

Chapter 5

First aid and emergency

Introduction

Injuries are a leading cause of disability and death for infants and small children. Child care providers can help ensure safety and prevention of injuries by:

- Modifying the environment with safety devices
- Teaching the safety concept to the children entrusted in their care
- Actively supervising children

In spite of these actions injuries may occur. It is important to be prepared.

In this chapter, you'll find information on the following topics:

- Policies and procedures for emergency situations, first aid and emergency services
- Fire safety in child care facilities
- Hazardous substances (poisonous plants, pesticides, common hazardous substances in your centre)
- Anaphylaxis
- Stay cool in the heat
- Cold weather protection
- Routine practices to prevent or reduce the transmission of disease

Tips for success

- Have emergency phone numbers posted by every phone or taped on portable phones
- Teach children about 911 and when to use it
- Have written emergency policies and procedures; review with staff and parents on a regularly scheduled basis
- Have emergency information for each child easily accessible. Refer to the section on *Emergency information/health history form* in Chapter 1

- Conduct routine safety checks of your centre. Refer to Chapter 4 *Creating a safe environment indoors and outdoors* for more information
- Consult your local fire department for more information about fire precautions, fire drills and emergency procedures. Refer to the section on *Fire safety in child care facilities* in Chapter 4
- Have one or two full-time staff members certified in first aid

Whenever you are worried about a child's injuries or health, ensure the child receives medical attention. Refer to the section on *Consent to obtain emergency medical care on behalf of the child* in Chapter 1.

Policies and procedures for emergency situations

Policies should include:

- Location and storage of emergency information for all children. Refer to the section on *Emergency Health Information/Health History form* in Chapter 1
- Actions to take in an emergency
- Appropriate recording of incidents
- How children are to be transported for further care

First aid

First aid is the emergency care given to the injured or suddenly ill person at the scene using readily available materials to help:

- Save lives
- Prevent injury/illness from becoming worse
- Promote recovery

First aid training

Emergency situations can generate fear and confusion. You will be better able to cope if a staff member with first aid training is on duty at all times. First aid training is available from several sources in York Region, including the Canadian Red Cross Society and St. John Ambulance. Refer to the section on *Community Resources*.

Calling for emergency services

Post emergency numbers by every phone or tape on portable phones; numbers for **fire, police and ambulance (911); hospital; poison control (1-800-268-9017); and the address, phone number and location of your centre.**

When on the line:

- Keep calm
- Briefly explain what has happened
- Briefly explain what first aid is being administered
- Give your location and phone number
- Answer all of the 911 operator questions
- Don't hang up until instructed

Fire safety in child care facilities

Fire safety is everyone's responsibility. To ensure that you and the children you care for are adequately protected, check for the following in your child care facility:

- Hallways, passageways and exits are kept clear of obstructions
- The fire route and fire hydrants are kept clear of vehicles, excess vegetation, snow and other obstructions as per the *Ontario Fire Code*
- Your fire alarm system is tested and inspected yearly by a qualified technician. Records should be made of all testing and these records should be kept for two years
- Combustible artwork and teaching materials that are attached to walls should not exceed 20 per cent coverage of the walls
- Sprinkler heads are kept clear and free of obstructions
- All waste containers are made of non-combustible materials (e.g., a metal garbage bin)
- Flammable and combustible liquids are stored out of the reach of children in approved containers/cabinets
- Your fire safety plan is accessible to all staff members
- All staff members are familiar with the fire safety plan

Fire drills

- Fire drills **must** be performed **monthly**, and written records kept for two years
- As part of the fire drill, everyone should go to a familiar meeting place once outside the building (ensure it is a safe distance away from the building)
- All staff members must be familiar with their roles and responsibilities during a fire drill (refer to your fire safety plan)
- Close doors of rooms that have been vacated, to contain the fire. This also indicates that the room has been checked for people

What to do if you discover fire in your child care facility

- If you discover a fire in your building, evacuate all occupants from the room containing the fire, and then close the door to that room. Activate the nearest fire alarm pull station. Pull stations are located at every exit from your building
- Vacate and check all rooms and washrooms, closing doors behind you, then exit the building. Take an attendance record of the children once you have gathered at your designated meeting spot
- If your primary exit is blocked by smoke or fire then use a secondary exit out of the building. Be familiar with all of the exits in your building
- Designate someone to call 911 or call 911 yourself

- Remain calm. Children sense your emotions
- Once you are outside of the building **do not** go back in for anything

If you choose to extinguish the fire

The fire department does not recommend that you attempt to extinguish even a small fire on your own. If you choose to attempt to extinguish the fire, ensure that you always keep your back towards the exit. **Never let a fire get between you and your exit!** Never take your eyes off the fire as it may reignite quickly.

Remember the **P.A.S.S.** word:

- P.** Pull the pin
- A.** Aim the nozzle
- S.** Squeeze the trigger (lever)
- S.** Sweep the extinguisher nozzle slowly across the base of the fire

If at any point the fire is too big to control with the extinguisher, leave the room, closing the door behind you to contain the fire, and exit the building immediately.

Services offered by your local fire department

Your local fire department may offer some of the following presentations:

- Fire safety education in the workplace
- Fire extinguisher demonstrations
- Fire and life safety presentations for child care aged children and school aged children
- The **Riskwatch** Program –an innovative injury prevention program aimed at reducing the number of children injured or killed by preventable accidents.

To book a presentation or to request additional information on fire safety in your workplace, please contact your local fire department.

For more information visit www.firesafetycouncil.com.

Fire department phone numbers

Emergency:

911

Non-emergency phone numbers:

Central York (Newmarket/Aurora) Fire Department 905 895-9222

East Gwillimbury Fire Department 905 853-8842

Georgina Fire Department 905 476-5167

Markham Fire Department 905 477-2011

Richmond Hill Fire Department 905 883-5444

Whitchurch/Stouffville Fire Department 905 640-9595

Information provided by the Richmond Hill Fire Department Fire Prevention Bureau. Refer to the *Day Nurseries Act* R.R.O 1990, Reg. 262, s. 27 for more information on fire safety and emergency information.

Hazardous substances

Poisonous plants

Several of the most common houseplants, including Caladium (also known as Elephant's ear), Dieffenbachia, Jerusalem cherry, and Philodendron are poisonous. When buying plants for your child care centre, check with the gardener to make sure that your choices are not poisonous, and leave the tags on all items you purchase. As a general rule, place houseplants out of children's reach.

Many common garden plants are also poisonous to varying degrees. Some of the more common poisonous garden plants include: Crocus, Daffodil, Lily-of-the-valley, Holly, Yew, Tomato, Potato, Oak, and Horse chestnut, among others. Do your best to keep poisonous plants out of your outdoor play area.

For more information visit

<http://www.ontariopoisoncentre.com/ontariopoisoncentre/custom/plantSafety08.pdf>

Special measures for children

The most common victims of plant poisoning are children. For their safety, take the following precautions:

- Plants that are known to be toxic should be removed from the child care centre or at the very least placed out of reach of children
- Seeds, berries, bulbs and other plant materials known to be toxic should be safely locked away, or removed from the child care centre
- Teach young children not to chew leaves, seeds, flowers, berries or any other plant material from houseplants
- Teach children at an early age about the dangers of certain plants and how to recognize these plants
- Do not allow children to suck the nectar from flowers, as this can be toxic
- Identify all plants in the child care centre. Be sure you know both their common and botanical names. This information will greatly assist the physician in case of accidental poisoning
- Check the lawn for wild mushrooms before children go to play outdoors and remove and throw away all wild mushrooms

The following plants are considered poisonous. Most of the plants are dangerous if eaten in large quantities and will cause discomfort if eaten in smaller quantities.

Houseplants	Poisonous parts
Caladium	All
Dieffenbachia	All
Elephant's ear	All
Jerusalem cherry	Leaves and fruit (especially green fruit)
Philodendron	All
Garden plants	Poisonous parts
Crocus	All (especially the bulbs)
Daffodil	All (especially the bulbs)
Foxglove	All
Hyacinth	All (especially the bulbs)
Lily-of-the-valley	All (especially the roots)
Mistletoe	Stems, leaves, berries
Narcissus	All (especially the bulbs)
Vegetable garden plants	Poisonous parts
Potato	Green tubers, vines, leaves, new sprouts, spoiled parts
Rhubarb	Leaves
Tomato	Leaves and vine
Ornamental plants	Poisonous parts
Azalea	All
Castor bean	Seeds
Common privet	Berries, leaves
Daphne	Fruit
English holly	Berries
English ivy	Berries, leaves
Rhododendron	All
Rosary pea	Seeds
Wisteria	Pods, seeds
Yew	Leaves (needles), bark, seeds
Trees and shrubs	Poisonous parts
Apples	Seeds (in large quantities)
Black locust	Bark, leaves, seeds
Choke cherry	Leaves, pits, bark
Elderberry	Stems, unripe or raw berries

Horse chestnut	All
Oak	Raw acorns, young sprouts
Wild black cherry	Leaves, pits, bark
Forest plants	Poisonous parts
Baneberry (Doll's eyes)	All
Death camas	Flowers (especially the bulbs)
Jimson weed	All
Mushrooms	Not all are poisonous, but most people cannot distinguish between harmless and dangerous ones.
Nightshade	All (especially the berries)
Poison hemlock	All (especially leaves, fruit, roots, seeds)
Skunk cabbage	All
Thorn apple	All
Water hemlock	Stems, leaves, roots

First aid for poisons

If a child in your care has swallowed a poisonous plant or anything that you suspect may be poisonous, immediately contact the Ontario Poison Centre (located at the Hospital for Sick Children) at 1-800-268-9017. If a child in your care is found to be choking, unconscious, or having trouble breathing or swallowing, call 911 immediately. Some plants may cause skin irritation, itching, a rash or blisters. If a child in your care touches a poisonous plant wash the skin immediately with lots of soap and lukewarm water and call the Ontario Poison Centre (1-800-268-9017). Refer to the section on *Consent to obtain emergency medical care on behalf of the child* in Chapter 1.

Be prepared to give the following information to the Poison Centre:

- Name of plant
- How much and what parts were eaten or touched
- How long ago it was eaten or touched
- Age of individual
- Symptoms observed (e.g., dizziness, drowsiness)

Ontario Poison Centre (located at the Hospital for Sick Children) at 1-800-268-9017.
Website address www.ontariopoisoncentre.com

Other common hazardous substances

Many everyday products we use around the home, workplace and child care are classed as hazardous substances and have the potential to cause harm to our family's health, as well as to the environment. Risks can be minimized if substances are stored, used and disposed of correctly. Here is a list of common hazardous substances that may be found in your child care centre:

- Rubbing alcohol
- Drain cleaner
- Bleach
- Oven cleaner
- Paint or varnish remover
- Gasoline
- Pharmaceuticals

For more information visit

<http://www.ontariopoisoncentre.com/ontariopoisoncentre/custom/plantSafety08.pdf>

If hazardous substances are to be used, be sure to consider these health and safety tips:

- Read the label on any chemical products you buy for your child care centre and follow the instructions for handling, storage and use
- Consider notifying parents that you will be using a hazardous chemical in case they wish to reduce their child's exposure due to allergies or another reason
- Ensure the cap of any chemical product is put on tightly after each use, even if you are just setting it down for a moment. When finished with the product be sure to store it out of reach of children
- Leave chemical products in their original containers
- Keep chemical products in a locked cupboard or in a location inaccessible to children
- Keep children away from treated surfaces or plants until the spray has dried or until the dust has settled or as indicated on the product label
- Post appropriate warning signs so that children may be kept away from the treated area
- Avoid using chemicals or hazardous substances on days when a smog advisory has been issued

If a child in your care has swallowed a substance you suspect may be poisonous, immediately contact the Ontario Poison Centre (located at the Hospital for Sick Children) at 1-800-268-9017. If a child in your care is found to be choking, unconscious, or having trouble breathing or swallowing, call 911 immediately. Refer to Chapter 1 for the sample form *Consent to obtain emergency medical care on behalf of the child*.

Anaphylaxis alert: are you prepared

The *Day Nurseries Act* amended on May 2, 2007, requires all child care centres to protect severely allergic children by:

- Training all employees on how to deal with severe allergies, including using an EpiPen® auto-injector which administers life-saving medication (epinephrine)
- Creating individual plans for children who have an anaphylaxis allergy
- Having emergency procedures in place for anaphylactic children
- Refer to Appendix 5 for the *Anaphylaxis resource list*

As is legislated by the *Day Nurseries Act* – R.R.O. 1990, Reg. 262. Amended to O. Reg. 505/06, Sect. (7). Refer to the *Day Nurseries Act* for more information.

Anaphylaxis resources

Organizations

For information and resources on anaphylaxis management in your child care centre contact the following organizations:

Anaphylaxis Canada

2005 Sheppard Ave. East, Suite 800
Toronto, Ontario, M2J 5B4
Tel: 416-785-5666
1-866-785-5660
Fax: 416-785-0458
e-mail: info@anaphylaxis.ca
website: www.anaphylaxis.ca



Anaphylaxis Canada provides information and support to people with life-threatening allergies. The website has a resource section specifically for schools which offers excellent tools that can be downloaded, including lesson plans and activities for each grade, posters, handbooks, sample school policies and fact sheets. The site's product catalogue also has an extensive list of publications, audio tapes, video tapes, and supplies for adults and children.

Allergy Asthma Information Association (AAIA)

National Office

1-111 Zenway Blvd.
Vaughan, Ontario, L4H 3H9
Tel: 905 265-3322
1-888-250-2298
Fax: 905 850-2070
e-mail: admin@aaia.ca
website: www.aaia.ca



Allergy Asthma Information Association (AAIA) has been working with Canadians from coast to coast for over four decades to improve the management of allergy, Asthma and anaphylaxis by providing: information, education, support, advocacy, partnership and volunteering opportunities.

Stay cool in the heat

In the summer, the combination of heat and humidity can put certain individuals at risk for heat related illnesses such as Heat Stroke and Heat Exhaustion. Be aware of the symptoms and take action to reduce your risks. Beat the heat and enjoy the summer weather.

Individuals at risk

Everyone is at risk for heat-related illnesses but those at greater risk include: children, elderly people, people who work outdoors for long periods of time, individuals with certain chronic illnesses such as heart conditions, individuals taking certain medications or those who are unable to move or change positions on their own.

Signs of heat-related illness

A person suffering from a heat-related illness could exhibit any or all of these signs: rapid breathing, weakness or fainting, headache, confusion, nausea and/or muscle cramps.

How to help someone suffering from a heat-related illness

If you suspect someone is suffering from Heat Stroke or Heat Exhaustion, take action by getting medical help for them, removing any excess clothing, moving them to a cooler location, sponging them with lukewarm water to cool them off, and providing them with sips of cool water - **not** ice-cold water.

How to avoid heat-related illness

- The best action to take is prevention. When outdoors, remain hydrated by drinking plenty of non-caffeinated and non-alcoholic beverages, stay out of the sun by planning outdoor activities early in the morning or evening when it is cooler and avoid strenuous activities and exercise. As well, wear a wide-brimmed hat, sunglasses and sunscreen with an SPF of 15 or higher, wear loose fitting, light clothing. Keep babies under one year of age out of the direct sun. Babies need extra protection because their skin is very sensitive. Keep a child's stroller, playpen or carriage in the shade. Do not apply sunscreen on babies under six months old. Take advantage of air conditioned buildings such as libraries, community centres and shopping malls, and never leave a child or pet unattended in a vehicle.

For more information on heat-related illnesses or *Sunsense* call York Region *Health Connection* at 1-800-361-5653 and speak to a public health nurse.

Cold weather protection

Frostbite is a potentially harmful condition depending on the degree of freezing of tissues. The cold causes decreased blood flow allowing tissue to freeze. This can range from mild freezing or frostnip, to severe frostbite that can cause gangrene and possible loss of a body part. It is important to know the difference between frostnip and frostbite. The signs and symptoms of frostnip are the skin's early response to extremely cold temperature.

Signs and symptoms

Frostnip

- Pain, burning or “pins and needles” sensation followed by:
 - Loss of some sensation in extremities, face or other exposed skin
 - Areas of white, waxy skin in people with light coloured skin and pink or red areas in people with dark coloured skin

Frostbite

- Complete loss of sensation in skin
- Development of a hard texture to the skin
- Swelling
- Development of blisters

Prevention of frostnip and frostbite

- Know the signs and symptoms of frostnip and frostbite
- Be aware of the wind chill factor. A high wind chill factor will decrease the time it takes for the skin to freeze
- Keep extremities covered; they are most vulnerable to freezing
- Keep dry by wearing waterproof boots and double-layer socks
- Layer clothing. Avoid 100 per cent cotton clothing because it retains moisture and can cause you to become chilled. Material such as a polycotton 50/50 blend, synthetics, fleece, silk and wool are good heat-retaining, moisture-wicking fabrics
- Proper nutrition and hydration is important. The impact of cold temperature on the body is greater when hungry and/or thirsty. Children are particularly vulnerable to freezing and need to be adequately fed and hydrated before going outdoors

- Keep children busy with heat-generating activities (e.g., walking or running)
- Have children play in sunny areas and avoid windy areas, or have them play inside if it is too cold
- Check children's hands, feet and face every 15 minutes. Children may be too distracted or may not have the ability to tell an adult they are cold

Treatment of frostbite

- Remove the person from the cold
- Gently begin to warm the affected areas with warm water (test the temperature of the water with the unaffected part of the body, to ensure the temperature of the water is warm not hot) or use body heat (example: a warm armpit works well for frostbitten fingers)
- Do not rub or massage the affected area as this may cause damage to this tissue
- Do not use direct heat, (heating pads both electric and non electric, hot water bottles or electric blankets) as affected areas may be numb and could burn
- Do not re-warm if the person has to be exposed to the cold again and there is a chance of re-freezing
- For severe frostbite as described above, or frostbite in large areas of the body, **call 911**
- Refer to Appendix 4 for the *Cold Weather Reference List*

Routine practices to prevent or reduce the transmission of diseases

Routine practices involve the use of “barriers” to prevent or reduce the risk of transmission of diseases contained in blood and body fluids. Exposure to blood, body fluids or non-intact skin presents a risk to diseases such as HIV, Hepatitis B and Hepatitis C. The barriers used are dependent on the activities carried out. Barriers include the following:

- Gloves
- Gowns
- Mask, eye protection, face protection

Routine practices in child care centres

- Anticipate and prevent injuries at your centre
- In an emergency situation, think before you act
- Treat all blood and body fluids as infectious
- Wear single-use gloves when dealing with blood or body fluids
- **Wash hands** with soap and warm water **before** and **after** each procedure and before donning and after removing gloves. Refer to the section on *Handwashing* in Chapter 2 and the section on *Gloves* in this chapter
- **Cover** broken skin
- While wearing gloves, place clothing, towels, etc. that are stained with blood or body fluids in a plastic bag until ready to be laundered
- Clean up spills of blood with disposable towels. Disinfect the surface with a 1:10 dilution chlorine solution (1 part bleach to 9 parts water). Leave the disinfecting solution on the contaminated surface for a least 10 minutes before wiping. Refer to the section on *Keeping your centre clean* in Chapter 2
- Never allow children to share toothbrushes, nail clippers or nail scissors
- Ensure all “sharps” are disposed of in an approved “sharps” container
- Encourage Hepatitis B vaccination among staff. Refer to the section on *HIV/AIDS, Hepatitis B, Hepatitis C* in Chapter 3

Refer to Appendix 3, *Handling Blood and Body Fluids*.

Handwashing

The purpose of handwashing is to remove soil, organic material and transient bacteria and viruses from the hands and underneath the fingernail area. The areas under fingernails and in the crevices of jewellery can harbour disease-causing micro-organisms. Hand soap and hot and cold running water is an effective way to remove micro-organisms. **Handwashing is the single most important infection control measure staff and children can do to prevent the spread of infections.** Refer to the section on *Handwashing* in Chapter 2.

Hand sanitizers

Hand sanitizers should only be used if you don't have soap and water available. Alcohol-based hand sanitizers are recommended provided they contain 60-90 per cent alcohol. Hand sanitizer should only be used on (visibly) clean, dry skin and **not** when hands are **visibly dirty**. Apply sanitizer to your hands, enough so that by using a rubbing motion you can effectively cover all surfaces of your hands, including the backs of your hands and under your nails. **Be sure to rub until your hands are dry.** Remember to check the expiration date of hand sanitizer before use. Refer to *How to correctly use hand sanitizer* sign in Appendix 2.

Hand sanitizers are safe for children to use. It should not be swallowed; therefore, they **must be supervised** when using it. Store it safely. Note that after proper application to the hands the alcohol content evaporates.

Gloves

Gloves are not a replacement for handwashing. Gloves are to be used as an additional barrier when child care may involve the potential exposure to blood, body fluids, secretions or excretions, mucous membranes, draining wounds or non-intact skin.

- Gloves must be used when child care workers with open skin lesions or non-intact skin are handling items that are visibly soiled with blood, body fluids, secretions and excretions
- Gloves, when used, should be put on clean hands directly before contact with the child or just before the task requiring gloves, and properly removed as soon as the procedure is completed
- Remember to check the date of expiration on the box of gloves. Once gloves have passed their expiration date they begin to lose their integrity and are more prone to tearing when in use

Procedure for use and removal of gloves

1. Wash and dry hands properly. Refer to the section on *Handwashing* in Chapter 2
2. Slip hands into the gloves
3. Perform task

4. With non-dominant gloved hand, grasp the outside of the cuff of the other glove and remove the glove, turning it inside out as it is pulled off of the hand. Continue to hold the just-removed glove with the remaining gloved hand
5. Slide ungloved fingers under the cuff of the other soiled glove, and pull the glove off, turning it inside out and pulling it over the other glove
6. Discard the soiled gloves in the appropriate container
7. Wash and dry hands properly

Gowns

Gowns should be used to protect uncovered or non-intact skin and to prevent soiling or contaminating clothing and uniforms during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Routine use of gowns in a child care setting is not necessary.

- Gowns must be changed after each use
- When cleaning grossly soiled surfaces, a gown must be worn and removed and discarded after cleaning

Masks, eye and face protection

Masks, eye and face protection should be worn to protect the mucous membranes of the eyes, nose and mouth during procedures and activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Use of the appropriate protection may depend on the type of bodily fluid, spray/secretion or the task performed.