE.

#### *School Road Safety Education*

Programmes and resources in this theme have been designed to enable children and young people to act safely on roads and among traffic. The Road Safe series are integrated road safety programmes for years 0-13. The DARE programme about drinking and driving for years 11-13 is also in this theme.

#### *Violence Prevention*

Violence prevention programmes are designed to promote the development of non-violent relationships and to give children and young people skills to manage violence they may encounter. The child abuse prevention programme Keeping Ourselves Safe and the bullying prevention programme Kia Kaha are important in this theme. There are also teaching materials about keeping safe at home, babysitting and dealing with anger.

### **FIRST AID**

Your ability to help in an emergency could determine your children's survival. If you know basic first aid, you can make a big difference. Children and teenagers can also make a difference if they have the skills to help. Such training can help them to help others, and to keep them focused in an emergency. For information on training in basic first aid in your area, contact Red Cross or St Johns Ambulance. Ask also for their useful first aid guides.

The first rule in an emergency with your child is to stay calm. This will help keep the child calm and will help you assess whether emergency services are needed. If you are unsure, ring 111 anyway.

Remember that if you are calling from a payphone or cellphone, the call is free.

Make a quick assessment of the child, so you can advise the ambulance service. For example:

- Is the child awake?
- Can the child talk to you?
- Is the child breathing?
- Is the child bleeding severely?

### **Basic life support**

A New Zealand Red Cross booklet, *Essential First Aid*, provides valuable advice on basic life support. It says different methods of basic life support should be used for infants (under 1 year of age) and children (1-8 years), and people aged over 8 (including adults). Among other helpful tips, the booklet suggests the following procedures and techniques.

#### *Techniques*

Head-tilt, chin-lift: Place one hand on the forehead and the fingers of the other hand on the bony part of the chin. Tilt the head back using the hand on the forehead, and at the same time lift the jaw upwards with the fingers of the other hand.

Jaw thrust: Place one hand on either side of the head. Place your fingers in the angles of the jaw and lift the jaw forward without tilting the head back.

Finger sweep: Used with abdominal thrusts to clear a foreign body airway obstruction in an unconscious casualty. Open the mouth by grasping the lower jaw and tongue between thumb and fingers and lifting the jaw. Insert the index finger of the other hand along the inside of the cheek, and deeply into the throat. Use a hooking action to dislodge any foreign object.

Obstructed airway cycle – adult: The complete actions for dealing with choking in an unconscious adult are as follows:

(use diagram p15 of Red Cross booklet)

Obstructed airway cycle – infant: The actions for dealing with choking in an unconscious infant are as follows:

(use diagram p25 of Red Cross booklet)

Recovery position: The recovery position is designed for unconscious casualties (but do not use if you suspect the casualty has neck or spinal injuries). It helps to maintain an open airway and allows vomit and other fluid to drain freely from the mouth. To move a casualty lying on their back into the recovery position, follow these steps: Kneel beside the casualty. With the casualty lying on their back, extend the arm nearest to you above the casualty's head. Bring their other arm across the chest to place the palm on the opposite shoulder. Take the farthest away from you and cross it over the other leg at the ankle. Roll the casualty towards you by placing your hand on their hip and your other hand on their shoulder. The casualty will now be lying on their side, resting on your thighs. Tilt the head to ensure the airway is open. Bend the top leg at a right angle. The casualty will now lie in a stable unsupported position.

#### *Basic life support – over 8s and adults*

- Ensure a safe environment

- Assess response. If no response, get help. Send someone to call an ambulance. If you are alone and telephone is immediately available, use it to call an ambulance (111).
- Open the airway using head-tilt, chin-lift method. Use jaw thrust technique if spinal injuries are suspected.
- Remove foreign material or vomit if it is visible in the mouth.
- Look, listen and feel for breathing. This check should take three to five seconds.

If breathing is present and adequate, place the person in the recovery position and monitor airways, breathing and circulation.

If breathing is absent or inadequate, continue with basic life support:

- Pinch the nostrils to prevent air escaping
- Give two slow, full breaths into the mouth, watching the chest fall after each breath as the casualty exhales.
- If the chest does not rise, reposition the casualty's head and try again. If the chest still does not rise, the airway may be obstructed. Use the steps of the obstructed airway cycle to clear the obstruction.

Check the carotid pulse in the casualty's neck. Place three fingers on the adam's apple and slide them towards you into the groove at the side of the neck between the wind pipe and the muscles. Press gently to feel for a pulse.

This check should take up to 10 seconds.

If the pulse is present, continue rescue breathing at a rate of one breath every five seconds. Every time you take a breath, the casualty will need a breath also.

If the casualty has no pulse, continue rescue breathing and begin chest compressions. This combined technique is known as cardiopulmonary resuscitation (CPR)

#### *CPR*

It is recommended that CPR be learned and practised under trained supervision.

1. Position the casualty lying on their back. Ensure they are on a firm surface.
2. Kneel to one side of the casualty.
3. Locate the notch where the ribs meet the breastbone.
4. Place the middle finger of one hand in the notch and the index finger next to the middle finger.
5. Place the heel of the other hand next to the two fingers.
6. Place the other hand on top so the heels of both hands are over the same point on the breastbone.
7. Interlock the fingers to keep them off the chest.
8. With your elbows straight and locked, and your shoulders over the casualty's chest, press straight down using the weight of your body to compress the breastbone 4-5cm (the depth of an adult's thumb). Use a smooth uninterrupted rhythm allowing equal time for compression and relaxation.
9. Give 15 compressions at a rate of 80-100 compressions a minute.
10. Give two slow, full breaths.
11. Reposition hands and administer a further 15 compressions/two breaths.
12. Continue the ratio of 15 compressions/two breaths.
13. After completing four cycles of chest compressions and breaths, administer two further breaths and then check the pulse in the neck.

(suggest diagram here from p19 of Red Cross booklet)

#### *Basic life support – children and infants*

Some adaptations should be made to basic life support techniques when dealing with children and infants. These are outlined in the following chart.

When you are alone and the child or infant is not breathing, perform basic life support for one minute before dialling 111 for an ambulance, if a telephone is immediately available.

(use chart, p23 of Red Cross booklet)

### **HOW TO GET HELP**

Help is usually just a phone call away. Many services are listed in the Personal Help section at the front of your telephone book. Others are listed under Community Services or Welfare Organisations in the Yellow Pages. Several agencies have national freephone telephone numbers so parents can receive free advice.

IN EMERGENCIES, FOR POLICE, FIRE OR AMBULANCE – DIAL 111.

### **ACKNOWLEDGEMENTS**

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ACC

Barnardos

Child, Youth and Family Service  
Cot Death Association  
Department of Internal Affairs – Censorship Compliance unit  
Hutt City Council Animal Control division  
Ministry for Emergency Management  
Ministry of Education/National Health Committee  
National Poisons Centre  
NZ Fire Service  
NZ Police  
NZ Red Cross  
NZ Water Safety Council  
Office of National Drug Control Policy (United States)  
Royal NZ Plunket Society  
Safekids (Starship Children’s Health)