

5. Health and Safety

Safety Information

A copy of the Emergency Evacuation Plan for the preschool premises is located at the end of this section of the Parent Portfolio.

Fire

The Fire Department inspects the premises each year. We never put any paper near our hot air vents. We have three exits. Fire extinguishers are kept beside the south-east exit of the classroom, the door to the kitchen, in the kitchen next to the fridge and on the wall outside the men's washroom. Examine them until you are comfortable about using them if it ever became necessary.

In Case of Fire

- One Duty Parent checks **both** bathrooms, large hall and kitchen for children.
- The other Duty Parent (or 2nd E.C.E.) moves the children quietly towards the door. When all the children are gathered by the door, the Duty Parent then leads them to the outside equipment shed.
- E.C.E. collects the roll book and makes a final check of the classroom.

In Case of Injury

- Apply immediate First Aid.
- If necessary, call 911 for an ambulance.
- Check the Vital Information sheet posted above the telephone for family phone numbers.
- Phone the parent **or** if no contact is made, phone the emergency contact person.
- Phone an E.C.E. Substitute (list in the E.C.E.'s cupboard and file cabinet).
- E.C.E. will accompany the child to hospital if necessary.

Earthquake Preparedness:

Caution: Most injuries and fatalities are due to aftershocks of equal or greater magnitude!

Our preschool has taken a number of precautions to prepare for your child's safety in the event of an earthquake or other emergencies.

1. Backpacks containing a first-aid kit, gloves, medical and emergency information are kept in packs by the exit doors for quick and easy access.
2. All windows are covered with Mylar – a surface that prevents glass from shattering into the classroom.
3. We have an earthquake kit, which is checked by the equipment person, stored in the shed with emergency supplies.
4. A supply of warm sweaters is also stored in the shed.
5. We do emergency evacuation drills.
6. We own an Earthquake Preparedness Video (in the Parent Education Library).
7. During, and following an earthquake procedures have been identified. Details of earthquake procedures are posted by both exits in folders.
8. There is a pry bar in the bottom drawer under the parent mailboxes in case there is difficulty getting out of the classroom.
9. Electrical Shut Off – switch off the main breaker in the breaker box just inside the front door of the church (yellow cupboard).
10. Water Shut Off – there is a concrete box in the ground, to the left of the brown church sign near Cordova Bay Road. Use a pry bar (one in bottom drawer in classroom, one in shed) to remove the lid. Shut off tap inside.

What To Do If An Earthquake Occurs:

If inside, STAY THERE.

1. Adults gather children nearest to you and take cover under tables.
2. Cover back of head and neck – Drop, cover and hold”.
3. If in the bathroom - take cover under the counter (NOT in doorway as door may swing and injure children).

4. If in the kitchen, get out. Kitchens are the most dangerous place.
5. Cover back of head and neck.
6. Count to 60.
7. Head to safest EXIT: first choice is Sutcliffe Road exit (south-east door from classroom).
8. Account for all children.
9. If possible, one adult collects the children's coats and second backpack.
10. Take backpack and tents.
11. Exit to designated meeting spot – Sutcliffe Road side of church on the grass. (Meeting places must be away from power lines or tall trees, building walls that could collapse (1 ½ times the height of building wall). The ground could be charged with a lethal amount of electricity 30 feet around a live wire.)

If Outside, STAY THERE:

1. Adult call children together to gather under climber.
2. Cover back of head and neck.
3. Count to 60.
4. Account for all children.
5. Lead children to designated meeting area - Sutcliffe Road side of church on the grass.

Once outside:

1. Put shelters up at A-frame structure in front of church, Cordova Bay Road side.
2. Attend to the injured.
3. Place identification/information tags on the children.
4. Keep children warm and comforted.
5. Retrieve extra emergency supplies from the shed.

6. Set up emergency toilets.
7. Turn on radio for information.
8. When releasing children – record all information on “child Release Sheet”.
9. Emergency contact number and alternative meeting place:
Sharon and Peter Darroch (250) 658-1768
985 Sutcliffe Road (cartoon characters on fence)

Insurance

The preschool’s insurance policy, through the Vancouver Island Cooperative Preschool Association, covers the following:

- Property and contents;
- Liability (if a preschool member is negligent);
- E.C.E. and enrolled children are insured for injury;
- Parents, siblings, caregivers, and volunteers are not insured.

Parking Lot Safety

Please park cars well away from the school entrance and exit to leave a clear open space in which children can be easily seen as they move in and out.

Enter and exit with your child rather than having your child run ahead. If you are involved in discussion in the parking lot, see that your child is seated safely in the car with the doors closed.

Field Trip Information

All parents driving for school excursions are responsible for ensuring their cars are in good repair and meet Provincial Motor Vehicle requirements (i.e. seat belts), and are recommended to carry a minimum of \$2,000,000 (\$2 million) liability insurance.

Parents must make sure that children are properly seated in rear seats only, and that seat belts or child restraints are used, properly adjusted, and with only one child per seat belt.

Parents are responsible for driving their child to and from the field trip, or for arranging carpooling with another family. Preschool begins and ends at the site of the field trip. Parents will be notified in advance about all field trips, and a notice giving all details will be posted on the Bulletin Board.

Parents are welcome to attend most field trips with their preschool child. Generally siblings are welcome, but occasionally the setting may not be suitable for a larger group or younger children. Siblings attendance will be at the discretion of the field trip person and the ECE.

Prevention of Illness

Please use the following guidelines to help us prevent the spread of illness in our preschool. Please keep your child at home for the following conditions:

- Pain—any complaints of unexplained or undiagnosed pain.
- An acute cold with fever, coughing and sore throat.
- Difficulty in breathing—wheezing or persistent cough.
- Fever (100°F or 38.3°C) accompanied by general symptoms may be an early sign of illness.
- Sore throat or trouble swallowing.
- Infected skin or eyes or an undiagnosed rash.
- Headache and stiff neck.
- Unexplained diarrhea—combined with nausea, vomiting or abdominal cramps.
- Nausea and vomiting—may be an early sign of illness.
- Severe itching of body or scalp.
- Children with known or suspected communicable diseases.
- If you feel your child is not well enough to take part in the full program (outdoor program also).

First Aid Information

Choking—Precautions

- Cut food into small pieces and chew slowly and thoroughly.
- Avoid talking and laughing while chewing and swallowing.
- Do not permit children to walk, run or play while eating.
- Keep small foreign objects (i.e. marbles, beads, thumbtacks, etc.) away from toddlers and infants.
- Do not leave unconscious patients on their back. The tongue can fall back into the pharynx and obstruct the air passage.

Choking Victim—Conscious

- As long as patient can cough, forcefully and adequate air exchange is taking place, do not interfere with the patient's attempts to clear their own airway.

Otherwise

- Rescuer asks victim "Can you speak?" Reassure victim and call for help.
- Have victim remain standing or sitting in a chair.
- Stand or kneel (whatever the case may be as victim may be adult or child).
 - Grasp one fist with your other hand and place thumb-side in.
 - Press fist into abdomen (above umbilicus and below ribs in a position so as not to crush any ribs) with upward and inward thrust of increasing force.
 - Continue to deliver abdominal thrusts until foreign body is expelled or passed. Act quickly.
- **Unless complete airway obstruction is soon relieved, unconsciousness and death will rapidly follow.**

Injury to the Eye—Sand

- Remove excess sand on face and eyes with a dry cloth or Kleenex. Both eyes closed.
- Run a gentle stream of water over opened eye from inner to outer direction for a few minutes.
- If the eye is still irritated after cleansing, take the child to an Emergency Department or Treatment Center.

Blunt Injury or Perforating Injury

This could be a thrown ball, a finger in the eye or a stick in the eye.

- If an object is in the eye do not pull it out.
- Take the child to the Emergency Department immediately.
- Apply a cool compress to the eye which has received the blunt injury.
- Apply light pressure, with a clean cloth, to an eye which is bleeding.

Sprains

Usually caused by wrenching or twisting.

- Watch for rapid swelling and pain upon joint movement.
- Elevate and rest affected part.
- Apply cold compress or ice bag intermittently for 20 minutes per hour.
- Apply mild heat after 36 hours.

Contusions

An injury to soft tissue produced by a blunt force, blow, kick or fall.

- Watch for swelling, pain and discoloration.
- Elevate the affected part.

- Apply cold compress to reduce swelling.
- Apply tensor bandage to reduce swelling and support injury.
- After six hours heat may be applied.

Strains

An injury to muscles or tendons.

- Treatment same as Contusions.

Fractures

A break in the bone.

- Support affected area in a sling or splint.
- Elevate.
- Apply ice pack.
- Do not give child food or drink in case fracture requires surgical repair.
- **A good idea for an ice pack that is reusable is a packet of frozen peas. Mark clearly and leave in your freezer.**

Head Injuries—Concussion

Signs to watch for:

- Vomiting (especially if violent or repeated).
- Severe headaches especially if it gets worse.
- Unusually sleepy, unable to awaken easily (wake every two hours the first night following an injury).
- Dizziness, especially on changing positions.
- Irritability and restlessness.
- Blood or clear fluid dripping from ear or nose.

- Stiff neck or definite weakness in arm or leg.
- Convulsions (jerking movement of arms or legs).
- Call your doctor or call the Emergency Department if any of these occur after a head injury.
- Some symptoms may occur up to weeks or months after the injury.

Abrasions

- Cleanse the wound, removing all particles of dirt (to prevent infection).
- Apply an antibiotic ointment and dry dressing.
- Redress daily until healed.
- See your family doctor if you suspect infection.

Cuts (Lacerations)

- Apply direct pressure to cut with clean, dry, cloth.
- Once bleeding slows or stops, cleanse with hydrogen peroxide.
- Go to Emergency Department or Treatment Center if cut requires stitches.

Basic Wound Care (Cuts, Abrasions, Burns)

- Keep dressing clean and dry.
- Elevate the wound—relieves soreness and speeds healing.
- Despite great care, any wound can infect. If wound becomes red, swollen, shows pus, or red streaks or feels sorer as days go by report to a doctor.

Managing a Child Having a Convulsive Seizure

A convulsion is involuntary contractions of muscles resulting from abnormal cerebral stimulation.

- Ensure an adequate airway by placing child on his/her side during a convulsion (if possible) to allow drainage of mucus and saliva.
- Protect the head with a pad to prevent head injury. Remove pillow if in bed. Loosen constrictive clothing.
- When jaws are clenched in spasm do not attempt to pry open to insert a mouth gag. If aura (warning) precedes seizure, insert a folded handkerchief between the teeth to reduce possibility of biting his/her tongue and cheek.
- Reorient the child to his/her environment when he/she awakens.
- Provide privacy and protect child from curious onlookers if possible.
- **Remember any child who has a seizure needs to be seen by a doctor.**

Stings

Bees and wasp stings are the most common. In sensitive persons their toxins can cause shock. Immediate emergency care is needed.

- Cleanse the wound.
- In the case of a bee sting, remove the stinger.
- Apply an ice pack.
- Apply calamine or caladryl, or baking soda paste.
- Watch for signs of shock.

Shock—Anaphylactic

- A systemic allergic reaction. Usual causes are penicillin reactions or responses to insect venom (i.e. bee sting). Usually an immediate onset but may be delayed 10-30 minutes.

Signs and Symptoms

- Sudden anxiety, restlessness, feeling of doom.

- Intense itching, especially of feet or hands.
- Pounding headache.
- Coughing and difficulty breathing.
- Nausea, abdominal cramps, and even involuntary defecation, urine incontinence.
- Seizures.
- Flushing of skin.
- Change in voice or loss of voice due to swelling of larynx.
- Feeling of faintness due to low blood pressure.

Treatment

- Requires immediate medical attention.
- Call 911 and give antihistamine if indicated or available.
- Loosen restrictive clothing.
- Lie child on back with feet and legs elevated (no pillow under head).
- Do not give any food or fluid.
- Maintain airway.
- If child stops breathing begin CPR

Signs and Symptoms of Minor Shock

- Skin pale, may be clammy.
- Weak pulse.
- Feeling faint.

Treatment

- Lie child on back with feet and legs elevated.
- Loosen restrictive clothing.

- Cover with blanket if child is cold.
- Once child is feeling better, lower legs then slowly have him/her sit up.
- Give some water to drink once child feels better.