
Know what to do when your child needs help
Netcare Stork’s Nest
Mother & Baby Wellness Clinics

Peace of mind for you and your baby

- Antenatal classes and postnatal support
- Baby massages
- Breastfeeding guidance
- First aid and CPR courses
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- Baby milestone tracking

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You’re in safe hands
Most injuries to children could have been prevented. Every day I see people taking risks with those totally dependent on them: their children. These parents and caregivers do not think that tragedy will strike so close to their home and they don’t believe they could lose someone they love so dearly...

There is always something more to do and learn to ensure that our children are kept safe and to prevent them from sustaining unnecessary injuries. In saying this, I fully understand that some situations are out of our control. Tragedy can still strike even when we have the best precautions in place.

Firstly, as a mother, I understand how valuable your children are to you. I urge you to use this booklet as a guideline to keep your children safe. Secondly, as a nurse working in the emergency medicine and trauma environment, I am too often faced with the horror of children being injured in falls and motor vehicle crashes, or being burnt in instances where these injuries possibly could have been prevented. Simple measures like using car seats, keeping your child seated in the back of the car until they are at least 150cm in height or 12 years old, ensuring a safe playground area, putting your phone or tablet down and paying attention to what your child is doing can prevent injuries and have lifesaving results.

We have only the here and now to keep our children safe; please do not be ignorant by thinking “it will never happen to me”. I strongly feel that no child should die while playing on a playground, having fun at a party or in a pool!

If this booklet prevents even one child from being injured, and assists you with the knowledge on what to do in the horrific event that an accident does happen, we have succeeded.

Stay safe,

René Grobler
The Your Baby Family Emergency, Injury Prevention and Safety Guide is designed for use in an emergency. We suggest that you read these pages carefully. If you keep yourself familiar with emergency procedures by reading this booklet regularly, you will remember them. It is essential that you and your child’s caregiver undergo a formal First Aid course and CPR training.

WHEN TO CALL THE EMERGENCY SERVICES

- If your child isn’t breathing, start CPR immediately and get someone to call the emergency services.
- If you’re alone, take your child with you to the phone – don’t leave her alone. Don’t even consider driving her anywhere; you can’t drive and do CPR at the same time.
- If your child is in great pain, call an ambulance and get your child assessed as soon as possible by a doctor.
- If there’s any chance of a spinal or neck injury, don’t move your child. Paramedics are equipped to immobilise and transport your child.
- If you’re in a panic or your child is hysterical, rather call the paramedics to come to you.
- In an emergency, medical personnel often find that moms “just know something is not right”. Don’t be embarrassed to act on your instincts – dial the emergency number or go to the emergency department if you feel that there’s something wrong.

PREVENTION IS ALWAYS BETTER THAN CURE

Injuries result in more deaths than all other causes combined for people aged five to 44. That’s a scary fact, especially as many injuries are preventable, yet we pay little attention to keeping our homes, communities and
workplaces safe. Netcare has its own Trauma Injury Prevention programme (NTIP) and applauds the efforts of its allies to reduce accidental injuries.

Children under the age of five are at particular risk for injuries, but all age groups are affected. Statistically, more boys than girls die from injuries and the most common include traffic accidents, drowning, burns, falls and poisoning. Not surprisingly, most injuries in young children happen in or around their homes. You can easily take steps to help prevent this from happening:

- Many serious injuries can be prevented if parents or caregivers supervise children properly and keep their environments acceptably safe.
- Young children are at risk on or near roads. Children should not play on or near the road and should always have someone older with them when they are near to, or crossing a road.
- Wearing a helmet when on a bicycle, motorcycle or quad bike is a non-negotiable, and especially for your children.
- Children must be securely strapped into an age-appropriate child restraint seat when being transported in a vehicle.
- Children can drown in less than two minutes and in a very small amount of water, even in a bathtub. Never leave them alone in or near water.
- Burns can be prevented by keeping children away from fires, cooking stoves, hot liquids and hot foods.
- Falls are a major cause of injury for little ones. Stairs, balconies, roofs, windows, and play and sleeping areas should be made safe, using barriers with safe vertical bars to protect children from falling.
- Medicines, poisons, insecticides, bleach, acids, liquid fertilizers and fuels (like paraffin), should be stored carefully out of children’s sight and reach.
- Young children like to put things in their mouth. To prevent choking, small objects, such as coins, nuts and buttons, should be kept out of their reach.
Our Health and Hygiene products are designed to make looking after baby easy for any Mom & Dad.

Car Safety products to make travelling for you and your little one just that much better.

3 Piece Medicine Set
Includes a medicine dropper, medical syringe and medicine spoon. Convenient for measuring and dispensing medicine.

Easy Grip Brush & Comb

Childview Mirror
Adjustable 2 way mirror helps you keep an eye on your baby in the back seat. Can be used for front or rear view car seats.

Baby on Board Sign
Pink & Blue & original
- Alerts drivers to be cautious
- Measures 4” x 4”*

Baby on Board

No Scratch Mittens
These soft, comfortable mittens help prevent babies from accidentally scratching themselves.

Fold Up Nail Clippers
Perfectly sized for little nails, this nail clipper features curved clipping edges and a sure-grip extension.

Manga Booster
- Quick and easy installation with a 3-point standard strap
- Comfortable armrests
- Easy to remove and wash
- Age: 3.5 - 12 years*

Roll-proof design

Easy Fill Syringe
With soft touch grip for comfortable dispensing.

Auto Nasal Aspirator
The electronic function means no need to reposition the aspirator multiple times.

Available at Baby Boom, Baby City, Clicks, Dis-Chem, Pick n Pay, Reggies, and Toys R Us stores.

Follow us at Safety1stSouthAfrica
Play it safe

Preventing accidents is a priority. By staying vigilant and knowing how to keep your family as safe as possible, you’re more likely to avoid finding yourself or your children in an emergency situation

SAFETY IN AND AROUND THE HOME

• Keep a list of emergency numbers at all your phone extensions, and save these numbers on your cellphone. Using the acronym ICE (In Case of Emergency) at the beginning of each of these contacts makes these numbers easy to find in an emergency.
• Keep all your heaters in good condition, out of a child’s reach and placed at least 1m away from curtains, any paper and furniture when in use. Ensure they have protective covers.
• Make sure that electric cords are not frayed or overloaded and are placed out of reach, and fit all unused electric plug points with safety covers.
• Install toddler gates at the top and bottom of all stairways and make sure that the strength of stairs, railings, porches and balconies have been checked.
• Install safety latches or locks on all cabinets, fridges, drawers and toilets.
• Loop all blind cords out of reach.
• Make sure that all medicines, vitamins, cleaning products and household poisons, razor blades and scissors are stored well out of reach and in childproof containers.
• Place high chairs and stools away from the stove, and place pots at the back of the stove with the handles facing inward.
• Make sure all playground equipment in the garden is assembled correctly over a level, cushioned surface such as sand or wood chips.
• Remove thorny or poisonous plants from the garden.
• Fit your garage doors and electric gates with safety mechanisms that stop the door/gate if it encounters an obstacle, as well as a safety mechanism that stops door from coming off the hinges and falling down.
• Never leave your child alone in the bathroom or in the bath, or near a water source, not even for a second.
• If you have firearms, make sure they are locked in a safe where they are completely inaccessible to children, and keep them stored unloaded with the ammunition stored separately.

GATE SAFETY

Too many children have died due to lack of legislation around the installation of electric gates. Automatic gates can be deadly, especially if they are not installed correctly, or if safety devices are not installed as part of the system. At its most fundamental level, an automatic gate is roughly 227kg of metal being moved with a respectable amount of force and speed by a mostly mindless machine. If care is not taken to ensure that the system is safe, it is unnervingly easy for someone to be seriously injured or killed by a driveway gate. Don’t let it happen to your children.
• Gates should be set to backpedal if they happen to hit someone or something. A professional gate installer will be able to guide you through a selection of the proper safety devices for your system.
SAFETY FIRST

HEAT STROKE FIRST AID

SIGNOS OF HEAT STROKE INCLUDE:
• High body temperature
• Red hot, dry skin
• Loss of consciousness
• A full pounding pulse and rapid, shallow, noisy breathing.

Without prompt care, a child with heat stroke will die, so act quickly:

1. Move the child to a cool place and remove her clothing.
2. Help the body to cool by placing moist, cool cloths on the forehead and wrists, and fan the child. Replace lost fluids with water.
3. Call for medical assistance.

• The gates should have sensors that can stop them if something has been detected in their path. This could be light beams (photo-electric devices) that stop the gates before they reach an obstacle.
• If there are parts of the gates where someone could become trapped or get crushed while it is moving, these need to be protected. People could get injured as the bars of the gates pass the gatepost.
• All electric gates must have an emergency release mechanism in case someone gets trapped.
• All the safety devices and features should be checked on a regular basis and in accordance with the manufacturer’s instructions to ensure that they continue to function as designed to ensure that safety is maintained.
• Prevent unauthorised access by ensuring that only adults have access to the controls. Operator covers should at all times be locked in place and the keys kept in a safe location.
• Keep the area of travel clear by first ensuring that no children or pets are in the vicinity before opening an automated gate.

There are also a few simple checks you can do to ensure that your family is safe around your automatic gate:

SWING GATES

Use a bin as a dummy to make sure the safety precautions you’ve installed are working properly.
• Place a dustbin in the middle of the gate pathway where the gates close shut to check that the gate does not close when operated.
• Place a dustbin where the gates will move to open out to make sure they don’t move when operated.
• Push a dustbin towards the gate when it is opening to make sure the gate stops and goes back slightly. Do the same check with a closing gate.
• When the gate is opening, try to hold the gate at the leading edge. The gate should stop when using light force.
• If the gate opens against a wall, place the bin against the wall and check that you’re able to remove the bin when the gate is opened.

SLIDING GATES

In the same way as the tips for swing gates, a bin acts as a dummy when checking the safety precautions you have installed.
• Place a dustbin in the middle of the gate pathway to make sure it does not close when operated.
• Place a dustbin behind the gates and press to open. The gates should not move.
• Do the same with a closing gate. It should stop and go back slightly.
• When the gate is opening, try to hold the gate at the leading edge. The gate should stop when using a light force.

FIRE SAFETY

• Do not leave matches, lighters, candles or other flammable materials where your children can find them.

call an ambulance even if you’re not sure how serious the situation is
• Always build your fire a safe distance away from people, tents, bedding, wood, vegetation or other flammable materials.
• Never start a fire when there are strong winds blowing around.
• Don’t use petrol, oil or other flammable liquids to fuel the fire.
• Don’t leave your fire unattended and be sure to put the fire out well before you leave or go to sleep. Even a small breeze and a spark can quickly cause a fire to spread uncontrollably.
• Never leave young children alone with a fire, and make sure your child knows not to go anywhere near an open fire or a braai for any reason.
• Always keep a bucket of water or sand nearby to put the fire out if it starts to burn out of control.

WATER SAFETY
• Many children who drown every year can, in fact, swim. Never leave your child alone near a pool or a body of water, even if he knows how to swim and even if he is wearing armbands or other flotation devices.
• Swimming pools should always be fenced and locked using a childproof mechanism.

Teach your child the 2-V-1 Helmet Salute
This is how you make sure your helmet fits…

one
2 fingers above your eyebrows. This protects your forehead if you fall.

two
V shape strap around your ears. Make your fingers into a V shape around your ears. Keep the straps straight and taut. This will keep the helmet in position as you ride.

three
1 finger space under your chin. The chin strap prevents the helmet sliding forwards and backwards on your head.

four
Give the helmet salute every time before you set off on a cycle, no matter how short. Shake your head to make sure the helmet is not loose.
• Don’t ever prop a pool gate open, and make sure it has closed behind you when you walk through it.
• Always use a properly installed safety cover on your pool.
• Consider installing home door alarms that ring when a door is open, and fit this onto the pool gate.
• Don’t consider flotation devices as lifesavers – they are only training tools.
• Even if your child can swim well, there is always a risk that he may drown. Do not assume he is safe.
• Ponds, baths, toilets and buckets are also drowning hazards.
• Toys should not be left in and around the pool. They will attract children, who may reach for them and fall into the water.
• Fish ponds, water features and all bodies of water should be covered with nets.

TOY SAFETY
• Toy chests must have lightweight lids, no lids, or safe closing hinges.
• Always ensure that the toys your child plays with are age-appropriate and meet her skill level and interest. A toy with many small parts, for instance, is not suitable for even a young toddler.
• Balloons are always dangerous and pose a serious risk of suffocation. Children should never be allowed to play with deflated balloons, and never leave your child alone to play with inflated balloons.
• Strings, straps and cords on any toy should be trimmed to less than 50cm to prevent strangulation.
• Check your child’s toys regularly for damage and other hazards. An easy way to do this is to be involved with your child’s play.
• Always throw the packaging materials from new toys away immediately. Plastic bags, bubble wrap, staples, nails and wire ties are all serious safety hazards.
• If your child uses a walking ring, they should never be left unsupervised. The danger stems from an increase in baby’s mobility of up to 1 metre per second. This uncontrollable movement puts them at risk of falling down stairs, tipping over on an uneven floor or colliding violently with objects. This means your baby could get a nasty bash to the head, resulting in a trip to the hospital. The raised height of the walking ring also means it is more likely that your baby can reach and pull down objects, such as electrical appliances or hot drinks.
• Beware of laser toys and pointers. Lasers aimed at cars, buses, boats and airplanes can cause serious accidents. Lasers can damage eyes. Teach your child never to point at anyone’s face and also never to look into a laser. If the eye was exposed and spots are still visible after five to 10 minutes, you may have retinal damage. It is strongly recommended that you consult an ophthalmologist.

PLAYGROUND SAFETY
The causes of playground injuries and very sad fatalities are a result of one or more of the following factors:
• inadequate or no supervision of children
• no soft fall, impact or safety surface being provided or installed around the equipment
• inadequate maintenance
• protrusions from bolts, nails, screws and wood splinters
• crush and pinch zones on play equipment
• strangulation from head, neck, body and limb entrapment areas on equipment, especially cargo nets or climbing nets
• incorrectly installed equipment
• playground not being age-appropriate
SAFETY FIRST

• broken equipment
• wet playground equipment as a result of rain or dew, or very hot equipment from direct sunlight

PLAYGROUND DESIGN
• Fall surfaces should be made of wood chips, sand, shredded tyres or rubber mats and should be at least 30cm deep.
• The area under and around play equipment (the protection zone) where a child may fall should be a minimum of 1.8m in all directions.
• Beware of hardware that is capable of impaling or cutting a child (bolts or hooks), or catching strings or items of clothing. Children should not wear drawstring hoodies at the playground.
• Swings should be set far away from other equipment so that children won’t be hit by a moving swing.
• Trip hazards like rocks or tree stumps should be removed.
• Children under age four shouldn’t play on climbing equipment.
• Metal or wooden swing seats should be replaced with soft seats, and equipment should not be split or splintered.
• Beware of sharp edges on equipment and platforms without guardrails.

PLAYGROUND BEHAVIOUR
Teach your children to:
• Never push others while on jungle gyms, slides, seesaws, swings and other equipment.
• Use equipment properly – slide feet first, don’t climb outside guardrails, no standing on swings.
• Always check to make sure no other children are in the way if they’re going to jump off equipment or slide, and land on both feet with their knees slightly bent.
• Leave bikes, backpacks and bags far away from the play area.
• Never use playground equipment that’s wet because surfaces will be slippery.

SWING SAFETY
• Swings should be made of soft material such as rubber or plastic, not wood or metal.
• Children should always sit in the swing, not stand or kneel. They should hold on tightly with both hands, and stop the swing completely before getting off.
• Children should stay a safe distance from others on the swings.

SEESAW SAFETY
Seesaws are generally not recommended for pre-school children as it requires cooperation between two children.
• Seesaw seats are like swings: one child per seat.
• Children should always sit facing each other.
• Teach children to hold on tightly with both hands while on a seesaw, and to keep feet to the sides, out from underneath the seesaw.
• Kids should stand back from a seesaw when it’s in use. Never stand beneath a raised seesaw.

SLIDE SAFETY
• Children should take one step at a time and hold onto the handrail when climbing the ladder to the top. They should never climb up the slide itself to get to the top.
• Always slide down feet first and sitting up.

TRAMPOLINES
Bad landings can lead to bruises, ankle sprains and fractures, as well as head, neck and spine injuries. Children can get hurt when they:
• land wrong while jumping
• land wrong while flipping or trying stunts and somersaults
• collide with another jumper
• fall off or land on the springs or frame
Adequate protective padding is essential. Have constant adult supervision and stick to one jumper at a time. Avoid flips and somersaults, especially at busy trampoline parks.
SAFETY FIRST

Car Seat Safety

A child can only sit in the front seat once she is taller than 150cm and 12 years or older and can place her feet comfortably on the ground.

If you do one thing to keep baby safe, make sure it’s the use of a car seat.

Getting ready for your new arrival has taken nine months of preparation and toil. But now you’re a parent and your whole world has changed. Your goal is to keep your baby safe, sound and healthy. This starts the second you leave the hospital – you need to get your newborn home, which means you need a car seat.

CHOOSING A SEAT
Infants are especially at risk for head and spinal cord injuries because their bones and ligaments are still developing. Their heads are also proportionately larger than their necks, so the structural support system is still a little wobbly. There are two types of infant car seats, each with specific requirements for proper installation. When choosing your seat, remember that your baby’s head and neck are most at risk, but it doesn’t take much to cause injury to any part of the rest of the infant’s body.

REAR-FACING, INFANT-ONLY SEATS are ideal for newborns, but can be used as your baby grows. In fact, babies should be kept in a rear-facing seat for as long as possible, but at least until 13kg. Should you need to change your seat because your baby has grown, keep the weight rule in mind. If you can move any strap, harness or the entire seat itself by more than 2.5cm, you probably need to put some more elbow grease into pulling the seat belt tighter or ensuring the straps are appropriately taut. Do this by putting a knee in the seat or finding some other way to put your weight into it. Then pull on the straps.

Make sure the carrier straps are pulled tight and the harness clip is even with the baby’s shoulders or armpits. Make sure the straps are in the slot that lines up just above or closest to the infant’s shoulders.

If the child is still a bit wobbly in the seat due to her size, place rolled receiving blankets or towels along each side. This will provide additional support and cushioning. Do not place anything under the harness straps.

CONVERTIBLE SEATS are designed to grow with your child. They can be modified with each weight and age transition, allowing you to only buy one car seat. When she tips the scales at over 9kg, the seat can be switched to face the front (but this is not recommended until she is at least 13kg).

CAR SAFETY FOR TODDLERS
During your child’s toddler phase, your car seat should still be rear-facing. Some car seats allow for the child to be rear-facing until they weigh 25kg and are about five to six years of age.

These seats are generally held in by a seatbelt slipped through a hole in the back. The key is once again to ensure less than 2.5cm of movement from side to side and forward. This can be a little more difficult with the bigger car seats. To combat this, car seat engineers have added anchors and tethers for additional protection. This brings us to the Lower Anchors and Tethers for Children (LATCH) system.

call an ambulance even if you’re not sure how serious the situation is
Teach your children to raise their hands in the air whenever they get out of the car. Repeat “hands up for safety” every time you park and let them out. A child with arms raised will find it impossible to run, so this prevents an impulsive streak across the parking lot. The hands in the air also make them more visible to other motorists as they will stick up above the line of the bonnet.

ALWAYS CHECK

RIGHT SEAT:
Check the label to make sure it’s appropriate for your child’s age, weight and height.

RIGHT PLACE:
Kids are VIPs. We know all VIPs ride in the back seat, so keep all children in the back seat until they are big enough to ride without a booster seat.

RIGHT DIRECTION:
Keep your child in a rear-facing car seat for as long as possible, usually until about age two.

THE 2.5CM TEST:
Once your car seat is installed, give it a good shake at the base where the seat belt fits. A properly installed seat will not move around more than 2.5cm.

PINCH TEST:
Make sure the harness is tightly buckled and coming from the correct slots. Now, with the chest clip placed at armpit level, pinch the strap at your child’s shoulder. If you are unable to pinch any excess webbing, you’re good to go.

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SAFETY FIRST

THE LATCH SYSTEM
If you have a vehicle manufactured after 2002, simply feel around the back seat until you find a couple of heavy metal latches. These are designed to hold the car seat in place using the anchors and tethers that come with them. This means you can hook a car seat into the back of your car without using the seat belts, and your baby will be completely safe.

All the aspects of securing the seat apply, so make sure the harness straps are nice and taut, and that the seat doesn’t move about.

INSTALLING THE SEAT PERFECTLY
If you do just one thing to your car seat, make sure it’s this: **Install it properly.**
- Read your car seat and vehicle manuals to make sure you understand how to properly install the car seat you have, as each one is different. Many parents simply do not follow the manufacturer’s guidelines, which renders any seat unsafe.
- If you’re installing a forward-facing seat (for an older toddler), make sure it’s flat against the seat’s bottom and back. Be sure to check the safety seat’s instructions for the recommended angle of recline (this goes for rear-facing seats too). Use your hands to push down as hard as you can on the car seat – or better yet, place your knee on the car seat and push down with all your weight to squash the air out of the cushion underneath it.

  - It’s best to install the car seat on the back seat of your car, but if you’re installing a rear-facing seat in the front passenger seat of your car, make sure the airbag function has been switched off. You can do this safely by taking your car to the manufacturer and asking them to do it for you.
  - If you’re installing a safety seat and not using a LATCH system, make sure the car’s seat belt is threaded through the correct slots, and pull the belt as tight as possible so there’s no slack. The car seat should move no more than 2.5cm forward and backward or side-to-side on the belt path once it is installed.

- Once you’ve buckled the belt, give it a pull to make sure it’s locked properly.
- If the seat moves, you’ll need to secure it with a locking clip, a small metal device that looks like an oversized paper clip. The locking clip fits around the seat belt to hold the belt firmly in place. Check to make sure the seat is secure and resists side-to-side motion. If you can still tip the car seat forward or backwards more than 2.5cm, unbuckle it and try again until you get a tight fit.

USING THE CAR SEAT
- Know how the harness system works. You can tighten and loosen the straps around your baby with the harness adjustment lever. Adjust the harness to make the belts snug. It’s too loose if you can pinch any of the material between your fingers.
- The straps should always lie flat. Straighten them out if they become twisted, which happens easily.
- After you buckle your child in, tug on the straps to make sure they’re secure. Place rolled-up blankets or towels, or a neck support pillow around your newborn to keep her snug in the seat.
- If your infant’s head flops forward, make the seat more level by wedging a folded towel or other firm support under the front of it (usually between 30 and 45 degrees) to keep your baby’s head resting back comfortably.

call an ambulance even if you’re not sure how serious the situation is
BOOSTER SEAT
Once your child has completely outgrown her bigger car seat, it needs to be replaced with a booster seat. The regular kind of booster seat looks like a mobile cushion you would take to a cricket match. It helps prop a child to a better height so that a standard seat belt rests in the correct place across her body.

The second type of booster seat comes with a high back. It looks like a cockpit seat on an aeroplane. These chairs can be strapped in like a car seat, and come with a harnessing system so you don’t need to worry about head damage from the seatbelt in the event of an accident.

WHAT HAPPENS DURING A CRASH
During a motor vehicle crash, a car occupant without a seat belt will continue to move at the same speed at which the vehicle was travelling before the collision and will be catapulted forward into the structure of the vehicle. Alternatively, they can be ejected from the vehicle completely. Being ejected from a vehicle drastically increases the probability of sustaining severe injuries or death.

The use of seat belts and child restraints is one of the most important actions that can be taken to prevent injury during a motor vehicle crash. While seat belts and child restraints do not prevent crashes from taking place, they play a major role in reducing the severity of injury to vehicle occupants involved in a collision.

SEAT BELT SAFETY
Seat belts are made for adults and are not appropriate for children’s small sizes. Your child should stay in a booster seat until adult seat belts fit her correctly (usually between eight and 12 years of age). And when your child is able to use a seat belt without a booster seat, they should always use lap and shoulder seat belts for optimal protection.

Additionally, a child should only be allowed to sit in the front seat once she is taller than 150cm and older than 12 years – until such time, children are confined to the back seat for their own safety. Keep these tips in mind too:
• Make sure your child does not tuck the shoulder belt under her arm or behind her back. This leaves the upper body unprotected and adds extra slack into the seat belt system, putting your child at risk of severe injury in a crash or with sudden braking.
• Never allow anyone in the car to “share” seat belts. All the passengers must have their own car seats and seat belts.
• Airbags are designed to provide extra protection for an adult already wearing a seat belt and are NOT designed for children. Children who weigh less than 45kg and who are not yet 150cm tall or 12 years should not be allowed to sit in the front seat, irrespective of their age.

USING A SEAT BELT
An adult seat belt fits correctly when:
THE SHOULDER BELT lies across the middle of the chest and shoulder, not over the neck or throat. THE LAP BELT is low and snug across the upper thighs, not the belly. YOUR CHILD IS TALL ENOUGH to sit against the vehicle seat back with her knees bent and can stay in this position comfortably throughout the trip.

More than 70 percent of car accidents are from frontal impact. If your baby is in a rear-facing seat in a crash, her body will still be thrown forward, but she will be protected by the seat that’s behind and around her.

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Animal Safety

Teaching your children how to get along with dogs is important for their own safety

STOP DOG BITES BEFORE THEY EVEN HAPPEN

Dogs don’t understand that biting people is wrong. Dogs often bite when they are scared or trying to protect themselves. In order to prevent being bitten by a dog, we all need to understand:

• How dogs are feeling.
• How to approach known and strange dogs safely.
• When it is safe to approach or interact with a dog – and when it is not.

HOW TO ACT AROUND DOGS

DOGS YOU KNOW

• Teach your children to play with your dogs while they are still puppies – and do so yourself. This will help to socialise them and ensure they are not scared of people, as this kind of play gets them used to having humans handle them.
• Learn to communicate with your pets and teach your children to do so too. Dogs who have been trained will know how to behave around people.
• Be sure to sterilise your pets. Unsterilised males may be more aggressive, and multiple pregnancies take their toll on unsterilised females.

DOGS YOU DON’T KNOW

• Teach your child to stay away from dogs he doesn’t know. This includes strange dogs that are chained or secured behind fences.
• Teach your child to stand still and keep quiet when a strange dog runs towards him. Once the dog has sniffed your child and starts walking away, he can walk slowly in the opposite direction. He must not run away from a dog.
• Your child should never tease, chase or throw things at animals.
• Teach your child that he should never disturb a dog while it is eating, sleeping or feeding its puppies.
• Never hit, kick or shout at dogs.
• Keep away from dogs that are behaving strangely.

THE DANGER SIGNS

If you are around a dog doing any of the following, keep your hands at your sides and stand very still:

• Tensed body.
• Stiff tail.
• Pulled back ears.
• Backing away.
• Growling.
• Snapping.
• Intense stare.
• Raised fur.

Do not run away from the dog, scream and panic, or make eye contact.

If you are bitten, do not pull away! Hold still – and if you fall, roll into a ball by tucking you arms and legs in.

call an ambulance even if you’re not sure how serious the situation is
WHAT ABOUT RABIES?

Rabies is a virus that affects only mammals and most commonly occurs in dogs. The virus lives in the saliva of affected animals and enters the body through bites or the licking of wounds. Rabies can only be prevented through vaccinating our animals against it – once the symptoms of rabies appear, there is no way to treat it.

If you or your child are bitten by an animal, and especially if you think the animal has rabies:

- Wash the wound immediately with running water and soap for 15 minutes.
- Take your child (or yourself) to a clinic or hospital for a rabies vaccination.

Deworming

Worms are nasty parasites. Unfortunately, worms are a very common problem for children. As parents, it is our responsibility to ensure that our children are free of this parasite by deworming them. Deworming is a prophylactic measure to protect children from worm infestation. How often should I deworm my children? From the age of two years old, children and adults should be dewormed once every six months. It is ideal to do it as a family and to set a date to do so twice a year.

Remember to deworm your pets as well. Not only are worms uncomfortable for our live-in animals, but they can be passed on to humans too. Regularly deworm your cats and dogs in three- to six-month intervals. Deworming medication can be bought over the counter. Use a broad spectrum anthelmintic treatment (the worm killing agents), which not only treats but also prevents re-infection by the parasite.
Basic First Aid Tips

Be prepared for anything by keeping your first aid kit stocked

Emergency situations can be very scary, particularly when they involve an infant or young child. The most important thing is to try to stay as calm as possible and remember to follow these important steps when in an emergency:

1. If you think your child has taken poison, take her to the hospital.
2. If you think your child has been seriously injured, do not move her unless she is in further danger. Keep her warm and comfortable, and wait for help to arrive.
3. Know your basic CPR steps (see pages 20 to 23 for instructions).
4. Have your family’s basic health information handy for emergencies. You should keep a record of your children’s dates of birth, immunisations and any medical history in a safe place that can be easily accessed in the event of an emergency. The paramedics will require as much information as possible to make a speedy diagnosis and assessment of the situation.

- You may have been trained in emergency procedures, but when something happens to someone close to you, you may panic and forget what you’ve learnt. Save emergency numbers in your phone so they are always easy to find.

HOME FIRST AID KIT
It’s ideal to have everything on hand in case of an emergency. Pack all your supplies in something light, durable and childproof. Label it and store it somewhere easily accessible, but make sure that children cannot get their hands on any medication or have access to the first aid box.
Check your supplies regularly and replace anything that has expired or been opened or used. A plastic-lidded storage container is perfect. Inside should be:
- A first aid manual such as this guide.
- Sterile gauze.
- Adhesive tape.
- Paracetamol syrup, plus a measuring spoon and a syringe.
- At least two crepe or open-weave bandages to bind dressings and to support injured joints.
- At least two triangular, elastic bandages for slings.
- Two large and small sterile dressings.
- One sterile eye dressing.
- Four gauze pads as extra padding over a dressing.
- One pack of sterile swabs.
- A range of different sizes of adhesive dressings and/or plasters.
- Antiseptic wipes.
- Antibiotic cream.
- Antiseptic solution.
- Hydrocortisone cream.
- Rehydration powder.
- Tweezers, a pair of sharp scissors and some safety pins.
- Two disposable cold packs.
- Burnshield.
- Antihistamine cream to soothe stings or bites.
- Thermometer.
- Plastic gloves.
- Disposable rescuscitator/mouth-to-mouth device.
- List of emergency phone numbers (should also be kept near your telephones).

MAKE A PLAN
If you’ve run out of supplies, think out of the box:

call an ambulance even if you’re not sure how serious the situation is
• Clean cotton pillowcases make an excellent loose covering of wounds.
• Clean towels or dishcloths make for good emergency bandages.
• Clean plastic bags can be put over a burned foot or hand and lightly secured with a bandage.
• Anything rigid and straight – like a broomstick or even a rolled-up magazine – can be used to support and splint a limb.
• A packet of frozen vegetables can be used as a cold pack. Wrap them up in a dishcloth and then apply to the wound. Don’t apply anything frozen directly as the cold may actually burn the skin.

Call 082-911 for help. If you are with someone, ask them to call 082-911 or dial 112 from your cellphone while you immediately attend to your child.

Top tips
• Check your first aid kit regularly, replacing expired medications or any supplies that are running low.
• If you are going to take your kit on holiday, include extra prescription medicines and anything else holiday-specific, like malaria medication and after-sun lotion.
• Adapt this list to create a kit of essentials to keep in your car.
• Include a record of your family members’ medical information so that you can find them easily in an emergency, even if you are far from home.
• Type up your family’s information on a small card, laminate it and keep it in your car in case of an emergency.
• Tape this card near the phones in your home and on the fridge too.
If your baby is unresponsive and has stopped breathing, every second counts. If there’s someone with you, get them to call emergency services for assistance while you start CPR on the baby. Try to keep calm and remember the letters ABC: they stand for Awake, Breathing and Compressions.

Top tip
The technique of breathing for your baby, or rescue breaths, works because even the air you exhale contains enough oxygen to sustain your child’s vital organs. Continue the sequence of 30 chest compressions, two rescue breaths, until emergency assistance arrives. Chest compression should be rapid with minimal interruptions.

**A IS FOR AWAKE**
Your first and most crucial task is to check if the patient is awake. Tap the baby and call out loudly to see if she responds to you.

Tell the emergency services that you are doing CPR.

**B IS FOR BREATHING**
Your next task is to check if the baby is breathing. Look at the baby’s chest for movement and listen for sounds of breathing. If there is no breathing, then start chest compressions. Make sure someone has phoned the emergency services for help.
C IS FOR COMPRESSIONS

You now need to circulate the baby’s blood. Using two fingers, press down firmly in the middle of the baby’s chest (a finger’s width below an imaginary line drawn between the nipples). Press your fingers about 4cm down on the baby’s chest. Perform 30 chest compressions followed by two effective rescue breaths, with as short as possible a pause between each chest compression. Give the breaths by first tilting the infant’s head back. Blow just enough air into the infant’s mouth and nose to make the chest rise. Repeat the routine of 30 chest compressions followed by two rescue breaths until trained help arrives in the form of the paramedics or your baby starts to move.

GET PROFESSIONAL HELP QUICKLY

If someone is with you, send them to call 082-911 for an ambulance immediately. If you are on your own, do one minute of CPR first, then go to the nearest telephone, taking the baby with you.
CPR FOR CHILD: 1-8 years old

Keep up to date with the basics of CPR for children with this step-by-step guide

If your child is unresponsive and has stopped breathing, every second counts. Try to keep calm and remember the letters ABC: Awake, Breathing and Compressions.

A
IS FOR AWAKE
Your first task is to check if the child is awake. Tap the child and call out their name loudly.

B
IS FOR BREATHING
Your next task is to check if the child is breathing. Look at the chest for movement and listen for sounds of breathing. If there is no breathing, start chest compressions. Make sure that someone has phoned emergency services for help.

C
IS FOR COMPRESSIONS
You now need to get the oxygen from the lungs to your child’s brain. Start chest compressions immediately. Using one hand, press down in the middle of your child’s chest. Press your hand down about 5cm onto your child’s chest. Perform 30 of these chest compressions followed by two effective rescue breaths, with as short as possible a pause between each chest compression. Give the breaths by tilting the child’s head back and pinching their nose closed. Then blow enough air into the mouth to make the chest rise. Repeat the routine of 30 chest compressions followed by two rescue breaths until trained help arrives or your child starts to move.
If a child loses consciousness, assess the ABC: Awake, Breathing, Circulation.

**GET PROFESSIONAL HELP QUICKLY**

If someone is with you, send them to call the emergency services for an ambulance immediately. If you are on your own, do one minute of CPR on your child first, then go to the nearest telephone to call for an ambulance, taking the child with you if you can. Try to remember as much as possible what happened to cause your child to stop breathing. This will make it easier for the paramedics to help her.

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**CHEST COMPRESSIONS**

**HEAD TILT/CHIN LIFT**

**RESCUE BREATH**

call netcare customer care on 0860netcare/0860 638 2273
If your child stays home with a nanny or a granny, take time to explain the risks of distracted behaviour to her too. You could even give her this article to read.

You wouldn’t dream of using your phone or tablet while driving, but what about when you are parenting your child? How present are you really when you’re plugged into the great world wide web?

Your cellphone is like an extension of your body and it has become hard to remember or imagine what our lives were like without these nifty devices. Your smartphone can do so many useful and fun things, it almost seems strange to call it a phone as making and receiving calls is probably its most mundane function. We’re even more enthralled by our tablets, and any parent will tell you that our children share our fixation! Some of them even use more than one device at a time – watching a video on the tablet while chatting on social media and on a phone at the same time, for instance.
PLUGGED IN = NOT REALLY PRESENT

As mobile devices become increasingly absorbing and pervasive, questions arise about the effect of these devices on our interactions with our children.

Remember, accidents happen fast! Take an honest look at your habits with your phone and tablet. In the little moments when caregivers are focused elsewhere, a lot can happen, the same as with car accidents. There is good reason why it is illegal to phone or SMS while you drive.

In a paper published in the US journal Pediatrics, Boston researchers described what they called the first ever investigation into the topic. Researchers secretly observed customers at a fast food restaurant. They reported that parents were so preoccupied with either their smartphones or their children that they did not know they were being watched. A second interesting observation was that the parents who were the most absorbed in their technology, often responded harshly to a child’s misbehaviour. One woman kicked her child under the table and another pushed a boy’s hands away when he tried to make her look up from her screen.

Researchers also said that the caregivers were most absorbed in the devices when typing or scrolling through information, compared to when they were talking on the phone. During phone calls they could at least still watch their children and make eye contact.

Taking these facts into consideration, it can be deduced that many injuries our children sustain can be prevented simply by putting the phone or tablet down. So ask yourself: Am I distracted by my cellphone while I am responsible for the care of my own or other children? If the answer is yes, it’s time to change your mobile habits.

Did you know?

Americans spend on average 2.7 hours a day socialising on their mobile devices. That is more than double the time they spend eating. Local statistics show that South Africa is ranked fifth in the world for mobile data usage. The USA is below us at 7th place! There are more cellphones in use in the country than taxis, radios and televisions combined.

call an ambulance even if you’re not sure how serious the situation is

Emergency First Aid

All you need to know in a hurry from A–Z

1 ANAPHYLAXIS (AN ALLERGIC REACTION)

Anaphylactic shock is a severe whole body allergic reaction to a substance such as some foods (peanuts), stings or drugs. Anaphylaxis happens immediately after exposure to the allergen. It is severe and involves the whole body. It’s terrifying, but action must be taken immediately.

CAUSES

• FOOD Peanuts are a common allergy culprit in children, and even a trace of peanut can bring on anaphylaxis in an allergy sufferer. Other common food instigators are fish, shellfish and fruit, as well as certain spices, food colourants and additives.

• STINGS Bees, wasps and jellyfish.

• DRUGS Particularly medicines like penicillin, anaesthetics and painkillers.

SIGNS AND SYMPTOMS

Symptoms develop quickly (often within seconds) and may include the following:

• Anxiety.
• Abdominal pain.
• Abnormal (high-pitched) breathing sounds and/or wheezing.
• Chest discomfort or tightness.
• Coughing.
• Difficulty in breathing.
• Difficulty in swallowing.
• Dizziness or light-headedness.
• Hives, itchiness.
• Nasal congestion.
• Nausea or vomiting.
• Palpitations.
• Skin redness.
• Slurred speech.
• Swelling of the face, eyes or tongue.
• Unconsciousness.

WHAT TO DO

• Immediately call for emergency assistance. If you are aware that your child has life-threatening reactions to an allergen, your doctor should have prescribed an epipen, which needs to be used as directed.
As a parent, it can be hard to make a judgment call when your child is injured or sick. You don’t want to rush to the emergency department if it isn’t really an emergency and can wait for a doctor’s appointment. On the other hand, you don’t want to hesitate to get medical attention if your child needs treatment right away. As your children grow older, you’ll learn to trust yourself to decide when it’s an emergency that needs immediate help.

When your child is in need of emergency medical attention there are a few options:

**HANDLE IT AT HOME**
Many minor injuries and illnesses, including some cuts, scrapes and bruises, can be handled with home care and over-the-counter treatments.

**CALL YOUR LOCAL GP OR THE NETCARE 911 CALL CENTRE (082-911)**
If you’re unsure of the level of medical care your child needs, your GP or the Netcare 911 call centre can help you decide what steps to take and how.

**VISIT A HOSPITAL EMERGENCY DEPARTMENT**
An emergency department (ED) can be a good option for non-emergencies at night and on weekends when your GP may not be in the office. At these centres, you can usually get services like x-rays, stitches and care for minor injuries that aren’t life threatening yet require medical attention on the same day. Remember that all emergency departments are using a system (triage) to prioritise the management of patients, which may mean a waiting period prior to consultation. An ED can handle a wide variety of serious problems, such as severe bleeding, head trauma, breathing difficulties and dehydration.

**CALL 082-911 (NETCARE 911) FOR AN AMBULANCE**
Some situations are so serious that you need the help of trained emergency medical personnel on the way to the hospital. Examples include if your child: has been in a car accident, has a head or neck injury, drowning, has ingested too much medication and is now hard to rouse, or is not breathing or is turning blue. In these cases, dial 082-911 for an ambulance.

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**2 BLEEDING**
If your child is injured, your priorities are to get emergency assistance and limit blood loss. The first thing to do is to apply firm pressure on the wound with a clean cloth. Hold for 10 minutes or until the bleeding stops. Once bleeding has stopped, do not remove the dressing. Do this only in hospital.

**WHAT TO DO FOR MINOR BLEEDING**
- Gently wash the wound with warm, soapy water.
- Cover the wound with an antiseptic cream or ointment and apply a sterile dressing or plaster, depending on the size of the wound.
- Wash the wound daily.
**EMERGENCY & FIRST AID**

You may want to use disposable gloves to reduce the risk of infection to the patient when treating a bleeding wound. Also, make sure you wash your hands before and after treatment.

and reapply the antiseptic cream and dressing until healing is complete. If the wound shows signs of infection (becoming red, tender or producing pus), call your doctor.

- If the bleeding doesn’t stop or the wound seems deep, especially if the edges of the wound do not come together by themselves, treat the wound as outlined here and take your child to the doctor.

**WHAT TO DO FOR SERIOUS BLEEDING**

- Get someone to phone the emergency services, or, if you are alone, first try to stop the bleeding and then take your child with you to the phone.
- Cut away your child’s clothing to expose the wound.
- Apply pressure with a clean cloth or dressing. Do not use any medication on the wound until your doctor has seen it.
- If there is any object in the wound, don’t remove it. Apply pressure on either side of it.
- Lay the child down and raise the wounded area above the level of the heart, if possible. So, for example, for an arm wound, raise the arm above the head.
- If blood seeps through the dressing, put another dressing on top and provide more pressure to stop the bleeding.
- Keep the child warm and calm.
- If the blood is spurting in time to the heartbeat and is a bright red colour, an artery may have been cut. Apply direct pressure and elevate the affected area.
- Call the emergency services as heavy bleeding can be life threatening.

**INTERNAL BLEEDING**

**WHAT TO LOOK FOR**

- Bleeding from the nose, ears, mouth, vagina or anus.
- If you suspect internal bleeding, call the emergency services immediately and treat the child for shock if signs of shock are present. Lay him down, keep him calm and cover him with a blanket.

**EMBEDDED OBJECTS**

- If an object (like a piece of glass) is embedded in the wound, don’t remove it as it may cause further bleeding.

**DO THE FOLLOWING**

- Cover the wound lightly with gauze. Surround it with bandage rolls that have been built up to the same height as the embedded object.
- Once you have secured the protective bandage

**NOSE BLEDGES**

- If your child has a nose bleed, have him lean his head forward while sitting or standing.
- Apply pressure and don’t block the child’s nostrils.
- Keep squeezing for 10 minutes and then release your hold and check to see if there’s still bleeding.
- If the bleeding hasn’t stopped, apply pressure for another 10 minutes and if it still continues, consult your doctor.
- Encourage your child to spit out any blood in the mouth. He may vomit if he swallows any blood.
covering in place, you can now take your child to the hospital or call emergency services for assistance.

3 BREAKS AND SPRAINS
Broken bones are very painful for your child and require medical treatment. Follow these instructions when you suspect your child has a broken bone:
• Try to stabilise the affected area by applying a splint. In cases where the child has suffered any injury to a long bone such as the thigh, or the bone is sticking out of the skin, call for emergency assistance.
• In most instances, a parent can splint the affected limb before transporting the child to a doctor or emergency department.
• If your child is in such severe pain that you cannot move him/her, or if you are unsure if moving your child is safe, call for assistance.

AMPUTATION
Amputated fingers and toes can sometimes be successfully reattached. The key is to get the child to hospital as soon as possible and to look after the amputated body parts correctly.
• Call emergency services. The paramedics have the necessary training to care for your child.
• Place a clean pad or sterile dressing on the injury and press on it gently to help staunch the bleeding.
• If possible, raise the injured part above the head.
• Place the severed part in a clean plastic bag or cover it in cling film.
• Wrap it in something clean and soft, like a towel, and place it in another plastic bag filled with ice.
• Do not freeze the severed body part.

SPRAINED ANKLE
A sprain is actually a tear in the ligaments and tissues around a joint, causing pain and swelling.
• Lay or sit the child down and gently remove his shoes and socks.
• Keep the ankle raised.
• Place a cold, damp cloth over the ankle. Put an ice pack on top to reduce swelling (a bag of frozen vegetables works well).
• Put a thick layer of cotton wool around the ankle to provide support.
• Bandage it in place. If you don’t have cotton wool, you can even use a pillow.
• Have the injury assessed by your doctor or the emergency department.

BACK AND NECK INJURIES
If the child is conscious, encourage him to lie still in the position in which you found him. Stay with him, reassure him, and get someone to call the emergency services. If you think your child has sustained a neck injury, do not move him, no matter what position he is in. It could be very dangerous. Wait for the emergency services to arrive.

4 BRUISES
Active toddlers and young children suffer many minor knocks and falls as they grow and become more mobile, often resulting in bruises. They seldom require any treatment. A cold compress placed on the area will help if the bruise is more serious.
• If the child complains of excessive pain or cannot move the affected limb, seek medical attention.
• Unexplained excessive bruising without any sign of injury or explanation needs medical investigation.

Call Netcare customer care on 0860netcare/0860 638 2273
Trust Sudocrem® at every nappy change to soothe, protect and moisturise baby’s delicate skin.

- Used on over 4 million babies worldwide.
- Emollient effect soothes sore skin.
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...but did you know?

- Sudocrem is versatile enough to be used by the whole family (including your four legged friend) on minor skin problems.
- It contains ingredients which can ease and calm sensitive skin caused by: Sports Tanning, Shaving Rash & Other facial skin concerns.
- Or use as a soothing moisturising mask from head to toe.

For all of life’s little dramas

Sudocrem® has been trusted for over 80 years to care for babies delicate skin.
5 BURNS AND SCALDS

Burns occur rapidly and may progress without emergency care. Whether the burn is caused by heat, electricity or chemicals, the treatment remains similar. Burns are divided into three categories: SUPERFICIAL BURNS are red and the skin may be blistered.

PARTIAL THICKNESS BURNS are very painful and the skin is usually blistered.

FULL THICKNESS BURNS leave the skin charred and black, or hard and white.

WHAT TO DO FIRST

- Remove the source of the burn and cool the burned area by flushing it with cool (not cold) water until the pain goes away.
- If the child’s clothes are on fire, follow the STOP, DROP and ROLL procedure. Lie the patient flat down on the ground, then roll him over until the flames have all been put out.
- Throw water downwards to stop any flames reaching the face.
- If there’s no water nearby, wrap the child in a blanket to deprive the fire of oxygen, or roll him on the floor.

WHEN TO CALL EMERGENCY SERVICES

- If the burn area on the child’s body is larger than the child’s palm.
- If you suspect the child has inhaled any smoke.
- If the burn is on the face, genitals, joints, hands or feet.
- If he was burnt by an electric shock.
- If the burn is right around a limb no matter what the size.

FIRST AID FOR MINOR BURNS

- Gently run cool (not cold) water over the affected area until the pain goes away.
- Cover with a sterile dressing or a clean plastic bag to prevent infection.
- Do not apply cotton wool or cloth that has fluff that will stick to the burn.
- Don’t apply butter, ice or anything to the area except for recognised burn relief dressings like a hydrogel dressing.
- Never pop the blisters, as they have a job to do: they protect against infection and help the healing process.

SMOKE INHALATION

- Smoke inhalation is very dangerous and is a common result of fires.
- Get yourself and your child into fresh air as soon as possible. Crawl along the ground where the smoke is less thick.
- Call emergency services and the fire department for help.
- If your child is unconscious or not breathing, lay the child down and open the airway by tilting his head back, lifting the chin gently with one hand and placing the other on his forehead.
- Check for breathing. If the child is breathing, place him in the recovery position. If the child is not breathing, follow the ABC of resuscitation (from page 20).

FIRST AID FOR SERIOUS BURNS

- Call the emergency services for assistance. While you are waiting, continue with these steps:
- Remove or cut away any clothes from the burnt area, unless the clothes are stuck to the skin. Remove any jewellery over the burnt area.
- Hold the burnt area under running water until the pain goes away, or cover it with a cloth or sheet soaked in water.
- Do not put any lotion,
butter, petroleum jelly or anything on the wound besides a hydrogel dressing.

**FIRE SAFETY**
It’s a good idea to discuss with your staff and family what you would do in the event of a fire. Burglar bars can trap people inside, so consider your escape route carefully.
- Your first priority is to get your family out and to safety, so don’t waste time trying to save your possessions.
- If you can, close the door of the room where the fire is.
- Lay blankets or towels, preferably soaked in water, along the gap at the bottom of the door.
- If there is smoke, stay down and crawl out.
- On your way out, close the doors behind you.
- Before opening any door, check if there is a fire behind it. Feel the door with the back of your hand. If it is hot, do not open.
- If you can’t escape, open a window and shout for someone to call the fire department. If it is possible, and only without endangering yourself, soak the walls and doors nearest the fire with water.
- Never go back into a burning house.

### Choking
Choking can simply be defined as when an object (food, toys or anything small) gets stuck in your windpipe or trachea. To prevent this, small children should not play with small items, for example, anything that can fit through the inside of a toilet roll tube.

**Signs of Choking**
- They cannot breathe or speak. When choking, the person can’t make a sound.
- They appear anxious or severely uncomfortable.
- They start turning a bluish colour.
- When you ask them if they are choking, they may indicate they are by nodding.
- They may clutch at their throat.
- They may be trying to cough.

If the person has an object stuck in their airway, but they are able to still breathe or speak, then all you can do is get them to a medical facility to have it removed. It is when there is absolutely no air moving that you are dealing with a life-threatening medical emergency.

### IF A BABY IS CHOKING
- Lay the infant face down along your arm, with the head lower than the rest of the body.
- Give five hard slaps to the

### IF A CHILD OR ADULT IS CHOKING
- Firstly, try to encourage them to cough. Forceful coughing can successfully expel many objects.
- If this doesn’t work, stand or kneel behind them to perform the Heimlich manoeuvre.
- Wrap your arms around them, and make a fist with one hand. Place your fist against their stomach, just above the belly button.
- Place your other hand over your fist. Position your body up against them.
- Give a series of five hard, forceful squeezes. You are trying to force the air out of the victim, in an attempt to dislodge the object.
- If this doesn’t work, then you can try using a series of back blows to expel the object:
  - Position the patient with their head as low as possible.
  - Hit them forcefully between the shoulder blades. Repeat this action five times.
  - Keep repeating Heimlich thrusts and back blows until the object is released.

If an infant or small child is choking, you can use the Heimlich manoeuvre. It is important to act quickly to prevent the child from suffocating. If the child is not breathing, you may need to perform CPR. If the child is not responsive, call for emergency medical help immediately.
baby’s back. You should do this with the intention of shaking the object loose, so don’t be too gentle.

• If the object doesn’t come out, turn the baby onto his back. While supporting the entire body, place two fingers on the middle of the chest. Give up to five hard chest thrusts.

• Keep repeating black slaps and chest thrusts until the object comes out. Keep checking in the mouth to see if you can see the object. If you can see it, pull it out.

• If the object does not come out in the first few seconds, call for professional help. Don’t try to retrieve the object if you cannot see it.

CHEST THRUSTS

• If five back slaps are unsuccessful, hold the baby’s head with your other hand and turn him face up to lie along your opposite arm, while resting his body on your thigh.

• Keep the baby’s head positioned lower than his body, with the back of his head resting in the palm of your hand. If there’s no obvious foreign object visible in the mouth, place two fingers on the centre of the baby’s chest, just below an imaginary line between the nipples, and give up to five quick downward chest thrusts. Press down approximately half of the diameter of the baby’s chest (about 4cm).

REMEMBER

If at any time the baby, child or adult becomes unresponsive, place them gently onto the floor. Begin CPR (as described on pages 20 to 23). Get someone to call emergency services. When giving breaths, take a moment to look in the mouth and see if you can see the object, and remove it if possible. Perform CPR until help arrives.

CRUSHED HAND/ FINGERS

• First release the trapped fingers or hand from the door or drawer as quickly as you can.

• If the skin of the fingers is not broken, hold the fingers under cold running water, or hold an ice pack or a bag of frozen vegetables wrapped in a dishcloth or towel against them.

• If the child has difficulty moving his fingers, there may be fractures. See a doctor.

• See a doctor if there is a deep cut, severe pain, deformity or blood under the nail.

• If there are wounds to the hand or fingers, cover them with a clean, sterile dressing and elevate the hand.

DROWNING

Remember that it doesn’t take long for a child to drown; neither does it require much water (anything from as little as 2cm of water can cause drowning).

Always keep an eye on your child if you are near water – even if he can swim. Drowning doesn’t just occur in swimming pools; even a shallow pond or water feature can pose a risk, as can a toilet or a bucket of water.

SAVING A DROWNING CHILD

• If a child is in trouble in the water, approach him cautiously from behind. If he is old enough to understand, talk to him and quickly move closer to him.

• Tell him, if he can understand, to stretch his arms away from you.

• Grab a piece of clothing or cup a hand under his chin. Pull him back to the shore.
or to the edge of the pool.

- If the child is not breathing, start CPR and call emergency services immediately. Tell them you are doing CPR on the patient.
- If he is breathing, turn him onto his side and stay with him until the emergency services arrive.

### EYE INJURY

This can be extremely painful and it may be quite difficult to calm your child down enough in order for you to see the extent of the injury. Do not force the eye open. If the child cannot open the eye without forcing it, medical attention is needed.

#### WHAT TO DO

- Hold his head still and use a clean pad to cover the injured eye. If an object is stuck in the eye, be careful not to push it further into the eye. Put a pad on either side of the object.
- Hold the pad in place with a clean bandage wrapped around the child’s head. Do not put any pressure on any objects stuck in the eye.
- Bandage both eyes only if there is an object in the other eye too.
- Call the emergency services for help.

### BLACK EYE CAUSED BY BLEEDING, LEADING TO BRUISING

A black eye is quite often a minor injury, but it can also appear when there is significant eye injury or head trauma. A visit to your doctor or an ophthalmologist can rule out any serious injury.

#### WHAT TO DO

- Apply cold compresses intermittently – on for five to 10 minutes, and off again for 10 minutes. Cover the ice with a towel or cloth to protect the delicate skin of the eyelid. If there is no ice available, use a can of cold drink wrapped in a cloth.
- Take your child to the doctor to have the injured eye assessed.
- Prop the child’s head up with an extra pillow at night, and encourage him to sleep on the uninjured side of his face for comfort.

### SOMETHING IN THE EYE

If there is something embedded in the eye, don’t touch it. Take your child to the doctor or emergency department immediately. Dust, grit and sand often find their way into eyes and are usually easy to remove. Only try to remove something in the eye by flushing with water, as any other method could result in injury. If it does not flush out after the first attempt, seek medical assistance. Don’t let your child rub his eyes; rather make him blink repeatedly.

#### WHAT TO DO

- Gently pull down the lower lid and ask the child to move the eye around until you can see the object.
- Pull the upper lid down over the lower lid. Get your child to blink.
- Tilt the child’s head so the affected eye faces downward. Pour a small amount of sterile (boiled and cooled) water from a jug into the eye. His reflex will be to close his eye when you do this, so you may have to physically keep it open to wash it out.
- Do not fiddle with the eye if these steps have not worked. If flushing does not dislodge a foreign body, it will probably be necessary for a medical practitioner to flush the eye. Close both eyes and take the child to a doctor.
- Since a particle can scratch the cornea and cause an infection, the eye should be examined by a doctor if there continues to be any irritation afterward.
CHEMICALS IN THE EYE
• Wash the eye gently under running water. Make sure the water doesn’t run from the affected eye into the other eye. You may have to hold the eyelid open.
• Cover the eye with a sterile dressing.
• Seek medical assistance.

SEEK MEDICAL ASSISTANCE IF YOUR CHILD EXPERIENCES THESE SYMPTOMS
• Increased redness.
• Drainage from the eye.
• Persistent eye pain.
• Any changes in vision.
• Any visible abnormality of the eyeball.
• Visible bleeding on the white part of the eye (sclera), especially near the cornea.

10 HEAD INJURY
A potentially serious head injury must always receive immediate attention.

EXTERNAL HEAD INJURY
The skull is well designed to protect the brain and most childhood falls result in injury to the scalp only. The scalp is rich with blood vessels, so even a minor cut to the scalp will bleed profusely. The “egg” or swelling that sometimes appears on the scalp results from leaking fluid or blood under the scalp and may take days or even weeks to disappear.

WHAT TO DO
Call the emergency services if your child or infant has lost consciousness, even momentarily. While you wait for them to arrive:
• If the fall occurred with great force (down stairs or off a changing table), if the child is unconscious or dazed, or paralysed, spinal injury is a possibility. Don’t move the child at all. Call emergency services.
• Try to keep a child with a head injury calm and still.
• Lay him down, while at the same time keeping his head and neck still.
• For minor bumps apply an ice pack (or a cold cooldrink can wrapped in a cloth) to the area for 20 minutes.
• Cover the wound with a dressing and press gently to control bleeding. You will recognise a serious cut because the edges peel apart and won’t stay together. If you are in any doubt about the seriousness of the head injury, go to the emergency department or call emergency services.
• Following a head injury, every child should be observed for any abnormal behaviour or symptoms. Look out for vomiting, continuous crying, irritability and a very sleepy child.
• If the incident has occurred close to bedtime or nap-time and your child falls asleep soon afterwards, check him every few hours for disturbances in colour or breathing, or twitching limbs.
• If his colour and breathing are normal, let your child sleep. But if his colour and/or breathing are abnormal, or if you are not comfortable with your child’s appearance (always trust your instincts), sit your child up. Your child should fuss a bit and attempt to resettle. If he does not protest, try to awaken him fully. If he cannot be awakened, call the emergency services.

CONCUSSION
• After a blow to the head, watch for unusual behaviour, dizziness or vomiting.
• Encourage your child to rest.
• If he’s not fully back to normal in half an hour, he may have concussion or a more serious head injury.
• If the child loses consciousness, even if only for a very
short time, he needs to receive medical attention.

- If you are in doubt about the seriousness of the injury, rather call an ambulance.

**SUSPECTED SEVERE HEAD INJURY**

A child should receive immediate medical attention if he displays any of the following symptoms after a head injury:

- Blurred vision.
- Neck pain.
- Confusion.
- Blood or clear, watery liquid coming from the ears or nose.
- Pupils of different sizes.
- A loss of consciousness.
- A fit or seizure.
- He can’t remember what happened.
- He’s sleepy and you can’t wake him easily.
- Vomits persistently.
- Not speaking or walking normally.
- Has a deep cut, or one that won’t stop bleeding, despite intervention.

Call for medical assistance if any of these symptoms apply. At the hospital your child will be examined and, on occasion, may need a CT scan that will show if there are any signs of brain injury or bleeding in the brain. Your child may need to be admitted to the hospital.

**INSECT BITES AND STINGS**

In most instances, insect bites cause a local reaction (redness and swelling). In some instances, the child may have an allergic reaction, and in cases of severe allergy, an anaphylactic reaction (see page 26).

**WASPS AND BEES**

- If a wasp or bee stings your child, don’t try to remove the sting with your fingers, as this will force more poison into the flesh.
- Use a blunt, flat object like a plastic ruler, credit card or butter knife to scrape over the area. Use a motion that is flush with the skin.

**TICKS**

- To remove a tick, cover it with petroleum jelly. Using tweezers, hold it as close to your child’s skin as possible and pull it straight out with steady pressure. Apply disinfectant to the area of skin.
- Watch for symptoms of tick bite fever, such as headaches, nausea and flu-like symptoms.
- Put some bath oil in your child’s bath for the next couple of nights in case you have missed any other ticks.

**SPIDERS AND SCORPIONS**

- Spiders can give quite nasty, painful bites. Scorpions can cause painful stings, too. However, relatively few spiders and scorpions are dangerous.
- If a thick-tailed scorpion stings your child, seek immediate medical attention. These scorpions have potent venom and a sting can be fatal if untreated.

**POISON**

A child who has swallowed a poisonous substance needs immediate medical attention.

**SIGNS AND SYMPTOMS**

- Burns or redness around the mouth.
- Empty or half empty bottles or containers lying nearby.
- Pieces of plants or berries in his mouth.
- Drowsiness and/or unconsciousness.

**COMMON POISONS**

- Oven, drain and toilet cleaners.
- Paint stripper.
- White spirits or methylated >
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- Pressure-mounted (easy set-up)
- Opens in both directions
- Auto swing-close
- Stay-open option
- Double lock mechanism provides extra safety

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OPTIMAL FLUORINOL CONTENT
spirits.
• Bleach.
• Anti-freeze.
• Paraffin.
• Rat or insect poison.
• Washing powder and disinfectant.
• Pills or medicines.

**OTHER POISONS**
Common garden and houseplants that are poisonous:
Oleander, Foxglove, Wisteria, Elephant Ear, Azaleas, Arum Lily.

**SWALLOWED POISONS**
• Assess what has been swallowed, when and how much.
• Call for medical assistance. Call the poison centre or your doctor to get immediate emergency advice. The numbers are on page 50.
• Remove any visible objects from the child’s mouth.
• DO NOT try to make him vomit. If he swallowed something corrosive (like bleach), it will burn on the way back up.
• Keep the container of the product he’s swallowed with you and tell the paramedics exactly what the child has taken.
• DO NOT give him anything to drink as this may disperse the poison more quickly around his body.

**13 TOOTH INJURY**
A dislodged baby tooth can be replaced, but a permanent tooth will grow in its place anyway. A permanent tooth can often be saved if prompt action is taken. Remember that the delicate tissue covering the root, called the periodontal ligament, must be protected to ensure successful reimplantation. Take your child to the dentist for this.

**A DISLODGED PERMANENT TOOTH**
• Hold the tooth by the top, not the root.
• If the child is cooperative and old enough not to swallow the tooth, replace the tooth in its socket.
• Have the child bite down on a gauze pad to keep the tooth in place.
• If the tooth can’t be reinserted, take it with you to the dentist.
• Give the child a gauze pad or clean handkerchief to bite down on. This will help to reduce the bleeding.
• Go to the dentist. If the incident happened after hours, go to your closest emergency department.

**BROKEN PERMANENT TOOTH**
• Collect all the bits of tooth and rinse the mouth with clean water.
• Hold a cold compress on the tooth.
• Take your child to the dentist right away.

**14 SHOCK**
When there is a significant drop in blood pressure, your child may go into shock. This can be dangerous.
**CAUSES**
• A loss of blood or body fluids.
• Spinal injury.
• Poisoning.
• Severe allergy (to food or a sting).
• Severe infection.

**SYMPTOMS AT FIRST**
• Rapid pulse, grey colouring, sweating.
• Nausea, vomiting, thirst.
• Weakness, dizziness.
• Rapid or shallow breathing.
• Anxiety.

**LATER**
As oxygen supply to the brain decreases, the child may yawn, gasp for air, get very thirsty and become anxious. Eventually, he will lose consciousness.

**WHAT TO DO**
• Call the emergency services immediately.
• Treat any obvious cause, such as bleeding (page 27).
or burns (page 31).
• Lie him down with his legs higher than his chest and undo any tight clothing on his neck, chest or waist.
• Turn him onto his left side if he’s unconscious or vomiting.
• Reassure him and stay near him. Talk to him in a calm, comforting tone to try ease anxiety.
• Put a blanket over the child to help keep him warm.
• Do not, under any circumstances, give the child anything to drink.
• Keep checking his breathing and pulse, and prepare to give him CPR if indicated (see pages 20 to 23).

15 SWALLOWING A FOREIGN OBJECT
A foreign object that was swallowed can get stuck along the gastrointestinal (GI) tract. This can lead to an infection or blockage or even a tear in the GI tract.

Small children (age one to three) are most likely to swallow a foreign object. These items may include a coin, marble, pencil eraser, buttons, beads, other small items or a battery.

If the object passes through the oesophagus (food pipe) and into the stomach without getting stuck, it will probably pass through the entire GI tract.

Approximately 75% of children who have an impacted foreign body will have it

ELECTRIC SHOCK
WHAT TO DO
• Break the electrical current before you touch your child. If you touch him, you will get a shock too. Switch off the current at the mains or pull the plug out. If you have to move him manually to break the current, stand on something made of non-conducting material like wood or plastic and push him with something non-conductive, for example, a broomstick.
• Examine your child. He may be in shock, be burnt or have lost consciousness.
• Check for burns (see page 31).
• Electrical burn injuries are often more serious than they appear and can cause internal damage, so your child should be seen by a doctor right away.
• If your child is unconscious, place him on his side and call an ambulance.
• If necessary, start CPR (see pages 20 to 23).
at the level of the upper oesophageal sphincter.

**OBJECTS THAT CAN BE DANGEROUS TO SWALLOW**

- Coin-sized button batteries can be found in many household devices such as car remotes, electronic candles, watches, singing greeting cards and other electronic devices. Small coin-shaped batteries can cause serious harm if they do not pass through the body quickly, as the chemicals inside can leak out and burn the surrounding tissue, or they can cause a small electric current which can also do harm.

- Objects that are small enough to swallow, but larger than about 18mm across, may get stuck on the way down in small children.

- Objects that are pointed such as open safety pins, toothpicks, stiff wire, fish and chicken bones can pierce the gut, so if you think your child may have swallowed one, the child needs to be seen by a doctor as soon as possible.

**SIGNS AND SYMPTOMS**

If you see your child swallowing something and you cannot stop it happening, or your child may have swallowed something, look for these signs that there could be a problem requiring emergency treatment:

- Choking.
- Coughing.
- No breathing or breathing trouble (respiratory distress).
- Wheezing

**WHAT TO DO**

If there are any symptoms:

- Do not give the child anything to eat or drink.
- Do not try to make the child vomit.
- Take the child to be seen by a doctor as soon as possible, or take the child to a hospital emergency department.
- If the object was likely to be dangerous (battery, pointed object, tablets, poison, lead sinker, coin), take the child to a doctor as soon as possible or call the emergency services on 082-911.
- If the object was small, smooth and not likely to be poisonous (small marble, small coin or button), and there are no symptoms, it is probably reasonable to wait for a while and watch the child, but take the child to a doctor if there are any concerns.
- Watch the child’s poo to see if the object is passed.
- If it has not passed in several days, and you are sure that the child did swallow something, take the child to your doctor for advice.
- Do not give the child laxatives or extra fibre.
- In severe cases, surgery may be needed to remove the object.

Do not give the child laxatives or extra fibre. In severe cases, surgery may be needed to remove the object.
Building blocks of good health

_Lifelong health starts through clinic visits and vaccinations_

**CLINIC VISITS**

Once your baby is born, it’s important to visit your local Netcare Baby Clinic regularly to track her development and discuss any questions or concerns you may have regarding feeding, milestones, sleep problems, etc. It’s a good idea to schedule clinic check-ups at the following ages:

- At two weeks and then every two weeks thereafter until six weeks of age.
- Every four weeks from six to eight weeks of age.
- At six months, nine months and every three months until 18 months.
- Annually thereafter up to six years.

**IMMUNISATIONS**

Childhood vaccines are very carefully monitored and those recommended are aimed at protecting children from a variety of serious or potentially fatal diseases that are completely preventable.

---

1. **IS NATURAL IMMUNITY BETTER THAN GETTING A VACCINATION?**

A natural infection may offer more complete immunity than a series of vaccinations, but there’s a price to pay for this. For example, a natural chickenpox infection could lead to pneumonia. Vaccination helps prevent diseases and their potentially serious complications.

2. **DO THEY CAUSE AUTISM?**

Vaccines do not cause autism. The original study that ignited the debate years ago has been refuted and retracted. Although signs of autism may appear at about the same time children receive certain vaccines – such as the measles, mumps and rubella (MMR) vaccine – this is simply a coincidence and is quite rare.

---

Call an ambulance even if you’re not sure how serious the situation is.
3 WHAT ARE THE LIKELY REACTIONS TO VACCINATIONS?

Your child may have no adverse reaction at all, but some children may seem unwell for a short while after the immunisation. They may develop redness or swelling around the point of entry in the case of an injection, or a slight temperature. Don’t give your baby paracetamol prior to a vaccination to prevent fever (as this can affect the efficacy of the vaccines) and don’t fiddle with the swollen area. If you are concerned that your child is having an allergic reaction, please seek medical assistance.

### NATIONAL IMMUNISATION SCHEDULE

<table>
<thead>
<tr>
<th>AGE OF CHILD</th>
<th>WHICH VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT BIRTH</td>
<td>• BCG (TB)</td>
</tr>
<tr>
<td></td>
<td>• Polio</td>
</tr>
<tr>
<td>6 WEEKS</td>
<td>• Polio</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus</td>
</tr>
<tr>
<td></td>
<td>• DTaP-IPV-Hib-HBV</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease</td>
</tr>
<tr>
<td>10 WEEKS</td>
<td>• DTaP-IPV-Hib-HBV</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease (on private schedule)</td>
</tr>
<tr>
<td></td>
<td>• Rotavirus (on private schedule)</td>
</tr>
<tr>
<td>14 WEEKS</td>
<td>• Rotavirus</td>
</tr>
<tr>
<td></td>
<td>• DTaP-IPV-Hib-HBV</td>
</tr>
<tr>
<td></td>
<td>• Pneumococcal disease</td>
</tr>
<tr>
<td>6 MONTHS</td>
<td>• Measles (EPI only)</td>
</tr>
<tr>
<td>9 MONTHS</td>
<td>• Pneumococcal disease (EPI only)</td>
</tr>
<tr>
<td></td>
<td>• Measles or MMR (on private schedule)</td>
</tr>
<tr>
<td></td>
<td>• Meningococcal vaccine (on private schedule at 9½ months)</td>
</tr>
<tr>
<td>12 – 15 MONTHS</td>
<td>• Measles (EPI only)</td>
</tr>
<tr>
<td></td>
<td>• Chickenpox (private schedule only)</td>
</tr>
<tr>
<td></td>
<td>• Hepatitis A (private schedule only, repeated six months later)</td>
</tr>
<tr>
<td></td>
<td>• Meningococcal vaccine (private schedule only)</td>
</tr>
<tr>
<td></td>
<td>• MMR (private schedule only)</td>
</tr>
<tr>
<td>18 MONTHS</td>
<td>• DTaP-IPV-Hib-HBV</td>
</tr>
<tr>
<td></td>
<td>• Hepatitis A (private schedule at 19 months)</td>
</tr>
<tr>
<td>5 – 6 YEARS</td>
<td>• Td (EPI only, at 6 years)</td>
</tr>
<tr>
<td></td>
<td>• Tdap-IPV (private schedule only)</td>
</tr>
<tr>
<td></td>
<td>• MMR (private schedule only)</td>
</tr>
<tr>
<td></td>
<td>• Chickenpox (private schedule only)</td>
</tr>
<tr>
<td>FROM 9 YEARS</td>
<td>• Human Papillomavirus (2x, 6 months apart)</td>
</tr>
<tr>
<td>12 YEARS</td>
<td>• Td (EPI only) or Tdap-IPV (private schedule only)</td>
</tr>
</tbody>
</table>

call netcare customer care on 0860netcare/0860 638 2273

Don’t give your baby paracetamol prior to a vaccination as this could interfere with the efficacy.
# Childhood illnesses

**Know how to identify and treat common childhood ailments at the glance of an eye**

<table>
<thead>
<tr>
<th>SIGNS AND SYMPTOMS</th>
<th>WHAT TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHICKENPOX</strong></td>
<td></td>
</tr>
<tr>
<td>Chickenpox manifests in a blotchy rash followed by spots that are flat and red, turning into pimples, then itchy blisters, then scabs. The child generally feels unwell and may have a headache and slight fever.</td>
<td>Alleviate itchiness by adding baking soda to a tepid bath. Apply calamine lotion. Scratching can lead to scarring and infection. Chickenpox is a notifiable disease and infections need to be reported, so you must see a doctor.</td>
</tr>
<tr>
<td><strong>MEASLES</strong></td>
<td></td>
</tr>
<tr>
<td>Tiny white spots with a flat red base, followed by a blotchy red rash. Accompanied by a fever, red watery eyes, runny nose and cough.</td>
<td>Paracetamol syrup will ease headache and fever. Measles is a notifiable disease (infections need to be reported), so you must see a doctor.</td>
</tr>
<tr>
<td><strong>ROSEOLA</strong></td>
<td></td>
</tr>
<tr>
<td>Also known as baby measles. A red rash on the chest and abdomen, as well as on the arms, legs and face. A high fever may occur three to five days prior to the onset of the rash.</td>
<td>Treat the high fever if it makes your child feel unwell. See a doctor for appropriate diagnosis and treatment.</td>
</tr>
<tr>
<td><strong>GERMAN MEASLES</strong></td>
<td></td>
</tr>
<tr>
<td>Aches and pains with mild cold symptoms followed by a rash of tiny, flat, pink spots that starts on the face and neck, and spreads to the body and limbs.</td>
<td>Paracetamol syrup for pain relief. Contact your doctor if your child has joint pain or other symptoms such as a severe headache, drowsiness or vomiting.</td>
</tr>
<tr>
<td><strong>MUMPS</strong></td>
<td></td>
</tr>
<tr>
<td>Swelling of the salivary glands on one or both sides of the jaw, pain when eating and drinking. Sometimes fever.</td>
<td>Paracetamol or ibuprofen for pain. Avoid giving sour or acidic foods.</td>
</tr>
</tbody>
</table>
**Sick Baby**

*Know how to tell what’s wrong with your sick baby and how you can help her feel better*

It’s difficult to know whether to take your child to the doctor, or even the emergency department, when she’s sick – especially when symptoms come on at night.

As a rule, the younger the baby, the more inclined you should be to seek medical attention. Babies’ conditions can deteriorate very quickly, so it’s always best to be on the safe side.

As your child grows up, you will be more experienced in monitoring and treating her ailments, and probably more inclined to keep an eye on her condition and see if things improve. Whatever the age of your child, trust your instincts and always err on the side of caution. Don’t delay because you don’t want to worry your doctor with something potentially silly. Your baby’s health takes priority.

**FEVER**

Temperatures vary throughout the day, and are influenced by activity levels. However, a high temperature is a sign of infection. A temperature is the body’s normal response to an infection and temperatures under 38˚C are normal.

A normal temperature below 38˚C is not a concern and should not cause any panic.

However, higher temperatures that persist and temperatures over 40˚C do need medical attention.

There are a few steps you can take to bring down your child’s temperature:

- Remove any excess clothing.
- Give her medication such as paracetamol, ibuprofen or prescribed suppositories.
- A baby under three months who has a fever of any temperature must be seen by a doctor.

**FITS AND CONVULSIONS**

**WHAT CAUSES FITS?**

There are many causes of fitting in children. Some may be related to:

- A high temperature. This is the most common cause and this kind of seizure is called a febrile convulsion.
- Head injury.
- Epilepsy.
- Poisoning.

**SYMPTOMS**

- Jerking movements and stiff muscles.
- Your child may bite down on her tongue.
- Your child may stop breathing or lose consciousness (it is normal in a febrile convulsion to briefly stop breathing. Breathing should return spontaneously when the fit is finished).
- Your child’s face may turn bluish or grey.
- Her eyes may roll upwards.
- She may drool or foam at the mouth and may lose control of her bladder or bowel (wee or poo uncontrollably).
- Your first priority is to prevent your child from hurting herself.
- If the child is a known epileptic and has fits, you do not need to call the emergency services as your...
doctor would have told you what to do in the case of fitting.

- If your child does not stop fitting, or if the child has stopped fitting and then starts fitting again, call the emergency services for assistance.
- If this is your child’s first fit and you don’t know what the cause is, call the emergency services and follow the steps below.

**FOLLOW THESE STEPS**

- Secure the airway by putting the child on her left side.
- Lay her down and place a cushion or something soft under her, and loosen any tight clothing she may be wearing.
- Do not try to hold her down or try to force anything into her mouth. Do not give her anything to drink.
- Any child who has a seizure should be seen by a doctor to determine and/or treat the cause.
- It is common for a child to be drowsy after a seizure.

**FEBRILE CONVULSIONS**

Seizures usually last for only three to four minutes. Febrile convulsions are fairly common (two to five percent of children get febrile convulsions), and usually do not require treatment. Children generally grow out of febrile convulsions by the age of five.

Children who have had a febrile convulsion are at risk of having another one whenever they get a high fever.

Any child who has a seizure should be evaluated by a doctor to rule out other causes, such as epilepsy.

**BREATHING PROBLEMS**

There are various conditions that can cause breathing problems in babies and young children. A doctor should always see a baby or child who has difficulty breathing. In severe cases, call an ambulance or visit the emergency department of a hospital. You should seek medical attention immediately if a cough is accompanied by laboured or abnormal breathing.

**ASTHMA**

This is a chronic inflammatory lung disease that causes the airways to narrow. Symptoms include coughing, wheezing, shortness of breath, chest tightness, increased heart rate and perspiration. It can be life threatening, so if an attack is severe, seek medical attention immediately or call for an ambulance.

**BRONCHIOLITIS**

A viral infection of the small airways in the lungs that affects babies under one year. Creating a steamy atmosphere, using a humidifier or a pan of boiling water, will ease the breathing. Take your child to the doctor.

**BRONCHITIS**

Inflammation of the lining of the bronchial tubes. Most cases are mild, but in severe cases, the child may have difficulty breathing, in which case you should take him to your doctor or the hospital, or call an ambulance.

**CROUP**

Croup is caused by a viral infection and involves the inflammation and narrowing of the upper airway to the lungs. This results in a characteristic barking cough. It normally affects children between three months and five years of age. Steam helps to ease the constricted airways. Use a cool mist humidifier if you have one and get the child to breathe in the moist air through his mouth.

Alternatively, mist up the bathroom with hot shower steam and have the child sit in it for about 10 minutes.

If your child has difficulty taking a breath, if there is
**PNEUMONIA**
This inflammation of the lungs may be particularly severe in young children. It generally responds well to antibiotics if treated expeditiously. If your child is not well, see your doctor immediately.

**Colds and Flu**
Flu or a common cold generally lasts about a week. Unless there are complications, treat the child at home:
- Give plenty of fluids, as both illnesses are dehydrating.
- Make sure the child gets lots of rest.
- Give your child paediatric paracetamol or ibuprofen if necessary to help with aches and pains. Antibiotics will not help simple colds and flu. They are prescribed if your child develops a bacterial infection like an ear infection or pneumonia (see above).

**Stuffy Nose**
A blocked nose is an annoying side effect of a cold. Babies’ small noses get blocked very easily. They battle to breathe and suck, which can be distressing for them and you. Try these tips:
- Use a bulb syringe to suck out fluid from the nose.
- Use a humidifier in her room to keep the mucus soft and moist.
- Ask your pharmacist for eucalyptus-based drops to add to the humidifier, or put a few drops on her pillow.
- To help break up clogged mucus, use a drop of saline solution or expressed breastmilk in her nose.
- Tickle her nose with the corner of a tissue to encourage her to sneeze.

**Dehydration**
Children sometimes lose large amounts of water and salts (electrolytes) through fever, diarrhoea or vomiting. This can cause dehydration and, in some instances, result in death.

The younger and smaller the child, the greater the danger, so be very vigilant if your baby has diarrhoea or vomiting. Don’t wait until you see the warning signs!

To prevent dehydration, give your child small sips of liquid regularly. Tiny chips of ice to suck are sometimes more acceptable. If you suspect your child is in danger of dehydration, give her rehydration solution rather than water, and take her to the doctor or emergency department. Specially prepared electrolyte solutions are balanced with salt and minerals. If a child has bad diarrhoea or vomiting, it may be difficult for you to rehydrate her adequately at home, in which case she may be hospitalised and given fluids through a drip.

If you see signs of dehydration, contact your doctor immediately, or take your child to the emergency department.

**Signs and Symptoms**
- Dry mouth.
- Few or no tears when crying.
- Producing fewer than six wet nappies a day (for an infant).
- No urination for six to eight hours (in older children).
- Fontanelle looks flatter than normal, or somewhat sunken.

**In Severe Cases, You May Also See the Following**
- Skin that appears dry, wrinkled or doughy.
- Inactivity or weakness (lethargy).
- Sunken eyes or fontanelle.
- Excessive sleepiness or disorientation.
- Muscle cramps.
- Deep, rapid breathing, or fast or weakened pulse.

Call Netcare customer care on 0860 Netcare/0860 638 1273.
Do not suction your baby’s nose with a bulb syringe too often as the harsh suction action can damage the nasal passages.
GASTROINTESTINAL INFECTIONS
These infections are usually short-lived, but there is a danger of dehydration. Call your doctor if your child has:
• Fever, vomiting and diarrhoea together.
• More coming out of either end than is going in through the mouth.
• Signs of dehydration. If your child has fever and vomiting without diarrhoea, keep the child hydrated and see if the child starts to improve.

A CHILD NEEDS TO BE SEEN BY A DOCTOR OR GO TO AN EMERGENCY DEPARTMENT IF
• She vomits up blood.
• Vomits something that looks like dried coffee grounds (this is blood mixed with stomach acid).
• Starts projectile vomiting.

MENINGITIS AND ENCEPHALITIS
Encephalitis is the inflammation of the brain. Meningitis is a general name for inflammation of the meninges (sheaths that cover the brain and spinal cord) and the cerebrospinal fluid (the fluid that circulates in the spaces in and around the brain and spinal cord). Meningitis can be caused by bacteria, viruses, fungi and other organisms. The severity and the symptoms will depend on the cause.

However, a child can deteriorate quickly and meningitis can be fatal, so getting medical attention immediately is essential. Take your child to the doctor or emergency department immediately if you suspect meningitis or encephalitis.

SIGNS AND SYMPTOMS OF ENCEPHALITIS AND MENINGITIS
• First signs are fever, lethargy, vomiting and irritability. Older children may complain of a headache.
• A stiff neck or body.
• Bulging fontanelles.
• Jaundice.
• Seizures occur in about a third of patients with bacterial meningitis and are sometimes the only symptoms.
• As the disease develops, symptoms may include increased irritability with a high-pitched cry (especially in infants) and difficulty breathing.
• Newborns with meningitis sometimes don’t display the classical signs described above and may simply be extremely irritable or lethargic.
• An infant who isn’t feeling well is usually comforted when her mother picks her up. Babies with meningitis sometimes display “paradoxical irritability” and picking up and rocking a child may make her more distressed. This can be a sign of irritated meninges.
• Meningococcal meningitis (bacterial) may be accompanied by a rapidly spreading purplish rash that does not fade when pressed.

PLEASE REMEMBER
This guide is for reference only and should not take the place of a medical consultation. If you are concerned about your child, call your doctor or dial 082-911. It’s always best to be on the safe side when it comes to your baby or child’s health.
Here is a listing of Netcare Hospitals that have Emergency Departments. They are equipped to provide emergency support, including resuscitation. They are also staffed with specialist staff trained in emergency procedures. Make a note of the facility nearest you:

**Gauteng**
- Netcare Akasia Hospital: 012 522 1000
- Netcare Bougainville Hospital: 012 379 0264
- Netcare Bronkhorstspruit Hospital: 013 932 9700
- Netcare Clinton Hospital: 011 724 2300
- Netcare Ferncrest Hospital: 014 568 4399
- Netcare Garden City Hospital: 011 495 5000
- Netcare Krugersdorp Hospital: 011 951 0200
- Netcare Linmed Hospital: 011 748 6200
- Netcare Linksfield Park Hospital: 011 647 3400
- Netcare Milpark Hospital: 011 480 5600
- Netcare Montana Hospital: 012 523 3000
- Netcare Mulbarton Hospital: 011 682 4300
- Netcare N17: 011 365 1400
- Netcare Olivedale Hospital: 011 777 2000
- Netcare Pinehaven: 011 950 5400
- Netcare Pretoria East Hospital: 012 422 2300
- Netcare Sunninghill Hospital: 011 806 1500
- Netcare Sunward Park Hospital: 011 897 1600
- Netcare Union Hospital: 011 724 2000
- Netcare Unitas Hospital: 012 677 8000
- Netcare Waterfall City Hospital: 011 304 6600

**Free State**
- Netcare Kroon Hospital: 056 215 1881
- Netcare Vaalpark Hospital: 016 971 9000

**Cape**
- Netcare Blaauwberg Hospital: 021 554 9000
- Netcare Christiaan Barnard Memorial Hospital: 021 480 6111
- Netcare Cuyler Hospital: 041 995 9000
- Netcare Greenacres Hospital: 041 390 7000
- Netcare Kuils River Hospital: 021 900 6000
- Netcare N1 City Hospital: 021 590 4444

**Limpopo**
- Netcare Pholoso: 015 296 6500

**KZN**
- Netcare Alberlito Hospital: 032 946 6711
- Netcare Kingsway Hospital: 031 904 7000
- Netcare Margate Hospital: 039 312 7300
- Netcare Parklands Hospital: 031 242 4000
- Netcare St. Anne’s Hospital: 033 897 5000
- Netcare St. Augustine’s Hospital: 031 268 5000
- Netcare The Bay Hospital: 035 780 6111
- Netcare Umhlanga Hospital: 031 560 5500

**Get the New Netcare Assist App for Free**

Call an ambulance, find a doctor or brush up on basic first aid!

**Emergency Numbers**

- Netcare 082 911
- National Emergency Services fire & ambulance 10177
- Police 10111
- Poison Information Centre 086 155 5777
- injury.prevention@netcare.co.za
Stork’s Nest mother and baby wellness clinics are available at the following Netcare hospitals:

**Greater Johannesburg**
- Netcare Clinton Hospital 011 724 2334
- Netcare Garden City Hospital 011 495 5158
- Netcare Krugersdorp Hospital 011 951 0707
- Netcare Linkwood Hospital 011 485 3057
- Netcare Linmed Hospital 011 748 6279
- Netcare Mulbarton Hospital 011 682 4300
- Netcare N17 Hospital 011 365 1573
- Netcare Olivedale Hospital 011 777 2176
- Netcare Park Lane Hospital 011 480 4125
- Netcare Pinehaven Hospital 011 950 5400
- Netcare Sunninghill Hospital 011 257 2039
- Netcare Sunward Park Hospital 011 897 1732
- Netcare Waterfall City Hospital 011 304 7913

**Pretoria**
- Netcare Akasia Hospital 012 522 1000
- Netcare Femina Hospital 012 304 1781
- Netcare Montana Hospital 012 523 3255
- Netcare Pretoria East Hospital 012 422 2448
- Netcare Unitas Hospital 012 677 8212

**North West**
- Netcare Ferncrest Hospital 014 568 4200

**KwaZulu-Natal**
- Netcare Alberlito Hospital 032 946 6956
- Netcare Parklands Hospital 031 208 1346
- Netcare St Anne’s Hospital 033 897 5309
- Netcare St Augustine’s Hospital 031 268 5008
- Netcare The Bay Hospital 035 980 6161
- Netcare Umhlanga Hospital 031 560 5528

**Limpopo**
- Netcare Pholoso Hospital 015 296 6516

**Eastern Cape**
- Netcare Cuyler Hospital 041 995 9113

**Western Cape**
- Netcare Blaauwberg Hospital 021 554 9388
- Netcare Christiaan Barnard Memorial Hospital 021 480 6143
- Netcare N1 City Hospital 021 590 4196
- Netcare Kuils River Hospital 021 900 6530

**Free State**
- Netcare Kroon Hospital 056 215 1419

**Netcare Stork’s Nest**
Tel: 011 301 0000
0860 NETCARE (0860 638 2273) or e-mail us at customer.service@netcare.co.za
You’re in safe hands