



14 Childhood Illnesses

Caring for children, either at home or in a child care setting, involves special considerations. Children often have a higher risk of complications from illnesses and there are certain diseases that children are more susceptible to. Young children, especially, may not yet be vaccinated against diseases that most adults are immunized against. In general, children's immune systems are less developed and less able to resist infection.

Infections can spread quickly between children, as they don't always follow proper hygiene procedures (such as blowing their noses and washing their hands). Child care settings have special notification and disinfection procedures, so ensure that you are aware of the protocols that apply to your workplace and follow them carefully.

Protecting Children from Infection

In a child care setting, protect children from infectious diseases by:

- Insisting that staff members who are sick not come in to work.
- Encouraging parents and guardians to keep sick children at home.
- Having an isolation room for children who unexpectedly become ill.
- Washing your hands before and after contact with a child who has diarrhea or is vomiting.
- Washing bedding and equipment at least once a week, or every day when children are sick.
- Teaching children the importance of covering their mouths (preferably with the inside of their elbow) when they cough or sneeze and washing their hands afterward.

In a child care setting, follow these guidelines for cleaning the bathroom:

- Clean and sanitize the bathroom sink, countertop, toilet, and floor with a bleach solution once a day.
- If you use the bathroom sink to clean toilet trainers, use a bleach solution to sanitize the sink afterward.

Questions to Ask Yourself If You Think a Child May Be Ill

It can be more difficult to identify illness in a child than in an adult, because children may not be as good at communicating what is wrong. If you suspect that a child may be ill, ask yourself the questions in the following table. If you answer "yes" to any, it may be a sign of illness.

Area to Watch	Questions to Ask
Behaviour	<p>Is the child:</p> <ul style="list-style-type: none"> • Confused? • Unusually sleepy? • Unusually irritable or fussy? • More active or more subdued than normal? • Not interested in other children or play? • Crying nonstop, even when cuddled?
Face	<p>Does the child:</p> <ul style="list-style-type: none"> • Appear pale or flushed? • Show signs of pain or anxiety? • Have bluish lips? • Have any swelling?
Skin	<p>Does the child have:</p> <ul style="list-style-type: none"> • Hot and dry skin or cold and moist skin? • A rash or spots? • An unusual skin colour? • Itchy skin? • Any bruising or swelling?

Area to Watch	Questions to Ask
Eyes	<p>Does the child:</p> <ul style="list-style-type: none"> • Rub and scratch his or her eyes? • Have red and inflamed eyes? • Have discharge in his or her eyes? • Have dull or unusually bright eyes? • Have swollen or puffy eyes? • Have yellow eyes? • Complain of seeing spots?
Ears	<p>Does the child have:</p> <ul style="list-style-type: none"> • Trouble hearing? • Swelling in or around the ears? • Ringing in the ears? • An earache? • Any discharge? • Loss of balance? • A tendency to pull, cup, or poke his or her ears?
Tongue	<p>Does the child have a:</p> <ul style="list-style-type: none"> • Dry and cracked tongue? • Red and raw tongue? • White or yellow coating on his or her tongue?

Area to Watch	Questions to Ask
Breathing	<p>Does the child have:</p> <ul style="list-style-type: none"> • Rapid shallow breathing? • Painful breathing? • A strange odour on his or her breath?
Throat	<p>Does the child have:</p> <ul style="list-style-type: none"> • A sore throat? • Difficulty swallowing? • Unusual drooling? • A red and inflamed throat? • A voice that sounds different?
Cough	<p>Does the cough:</p> <ul style="list-style-type: none"> • Occur frequently, and is it dry? • Bring up sputum? • Sound unusual?
Appetite	<p>Does the child have:</p> <ul style="list-style-type: none"> • Little or no appetite? • An unusual level of thirst?

Area to Watch	Questions to Ask
Vomiting	<p>Is the child:</p> <ul style="list-style-type: none"> • Unable to keep food or water down? • Nauseated? • Frequently vomiting? • Projectile vomiting?
Temperature	<p>Does the child:</p> <ul style="list-style-type: none"> • Complain about feeling very cold? • Complain about feeling very hot? • Shiver uncontrollably?
Bowel Movements	<p>Are the child's bowel movements:</p> <ul style="list-style-type: none"> • Abnormally frequent and liquid? • Abnormally infrequent, dry, and hard? • Abnormal in content, such as undigested food, mucus, or blood? • An unusual colour or odour?

When to Call the Parent or Guardian of a Child in Your Care

Call the child's parent or guardian if:

- The child has a fever.
- The child has diarrhea more than twice in a day.
- The child has been vomiting.
- The child has an injury that requires medical attention.

For minor issues, such as a small cut, a change in behaviour (e.g., not playing as usual), or a change in appetite, you should inform the parent or guardian when he or she picks the child up.

Common Childhood Conditions: Guidelines for Care

Some childhood illnesses and conditions are contagious. Some conditions cause irritation and discomfort, while others can cause lifelong complications or even death. Preventative practices include proper hygiene (including routine hand washing) and limiting exposure to people who are ill. Babies who are 6 months or older are the most vulnerable to these diseases.

Vaccination is also a fundamental preventive strategy. Vaccines have been incredibly effective in preventing childhood diseases and decreasing child mortality rates. Common childhood vaccines include diphtheria, tetanus, pertussis, measles, mumps, and rubella.

Provincial/territorial legislation dictates which contagious diseases must be reported to the local health unit. For some contagious diseases, parents and guardians have a responsibility to ensure that the child care facility or school is informed, in addition to the local health unit.

CHILDHOOD CONDITIONS

Conditions	What to Look For	What to Do	Remember
Eczema <ul style="list-style-type: none"> Not contagious <p>Note: Eczema sores can become infected.</p>	<ul style="list-style-type: none"> Inflamed skin One or a combination of rashes, pimples, scaly skin, and scabs Dry skin, or skin with a watery discharge Itchy or burning skin 	<ul style="list-style-type: none"> Soften crusts and dry skin with cold cream or oil. This often relieves itching. Prepare a lukewarm bath (39.6°C (103°F)) for the child. Do not scrub the affected area with soap. Eczema can often be helped with medication prescribed by a doctor. 	<p>Eczema may be caused by stress or it may be an allergic reaction to something in the child's environment or diet.</p> <p>Eczema in babies is often related to milk allergies. This type of eczema does not respond to creams and does not heal easily.</p>
Impetigo <ul style="list-style-type: none"> Bacterial infection Contagious 	<ul style="list-style-type: none"> Inflamed skin Clusters of pimples filled with straw-coloured fluid that become crusted and break, found around the mouth and nose; may be flat and pitted 	<ul style="list-style-type: none"> Wash the infected area frequently with soap and water. Doctors often prescribe antibiotic ointments or creams for the treatment of impetigo. 	<p>Impetigo can spread through contact with infected skin or items that have contacted infected skin (e.g., clothing, towels, and bed linens).</p> <p>Careful handwashing by both the child and the caregivers is the best prevention.</p> <p>A child who has had impetigo should not return to the child care setting or school until prescribed medication has been taken for at least one full day.</p>

CHILDHOOD CONDITIONS

Conditions	What to Look For	What to Do	Remember
Ringworm <ul style="list-style-type: none"> Fungal infection Very contagious 	<ul style="list-style-type: none"> Red, scaling rings on the skin 	<ul style="list-style-type: none"> Clean the area twice a day with mild soap and water. Doctors often prescribe anti-fungal medication for ringworm, which should be applied after cleaning the affected area. 	<p>A child with ringworm is contagious until 48 hours after treatment begins, and so should not return to the child care setting or school before this time has passed.</p>
Scabies <ul style="list-style-type: none"> Skin parasite Very contagious This is a reportable condition. 	<ul style="list-style-type: none"> Many tiny blisters, scratch marks, and scaly crusts found mainly in skin folds (e.g., between fingers, on wrists, on the torso, and on genitals) Extreme itchiness 	<ul style="list-style-type: none"> Bathe the child prior to medication application. After the bath, apply the special lotion prescribed by the doctor. 	<p>Scabies is a skin parasite called the "human itch mite."</p> <p>The scabies mite is passed by direct skin-to-skin contact, so everyone in the household should be treated at the same time.</p> <p>After treatment, wash all bed linen, underclothes, sleepwear, and blankets, or press them with a hot iron.</p> <p>A child who has scabies should not return to the child care setting or school until treatment has been completed.</p>

CHILDHOOD CONDITIONS

Conditions	What to Look For	What to Do	Remember
Prickly Heat Rash <ul style="list-style-type: none"> Not contagious 	<ul style="list-style-type: none"> A rash of tiny, pinpoint blisters surrounded by blotches of pink skin A rash on the face or on the parts of the body that are most heavily clothed Occurs in hot weather or whenever a child or baby is overdressed 	<ul style="list-style-type: none"> If the child or baby is feverish, give him or her a sponge bath. Pat the skin dry to avoid rubbing the skin. Dress the child or baby in layers, and remove layers as necessary. Replace wet or sweaty clothing immediately. 	Prickly heat rash rarely bothers the child, but if there is a fever at the same time, the child may be irritable.
Diaper Rash <ul style="list-style-type: none"> May be contagious, depending on the underlying cause 	<ul style="list-style-type: none"> Red, scalded appearance that does not fade when left undiapered and exposed to air Pimples or sores found in the diaper area 	<ul style="list-style-type: none"> Wash and dry the area well. Expose the area to the air. Change diapers often. Use a zinc-based cream. If the rash does not clear up within 48 hours, or you are concerned about the underlying cause, seek medical attention. 	<p>Some diaper rashes are yeast infections. Watch for whitish, curd-like deposits found in genital folds that are not easily wiped away. These may need to be treated with prescription ointment.</p> <p>A yeast infection can be contagious. Use proper precautions.</p>

CHILDHOOD CONDITIONS

Conditions	What to Look For	What to Do	Remember
Lice <ul style="list-style-type: none"> Contagious This is a reportable condition. 	<ul style="list-style-type: none"> Small white eggs (nits) on the scalp or in body hair (nits look like dandruff but cannot be washed off) Live lice (dark and slightly bigger than nits) on the scalp or in body hair Pustules and scabs on the scalp due to scratching 	<ul style="list-style-type: none"> Wash the child's hair with the medicated shampoo recommended by a doctor, then comb it with a fine-toothed comb to remove nits. Disinfect all clothing and bedding by having them dry-cleaned, washing them in very hot water, or freezing them for 72 hours. Items such as stuffed animals should also be disinfected, and then sealed in a plastic bag for 3 weeks. The whole family may need to be treated. Vacuum the environment regularly during the treatment period. 	<p>Lice are very common among children because they play closely together. However, anyone can get lice. Lice is not caused by a lack of personal cleanliness.</p> <p>Always store children's headgear separately and do not allow children to share brushes and combs.</p> <p>Children may return to the child care setting or school after the first treatment.</p>

CHILDHOOD CONDITIONS

Conditions	What to Look For	What to Do	Remember
Pink Eye (Conjunctivitis) <ul style="list-style-type: none"> Bacterial infection Contagious 	<ul style="list-style-type: none"> Pink colouration of the white of the eye Swollen eyelids Pus on eyelids Itchy or sensitive eyes 	<ul style="list-style-type: none"> Seek medical attention: doctors often prescribe antibiotics. Protect the eyes from bright light. Do not let children share towels or washcloths. The child should not rub or touch his or her eyes. Use warm water compresses to remove pus. 	<p>Pink eye can be bacterial or viral, is transmitted through direct contact, and is very contagious.</p> <p>If the child's eyes have pus, keep the child home from the child care setting or school for 24 hours.</p>
Pinworms <ul style="list-style-type: none"> Very contagious 	<ul style="list-style-type: none"> Constant scratching around the anus Unusual irritability Restlessness or inability to sleep at night 	<ul style="list-style-type: none"> Wash the child's hands and nails (using a nail brush). Keep the child's fingernails short and discourage nail biting. Make sure the child has a daily bath or shower and a daily change of towels, sheets, and underwear. Doctors often prescribe oral medication. The whole family must be treated. 	<p>Pinworms are intestinal parasitic worms. Tiny eggs deposited around the anus by a female worm spread the infection.</p> <p>Keep the child home from the child care setting or school until after starting medication.</p>

CHILDHOOD CONDITIONS

Conditions	What to Look For	What to Do	Remember
Chickenpox <ul style="list-style-type: none"> • Viral infection • Contagious 	<ul style="list-style-type: none"> • A rash of tiny red spots covering the skin • Fluid-filled blisters and scabbing on the skin • Fever • Itchiness 	<ul style="list-style-type: none"> • Try to make sure the child does not scratch. • Give fever-reducing medications as recommended by a doctor. • The doctor may also recommend a cream to relieve itching. 	<p>Chickenpox is most contagious 1 to 2 days before the rash appears, and for approximately 5 days after onset, or until the lesions have become crusted.</p> <p>Chickenpox is transmitted by direct contact with blisters or body fluids, or through coughing and sneezing.</p> <p>The child may have to stay home until lesions become crusted, depending on the protocols of the school or child care centre.</p>
Diarrhea <ul style="list-style-type: none"> • Usually a symptom of an underlying condition, which may or may not be contagious 	<ul style="list-style-type: none"> • Unusually frequent and liquid bowel movements • Pain or bloating in the abdomen • Dehydration 	<ul style="list-style-type: none"> • Seek medical attention if there is vomiting or blood in the stool, or if diarrhea persists for more than 72 hours. • Disinfect diaper-change areas and toilet areas very carefully. • Isolate the child. • Give the child plenty of clear fluids for 24 hours. • If the child has two or more episodes of diarrhea, give fluids with electrolytes (e.g., sports drinks or coconut water). 	<p>Diarrhea may be a symptom of an infection. Food poisoning or a change in diet can also cause diarrhea.</p> <p>For child care workers and babysitters: Call the parent or guardian if a child has diarrhea more than twice during the day.</p>

CHILDHOOD CONDITIONS

Conditions	What to Look For	What to Do	Remember
Dehydration <ul style="list-style-type: none"> Not contagious 	<ul style="list-style-type: none"> Dry mouth and tongue No tears when crying Sunken eyes Less frequent urination or urine that is darker than usual In babies, the soft spot on the top of the head is sunken 	<ul style="list-style-type: none"> Seek medical attention. Continue to give fluids. 	<p>Dehydration results from a loss of bodily fluids.</p> <p>Dehydration in children is most commonly caused by prolonged vomiting and diarrhea. It can be life-threatening.</p>
Earaches <ul style="list-style-type: none"> Not contagious 	<ul style="list-style-type: none"> Fever or chills Deafness Dizziness Nausea Fluid from the ear A worried appearance Pulling at the ear or covering it with the hand Pain 	<ul style="list-style-type: none"> Seek medical attention. The doctor may recommend an antibiotic. 	<p>Never put anything into the ear canal (e.g., a cotton swab), even if fluid or discharge appears.</p>

CHILDHOOD CONDITIONS

Conditions	What to Look For	What to Do	Remember
Persistent Vomiting <ul style="list-style-type: none">Usually a symptom of an underlying condition, which may or may not be contagious	<ul style="list-style-type: none">NauseaStomach pain	<ul style="list-style-type: none">Give the child plenty of fluids.When the vomiting subsides, give small amounts of easily digestible food, such as toast.If the vomiting continues for more than 24 hours, signs of dehydration appear, or the vomiting is associated with diarrhea or pain, seek medical attention.	Persistent vomiting could be caused by illness, emotional upset, food poisoning, or a reaction to medication or a new food.

Note: Although these conditions are most common in children, adults who are in regular contact with them (e.g., teachers) should check themselves often and follow the same care steps outlined above.

Comparison Chart for Epiglottitis and Croup

Both epiglottitis and croup affect the throat, and can be difficult to distinguish.

Epiglottitis is a bacterial infection that causes severe inflammation of the epiglottis. The epiglottis is a flap of tissue above the vocal cords that protects the airway during swallowing. When it becomes infected, it can swell until the airway is completely obstructed. A child with epiglottitis may:

- Appear severely ill and have a high fever.
- Need to be sitting up.
- Strain to breathe.
- Appear to be very frightened.
- Drool from the mouth, as swelling may prevent swallowing.

Croup is a respiratory condition, usually triggered by an acute viral infection of the upper airways. The infection causes swelling of the throat and of the tissues below the vocal cords. Croup is generally non-life-threatening, but it can lead to severe shortness of breath and hypoxia. Croup is commonly identified by its distinctive harsh, barking cough, often described as being like the bark of a seal. Croup is often preceded by 1 or 2 days of illness, sometimes with a fever. Croup occurs more often in the winter months and the signs and symptoms of croup are often more evident in the evening. The child may show improvement when exposed to cool air.

THE DIFFERENCES BETWEEN EPIGLOTTITIS AND CROUP

	Epiglottitis	Croup
What Is It?	Inflammation and swelling of the epiglottis. When it strikes, it is life-threatening.	Inflammation of the throat and vocal cords
Cause	Bacterial infection	Viral infection
Ages Most Likely to Be Affected	3 to 7 years old	6 months to 5 years old Called laryngitis among children 5 years and older
Onset	Comes on suddenly, from 6 to 24 hours after infection	Develops more gradually, from 24 to 72 hours after infection
Child's Appearance	Looks very ill and anxious	Looks only mildly or moderately ill
Drooling	Frequent: child has trouble swallowing saliva	No drooling
Hoarseness	Not usually	Very marked hoarseness
Coughing	Rare	Frequent, harsh "crowing" cough
What to Do	Call EMS/9-1-1 immediately. Report the child's condition to the parent or guardian. Note: Do not inspect the mouth and/or throat, as this may increase irritation.	Call EMS/9-1-1 immediately if the child shows signs of respiratory distress. The child may show improvement when exposed to cool air. Report the child's condition to the parent or guardian.

Childhood Fevers

A fever is one of the body's defense mechanisms. A mild fever should not be a concern unless it continues for more than 3 days. If the child's temperature rises to 39°C (102°F) or is not easily controlled, seek medical attention.

A fever alone is not a clear indicator of how sick a child is. A child may be very sick and not have a fever, or may be running a fever and playing happily. The best way to gauge the severity of an illness is to note changes in the child's behaviour.



Taking a Child's Temperature

Normal body temperature is 37°C (98.6°F). Anything higher than this is considered a fever. To determine a child's temperature you must use a thermometer. Many types of digital thermometers are available, including those intended for use in the mouth and ear. Follow these general principles when taking a child's temperature, along with any specific manufacturer's instructions for your thermometer.

What to Do

1. Wash your hands thoroughly.
2. If taking the temperature orally, make sure that the child has not had anything hot or cold to eat or drink in the previous 10 minutes.
3. Clean and reset the thermometer as per the manufacturer's guidelines.
4. Place the thermometer in the child's mouth (under the tongue) or in the child's ear.
5. Leave the thermometer in place until it beeps, or for up to 1 minute (if your model does not have an audio notification).
6. If you are using a thermometer for more than one child (e.g., in a child care setting), use protective covers and throw them away after every use.
7. Record the temperature, the time, and the method of taking the child's temperature (e.g., "oral").
8. Clean the thermometer after every use as instructed by the manufacturer.



Do not take the temperature rectally as this can damage the bowel lining.

Reducing a Child's Temperature:

1. Children with fevers should be dressed lightly because they may feel warm. If they get too cold or start to shiver, cover them until the skin feels warm when you touch it.
2. Sponge the child with room temperature water.
3. Give the child plenty of fluids to ensure that he or she stays hydrated.
4. If the fever rises above 39°C (102°F) or persists for more than 3 days, seek medical attention.
5. Give fever-reducing medications, as discussed with the healthcare practitioner.

Complications Related to Fever

Reye's Syndrome

A child or teenager with a viral infection, such as chickenpox or influenza, may develop Reye's syndrome if given ASA (e.g., Aspirin®). Reye's syndrome is a disease of the brain and liver that can lead to death. Never give ASA to a child or teenager with a viral infection without first consulting a healthcare practitioner.

Seizure

A child or baby may suffer a seizure during a high fever. If this occurs, follow the care steps for febrile seizures.

Giving Medication

When to Give Medications

Give medication to a child or baby in your care:

- Only if you have written permission from a parent or guardian for each medication that is to be given
- Only when the medication is in the original container with the original label
- Only when the medication is properly labelled with:
 - The child's name.
 - The date the prescription was issued.
 - The instructions.
 - The time period during which the medication is to be taken.

If a child is being given non-prescription medication, ensure you have written permission from a parent or guardian for each medication that is to be given.



Parents or guardians should give the first dose of a new medication so that they can watch for any unusual signs, symptoms, reactions, or behaviours in their children or babies.



General Rules for Medication

To reduce the risk of miscommunication and error, it is a good idea to have just one person in the child care setting who is responsible for giving all medications. Store all medication out of the reach of children.

When giving medication:

- Wash your hands thoroughly.
- Check the medication three times:
 - When you take the medication out from the cupboard or refrigerator
 - When you take the medication out of the package
 - Just before you administer the medication
- Keep a written record of the date and time the medication was given, the name of the child, the name of the medication, the person who gave the medication, and the amount given. Record all this information when you give the medication.
- Call the parent or guardian if the child cannot keep the medication down.
- Report to the parent, guardian, or doctor any reactions or effects not usually experienced by the child.
- At the end of each day, tell the parent or guardian what medication was given and at what time.
- Follow any specific directions for the medication (e.g., "do not take with food").
- When applying topical medication, protect yourself by using an applicator or by wearing disposable gloves.
- Emergency medicine, such as inhalers or epinephrine auto-injectors, should be accessible at all times but out of the reach of children.



Some provinces and territories have legislation regarding medication administration in child care settings. Always follow local protocols.

How to Give Specific Medications

Medication in the Eye

1. Have the child look up while in a lying or sitting position.
2. Gently pull down the lower eyelid.
3. Hold the dropper horizontally about one inch out from the child's eye.
4. Drop the medication into the little pocket between the lower lid and the eyeball.
5. Ask the child to close the eye then briefly hold a cotton ball against the inside corner of the eye. Use a separate cotton ball for each eye.
6. Wipe away any excess medication.

Medication in the Nose

1. Have the child lie on a flat surface with his or her head hanging over one edge. If the child must sit up, have the child tilt his or her head back as far as possible.
2. Place the exact number of drops indicated in the prescription into each nostril.
3. Have the child remain with his or her head back for a few minutes.



15 Caring for Children

Children are very vulnerable. Their bodies are more susceptible to injury, and they are typically less aware of risks and hazards in their environments. When caring for children, prevention, preparation, and constant supervision are critical to preventing injury.

Toy and Equipment Safety

Products designed for children have many features to keep them safe, but these products must be selected and used properly.

You should always discard broken equipment and toys immediately, and always follow the manufacturer's directions for safe use. When considering second-hand equipment or toys, first check the label and contact Health Canada to find out if there has been a recall or safety alert on that specific model.

Equipment for Babies

Safe Use of Cribs

- Cribs manufactured before September 1986 do not meet current safety standards and should be disassembled and either thrown away or taken to your local recycling centre.
- Manufacturers of cribs are required to include a label showing the date of manufacture. If there is no label, assume that the crib is not safe to use.
- Allow only one small toy inside the crib and remove all mobiles or activity centres as soon as the baby can pull him- or herself up.
- Place the crib well away from potential hazards such as blind cords, windows, pictures, and shelves.
- When a child shows signs of trying to climb out of a crib, it is time to move the child to a bed or mattress on the floor.
- Keep the wheels on a crib locked whenever it is in use.
- Make sure that the crib slats are no more than 6 cm (2 3/8 in.) apart.

- Make sure that the corner posts extend no more than 3 cm (1 1/4 in.) above the headboard and footboard.
- The height from the mattress support to the top rail must be at least 66 cm (26 in.) when the support is in its lowest position.
- Make sure the mattress fits snugly inside the crib. Use only mattresses sold for use in cribs. Any other substitutes, such as foam pads, may allow for pockets or spaces in which a child may get stuck or be smothered.

Safe Use of Playpens

- Manufacturers of playpens are required to include a Canadian Standards Association (CSA) label showing that the playpen has been approved by CSA. The label also shows the playpen's date of manufacture. Any playpen manufactured before 1985 has not been approved by the CSA. If there is no label, assume that the playpen is not safe to use.
- If a child shows signs of trying to climb out of a playpen, the playpen is no longer safe for that child.
- Ensure that the playpen's wheels are locked whenever it is in use.
- Make sure that playpen walls are sturdy and at least 48 cm (19 in.) high.
- Inspect the playpen regularly to ensure that there are no hazards such as rips or exposed sharp edges.

Safe Use of High Chairs

- Do not allow older children to climb on the chair, even when it is unoccupied.
- A safe chair is stable and has a wide base to reduce the risk of tipping.
- The harness should consist of a strap that fits between the child's legs and a waist belt that is easy to fasten and is in good condition.

- Ensure that the child's hands, arms, and legs are clear of any moving parts before making adjustments to the chair or the tray.
- Keep the chair a safe distance away from hazards such as windows, blind cords, and mirrors, or surfaces that a child could push off of such as walls, doors, or furniture.

Safe Use of Baby Strollers

- Manufacturers of baby strollers are required to include a Canadian Standards Association (CSA) label showing that the baby stroller has been approved by CSA. The label also shows the stroller's date of manufacture. Any stroller manufactured before 1985 has not been approved by the CSA. If there is no label, assume that the stroller is not safe to use.
- Do not load heavy parcels on the back or on the handles of the baby stroller. These could cause the stroller to tip backward.
- Use a stroller with safety straps that go around the child's waist and between the legs.
- Keep children's fingers away from moving parts.

Safe Use of Pacifiers

- When purchasing a pacifier, make sure it is from a reputable manufacturer.
- Check pacifiers regularly for wear and tear. Discard them immediately if there is any sign of deterioration, such as discolouration, hardening, or cracking of the nipple.
- If a doctor diagnoses a child or baby with a yeast infection of the mouth, immediately discard any pacifier the baby is using. Give the baby a new one only after the infection has cleared.
- Use a pacifier clip, as opposed to a cord, to secure the pacifier to the child.
- A teething ring should be used instead of a pacifier once the baby's teeth start to appear.

Equipment for Children

Safe Use of Child Bike Trailers

- Child bike trailers are recommended over child bike carriers because they reduce the risk of falls, do not cause as many steering and balance problems, and increase protection from the weather. They are also farther from the bicycle wheels, ensuring that the child cannot reach the spokes.
- If possible, choose a bike trailer that has a five-point harness and roll bar.
- Attach a tall, bright flag to the trailer.
- Connect the trailer with a flexible joint so that it will not tip over, even if the bike does.
- As a bike trailer is wider than a bike, ensure that the wheels do not go over the road edge.
- Ride in low-traffic areas.
- Ensure that children wear Canadian Standards Association (CSA) approved and properly fitting helmets.

Safe Use of Safety Gates

- Use only approved safety gates. Avoid makeshift alternatives, such as pieces of furniture.
- Manufacturers of safety gates are required to include a label showing the date of manufacture. If there is no label, assume that it is not safe to use.
- If you can fit a pop can between the railings, a child could get stuck and the gate is not safe.
- Install safety gates wherever stairs are exposed (at the top and bottom of the staircase). Make sure they are properly fitted and secure.
- If the gate has a pressure bar, make sure it is on the side away from children.

- Always open and close gates to pass through. Climbing over a gate is unsafe and may cause an injury. It also models unsafe behaviour to children.
- Safety gates are not a substitute for constant supervision. Always monitor children closely, even if a safety gate is in place.

Toys for Children and Babies

The following are guidelines to keep children safe when playing with toys:

- Follow the manufacturer's directions for safe use, including suggested age level.
- Choose toys that are appropriate for the children who will be using them. The Canadian Toy Testing Council issues a list of guidelines for choosing toys.
- Toys must be cleaned daily in child care centres. To clean toys and equipment, use a solution of 6 mL (1 tsp.) of bleach to 400 mL (1¾ cups) of water. Label the bottle and make a fresh solution every day.
- When there are older children in the same space, their toys may have smaller parts: These toys should be separated and stored out of common play areas.
- Avoid toys with sharp edges.
- Paints, crayons, and markers must be completely washable and non-toxic.
- Ensure that toys (and all of their detachable pieces) are too big to fit into the baby's or child's mouth, ears, or nose.
- Provide only toys without strings because strings may cause strangulation.
- Inspect toys regularly. Discard any pieces that are loose. If the toy seems unsafe, discard it immediately.
- Wooden toys should be glued or screwed together instead of nailed.
- Ride-around or ride-on toys must be selected according to the size of the child.
- Children should wear all safety equipment that is recommended for the activity. "Toy" protective gear (e.g., plastic helmets) is for imaginative play only.
- Electrical toys must bear the Canadian Standards Association (CSA) label.
- Choose costumes that are made of flame-retardant materials. Use face paints instead of face masks to avoid blocking vision.
- Large toy boxes and other containers must have air holes and self-supporting hinges if they have lids. This is necessary in case children decide to hide inside.

Playground Safety

Playgrounds are the site of many serious injuries, mainly falls. Some playground equipment can be unsafe or inappropriate for certain age groups. The following points help to keep children safe on the playground:

- Examine park and school playgrounds for hazards such as broken glass or exposed sharp edges.
- Ensure that children use playground equipment as intended (e.g., ensure that they do not climb on the outside of a tubular slide).
- Ensure that there are enough adults present to watch all children carefully.
- If you see unsafe or broken equipment in a playground, report this to the managing agency (e.g., community centre, park board, school board).
- If you are installing or maintaining playground equipment, consider the age and size of the children who will be using it, and follow the manufacturer's directions.
- Ideally, sandboxes should be fitted with a cover to keep dogs, cats, and other animals from using it as a litter box.



Provincial/territorial legislation specifies regulations for child care centre play equipment.

Car Safety

Motor vehicle injuries are the number one cause of death of children in Canada. Follow the guidelines on the safe use of car seats and the passenger rules for children to help ensure children's safety in and around motor vehicles.

Safe Use of Car Seats

The law requires that all children use appropriate and approved child-restraint systems, such as child or baby seats and booster seats. These must have a label stating that they conform to the Canada Motor Vehicle Safety Standards (CMVSS), administered by Transport Canada.

Use caution when buying or using a pre-owned child car seat. Buy the seat from someone you know, and check it carefully. Make sure the car seat has:

- Instructions and all necessary hardware
- Not been in a collision
- A CMVSS sticker and is less than 10 years old
- No discoloured (stress) marks or cracks
- No signs of wear or tears on the harness

Always follow the manufacturer's instructions for installation and use.

When driving with children who do not require a car seat, remember:

- Children under the age of 13 should ride in the back seat.
- If you absolutely must put a child in the front seat of a car that has an airbag, push the seat back as far as it will go.

Make sure that any child who is no longer in a car seat is secured with a seat belt. Show the child how to wear the belt. The lap belt should be low across the hips, and the shoulder belt should be over the shoulder and across the chest. If the seat belt does not fit properly, a booster seat should be used.



It is against the law to leave a child or baby alone in a car, even for a short time.

Passenger Rules for Children: Safety Education

Teach children the following rules for safety in and around motor vehicles:

- Always enter and exit the car on the curb side.
- Remain seated with your seat belt on while the car is moving. Stay that way until the driver has reached your destination and the car is completely turned off or the driver tells you it is safe to remove your seat belt.
- Remember that the driver needs to be able to concentrate on driving, so minimize distractions inside the car.
- Keep your head, arms, and feet in the car at all times.
- Remember that the car's controls are for the driver only. They are not for playing with, even when the car is parked.



As a caregiver, ensure that everyone's fingers, hands, and feet are clear of doors before the doors are closed. Ensure that any person driving children has adequate insurance coverage.

Safe Use of Wheeled Equipment

Choosing a Safe Bicycle

When choosing a bicycle for a child, ensure that it is the proper size:

1. Have the child stand over the bicycle seat with both feet flat on the ground.
2. Lift the bicycle up to the child's body (both tires off the floor). There should be at least 2.5 cm (1 in.) between the tires and the floor. Adjust the height of the seat as needed.

While on the seat, the child should be able to put the balls of his or her feet on the ground.

Regularly check the following for any bicycle used by a child:

- The brakes must work properly, and the child must be able to use them safely.
- The tires must be fully inflated.
- The wheels must be tightly secured and truly round.
- The chain must be oiled and tight.
- The spokes must be tight, straight, and unbroken.
- The seat post and handlebars must be securely attached.
- The bike must have a working bell or horn.
- The bicycle must pass the "bounce test:" Bounce the bicycle up and down on its wheels on a paved surface and listen for shakes and rattles. A safe bike is a quiet bike.



Local legislation may dictate what needs to be on your bike for safety (e.g., bike lights).

Choosing a Safe Helmet

Mishaps during sports that require a helmet are the leading cause of head injuries for children in Canada. Wearing helmets can reduce the risk of a serious or fatal head injury by up to 80%.

Keep the following points in mind when choosing a helmet for a child:

- Use helmets approved by the Canadian Standards Association (CSA), Snell Memorial Foundation, or American National Standards Institute (ANSI).
- A helmet should fit squarely on the child's head and have a snug chin strap.

If a helmet is involved in a fall, buy another one. Even if no damage is visible, the helmet may have lost some of its ability to absorb shock.



As a role model and for safety reasons, adults should always wear a helmet while riding a bicycle.

Safe Use of Bicycles

Ensure that children follow these rules when using a bicycle:

- Walk bicycles across roads only at intersections and pedestrian crosswalks.
- Before you cross, make sure that traffic crossing your path is fully stopped at stop signs or traffic signals.
- Ride in a straight line when you go down a road or street. Do not swerve between parked cars or onto driveways. Always look and signal in plenty of time before turning.
- Wear bright clothes even during the day. When motorists can see a cyclist, it is easier for them to co-operate with the cyclist.
- Do not ride a bicycle after dark.



Even the safest cyclist must watch for drivers who aren't paying attention!



It is important to teach children balancing, turning, hand signalling, and stopping on a bicycle before they go out riding. Practice these skills in the yard, a school yard, a park, or other low-traffic area.

Safe Use of Skateboards and Rollerblades

To keep children safe while skateboarding and rollerblading:

- Restrict skateboarding and in-line skating to children over 5 years of age.
- Allow children to use only playgrounds and paths built for skateboarding and in-line skating.
- Insist that children wear the correct equipment: a bicycle helmet approved by the Canadian Standards Association (CSA), Snell Memorial Foundation, or American National Standards Institute (ANSI), as well as elbow, wrist, and knee pads.
- Ensure that children wear bright clothing while skateboarding or in-line skating. This will make the children more visible and reduce the risk of collisions.

Fire Safety

Reducing Risk of Fires and Burns

The following tips can reduce the risk of fires and burns:

- Keep children away from heat sources and appliances such as cooking ovens, barbecues, space heaters, wood stoves, and fireplaces.
- Make sure all fireplaces and wood stoves are cleaned and inspected regularly to follow safety codes.
- Keep space heaters at least 1 metre (3 ft.) away from flammable objects such as curtains and furniture.
- Turn pot handles in toward the centre of the stove.
- Keep cooking areas free of clutter. This will reduce the risk of igniting pot holders, aprons, and other kitchen items.
- Snuff out candles immediately after use.
- Keep all hot drinks out of children's reach.
- For nightwear, use only clothing designated as sleepwear. Other materials are sometimes more flammable. The government sets guidelines as to what is classified as sleepwear.
- Contact your local fire department for information on inspecting your home or workplace (including child care settings) for fire hazards and reviewing your fire escape plan.
- Make sure that smoke detectors are placed in all areas required by your local fire department or whichever agency regulates fire safety in your area. Change the batteries in all smoke detectors twice a year.
- Keep bedroom and sleeping-area doors closed when children are sleeping. Doors are important barriers to smoke.
- Make sure that all breakers and fuses on the electrical panel in your home, workplace, or child care setting are clearly labelled.
- Use only single-cord plugs, as multiple-cord or octopus plugs may overheat. Keep loose cords secured and out of the way to prevent tripping and to keep children from pulling them out.
- Keep an approved, all-purpose chemical fire extinguisher in the kitchen.

Fire Escape Plan

Draw a floor plan. Mark the normal exit from each room. Then mark an emergency exit, such as a window. This exit can be used if fire blocks the doorway.

Identify a location where everyone will meet if they must escape from a fire. Decide who will assist those who cannot get themselves out, such as young children or people with difficulty walking.

In professional settings, legislation may determine how often this escape plan must be practiced.

What to Do in the Case of Fire During the Night

1. When you hear the smoke detector, roll out of bed and onto the floor. Shout "Fire, fire, fire!" Be sure to shout it 3 times. Shout "Get out and stay out!" Teach children to do this as well.
2. Crawl to the door and touch it. If it is warm, do not open it. Unlock the door so that the firefighters can open it. Seal off any cracks with blankets or towels. Wet the blankets or towels if possible.
3. Escape via the emergency exit.
 - If you cannot get out, take refuge in a room with a window. Open it for ventilation. Hang a sheet out the window as a signal for help.
4. Join everyone at the special meeting spot.
5. After everyone is together, go to a neighbour's home to call the fire department.
6. Meet the fire trucks and tell the firefighters that everyone has escaped the burning building.

Ice Safety

Safe Skating or Walking on Ice

Teach children these safety rules for skating or walking on ice:

- Ice must be a minimum of 15 cm (6 in.) thick before it can support one person. Ice must be solid, clear blue, and not covered with snow.
- Always skate with a buddy.
- If you cannot be sure how thick a section of ice is, do not walk or skate on it.

Ensure that children know what to do if they fall through the ice:

- In shallow water, feel for the bottom with your feet. Then walk toward the shore or bank, breaking ice as you go. Keep going until you can slide up onto thicker ice.
- In deep water, flutter-kick your feet and extend your hands forward along the ice until you can slide up onto it. Slowly crawl to safety.
- After you are out of danger, get to shelter and change into warm clothing. This will help prevent hypothermia.

Water Safety

General Tips for the Prevention of Drowning

- Pay constant attention to babies or children when they are in, on, or around water.
- Turn wading pools upside down when not in use.
- Empty buckets of water immediately after use.
- Keep toilet lids down and keep the bathroom door closed.

Safe Use of Bathtubs

- Always be present when a child or baby is in a bathtub or bathing basin. Drowning can occur even in a few centimetres of water.
- Check bathwater temperature by splashing water on your inner wrist. If it feels too hot or cold to you, do not place the child or baby in the bath until you have adjusted the temperature.
- If your bathtub is a Jacuzzi-type or is equipped with water jets, do not turn these on with the child or baby in the tub.
- Turn off all water taps tightly.
- Place a non-slip mat in the bathtub.

Safe Use of Backyard Pools and Hot Tubs

- Keep children under constant supervision when they are playing in or around a backyard pool or hot tub.
- Make sure basic lifesaving equipment is available at all times. Examples of basic lifesaving equipment are: (1) a strong, lightweight pole with blunt ends; and (2) a ring buoy with a long throwing rope. Be aware of equipment requirements outlined in the legislation that applies to your situation.
- Cover hot tubs securely and lock them when they are not in use.
- Keep decks around the pool or hot tub clean and free of debris.
- Pay close attention to the surface of a diving board. Make sure the slip-resistant surface is always in good repair. Ensure that the water is deep in the entire area that divers use (mark the slope of the pool to avoid hitting the upslope).
- Install a rope with buoyant markers across the pool where the deep end slope begins.
- Use only unbreakable cups, dishes, and other utensils at the poolside.
- Keep electrical appliances away from backyard pools.
- Remove all floating toys and store them in a secure area when pool time is over.

- Make sure electrical equipment used to operate the pool or hot tub conforms to electrical code requirements.
- Have a phone available on the pool deck. Post a list of emergency numbers beside it.
- Ensure that an outdoor pool is surrounded by a fence or wall that children cannot get through or over. Gates should have self-closing latches above the reach of toddlers. They should also include hardware for permanent locking. Obey the fencing requirements of your local municipality.
- Make sure all pool chemicals are stored in a secure area.

Safe Swimming

- Make sure that children and adults learn to swim. For swimming lessons, take a Red Cross Swim course.
- Ensure children are always supervised by a responsible adult.
- Establish sensible safety rules before children do any swimming. Enforce these rules consistently and firmly.
- Supervise even strong swimmers at all times. Sudden cramps can sink the most accomplished swimmer.
- Allow swimming only during daylight hours and in good weather.
- Remind non-swimmers and swimming supervisors of the dangers of relying on inflatable toys (e.g., inner tubes). Inflatable toys can leak and no longer provide support, and they can also create barriers to effective supervision.
- Ensure children stay within specified boundaries.
- When distance swimming at the beach, make sure that children swim parallel to the shore.
- Always know the depth of the water and ensure it is clear of all obstacles before diving.
- Post “No Diving” signs around above-ground pools.
- Allow only one person at a time on diving boards and waterslides.
- Ensure that swimmers stay away from the area underneath diving boards.

Safe Boating

- Make sure that all boat occupants are wearing approved lifejackets or personal flotation devices (PFDs). Look for lifejackets or PFDs with labels stating that they have been approved by Transport Canada or the Canada Coast Guard.
- As a parent, guardian, or caregiver of a child, set a good example by wearing your lifejacket or PFD and by following boating safety rules.
- Small crafts can be unstable. Teach children to stay low in the boat.
- Teach children how to use a boat radio and fire extinguisher in case of an emergency.
- Discuss and practice survival techniques often.
- Choose PFDs or lifejackets carefully to match the wearer's size and weight.
- Children should use PFDs fitted with crotch straps. The strap must be used when wearing the PFD.
- All pleasure crafts, power vessels, sailing vessels, canoes, kayaks, and rowboats must carry safety equipment that is in good working order. To find out exactly what is needed for your boat, contact Transport Canada.
- As of September 15, 2009, anyone operating a powerboat on Canadian waters must have a pleasure craft operator card. Contact Transport Canada for more information on where to obtain your certification.

Teaching Children Safety Awareness

Teach children how to get help in an emergency:

- Teach them to go to a trusted neighbour if they need help.
- Teach them about the Block Parent Program of Canada in your area, if applicable.

- Make a list of emergency phone numbers and teach children what to say when they call EMS/9-1-1:
 - Their name
 - The address they are calling from
 - What the problem is
 - The telephone number they are calling from
- Teach children to "hang up last" when they call EMS/9-1-1. This way the dispatcher will have all the necessary information.
- Teach children about traffic safety.

Child and Youth Protection

There are different types of abuse. It is important to be able to understand the different situations in which abuse toward children and youth may occur. Many of these situations are preventable, and if you are able to recognize the signs, you may be able to intervene on a child or youth's behalf.

Vulnerable Children and Youth

All children and youth live with some risk of experiencing abuse, violence, neglect, and bullying or harassment.

Abuse and Violence

Abuse and violence may take different forms: emotional, physical, and sexual.

Emotional abuse is defined as **chronic** attacks on a child or youth's self-esteem.

Physical abuse occurs when a person in a position of power or trust purposefully injures or threatens to injure a child or youth.

Sexual abuse occurs when a younger or less powerful child is used by an older or more powerful child, adolescent, or adult for sexual gratification.

Violence is the intentional threat or use of physical force or power. It can be directed against oneself, another person, a group, or a community. It usually results in injury, death, psychological harm, abnormal development, or deprivation.

Neglect

Neglect is the **chronic** inattention to the basic necessities of life, such as clothing, shelter, nutritious diet, education, good hygiene, supervision, medical and dental care, adequate rest, a safe environment, moral guidance and discipline, exercise, and fresh air.

Understanding Bullying and Harassment

Bullying involves a person expressing his or her power through the humiliation of another person.

Types of Bullying

- **Physical:** Hitting or kicking people, or taking or damaging their property or possessions.
- **Verbal:** Name-calling, insults, negative comments, and constant teasing.
- **Relational:** Trying to cut targets off from social connection by convincing peers to exclude or reject them.
- **Reactive:** Engaging in bullying, as well as provoking bullies into attacking, by taunting.
- **Cyberbullying:** Sending mean, cruel, and/or defamatory messages or images by electronic means (e.g., email, text messaging, instant messaging (IM), or personal and social websites).

Harassment

According to the Canadian Human Rights Commission, discrimination is treating people "differently, negatively or adversely" on the basis of a prohibited ground of discrimination under federal, provincial, or territorial human rights legislation.

Types of Harassment

- **Personal harassment:** Based on an individual's personal characteristics that are prohibited grounds for discrimination (e.g., racism).
- **Sexual harassment:** Unwelcome behaviour of a sexual or gender-based nature that negatively affects the person or the environment.
- **Criminal harassment:** When the harassing behaviour contravenes Canada's Criminal Code; also referred to as stalking.



Abuse is a protection issue.

Bullying is a relationship issue.

Harassment is a human rights issue.

All need intervention and support.

Responding to Disclosures

A disclosure occurs when someone shares something with you in confidence. If someone discloses that they have experienced abuse, violence, neglect, or bullying, you must *always* act.

How to Respond to Disclosures

If you are responding to a disclosure, you need to ask yourself three basic questions:

1. **What do I need to know?**
2. **What do I need to do?**
3. **When do I need to do it?**



Your jurisdiction's Child Protection Act may govern how you must respond to a disclosure.

When abuse is suspected or disclosed, you have a responsibility to **ACT**:

- A** **ACKNOWLEDGE** the child's situation and feelings.
Access support
- C** **COMFORT** the child and take him or her to a safe place.
Carefully listen to what the child says.
- T** **TAKE** notes and document what the child says and/or what you see. Take action—report the abuse immediately. Depending on the circumstances of the situation, use your judgment to decide if the child's parent or guardian should be contacted first (e.g., if he or she is being bullied or harassed by another child) or the Child Protection Authorities and police in your area (e.g., if the abuse is coming from an adult).

For more information on child and youth protection or to take a Respect Education course, please visit our website at redcross.ca.

REMEMBER: You do not have to be 100% certain that abuse has occurred. If you suspect it, report it. The safety of the child may be at risk. The authorities have the responsibility to determine the facts and evidence, not you.

Children's Hygiene

Diapering

Follow these steps to ensure that diapers are changed in a sanitary way:

- Use disposable gloves and remove them before sanitizing the area.
- Set up your changing area close to running water, away from the kitchen or eating area.
- Ensure that the changing surface and area is cleaned for at least 30 seconds with a bleach solution after each diapering.
- Dispose of dirty cloth diapers in a pail with a snug-fitting lid. Diaper pails and garbage cans need to be put out of children's reach.
- Place disposable diapers into the garbage can immediately.
- Avoid washing soiled clothes. Place them in a sealed plastic bag to be picked up by the parent or guardian at the end of the day.

Dental Health

- Encourage children to brush their teeth every day.
 - A good time to brush is right after lunch. Use a pea-sized amount of toothpaste that contains fluoride.
 - Rinse the toothbrush well. When you put it away, make sure it is not touching other toothbrushes.
 - Replace the brush when the bristles become flattened.
 - Supervise young children when they are brushing.
- Children and babies' teeth can decay if they nap with a bottle because their soft teeth are constantly exposed to liquid with sugar. This is called nursing bottle syndrome, and it can be caused by:
 - Cow's milk
 - Juice
 - Formula
 - Sweetened liquids
- When children are between the ages of 1 and 2, encourage them to start drinking from a cup instead of from a bottle.
- Don't put honey, sugar, or syrup on soothers.
- Serve well-balanced meals. Too much sugary food is not healthy.
- Watch for the signs of tooth decay: dull, white or brown spots on the teeth.