

GRADE KINDERGARTEN

TEACHER BACKGROUND INFORMATION

SAFETY AND FIRST AID

GENERAL SAFETY

Injuries, accidents and violence account for approximately 30% of all deaths in the N.W.T. A World Health Organization Report suggests that Canada is the worst country in the industrialized world for accidents among children.

Children are extremely curious and extremely active. They are, therefore, at high risk of accidental injury. However, knowledge of potentially dangerous situations and behaviours, the development of skills such as decision-making and the encouragement of attitudes such as being responsible for one's own actions can contribute to a reduction in, or the prevention of, accidents and injuries.

At the same time, school staff with a basic knowledge of First Aid can respond immediately to an emergency situation, ensuring prompt and appropriate treatment is provided.

St. John Ambulance is a national organization which will provide basic First Aid Training Courses in communities. For more information about St. John Ambulance in the Northwest Territories, contact:

St. John Ambulance
51 st Avenue & 51st Street
YELLOWKNIFE
403-873-5658

FIRE SAFETY

Safety Practices to Prevent Fires

Fire prevention involves positive safety practices:

- keep matches out of reach of children;
- children should never play with matches;
- never use gasoline or other flammable liquids to start fires;
- fire extinguishers should be easily available and kept in good working order;
- never leave electrical appliances on and unattended;
- turn pot handles away from the front of the stove;
- keep flammable material (clothes, paper, blankets etc.) away from fires and heaters;
- never smoke in bed.

Fire Drill Procedures

Schools should practise fire drills regularly. Being able to evacuate a building quickly and in an orderly fashion may make the difference between life and death. When the fire alarm sounds:

- walk to the door in an orderly fashion;
- line up in single file by the door;
- wait for the teacher to say when to leave;
- the teacher should close the door behind him/her;
- walk quickly and quietly behind the leader to the fire exit;
- assemble at the pre-selected point - this should include a nearby building in winter time;
- check that everyone is there;
- stay outside; do not go back into the building, until a responsible adult has determined it is safe to do so.

In the event of evacuating a building in extremely cold temperatures, the Yellowknife Fire Department recommends:

- students should always wear shoes in the classroom – there should be no sock feet;
- grabbing coats and boots on the way out - assuming that they are located in or immediately outside the classroom;
- leaving the building without coats or boots, if they are not close by - e.g. if students are in the gym.

The Fire Department also recommends that schools which are some distance from other buildings which could provide temporary shelter should:

- keep a supply of blankets in the gym or shop;
- where there is a school bus, use it to shelter students.

When a Building is on Fire

There are two basic rules to remember in the event of fire:

- Get out!
- Get help The following steps should be followed in the event of discovering a fire or being in a building which is on fire:
- yell 'Fire! Fire!' as loudly as possible;
- touch closed doors. If they are warm or hot, do not open them;
- stay away from smoke. Take another exit or crawl under the smoke,
- go to a safe meeting place outside;
- call the fire department;
- do not go back inside for any reason.

It is important for students to practise this drill. They will be more likely to reach safety, if they have rehearsed the steps to follow.

When Clothes are on Fire

The following steps should be followed, if clothing is on fire:

- STOP: stop immediately;
- DROP: drop to the ground or floor immediately,
- ROLL: roll back and forth on the burning spot until the fire is out,
- COVER: cover your face with your hand,
- COOL: cool burn with cold water immediately.

Making a Fire Plan

Students are encouraged to develop a plan for evacuating different rooms in the school, in the event of a fire. It is also suggested that they can help their families do the same at home. The local fire department may assist with this.

ELECTRICAL SAFETY

Accident prevention around electricity involves the following safety practices

- keeping all electrical appliances, cords and plugs in good repair;
- using grounded appliances;
- not overloading circuits;
- never using electrical appliances near water;
- covering electrical outlets with special plugs, if there are small children around,
- never poking objects into electrical appliances, when plugged in;
- never poking objects into electrical outlets;
- keeping electrical cords where people will not trip over them.

BICYCLE SAFETY

People who ride bicycles or motorbikes, drive snowmobiles, trucks or cars are all road users, who have to follow the rules of the road.

Accident prevention around bikes involves the following safety practices:

- keeping your bike in good working order,
- learning and observing all road signs;
- using correct hand signals for stopping or turning;
- riding on the right hand side of the road;
- always riding in single file;
- giving way to pedestrians;
- riding on the road, not the sidewalk;
- never carrying other people on the bike, unless it is built for that e.g. a baby carrier, or a tandem;
- always keeping hands on the handlebars, unless signalling,
- using a headlight after dark

WATER SAFETY

Safe Boating

Accident prevention around boats involves the following safety practices:

- always wearing a lifejacket,
- always carrying safety equipment e.g. paddle and bailer;
- taking extra clothes;
- never standing up in a boat or canoe;
- never overloading the boat;
- never boating alone;
- always checking the weather;

- making sure you tell someone where you are going and when you will be back;
- never drinking alcohol when driving a boat;
- if the boat capsizes, staying with the boat.

Safe Swimming

Accident prevention when swimming involves the following safety practices:

- never swimming alone;
- not fooling around in or near water;
- never swimming in unknown waters,
- children should swim, only if there is an adult around;
- never swimming while intoxicated;
- never swimming if the water is really cold;
- staying in the designated swimming area, if in a controlled situation;
- obeying all warning signs.

ICE SAFETY

Accident prevention in winter time involves the following safety practices around ice:

- checking with an adult before playing on ice;
- keeping off ice in Spring and Fall, when it is thawing;
- being cautious around dark or unknown patches of ice;
- staying away from ice, where there may be strong currents e.g. a river;
- staying away from open water;
- carrying a long pole when on ice.

ANIMAL SAFETY

Accident prevention around animals involves the following safety practices:

- never trying to pet or pick up a wild animal;
- never picking up a dog's bone;
- never trying to break up a dog fight, even if it is your own dog;
- never playing at the dump;
- making noises when picking berries so that animals will hear you,
- never leaving garbage around your campsite or outside your house;
- if a strange dog comes up to you, stand still; keep your hands down; let the dog sniff you; talk to it in a quiet, calm, voice; walk away slowly;
- if you are bitten by an animal, go to the Community Health Centre.

COLD WEATHER SAFETY

Accident prevention in winter involves the following safety practices.

- wearing a hat to prevent heat loss;
- wearing warm mitts or gloves to prevent frostbite;
- wearing a scarf in extremely cold temperatures;
- wearing layers of clothes;
- taking extra clothes, if going out of the community;
- wearing loose clothes - tight clothes are not warm;
- checking with an adult before playing outside;
- playing with someone else and checking each other for frostbite;
- wearing warm boots when it is extremely cold;
- keeping dry.

Hypothermia Prevention

Many people think hypothermia affects the body only in winter time; in fact, it can occur at any time of the year. It often occurs in the north in summertime, largely because of the cold temperatures of northern waters. On land, hypothermia occurs most frequently at mild temperatures, especially when it is wet or windy. Hypothermia can be prevented by observing the following safety practices:

- carrying extra clothes in waterproof bags;
- staying dry, if possible;
- wearing a hat to protect the head from heat loss;
- not eating snow; it lowers your body temperature;
- not drinking alcohol; it also lowers your body temperature and makes you less sensitive to cold;
- taking materials or being sure materials are available for an emergency shelter.

First Aid

See attached sheets.

Frostbite

Frostbite is the most common injury in cold weather.

Signs and Symptoms

- the skin turns white, yellowish-white or purple - purple is usually a sign of severe frostbite;
- the area feels numb;
- the area becomes cold and insensitive to touch.

Treatment

If someone is suffering from frostbite, the following steps should be followed:

- Go to a warm place, as soon as possible;
- Use body heat to thaw the frostbite e.g. fingers - put hands under armpits;
- Rub the affected area very gently with a warm hand;
- Do not rub the area with snow;
- Put extra clothes on the affected part;
- Once inside, give the person something warm to drink – NOT alcohol;
- Immerse the frostbitten part of the body in WARM, NOT HOT, water;
- Wrap the person in blankets;
- Contact a nurse or doctor immediately.

Hypothermia

Hypothermia occurs when the body becomes chilled over a long period of time. It is caused by exposure to cold. It is even worse when accompanied by winds, dampness or exhaustion. *Signs and Symptoms*

- violent fits of shivering;
- shivers will stop;
- numb feeling;
- cannot walk properly; stumbles around;
- feels drowsy;
- does not realize s/he has these symptoms;
- eventually collapses;
- leads to death

Treatment

If a person is suffering from hypothermia, the following steps should be taken:

- warm the person slowly;
- if possible, take him to a dry, sheltered place,
- if possible, remove his/her wet clothes;
- give him/her something warm to drink (not alcohol);
- if possible, give the person a warm bath;
- get into a sleeping bag with the person - this provides a source of body heat;
- contact a nurse or doctor.

FIREARM SAFETY

Firearms are a part of many people's daily lives in the Northwest Territories, and will undoubtedly continue to be. Children are exposed to them from a very early age, both through day to day living and various media. Many firearm accidents have involved young people (approximately 50% of firearm accidents involve children 15 years and younger).

Children need to learn awareness and safety related to firearms and ammunition, as well as positive and responsible behaviours around firearms. It is not intended to scare children, but rather to stress caution and personal responsibility.

Children should understand

- i) that firearms are dangerous - they are not toys
- ii) that mishandling a gun can cause injury or death

- iii) the rules of firearm safety, and
- iv) preventive behaviours around firearms.

Generally, young children should learn not to touch firearms. Under Canadian law, it is illegal for someone under 14 years of age to handle guns on their own. However, because hunting is a traditional way of life in the N.W.T., there may occasionally be situations where children need to know proper handling and storage of guns. Proper handling and storage are preventive behaviours related to firearm safety; teaching these does not assume that children should be handling guns on their own.

Preventive Behaviours Related to Firearm Safety

1. Young children should not touch firearms.
2. Older children may handle firearms in certain situations, but with adult supervision.
3. Always stand behind and away from the person with the firearm.
4. Know the rules of proper handling and storage of firearms and ammunition.
5. Treat every gun as if it were loaded.

Firearm Safety Rules

1. Treat every firearm as if it were loaded.
2. Always control the muzzle of your firearm.
3. Be sure of your target and beyond.
4. Never shoot at a flat, hard surface, or at water.
5. Never point a firearm at anything you do not want to shoot.
6. Never run, climb or jump with a loaded firearm.
7. Store firearms and ammunition separately.
8. Be sure your firearm is clear of all obstructions.
9. Unload firearms when not in use.
10. Tell an adult if you find a gun lying around.

Proper Storage of Firearms and Ammunition

Firearms and ammunition should be stored:

- separately.
- out of easy reach.
- in a secured, dry place.
- in cold weather hunting, it is better to leave firearms in a secure cold place, rather than allow condensation which may cause freezing and firearm failure. (relate comparison of cold eyeglasses fogging up)
- in leather or cloth cases, plastic cases will cause rusting.

Adapted from the Firearm Awareness Program, Department of Renewable Resources.

'First Aid for Teachers'

The following pages have been reprinted with permission from 'First Aid for Teachers' from the Canadian Red Cross Society.

First Aid

First aid is the immediate assistance provided to a person in physical (distress to maintain vital functions until medical attention can be obtained. Do not give medical aid which you have not been trained to deliver.

First Aid Objectives

1. Save a life.
2. Prevent further injury.

First Aid Priorities

1. Dangers

Do not move an injured child unless the child is in danger where he is. Only move the child if you cannot eliminate the danger. Protect yourself.

2. Ambulance

If the child appears to be unconscious, bleeding severely, or is having difficulty breathing, shout for help. Send an adult or older child for an ambulance. Tell them to give the following information:

- Where the accident is.
- What's wrong.

Tell them not to hang up until told to do so.

3. A.

Airway

Squeeze and shout. Open airway.

4. B.

Breathing

Check for breathing. If the child is not breathing, begin **Rescue Breathing**.

5. C.

Circulation

Check for serious bleeding (i.e. arterial bleeding).

Begin first aid for serious **Bleeding**.

6. Shock

Give first aid for shock to every injured student.

7. Assessment

Check for injuries other than ABC problems. Send someone to call an ambulance if needed.

Care for Shock

What to look for:

The child may

- appear pale, grey or mottled
- have cold, clammy skin
- feel weak
- have irregular breathing
- appear anxious or apathetic
- feel nauseous or thirsty

CAUTION: Many injured children experience shock, sometimes immediately, sometimes hours after an accident. **Shock can cause death.** As a preventive measure **always** give care for shock to an injured child.



1. If the child is conscious, keep him lying down.
2. Elevate the child's legs 20 cm (8") unless you suspect a broken bone or back injury.
3. Maintain normal body temperature. In most instances you will need to cover the

child to keep him warm. If there are no neck or back injuries or broken bones suspected, place a blanket under the child.

4. Comfort and reassure the child.
5. Encourage regular full breaths.
6. Continuously check that the child is conscious and breathing. Check wound sites to ensure that bleeding has not resumed.
7. If the child becomes unconscious treat for **Unconsciousness**. If the child stops breathing give **Rescue Breathing**.
8. Elevate the child's head and shoulders if breathing is difficult unless you suspect head, neck or back injuries.

CAUTION: Do not give food or fluids. Severely injured children may require surgery.

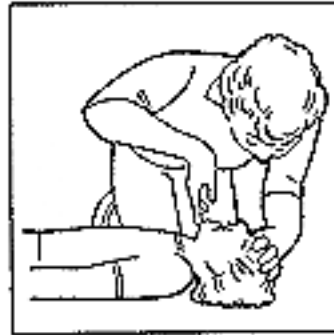
Note: Shock is oxygen deprivation in the brain and other vital organs. It is caused by a serious reduction in blood pressure and/or volume. Blood volume and pressure can be reduced by many factors, including heavy loss of blood, loss of fluid as a result of burns, and the body's response to pain or fear.

Rescue Breathing

If a child appears to be unconscious:

1. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone to call an ambulance.

CAUTION: If you suspect a neck, head or back injury, do not tilt the head. Gently lift the chin without moving the neck or pressing on the forehead. Tilt the head only if you cannot inflate the chest.



2. Tilt the head to open the airway Lift the chin with one hand and push down on the forehead at the same time with the other.

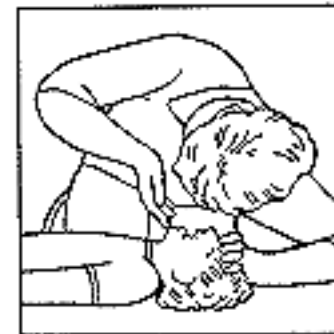


3. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest.

4. If the child is breathing, care for **Unconsciousness**.

5. If the child is not breathing, pinch the nostrils closed. Use the thumb and forefinger of the hand that is on the child's forehead.

6. Seal your mouth tightly around the child's mouth. Blow in two slow breaths of air Take your mouth away after each breath



7. Release the nostrils. Look for movement of the chest.

8. If the chest has not moved, make sure the head is tilted enough. Pinch the nostrils closed, blow in two breaths, and watch for movement of the chest.

9. If the chest still does not move, care for **Choking: Unconscious** steps 5-7.

10. Give one breath every 4-5 seconds until the ambulance arrives or the child starts breathing again.

11. Care for Shock.

Note: If the child vomits during Rescue Breathing, roll him on his side, clean out the mouth, then resume Rescue Breathing.

Choking: Conscious



CAUTION: Adjust the force of the thrust to the size of the child. Use less force for a smaller child.

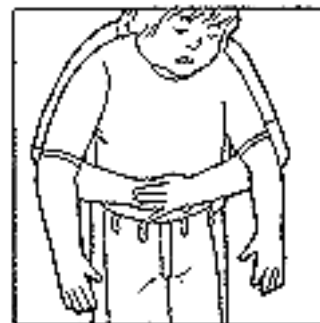
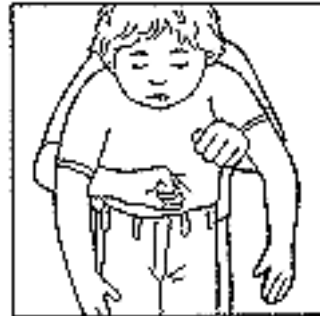
8. Continue the thrusts until the object has been expelled, or the child becomes unconscious. Treat for **Choking: Unconscious**.
9. After the object is expelled, seek medical attention immediately.
10. Care for **Shock**.

If the child can breathe, speak or cough forcefully;

1. Encourage the child to bend forward and cough up the foreign object.
2. Do not slap the child on the back. Stay with him and monitor breathing.

If the child cannot breathe, cough or talk, turns blue; or is making a high-pitched noise:

3. Shout for help and send someone to call an ambulance.
4. Stand behind the child and place your arms around his waist.
5. Make a tight fist. Place it just above the navel, thumb against the abdomen.
6. Place your other hand over the fist.
7. Press your fist into the abdomen with quick upward thrusts.
(Heimlich Manoeuvre)



Choking: Unconscious

If a child is choking and becomes unconscious:

1. Ensure an ambulance has been called.
2. Roll the child onto his back.
3. Check the mouth. Grasp the tongue and lower jaw. If you can see the object, remove it, taking care not to push it in further.
4. Try to blow in two slow breaths of air. If air enters, give **Rescue Breathing**.
5. If the breath does not go in, place the heel of your hand in the middle of the child's abdomen, below the rib cage, just above the navel. Place the other hand on top.
6. Press into the abdomen using quick upward thrusts with increasing force. Repeat 6-10 times. (Heimlich Manoeuvre)



CAUTION: Adjust the force of the thrust to the size of the child. Use less force for a smaller child.

7. Repeat steps 3-6 until the object is expelled.
8. When the object is expelled, refer to **Rescue Breathing**.

Bleeding

Cuts and Wounds

1. Apply direct pressure to the cut with a clean cloth. If nothing clean is available, use your hand with the fingers flat.
2. Elevate a bleeding limb higher than the heart, unless you suspect a broken bone.
3. For all severe bleeding, shout for help. Send someone to call an ambulance immediately.
4. Have the child lie down and keep still.
5. If the cloth soaks through, **do not remove it**. Apply a second cloth on top.
6. Tie the cloth in place with a bandage. Never tie a bandage to the neck. Maintain pressure with your hand over the wound.

After the bleeding has stopped:

7. Immobilize an injured limb if transporting the child is absolutely necessary.
8. Check circulation frequently. If the area below the wound is cold or blue, the bandage is too tight.
9. Care for **Shock**.
10. Seek medical attention.



Nose Bleeds

1. Have the child sit down.
2. Tilt the child's head forward slightly.
3. Pinch the nose firmly.
4. Hold firmly for 10 full minutes without checking.
5. If bleeding continues, seek medical attention.

Scrapes

1. Clean the scraped area by flushing it with running water.
2. Gently wash the area around the wound with soap and water.
3. Blot dry with a sterile gauze dressing.
4. Cover with a sterile non-stick dressing.

Note: Seek medical attention if the scrape is over a large area or if it becomes infected. If infected, it will be red around the scrape and sore to the touch.

Impaled Objects

CAUTION: Do not remove an impaled object, as severe bleeding and increased damage may result.

1. Cut clothing away from the wound site.
2. Stabilize the object and control bleeding by applying bulky dressings around it.
3. Hold the dressings in place with bandages.
4. Seek medical attention immediately.
5. Care for **Shock**.

Note: If an object appears to have punctured the chest wall, seal the

wound with a piece of plastic or your hand. Place the child in semi-prone position, injured side down. Monitor airway and breathing constantly.



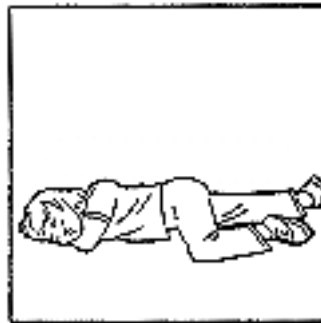
Internal Bleeding

What to look for:

Suspect internal bleeding if the child has received a severe blow to the chest, back or abdomen. One or more of these signs may be evident:

- pain over the injured spot
- bright foamy blood coughed up
- vomit that is red in colour
- bleeding from any body opening
- feeling of faintness
- swelling
- air hunger (yawning or gasping)
- severe thirst

CAUTION: Do not elevate the feet. Do not give the child anything to drink. Do not move a child



who may have a head or neck injury, unless breathing is a problem.

1. Place the child in the semi-prone position.
2. Send someone to call an ambulance.
3. Care for **Shock**.

Unconsciousness

If a child appears to be unconscious:

CAUTION: Do not move the child if a neck or back injury is suspected.

1. Squeeze the child's shoulders and shout "Are you OK?" If no response, shout for help and send someone to call an ambulance. If the child is not breathing, give **Rescue Breathing**.
2. If the child is breathing, and you do not suspect a neck or back injury, place the child in the semi-prone position. Watch the mouth for blood or fluids. Clear with a cloth.
3. If you suspect a neck or back injury, do not move the child.

Check for blood, fluids or noisy breathing. If there is none, do not move the child. **Listen and watch for fluids constantly** until the ambulance arrives.

If you hear gurgling, or noisy breathing, or see fluid, roll the child into the semi-prone position immediately. Turn the body as a unit. Avoid twisting the neck. Ask other adults to assist you. Clear the mouth with a cloth.



4. Constantly check breathing. If it stops, give **Rescue Breathing**.
5. Check for a Medic Alert bracelet or necklace.
6. Care for **Shock**.

Fainting

What to look for:

Fainting may be preceded by

- paleness
- sweating
- dizziness
- nausea

1. If you think that the child is about to faint, have him lie down and elevate his feet 20 cm (8").
2. Loosen tight clothing.
3. If the child becomes unconscious, open the airway.
4. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest. If not breathing give **Rescue Breathing**.
5. If the child is breathing, or when he resumes breathing, place him in the semi-prone position.
6. Check for a medic alert bracelet or necklace.
7. If there is no recovery in 3 minutes, the problem is more serious than fainting. Send someone to call an ambulance immediately.
8. Care for **Shock**.

Diabetes

What to look for:

A diabetic child who has taken too much insulin, missed a meal, or exercised too much may show any of the following:

- moist, ashen or pale skin
- cold sweat
- hunger
- shallow breathing
- confusion
- shaking
- dizziness.

CAUTION: If this condition is not handled immediately, the child may become unconscious.

If the child is conscious:

1. Give the child a glass of juice, candy or any other sugar.
2. Seek medical attention immediately.
3. Care for **Shock**.

If the child is unconscious:

1. Place the child in the semi-prone position.
2. Send someone for an ambulance immediately.
3. Place a **small** pinch of sugar under her tongue. Repeat when the sugar has dissolved. Do not give the child anything to drink.
4. Care for **Shock**.

Spinal and Head Injuries

What to look for:

One or more of these signs may be evident if there is a spinal injury.

- loss of motion or sensation below the injury
- pain at the site of the injury
- light muscle flinching
- "pins and needles" sensation below the site of the injury
- confusion
- loss of coordination

What to look for:

A child with a head injury may show any of the following:

- headache
- dizziness, or disorientation
- nausea or vomiting
- drowsiness
- loss of consciousness
- bleeding or clear fluid from ear or nose

A fall of 15 cm (6") onto a hard surface is sufficient to cause a head injury. Seek medical attention immediately. A head injury is often more severe than it may seem.

CAUTION: Any head injury may mean the child has a spinal injury. Unless the child's life is in danger, **do not move the child.**



1. Check for consciousness without moving the child. Squeeze the child's shoulders, and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance.
2. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest.
3. If the child is not breathing, give **Rescue Breathing.**
4. If the child is breathing and unconscious, treat for **Unconsciousness.**
5. If conscious: If you suspect a spinal injury, immobilize the head in the position you found the child. Use towels or clothing and hold them in place with rocks or bricks.
6. Care for **Shock.**

Seizures

1. Protect the child's head and limbs from injury by removing objects nearby. Place soft articles such as pillows between the child's head and immovable objects such as walls and heavy furniture.
2. Do not interfere with the child's movements.
3. Do not put objects between the teeth.
4. After the seizure, if the child is unconscious or sleepy, place him in the semi-prone position.
5. Care for **Shock.**

Broken Bones



Caution: Do not move a broken bone. Call an ambulance; the attendants will splint the bone.

What to look for:

The presence of only one of these signs is sufficient to call an ambulance:

- severe pain or tenderness to the touch
- distortion of a limb
- loss of circulation in a limb (toes/ fingers are white or blue)
- loss of feeling in a limb (Can the child feel a squeeze of the fingers/ toes?)
- swelling and discoloration
- child reports having heard a cracking sound

1. Encourage the child not to move.
2. Immobilize the broken limb where the child is lying. Use towels or blankets to stabilize the limb.
3. Call an ambulance.
4. Care for **Shock**.

Note: Treatment for dislocations is the same as for broken bones.

Bleeding (Compound fracture)

1. Gently place a cloth over the wound. Use a sterile dressing or clean cloth.
2. Apply pressure around but not on the wound. Pressure should be sufficient to control the bleeding without moving the broken bone.
3. Do not elevate the limb.
4. If bleeding is not controlled, apply a second bandage over the first.
5. Call an ambulance immediately.
6. Care for **Shock**.

Sprains & Strains

What to look for:

A **sprain** is an injury to a joint. The child may have:

- swelling
- pain
- discoloration
- loss of movement

A **strain** is an injury caused by overstretching the muscles. The child may have.

- pain
- swelling

1. Encourage the child not to move.
2. If you suspect a sprain, do not move the child unless necessary. The injury could involve a broken bone.
3. Apply cold to the injured area. Do not allow ice to touch the skin. Wrap the ice in a towel or cloth.
4. Seek medical attention.
5. Care for **Shock**.

Poison

Swallowed - Conscious Child

What to look for:

If a chemical has been swallowed, the child may have the following:

- burning sensation in the mouth, throat, stomach
- cramps, gagging, diarrhoea.

If a plant or drug has been swallowed, the child may have the following:

- vomiting, convulsions
- drowsiness, slurred speech
- lack of coordination
- dizziness

1. Identify the poison.
- 2a. **Drugs and medicine:** Do **not** give the child liquids. Call the Poison Control Centre for instructions.
- 2b. **All other poisons:** First give the child half a glass of water, then immediately call the Poison Control Centre for instructions. If Poison Control is not listed in your phone book, call your hospital or doctor.
3. Care for **Shock**.



Note: Store in your first aid kit two or more 50 ml bottles of Syrup of Ipecac to induce vomiting. Use only when instructed by the Poison Control Centre. If the child is transported to a medical facility, send the poison (container, plant, etc.) and a sample of any vomit with the child to the hospital.

Swallowed - Unconscious Child

What to look for:

If a chemical has been swallowed, the child may

- have burns on or in the mouth
- not be breathing
- be unconscious

If a plant or drugs have been swallowed, the child may

- vomit
- be unconscious
- not be breathing
- have convulsions

CAUTION: Never attempt to make an unconscious child vomit.

1. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance. If not breathing, give **Rescue Breathing**.
2. If the child is breathing, place in the semi-prone position and treat for **Unconsciousness**.
3. Care for **Shock**.

Note: If the child is to be transported to a medical facility, send the poison (container, plant, etc.) and a sample of any vomit with the child to the hospital.

Poison

On the Skin

What to look for:

The child who has come into contact with chemicals or a poisonous plant will have any of the following:

- burning, itching, swelling, blisters
- headache, fever.

1. Remove chemically contaminated clothing. Be careful not to contaminate yourself.
2. Flush the skin with cool water for at least 10 minutes. Be careful to avoid getting any of the chemical into the child's eyes.
3. Do not break blisters.
4. Identify the poison.
5. Call the Poison Control Centre for advice.
6. Care for **Shock**.

Inhaled

What to look for:

The child may have any of the following:

- irritated eyes, nose, throat
 - coughing, shortness of breath, dizziness
 - vomiting, convulsions
 - bluish colour around the mouth
 - unconsciousness
1. Take the child to fresh air. Protect yourself from the gases.
 2. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance. If child is not breathing give **Rescue Breathing**.
 3. If the child is unconscious and breathing: place in semi-prone position and treat for **Unconsciousness**.
 4. If the child is conscious, call the Poison Control Centre for advice.
 5. Care for **Shock**.

Burns

Heat Burns

CAUTION: Clothes may stick to the skin. Do not remove them. Do not break blisters. Never use greasy ointments, butter, lotions or creams.

1. Immerse the burned area in cold water for at least 5 minutes and as long as the pain lasts. Do not use ice.
2. Cover the burn with a sterile, non-stick dressing.
3. Serious burns require immediate medical attention. These include red burns 5 cm (2") or more in diameter and all burns which are blistered, white or black.
4. Care for **Shock**.

Chemical Burns

CAUTION: If the chemical is a powder, brush off as much as possible with a clean cloth before flushing with water.

1. Remove contaminated clothing.
2. Flush the skin with large amounts of cold water for 15 minutes. Use a shower or hose for large body areas
3. Cover the burned area with a sterile cloth.
4. Seek medical attention immediately.
5. Care for **Shock**.

Teeth

If a tooth is knocked out or broken:



1. Tilt the child's head forward to prevent choking on blood.

2. Use direct pressure on mouth wounds Use a piece of gauze or clean cloth over the socket. Have the child bite down to hold the dressing in place.
3. Collect knocked-out or broken teeth. If soiled, place them in a moist cloth and keep them warm in the palm of your hand. If the child is old enough, place clean teeth between the gum and the cheek. Have the child bite down to avoid swallowing the teeth.
4. Seek **dental** attention immediately to have the tooth re-implanted.
5. Care for **Shock**.

Eyes

Foreign Object Embedded in the Eye

1. Instruct the child not to rub the injured eye.
2. Do not remove a foreign object.
3. Do not remove contact lenses.
4. Cover both eyes to reduce eye movement. Use a loose bandage to avoid pressing foreign objects against the eye.
5. Seek medical attention immediately.
6. Care for **Shock**.



Chemical in the Eye

CAUTION: Do not wash the chemical into the uninjured eye.

1. Flush the eye thoroughly with lukewarm water for at least 15 minutes.
2. Cover both eyes to reduce eye movement.
3. Seek medical attention immediately.
4. Care for **Shock**.



Bites and Stings

Insects

CAUTION: Most insect bites, although painful and uncomfortable, are harmless. However, if a child shows signs of breathing difficulty, call an ambulance immediately. If a bee or wasp sting causes a reaction, find out if the child is carrying a "sting kit", and help him use it.

1. Wash the affected area. Remove the stinger by gently scraping the skin with a knife. Do not use tweezers as squeezing the stinger may inject more poison.
2. Apply a cold compress to the bite area to control swelling. Calamine or other lotion may be used to relieve itching.
3. Care for **Shock**.

FIRST AID KITS

Field Trips

When making arrangements to take a group of students on a short field trip, plan to take along a first aid kit which includes **at least** the following items. Use a checklist to ensure that you have not forgotten any item.

2 Triangular bandages	<input type="checkbox"/>	40 Bandage strips	<input type="checkbox"/>
2 Small wound dressings	<input type="checkbox"/>	1 Tweezers	<input type="checkbox"/>
2 Medium wound dressings	<input type="checkbox"/>	Mild antiseptic	<input type="checkbox"/>
10 Non adherent wound dressings	<input type="checkbox"/>	2 Elastic roller bandages	<input type="checkbox"/>
2 3-cm Gauze rolls	<input type="checkbox"/>	20 Safety pins	<input type="checkbox"/>
2 5-cm Gauze rolls	<input type="checkbox"/>	1 Scissors	<input type="checkbox"/>
1 Tape roll	<input type="checkbox"/>	Red Cross First Aid reference manual	<input type="checkbox"/>
20 Alcohol wipes _____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Wilderness Trips

To protect your students on a wilderness day trip, during the summer months, include **at least** the following items in your first aid pack. Use a checklist to ensure that you have not forgotten any item.

2 Triangular bandages	<input type="checkbox"/>	1 Knife	<input type="checkbox"/>
2 Small wound dressings	<input type="checkbox"/>	1 Flashlight	<input type="checkbox"/>
2 Medium wound dressings	<input type="checkbox"/>	1 Whistle	<input type="checkbox"/>
10 Non-adherent dressings	<input type="checkbox"/>	1 Blanket or sleeping bag	<input type="checkbox"/>
4 3-cm Gauze rolls	<input type="checkbox"/>	2 Splints	<input type="checkbox"/>
4 5-cm Gauze rolls	<input type="checkbox"/>	10 Splint ties	<input type="checkbox"/>
1 Tape roll	<input type="checkbox"/>	Burn cream	<input type="checkbox"/>
1 Scissors	<input type="checkbox"/>	Halazone tablets	<input type="checkbox"/>
20 Alcohol wipes	<input type="checkbox"/>	Hard candies	<input type="checkbox"/>
40 Bandage strips	<input type="checkbox"/>	Sun screen	<input type="checkbox"/>
Mild antiseptic	<input type="checkbox"/>	Insect repellent	<input type="checkbox"/>
2 Elastic roller bandages	<input type="checkbox"/>	Moleskin	<input type="checkbox"/>
10 Safety pins	<input type="checkbox"/>	Pencil and paper (messages)	<input type="checkbox"/>
Coins (emergency phone calls)	<input type="checkbox"/>	Soap	<input type="checkbox"/>
Salt tablets	<input type="checkbox"/>	Lip balm	<input type="checkbox"/>
Needle and thread	<input type="checkbox"/>	2 Instant cold packs	<input type="checkbox"/>
Waterproof, windproof Matches	<input type="checkbox"/>	Red Cross First Aid reference manual	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Always be prepared for an emergency situation! For mountain trips, make sure every student has sufficient clothing to handle extreme changes in weather.

ACCIDENT REPORTING

All school districts require that an accident report be completed for every student who has been involved in a school-related accident. For the most part, copies of the report are filed at the School District Office and at the particular school where the accident occurred.

Although the format of the accident report as well as the reporting/filing procedures will vary from school district to school district, the information required is usually the same.

Accident reports should be designed to record at least the following information:

Name, age, address and telephone number of the injured student;

Date and time of the accident;

Details of the accident (location, circumstances and number of people involved);

Nature of the injury (part of body and severity of injury);

First aid administered to the student at the time of the accident;

Names of witnesses;

Name of person delivering first aid;

Attending physician or admitting hospital;

Name of supervisory teacher.

In addition to the legal requirements of accident reporting, schools can benefit tremendously from maintaining accurate accident records. From them can be secured the following:

Data: Such information can be used in the future to classify the types and severity of accidents occurring in a particular school.

Guidance: Students, teachers and parents can all learn from real experience ways to avoid accidents in the future, safety materials for students can be devised directly from the data recorded.

Evaluation: Safety precautions currently in effect can be frequently re-evaluated to maintain a safe environment for students at all times.

Support: With the data secured from accident reports, schools are in a much better position to receive such items as better gym apparatus, safer playground equipment, needed sidewalks or crosswalks and better lighting.