

# Home Safe: Table of Contents



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The information on this CD-ROM is for reference only. It should not be considered a substitute for up-to-date first aid training or safety training. It should not be assumed that all safety measures are contained on this CD-ROM; other or additional measures may be required under particular or exceptional circumstances.



## Prevention Menu



Click to play the video for this topic.

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## Prevention: Quick Safety Tips

Injury accounts for almost half of all deaths for children and youth between the ages of 1 and 19 years. It is more common for children to have respiratory failure as result of disease or injury. Respiratory arrest may lead to cardiac arrest. If a child is resuscitated before his or her heart stops beating, there is a greater chance that he or she will survive. The best way to protect you child is to prevent injuries from happening. Here are some suggestions.

### **Poisoning**

Know your local emergency number and the number of the Poison Control Center.

- Keep all medication in a locked cupboard.
- Never call medicine *candy*.
- Keep household products such as cleansers, polishes, dishwasher soap, paints and pesticides out of the reach of children, and in clearly marked containers.
- Know which household plants are poisonous and keep them out of childrens reach.

### **Motor Vehicle Collision**

#### **Did you know?**

Every province in Canada has a law about using a child car seat. *Make sure you use one!*

- Teach your children to be *street smart*.
- Always use car seats and child restraints that follow government regulations and use as directed by the manufacturer.
- Use bicycle helmets when cycling.
- Drive defensively when you are behind the wheel.

### **Smoke Inhalation and Burns**

Keep a fire extinguisher in the kitchen and learn how to use it.

- Store matches and lighters in a safe place away from children.

- Use smoke detectors in your home and replace the batteries twice per year.
- Keep a fire extinguisher in your kitchen and learn how to use it.
- Develop a plan for your family to escape from a fire. Practice it together.
- Set hot water heater temperature at or below 54°C (130°F).
- Do not heat infant formula or foods in the microwave oven.

## **Drowning**

- Never leave an infant or small child alone in a bathtub. Take the child with you if you must leave the room for any reason (doorbell, phone).
- Keep the toilet seat and cover down.
- Make sure your child learns to swim. Always supervise your child in a swimming or wading pool.
- Make sure your child wears a regulation life jacket or personal flotation device (PFD) in a boat or around water. Make sure the life jacket or PFD is the right size for your child's height and weight. Test jackets and PFDs each year to be sure they still work.

## **Airway Obstruction**

- Always supervise children while they are eating. Encourage them to sit quietly and chew their food well.
- Don't give peanuts, other nuts or popcorn to children under age 4.
- Check toys, pacifiers, and household objects for small parts that could break off.
- Keep small objects such as marbles, beads, broken balloons, and small toys or parts away from infants and small children.
- Use only pacifiers with one-piece construction.

## **Strangulation**

### **Did you know?**

Some of the common causes of cardiopulmonary arrest in infants include sudden infant death syndrome (SIDS), respiratory diseases, and airway obstruction. Beyond 1

year of age, injuries are the leading cause of cardiopulmonary arrest in children.

- Use only cribs and children's furniture that meet current government regulations.
- Make sure that the mattress is the right size for the crib.
- Watch for dangerous situations. Don't let children play with belts, ropes, etc.
- Make sure that the cords on window blinds and drapes as well as mobiles are kept well away from a child's reach. Don't allow cords to hang by a child's crib or bed.
- Don't hang trinkets, toys, pacifiers or necklaces around a baby's neck.
- Keep hanging toys and mobiles out of a child's reach.

### **Suffocation**

- Store plastic bags away from children. Tie a knot in plastic bags and wrap before throwing them away.
- Remove doors from old refrigerators, freezers and other airtight containers. Dispose of them quickly.
- Keep pillows out of an infant's crib.

### **Electric Shock**

Never use electrical appliances in or around water.

- Teach children not to play with electric wires and cords.
- Put childproof covers over electrical outlets.
- Unplug appliances when not in use. Make sure cords are not over or near a counter edge where they can be pulled by a child.
- Don't let children play near power lines.

### **Other - Sudden Infant Death Syndrome (SIDS)**

- The most common age for infants to die of SIDS is 2 to 4 months. It is slightly more common in boys than girls. 1 to 2 babies in every 1000 die of SIDS in Canada.

- SIDS happens very rapidly and silently, usually during sleep. There is no way to predict it.

- The risk of SIDS can be reduced by placing the baby on his or her back while sleeping.



## Prevention: Age Specific Index

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Infants and Toddlers

Preschoolers and Early Elementary Schoolers

Common Dangers

**Baby-Sitting**

Infants

Toddlers, Preschoolers and Elementary Schoolers

Common Dangers





## Prevention: Burns and Shocks



Click to play the video for this topic.

**Fact:** Careless use of matches is a principle cause of fires and fire fatalities involving young children.

### **Common Dangers:**

[In the Kitchen](#)

[In the Bathroom](#)

[Fireplace and Wood-Stove](#)

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### **Fire Safety:**

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[Fire Extinguishers](#)

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### **Age Specific Information:**

[Infants](#)

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### **First Aid:**

[Burns and Shocks](#)



## Prevention: Burns and Shocks

### **Your Local Fire Department**

In most places, you can contact your local fire department for information on inspecting your home for fire hazards. You can also get information on reviewing your [Fire Escape Plan](#).



## Prevention: Burns and Shocks

### **In the Kitchen**

Click for more information on the following danger areas:

[Cooking Areas](#)

[Stove and Oven](#)

[Microwave Ovens](#)

Stay in the kitchen while cooking.

Never carry hot liquids or pots including coffee over or near a child or leave them in reach of a child.

Do not use tablecloths or place mats that dangle where children can pull on them and cause hot food and drinks to fall.

Do not place electrical appliances near the sink or near water of any type.

### **See also:**

[Home Safety Inspection: Kitchen](#)

## **Cooking Areas**

Keep cooking areas free from clutter, such as dish towels, pot holders, spice racks and loose clothing.

Keep broilers, ovens, and vent ducts and hoods free from grease.

## **Using the Stove and Oven**

Turn pot handles in toward the center of the stove when cooking to prevent children from grabbing them.

Use the back burner when frying to prevent spattering.

Keep children away from the stove while cooking to prevent them from touching hot pots and burners. Also, some ovens may get hot enough on the outside to burn.

To extinguish a grease fire, cover the pan with its lid and turn the burner off.

## **Using Microwave Ovens**

Do not use foil, twist ties or containers with metallic paint or trim.

Do not use the microwave as a timer with no food in it.

Stir and test microwaved foods before serving to prevent burns from hot spots.

See the manufacturer`s instructions for more details.



## Prevention: Burns and Shocks

### **In the Bathroom**

Keep all electrical appliances, including hair dryers, shavers, and radios, away from the sink and bathtub.

Keep electrical space heaters out of the bathroom and away from water, even when off.

**Note:** Electricity seeks a route to complete a circuit and water is a good conductor. So, if electricity can go through water to you, it will get to you.

### **See also:**

[Home Safety Inspection: Bathroom](#)



## Prevention: Burns and Shocks

### **Fireplace and Wood-Stove**

Have the flue or stovepipe inspected and cleaned periodically.

Use a screen to cover the entire opening to the fireplace.

Using the stove or fireplace:

- Do not start the fire with a charcoal starter or gas.
- Burn only firewood.
- Provide proper ventilation to avoid suffocation.
- Do not leave a child alone in a room with the fire burning.
- Do not cook in the fireplace.
- Put out the fire thoroughly before going to bed.
- Do not remove ashes until they are cold.

### **See also:**

[Home Safety Inspection: Fireplace/Wood-Stove](#)





## Prevention: Burns and Shocks

### **Furnace and Heaters**

Have the furnace inspected and/or serviced by qualified professionals periodically.

Keep combustible materials away from furnace and heaters.

Keep children away from furnaces and heaters.

### **See also:**

[Home Safety Inspection: Furnace](#)

[Home Safety Inspection: Heaters and Radiators](#)



## Prevention: Burns and Shocks

### **Electrical Appliances and Cords**

Never allow electrical appliances near the pool, tub, or other water.

Keep curling irons, irons, and other electrical items out of the reach of children during and immediately after use. When they cool down, store them where children cannot get at them.

Extensions and cords:

- Never leave extensions and cords where children can reach them. If children chew on them or place the end in their mouth, they can be burned or shocked. Use cord shorteners on excessively long cords.
- Replace worn wires. They can cause shocks and start fires.

Use light bulbs of the correct wattage for the rating of the fixtures.

Use properly rated fuses and circuit breakers only.

Do not overload electrical outlets with multiple outlet or *octopus* plugs.

### **See also:**

[Home Safety Inspection: Pool](#)

[Home Safety Inspection: Hot Tub](#)

[Home Safety Inspection: Electrical Outlets and Sockets](#)

[Home Safety Inspection: Electrical Panel](#)



## Prevention: Burns and Shocks

### **Combustible Materials**

Store trash and oil, paint, or solvent saturated rags outside in approved, sealed containers and dispose of them promptly.

Store gasoline and other flammable liquids outside the house in their approved, sealed containers.



## Prevention: Burns and Shocks

### **Cigarettes**

Do not allow anyone to smoke at bedtime or when they are drowsy.

After parties check ash trays, furniture, and cushions for burning cigarettes.

Do not smoke, or allow anyone to smoke, while caring for or supervising children.

### **See also:**

[Preventing Poisoning: Cigarettes and Alcohol](#)



## Prevention: Burns and Shocks

### **Hot Water**

Have the heating company adjust the hot water heater to 120°-130°F (49°-54°C) so that children cannot be accidentally scalded by a tap or faucet.

Turn on the cold water first, then add hot water till it reaches the correct temperature.

Check bath water temperature before placing a child in the tub or letting him climb in. It should be 35°-37°C (96°-100°F). Sometimes water gets hotter after its been running for a while and the pipes have a chance to heat up.

Turn off faucets tightly so children cannot turn them on by themselves.

### **See also:**

[Home Safety Inspection: Water Heater](#)



## Prevention: Burns and Shocks

### **Poisons**

Remember, chemicals are another source of burns.

### **See also:**

[Prevention: Poisons](#)



## Prevention: Burns and Shocks

### **Barbecues:**

When barbecuing, have someone other than the chef supervise and take care of the children.

### **See also:**

[Home Safety Inspection: Barbecue](#)



## Prevention: Burns and Shocks

### **Smoke Detectors/Alarms:**

Test and replace the batteries periodically. For example, a good time is when you change your clocks for daylight saving time.

### **See also:**

[Home Safety Inspection: Smoke Detector/Alarm](#)





## Prevention: Burns and Shocks

### **Fire Extinguishers**

Have them inspected and recharged on a regular basis.

**Note:** Remember, fire extinguishers are only for a small fire.

### **See also:**

[Home Safety Inspection: Fire Extinguishers](#)



## Prevention: Burns and Shocks

### **Bedroom Doors**

Keep them closed while the family is sleeping. Doors are important barriers to fire.



## Prevention: Burns and Shocks

### **Fire Escape Plan**

Draw a floor plan of your home and draw fire escape routes for each room. Include a main and alternate escape route from each room in case one is blocked. If your second escape route is a high window, get a portable escape ladder and make sure family members and the baby-sitter know how to use it.

If you live in an apartment building, do not include elevators as a route.

Have a planned, safe, meeting place outside the building.

### **See also:**

[Your Local Fire Department](#)  
[Teaching Fire Safety](#)



## Prevention: Burns and Shocks

### Teaching Fire Safety

A few clear, simple rules that are consistently enforced work best. Rules also apply to visiting children.

Teach children what to do in case of fire:

- Shout *Fire* and get out. Show them the routes in your Fire Escape Plan.
- Never stop to take anything, or go back inside, or hide under the bed or in the closet.
- During the escape, test doors before opening them by touching the knob. If any feel hot, use an alternate exit.
- Close doors behind you but do not lock them.
- When your route is smoky crawl low to the floor for cleaner air.
- If escape routes are blocked by fire or heavy smoke, close the door and seal it with rags, blankets, and clothing. If fire is not in the room, open a window and signal for help by dangling a sheet outside. If water is available, wet a cloth and breath through it to filter the smoke.
- If clothing catches fire, STOP, DROP and ROLL to put the fire out. Running only fans the flames.

Practice fire drills.

#### **See also:**

Toddlers

Preschoolers

Elementary Schoolers

Teaching Safety



## Prevention: Burns and Shocks

### **Infants**

What to look out for:

- Infants are susceptible to burns from a bath that is too hot. A cry of pain may be confused with other cries.
- They are able to grab things randomly.
- They learn to stand and reach objects near the edge of counters and tables.

Special precautions:

- Use flame-resistant clothing.
- Be careful with infants around cigarettes.

### **See also:**

[Age Specific Index](#)



## Prevention: Burns and Shocks

### **Toddlers**

What to look out for:

- They have a natural curiosity to reach out and grab hot drinks, plates, stoves, heaters, and other hot appliances.
- They are tempted by electrical cords that hang down.
- They may try to chew on electrical cords or suck on the ends.
- They have a fascination with electrical outlets and sockets.

Special Precautions:

- Keep them away from hot water taps.
- Teach them the meaning of HOT.

### **See also:**

[In the Kitchen](#)

[In the Bathroom](#)

[Teaching Fire Safety](#)

[Age Specific Index](#)

[Home Safety Inspection: Electrical Outlets, Sockets, and Cords](#)



## Prevention: Burns and Shocks

### **Preschoolers**

What to look out for:

- They have a fascination with matches.

Special precautions:

- Do not dress them in loose clothes when using the fireplace or wood-stove. They may catch on something hot.
- Teach them to turn on cold water first, then add hot water to desired temperature.
- Teach them fire escape procedures.

### **See also:**

[Fire Escape Plan](#)

[Teaching Fire Safety](#)

[Age Specific Index](#)



## Prevention: Burns and Shocks

### **Elementary Schoolers**

What to look out for:

- They are susceptible to shocks and burns from touching the prongs of partially exposed plugs when inserting or removing plugs.

Special Precautions:

- Do not allow them to wear loose clothing around a lit fireplace or woodstove.
- Teach them about fire dangers and safety principles.
- Teach them to turn on cold water first, then add hot water until it reaches correct temperature

### **See also:**

[Fire Escape Plan](#)

[Teaching Fire Safety](#)

[Age Specific Index](#)





## Prevention: Falls



Click to play the video for this topic.

**Fact:** 20% of all falls occur on stairs.

### **Common Dangers:**

[On Stairs](#)

[Objects in the Hand and Mouth](#)

[Baby Walkers](#)

[In the Child`s Room](#)

[Toys](#)

[Bathing](#)

[In the Kitchen and Dining Room](#)

[Clip-on Chairs](#)

[Highchairs, Strollers, Grocery Carts and Baby Carriers](#)

[Windows](#)

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[Bicycles, Skateboards, Tricycles, In-line Skates, Wagons](#)

### **Fall Safety:**

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### **Age Specific Information:**

[Infants](#)

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### **First Aid:**

[Head Injuries](#)

[Neck and Back Injuries](#)

[Eye Injuries](#)

[Fractures and Sprains](#)

[Bleeding](#)



## Prevention: Falls

### **On Stairs**

Place safety gates at the top and bottom of stairs. Do not try to substitute chairs, stools etc.

Keep the cellar door closed.

### **See also:**

[Home Safety Inspection: Stairs](#)



## Prevention: Falls

### **In the Child`s Room**

#### Playpen and Crib:

- Do not put large toys or boxes in the playpen or crib as the child may use them to climb over the side and fall out.
- Remove bumper pads once the child is able to stand up and support his or herself.
- Lock crib sides in the *up* position before leaving the room.
- Transfer children to a bed before they learn how to climb out or are taller than 90 cm (3 feet).

#### Bunk Beds

- Avoid bunk beds for children under 6.

#### **See also:**

When Accidents Happen.

Home Safety Inspection: Nursery/Children`s Room



## Prevention: Falls

### **Bathing**

Always supervise children under 5 years in the tub. They may slip and hit their heads.

Spread a towel or bath mat next to the tub so they do not slip on the floor getting out.

### **See also:**

[Prevention: Drowning](#)

[Home Safety Inspection: Bathtub](#)



## Prevention: Falls

### **Windows**

Keep furniture away from windows. Children may climb up and fall out.

Keep windows properly secured so that a child cannot open them more than 100 mm (4 inches).

### **See also:**

[Home Safety Inspection: Windows](#)



## Prevention: Falls

### **In the Kitchen and Dining Room**

Push chairs under the table to discourage climbing.

Take special care with Highchairs and Clip-on chairs.

### **See also:**

Home Safety Inspection: Kitchen



## Prevention: Falls

### **Highchairs, Strollers, Grocery Carts and Baby Carriers**

Always supervise the child in these.

Use a restraint at all times and make sure they cannot tip.

Follow the manufacturer`s guidelines for the height and weight of the child.

Prevent older children from climbing onto them, even when unoccupied.

Check them regularly for wear and tear and repair them immediately.

#### **See also:**

[In the Kitchen](#)

[Kitchen Inspection: Highchair](#)

[Home Safety Inspection: Stroller](#)



## Prevention: Falls

### **Clip-on Chairs**

Make sure they cannot slip off the table

Do not put a chair underneath when in use, as the child may push his or herself off the table.

Remove child from the chair before removing it.

Do not use the chair if the child can bounce in it.

### **See also:**

[In the Kitchen](#)





## Prevention: Falls

### **Objects in Hand and Mouth**

Never let a child walk, run, climb, or descend stairs with a toothbrush or any other object in their mouth, or a stick, scissors or any other sharp object in their hand.



## Prevention: Falls

### **Baby Walkers**

These are **not** recommended. Walkers are dangerous and delay infant development. Infants have received severe head injuries caused by walkers tipping over or falling down stairs.



## Prevention: Falls

### **Outdoors**

Never leave a child alone on a high deck, balcony, or fire escape.

Play Equipment:

- When selecting play equipment consider the user`s age, size and abilities.
- Supervise children while using play equipment such as slides and swings. This equipment is designed to develop physical skills, and children often use it in imaginative and dangerous ways.
- Check equipment regularly and thoroughly.

Pools:

- Keep decks around the pool or hot tub clean and clear of debris. Slippery surfaces can cause injuries.
- Pay close attention to the surface of the diving board - make sure that the slip-resistant surface is always in good repair.

### **See also:**

[Home Safety Inspection: Backyard](#)



## Prevention: Falls

### **Bicycles, Skateboards, Tricycles, In-line Skates, Wagons**

Make sure the child always wears a helmet and other protective padding while using these.

To ensure the helmet fits properly, bring the child to the store when purchasing it.

Before a child goes on the road with a bicycle, make sure the skills necessary for the safe control of the bicycle are developed. These include balancing, knowing when it is safe to turn, signaling turns, stopping without hitting an obstacle, and obeying the rules of the road.

Bicycle mishaps are the leading cause of head injuries for North American children. Helmets can reduce the number of bicycle fatalities by 80%.

#### **See also:**

[Preventing Car and Traffic Accidents](#)

[Home Safety Inspection: Bicycles](#)



## Prevention: Falls

### **Teaching Fall Safety**

Show children how to use play equipment properly. Immediately stop any dangerous behavior.

A few simple rules aimed at preventing serious injury should be made and enforced. Rules should apply to all children, including visitors.

While riding bicycles, adults should wear helmets for their own safety as well as setting an example for children.

### **See also:**

[Toddlers](#)

[Preschoolers](#)

[Elementary Schoolers](#)

[Teaching Safety](#)



## Prevention: Falls

### **Toys**

Teach children to put toys away when not in use.

Provide a safe place for children to store toys.



## Prevention: Falls

### **Infants**

What to look out for:

- Falls off furniture by bouncing or rolling.
- Falls down stairs, including baby walkers.
- Adults tripping on them.
- Falls out of playpens and cribs if there is something they can climb on, such as crib bumpers.
- Falls from Highchairs, strollers, grocery carts and baby carriers.
- Falls off the change table while unattended.

Special Precautions:

- Never set the baby lounge or seat on a countertop, table, or other furniture. The baby may rock it so it slides or falls off.
- Only put the baby lounge or seat on the floor in low traffic areas.
- Always keep a hand on them except when they are in bed, in a stroller, a playpen, or on some floors. Do not let go of them during changing or bathing. If you do have to let go, use a safety strap.

### **See also:**

[Child`s Room](#)

[Age Specific Index](#)

[Home Safety Inspection: Change Table](#)



## Prevention: Falls

### **Toddlers**

What to look out for:

- They love to climb stairs and furniture, and must be closely supervised.
- They can combine things to get where they want to go. For example, they can use a chair to climb on a freezer or counter top.

Special Precautions:

- Begin teaching them to put away toys when not in use.
- Teach them how to use outdoor play equipment safely.
- Teach them to be careful on and near swings and slides.
- Do not leave them alone in the yard.
- Keep gates on stairs.

### **See also:**

[In the Kitchen](#)

[Outdoors](#)

[Teaching Fall Safety](#)

[Age Specific Index](#)





## Prevention: Falls

### **Preschoolers**

What to look out for:

- They may walk into glass windows and doors.
- They are climbers and may get dangerously high before falling.
- They move fast and may get out of safe reach.

Special Precautions:

- Teach them to use handrails on stairs.
- Teach them to put away toys when not in use.
- Keep their bed against a wall or in the corner of the room.
- Teach them how to safely use outdoor play equipment.
- Make sure they wear a helmet on tricycles and bicycles
- Use training wheels.

### **See also:**

[Teaching Fall Safety](#)  
[Age Specific Index](#)



## Prevention: Falls

### **Elementary Schoolers**

What to look out for:

- Diving into shallow water.
- Falling off bicycles.

Special Precautions:

- Teach traffic safety: It is important to set an example.
- Teach them to put away toys when not in use.
- Teach the dangers of diving into shallow water.
- They should always wear a helmet on tricycles, scooters, and bicycles (even with training wheels).

### **See also:**

Outdoors

Teaching Fall Safety

Age Specific Index

Home Safety Inspection: Backyard



## Prevention: Sun Dangers



Click to play the video for this topic.

**Fact:** Repeated sunburns in young children can cause skin cancer later in life.

### **Common Dangers:**

Sun Exposure

### **Sun Safety:**

Sunscreen

Sunglasses

Hats

### **Age Specific Dangers and Precautions:**

Infants

Toddlers, Preschoolers, and Elementary Schoolers

### **First Aid:**

Sun Dangers



## Prevention: Sun Dangers

### **Sun Exposure**

Many authorities agree that in recent years there has been a measurable thinning of the ozone layer. The cause of this is the release of chlorofluorocarbons from refrigerators, air conditioners, aerosol cans, the cleaning of computer parts, and some factories. This has resulted in an increased level of ultraviolet light that burns our skin. This increase is likely to continue for several decades.

Remember:

- Snow, sand, water, and building surfaces reflect light to increase exposure and cause exposure, even to skin that is shaded from the direct sun.
- 80 percent of the sun`s harmful rays can penetrate haze, fog and clouds.
- Sun exposure may impair the body`s general ability to defend against all diseases.
- Some medication causes sensitivity to the sun. Check with your doctor.



## Prevention: Sun Dangers

### **Sunscreen**

#### Selection:

- Select a sunscreen or sun-block that protects against both UVA (Ultraviolet-A) and UVB (Ultraviolet-B) light. For example, sunscreen that contains Parsol 1789 and/or Parsol MCX.
- Test the sunscreen on the inside of the elbow before you use it for the first time. Some children have sensitive skin or are allergic to sunscreens which contain PABA. If no irritation occurs within 24 hours, the sunscreen can be safely used. If irritation does occur, alternative products are available.

#### Use:

- Apply sunscreen before sun exposure.
- Use a waterproof sunscreen or reapply sunscreen when children are sweating or getting in and out of the water.

Remember: Sunscreen only slows the effect of the sun. In strong midday sun even protected skin can burn in less than an hour



## Prevention: Sun Dangers

### **Sunglasses**

Have the children wear UVA and UVB shielding sunglasses. Ultraviolet light can increase the risk of cataracts in the eyes. Sunglasses which do not effectively shield against UVA and UVB actually increase the level of exposure by allowing the pupil to open.



## Prevention: Sun Dangers

### **Hats**

Use wide brimmed hats or other hats that shade the ears and back of the neck as well as the face.



## Prevention: Sun Dangers

### **Infants**

What to look out for:

- An infant`s skin is particularly sensitive to sunburn and should not get any direct exposure.

Special Precautions:

- Keep them in the shade.

### **See also:**

[Age Specific Index](#)





## Prevention: Sun Dangers

### **Toddlers, Preschoolers, and Elementary Schoolers**

What to look out for:

- They are more susceptible to sun damage than adults.

Special Precautions:

- Use sunscreen, hats and sunglasses.
- Guard against Heat-Exhaustion and Sunstroke.

**See also:**

[Age Specific Index](#)



## Prevention: Poisons



Click to play the video for this topic.

**Fact:** The most common poison among children is non-prescription medication.

**Fact:** 90 % of poisonings occur in children under five years old.

### **Common Dangers:**

Household Products

Medicines

Cigarettes and Alcohol

Plants

Food Poisoning

Sprays

Outdoors

Environmental Poisons

### **Poison Safety:**

Poison Control Center

Storage

### **Age Specific Information:**

Infants

Toddlers

Preschoolers and Elementary Schoolers

### **First Aid:**

Poisoning

Chemical Burns



## Prevention: Poisons

### **Poison Control Center**

Contact your local Poison Control Center for assistance in eliminating the danger of poisoning.



## Prevention: Poisons

### **Household Products**

Click on each of the following for examples of poisons:

- [cleaning products](#)
- [cosmetics](#)
- [medicines](#)
- [garage and basement products](#)
- [other](#)

### **See also:**

[Storage](#)

## **Cleaning Products**

Examples of poisonous cleaning products:

- laundry soaps
- bleaches and cleaners
- polish, wax, shoe polish
- dish detergent
- air fresheners
- toilet bowl fresheners

## **Cosmetics**

Examples of poisonous cosmetics:

- perfume
- mouthwash
- hair spray and other preparations
- fingernail polish and remover
- permanent wave neutralizer

## **Medicines**

Examples of poisonous medicines:

- aspirin and other painkillers
- cough and cold remedies
- vitamins
- allergy medications
- sleeping pills

## **Garage and Basement**

Examples of poisonous garage and basement products:

- paints
- bug and weed killers
- fertilizer
- oil
- grease
- antifreeze
- car batteries



## **Other**

Other poison examples:

- mothballs
- rat and mouse poison
- typewriter correction fluid
- glue



## Prevention: Poisons

### **Storage**

Keep all poisonous substances in locked cabinets, out of the reach of children.

Keep all poisonous substances in their original containers with their original labels intact. Never transfer poisonous materials to food or beverage containers.

Carefully dispose of old, unused substances.



## Prevention: Poisons

### **Medicines**

Ask pharmacists to put prescriptions in containers with safety lids.

Take your own medicine in private because children imitate adult behavior.

Administering Children`s Medication:

- Administer it yourself or have a responsible person do it. Read the dosage twice to make sure you get it right.
- Never tell children medicine is candy to encourage them to take it.

Disposal:

- Periodically clear the medicine cabinet of unused portions of medications. Dispose of contents by flushing them down the toilet and then rinse the containers before discarding them.
- Do not allow children to play with empty medicine containers.

### **See also:**

[Storage](#)

[First Aid: Fractures](#)

[First Aid: How to Reduce Fever](#)



## Prevention: Poisons

### **Cigarettes and Alcohol**

After a party, immediately empty ashtrays and unfinished drinks.

Remember, a single cigarette could kill a one year old if swallowed. A good swig of straight liquor can kill a child.

### **See also:**

[When Do Accidents Happen?: Events](#)



## Prevention: Poisons

### **Environmental Poisons**

Have the house tested for radon gas, lead, and asbestos.

Remember, older houses, furniture, and toys have a higher risk of having lead-based paint.

### **See also:**

Preventing Sun Dangers: Sun Exposure  
Toy Selection

## **Radon Gas**

Radon is an odorless, colorless radioactive gas that can percolate through the porous soil into your home. As radon itself decays, it releases radioactive particles. When these become trapped in the lungs, they *release small bursts of energy which can damage lung tissue and lead to lung cancer*, according to the Environmental Protection Agency (EPA).

## **Asbestos**

Asbestos is a fibrous mineral that was used for many years to strengthen and insulate building materials. Microscopic airborne fibers can be inhaled or swallowed. Because these fibers don't break down in the body, they can build up over time and cause breathing problems or lung cancer. Health effects may not appear until 15 to 40 years after exposure.



## Prevention: Poisons

### **Plants**

Take care in the selection and planting of house and garden plants and trees.

Examples of Safe Plants:

- African violet
- Aster
- Begonia
- Boston ferns
- Camellia
- Coleus
- Daisies
- Day lily
- Easter lily
- Grape ivy
- Jade Plant
- Magnolia
- Petunia
- Sentry palm
- Violets
- Asparagus fern
- Baby`s breath
- Bird`s nest fern
- California holly
- Christmas cactus
- Dahlia
- Dandelion
- Dogwood
- Geranium
- Honeysuckle
- Lipstick plant
- Pansy
- Rose
- Spider plant
- Wild onion

### **See also:**

[Home Safety Inspection: Plants and Trees](#)





## Prevention: Poisons

### **Food Poisoning**

Use fresh, unspoiled groceries.

Cook food thoroughly.

Store leftovers in the refrigerator or freezer.

Do not re-freeze meat without cooking it first.

### **See also:**

[Home Safety Inspection: Kitchen Poisons](#)



## Prevention: Poisons

### **Sprays**

Do not spray paints or chemicals or prepare sprays (e.g., garden insecticide sprays) in the presence of children.



## Prevention: Poisons

### **Outdoors**

Use non-toxic garden care products whenever possible.

Do not treat decks and woodwork with creosote, inorganic arsenic compounds, or pentachlorophenol. If it is already treated, seal it with two coats of sealant.

### **See also:**

[Plants](#)

[Home Safety Inspection: Backyard](#)



## Prevention: Poisons

### **Infants**

What to look out for:

- Anything held in their hands will go into the mouth including household poisons, plants, and paint chips.
- They are able to grab things.
- They learn to stand and reach objects near the edges of counters and tables.
- Medicines look like candies to them

Special precautions:

- Make sure medicine doses are accurate - use a dropper with volume marks on it.
- Secure the cupboard under the sink as well as any other cupboards that contain poisons.

### **See also:**

[Age Specific Index](#)



## Prevention: Poisons

### Toddlers

What to look out for:

- They are able to reach more things and put them in their mouth.
- They may combine objects to get into things, such as a chair to get into a top cupboard, or a hammer to smash a medicine container.
- They have a surprising ability to open childproof containers, or smash them.
- Medicines look like candies to them.

Special precautions:

- Do not leave unfinished drinks around, as the child might finish them.
- Poisons stored outside the house must be carefully locked up or put out of reach in the tool shed or garage.
- Teach them meaning of the word *poison*.
- Teach them not to eat plants.

### **See also:**

Teaching Safety

Age Specific Index



## Prevention: Poisons

### **Preschoolers and Elementary Schoolers**

Special precautions:

- Teach them about poison symbols and poisonous plants.

#### **See also:**

Teaching Safety

Age Specific Index



## Prevention: Choking and Smothering



Click to play the video for this topic.

### **Common Dangers:**

Cribs, Cradles and Playpens

Plastic Bags

Toys

Pacifiers, Soothers, or Dummies

Food

### **Choking and Smothering Safety:**

Teaching Choking Safety

### **Age Specific Dangers and Precautions:**

Infants

Toddlers

Preschoolers and Elementary Schoolers

### **First Aid:**

Choking

Primary First Aid Sequence



## Prevention: Choking and Smothering

### **Cribs, Cradles and Playpens**

Do not give an infant a pillow. It may cause smothering.

Use only cribs that conform to recognized safety standards. Children can be strangled if they get their head caught.

Never tie or harness a child into a crib. The cords may cause strangulation.

Never leave one side of a playpen dropped down. A child can become entrapped and suffocate.

#### **See also:**

[Home Safety Inspection: Crib](#)

[Home Safety Inspection: Cradle](#)

[Home Safety Inspection: Playpens](#)





## Prevention: Choking and Smothering

### **Plastic Bags**

Keep plastic bags out of reach of children.

Tie all dry-cleaning plastic covers and protective plastic covers on new products in knots before disposal.



## Prevention: Choking and Smothering

### **Toys**

Keep balloons out of cribs, playpens, children`s rooms, and play areas to prevent suffocation. An uninflated balloon or small pieces of a burst balloon can be particularly hazardous to children.

Do not allow younger children, (i.e. 3 yrs. and under) to play with toys that have parts that can be compressed smaller than 2.5 cm (1 inch).

Do not allow children to use pen tops as toys. They are easily swallowed and can obstruct breathing.

Check toys for small parts that can be easily broken off and swallowed or choked on.

### **See also:**

[Toy Selection](#)



## Prevention: Choking and Smothering

### **Pacifiers, Soothers, or Dummies**

When buying a pacifier make sure that it is packaged to ensure sterility. Clean it before use according to the manufacturer`s guidelines.

Never use a bottle nipple as a substitute for a soother.

Avoid attaching the soother to anything. If you must attach it, use a short ribbon securely attached to the child`s clothes so he or she cannot choke on the pin. Never tie a soother around a child`s neck with a string or ribbon.

Check the child`s pacifier regularly and discard it if there is any sign of deterioration, e.g. discoloration or hardening and cracking of the nipple.



## Prevention: Choking and Smothering

### **Food**

Take care not to feed infants and children foods which are more likely to cause airway obstruction. Children under 3 years old should avoid wieners, carrot sticks, candies, nuts, grapes, chips, seeds, popcorn, and chunky peanut butter. Plain, smooth peanut butter can chunk when it mixes with saliva and cause choking. Peanuts are a particular danger. Do not leave them on the coffee table when entertaining

Cut children`s food into *child size* pieces. Foods which are slippery, such as grapes, cherries, olives and pasta noodles, should be cut into small pieces which cannot get lodged in the windpipe.

Carefully check fish for bones.

Always supervise small children while they are eating and carefully watch them for signs of choking.

All family members should sit quietly while eating food or candy.



## Prevention: Choking and Smothering

### **Teaching Choking Safety**

Teach children to eat slowly, chew their food into very small pieces, and not to talk with food in their mouth.

Teach them to enjoy the taste of their food and not to rush or horse around with siblings and friends while eating.

## **Teaching Choking Safety**

Teach children to eat slowly, chew their food into very small pieces, and not to talk with food in their mouth.

Teach them to enjoy the taste of their food and not to rush or horse around with siblings and friends while eating.

Set a good example by not talking with your mouth full of food, eating quickly, taking big bites, or moving around while eating. Remember, children learn by example.

### **See also:**

Toddlers

Preschoolers and Elementary Schoolers

Teaching Safety



## Prevention: Choking and Smothering

### **Infants**

What to look out for:

- Anything in their hand goes into their mouth.
- They are able to randomly grab things.
- They learn to stand and reach objects near the edges of counters and tables.

Special Precautions:

- Never leave an infant unattended with a bottle.
- Secure the cupboard under the sink and any cupboards that contain small objects.
- Keep them away from toys that have small parts or can be compressed.

### **See also:**

Pacifiers, Soothers, or Dummies

Age Specific Index



## Prevention: Choking and Smothering

### Toddlers

What to look out for:

- They are able to reach far more things than infants and put them in their mouth.
- They may combine objects to get into things, such as using a chair to get into a top cupboard.
- They begin eating solid food.

Special Precautions:

- Beware of old, abandoned refrigerators and other appliances. Doors should be removed.
- Check for small objects within grasp and outside the house.
- Take special care with food. Begin teaching them to chew carefully.
- Keep them away from toys that have small parts or can be compressed.

### **See also:**

[Pacifiers, Soothers, or Dummies](#)  
[Age Specific Index](#)





## Prevention: Choking and Smothering

### **Preschoolers and Elementary Schoolers**

Special Precautions:

- Teach them not to eat and play at the same time.
- Teach them about the dangers of choking and smothering.

**See also:**

[Age Specific Index](#)



## Prevention: Drowning

**Fact:** Two-thirds of children who drown are non-swimmers. They are especially at risk in unsupervised areas such as ponds, creeks, wells, and excavation sites.

### **Common Dangers:**

Hot Tubs

Pools

Bathrooms

### **Drowning Safety:**

Supervision

Teaching Drowning Safety

### **Age Specific Dangers and Precautions:**

Infants

Toddlers

Preschoolers

Elementary Schoolers

### **First Aid:**

Drowning



## Prevention: Drowning

### **Supervision**

Always supervise children around any body of water of any size. A body of water is a pool, hot tub, stream, pond, lake, ocean, puddle or bathtub. A child can drown in less than 5 cm (2 inches) of water.



## Prevention: Drowning

### **Hot Tubs**

Securely cover and lock them when not in use.

### **See also:**

[Home Safety Inspection: Hot Tub](#)



## Prevention: Drowning

### **Pools**

Establish sensible safety rules at the very beginning and enforce them consistently and firmly. Review the **reasons** for each rule with the children. Display basic safety rules on a sign at the pool-side to inform visitors.

Never allow children to enter the water without permission from, and supervision by, a competent adult with water safety training. Non-swimmers must stay in the shallow end of the pool or swimming area.

Do not allow non-swimmers to use inner tubes or air mattresses in the water.

Only allow one person at a time on the diving board.

Only allow one person at a time on the slide. Children should slide feet first in a sitting position.

Keep pool covers fully rolled up when the pool is in use.

Remove floating toys when the pool is not in use. These attract children.

Empty or lock up the pool when it is not in use.

### **See also:**

[Teaching Drowning Safety](#)

[Home Safety Inspection: Pool](#)



## Prevention: Drowning

### **Bathrooms**

Never leave water standing in the tub when it is not in use.

Keep the bathroom door closed when it is not in use.

Tightly close taps to prevent children from turning them on by themselves.

Supervise young children in the tub at all times.

### **See also:**

[Home Safety Inspection: Bathroom](#)



## Prevention: Drowning

### **Teaching Drowning Safety**

Warn children of the dangers of playing near, or swimming in, unsupervised bodies of water.

Teach children to swim with a buddy. Sudden cramps can sink the most accomplished swimmer.

Teach children to swim in good weather, during daylight.

Teach children the dangers of diving into shallow or unknown water. They should check the shape of the pool bottom and the water depth. Diving is not allowed in above ground pools.

Teach swimmers to never go underneath diving boards.

**Learning to swim** is a progression of small steps. First, children learn to get into the water, then to put their faces in, and later on to open their eyes under water. Parents play a large part in this progression. Initial experiences in the water should be shared with parents. Check with your local public pool for children`s swimming lessons.

**See also:**  
Teaching Safety



## Prevention: Drowning

### **Infants**

What to look out for:

- Danger of drowning in a tub.
- If they slip, they cannot get themselves up.

Special precautions:

- Never leave them alone in a tub while you answer the door or phone, even for a few seconds.
- Use an infant tub or child support when bathing infants.

### **See also:**

[Age Specific Index](#)





## Prevention: Drowning

### **Toddlers**

What to look out for:

- They have a fascination with water. Be careful near water, indoors and out.
- They are able to climb small barriers.
- They can drown in any water, indoors or out.

Special precautions:

- Use a toilet seat lock. Toddlers can fall in head first and drown.
- Supervise them around any water.
- Do not leave any open water standing where the child can get at it.

### **See also:**

[Age Specific Index](#)



## Prevention: Drowning

### **Preschoolers**

What to look out for:

- Even if they know how to swim, the danger of drowning is still high.
- They can drown in any water, indoors or out.

Special Precautions:

- Begin teaching swimming and water safety.
- Supervise them around any water.
- Do not leave any open water standing where the child can get at it.

### **See also:**

[Age Specific Index](#)



## Prevention: Drowning

### **Elementary Schoolers**

Special precautions:

- They need supervision, even if they know how to swim.
- Teach swimming and water safety.

### **See also:**

[Age Specific Index](#)



## Prevention: Car and Traffic Accidents

**Fact:** Car injuries are the number one cause of death of children in North America. In a slow speed collision, a child experiences the same impact as falling from the third floor of a building.

**Fact:** Bicycle mishaps are the leading cause of head injuries for North American children. Helmets can reduce the number of bicycle fatalities by up to 80%.

### **Common Dangers:**

Bicycles, Skateboards, Tricycles, In-line Skates, Wagons

Car and Driveway

Car Seats

### **Car and Traffic Safety:**

Teaching Car and Traffic Safety

### **Age Specific Information:**

Infants

Toddlers

Preschoolers

Elementary Schoolers

### **First Aid:**

Head, Neck and Back Injuries

Eye Injuries

Fractures and Sprains

Bleeding



## Prevention: Car and Traffic Accidents

### **Bicycles, Skateboards, Tricycles, In-Line Skates, Wagons**

Make sure the child always wears a helmet and other protective padding while using these.

To ensure the helmet fits properly, bring the child to the store when purchasing it.

Make sure children are always visible. They should wear bright clothes, even during the day. When motorists can see a cyclist, it is easier for them to avoid the cyclist. Young children should avoid riding after dark.

Before a child goes on the road with a bicycle, make sure they have developed the skills necessary for the safe control of the bicycle are developed. These include balancing, knowing when it is safe to turn, signaling turns, stopping without hitting an obstacle, and knowing the rules of the road.

#### **See also:**

[Teaching Car and Traffic Safety](#)

[Preventing Falls: Bicycles, Skateboards, Tricycles, In-line Skates, Wagons](#)

[Home Safety Inspection: Bicycle](#)



## Prevention: Car and Traffic Accidents

### **Car and Driveway**

#### Car:

- Never leave an infant or child alone in a car, even for a short time.
- Maintain the vehicle in good working condition and adhere to all safety rules. Pay special attention to tires and brakes.
- Always check the area around the vehicle before pulling out of a driveway or parking space.
- Use an approved infant or child car seat for each child at all times when traveling. This is required by law in many jurisdictions.
- Keep doors locked and open windows only a few inches.

#### Driveway:

- Never allow children to play on the driveway.
- Never leave children unsupervised in or near a vehicle.

#### **See also:**

[Home Safety Inspection: Garage](#)



## Prevention: Car and Traffic Accidents

### **Car Seats:**

Have the child ride in the back seat. The center of the back seat is the safest place for children, although anywhere in the back seat is safer than the front. If you are alone in the car with the child, you can install a special mirror which will allow you to keep an eye on the child.

Restraints must be snug to be effective in an accident.

Do not use household booster seats in the car. Many car seats, however, can be used in the house.

### **Seat Belts:**

- Seat belts that are designed to stay loose until needed, and combination seat-shoulder belts that run freely through the buckle, require the use of a special locking clip. These are often included when you buy the seat.
- Shoulder straps are for shoulders. When placed across the child's face or neck, they can cause serious injury. If the child is not tall enough, use only the lap portion of the seat restraint. Place the shoulder strap behind the child.
- Never allow children to share a lap belt with another child or an adult. In an emergency, three children can share two lap belts if both belts go around the middle child.

### **See also:**

[Infants](#)

[Toddlers](#)

[Preschoolers](#)

[Elementary Schoolers](#)



## Prevention: Car and Traffic Accidents

### Teaching Car and Traffic Safety

Passenger safety rules for children:

- Always exit the car on the curb side
- Remain seated while the car is moving.
- Do not distract the driver.
- Keep heads, arms, and feet in the car.
- Controls are for the driver only, even when the car is parked.
- Ensure that everyone`s fingers, hands, and feet are clear before closing doors.
- Keep buckled up until the car is parked.

Discuss the reasons for the above rules with your child.

When traveling, use a seat restraint at all times to set an example.

Teach children never to play near parked cars, e.g. driveways or parking lots.

Bicycles:

- Teach children to walk their bikes using the pedestrian crosswalks. **Remember**, even the safest cyclist must watch for drivers who are not paying attention!
- Teach children to be predictable. Good cyclists ride in a straight line when they go down the street. Good cyclists do not swerve between parked cars or onto driveways. Good cyclists always look and signal before turning. A cyclist who is full of surprises often gets into trouble.

**See also:**  
Teaching Safety





## Prevention: Car and Traffic Accidents

### Infants

What to look out for:

- There is a temptation to try to nurse or feed a baby in a moving car, during a car trip.

Special Precautions:

- Use an infant car seat that is safety approved. These seats have a five point harness and face the rear of car to protect the child`s immature neck in the event of a crash. Some toddler seats can be converted and turned around for infants. Refer to the seat manufacturer`s specifications and switch to a toddler seat when the child is too big.
- Bundle the infant in blankets **after** securely buckling him or her in.
- Do **not** place the seat in the fully reclining position on seats where this is an option.

### **See also:**

[Age Specific Index](#)



## Prevention: Car and Traffic Accidents

### **Toddlers**

What to look out for:

- They are able to move into traffic situations, but are not aware of dangers.

Special Precautions:

- When the child is too big for an infant car seat, (refer to manufacturer`s specifications) use a toddler car seat which is safety approved. These have a five point restraint, face forward, and have a tether which attaches to a special bolt which must be installed on the floor of the car or on the rear dash. Refer to the seat manufacturer`s instructions and switch to a car booster seat when child is too big.
- Hold their hand or restrain them at all times near traffic.
- Begin teaching them not to run out into the street to get a ball, etc.

**See also:**

[Age Specific Index](#)



## Prevention: Car and Traffic Accidents

### Preschoolers

What to look out for:

- They still cannot judge left from right, determine the distance of approaching traffic, gauge how fast it is moving, or whether vehicles are parked.
- They cannot anticipate unexpected driving maneuvers such as U-turns.
- By itself, the car seat belt may not prevent a child from slipping out, and a shoulder strap without a booster seat can strangle child.

Special Precautions:

- Supervise from a close distance near traffic.
- Teach them not to run out into the street to get a ball etc.
- Do not let them cross the street alone.
- Make sure they wear a helmet and are supervised on a tricycle or other self propelled toys. They can still crash and tip over.
- Switch from a toddler car seat to a special car booster seat when the child is too big (refer to manufacturer`s specifications).

### **See also:**

[Age Specific Index](#)



## Prevention: Car and Traffic Accidents

### **Elementary Schoolers**

What to look out for:

- There is a danger of traffic accidents when walking or riding a bicycle.

Special Precautions:

- Set a good example in traffic, crossing street etc.
- Teach them not to run out into the street to get a ball etc.
- Teach them road safety rules, but still supervise younger children.
- Use a seat belt by itself, or one with a child guard retainer when the child is too big for the car booster seat (refer to manufacturer`s specifications).
- Carefully position the lap belt so that it is low down on the hips. Improper seat belt placement can cause injuries due to submarining. Special seat belt retainers designed for children can help with this.

### **See also:**

[Age Specific Index](#)

## **Submarining**

Submarining occurs when a person slides forward under the seatbelt during a crash. It can result in neck injuries or strangulation.



## Prevention: Bites and Stings

### **Common Dangers:**

Insect Bites

Poisonous Insects and Snakes

Animal Bites

### **Bite and Sting Safety:**

Teaching Bite and Sting Safety

### **Age Specific Information:**

Infants

Toddlers and Preschoolers

Elementary Schoolers

### **First Aid:**

Bites and Stings



## Prevention: Bites and Stings

### **Insect bites**

When outdoors, avoid food, sticky drinks, and perfumes as these may attract insects.

Dress children in long sleeved shirts and long pants.

Remove hornets nests and beehives from the house and yard.

### **See also:**

[Poisonous Insect and Snake Bites](#)



## Prevention: Bites and Stings

### **Poisonous Insects and Snakes**

Remember, because of their smaller body size, poisonous bites are more dangerous for children than for adults.

Check with local authorities for information about the habitat, appearance, and avoidance of dangerous insects and snakes in your area.





## Prevention: Bites and Stings

### **Animal Bites**

Never leave a child alone with a pet. Some dogs can be jealous of a baby and attack him or her unexpectedly.

Always supervise young children while outside.



## Prevention: Bites and Stings

### **Teaching Bite and Sting Safety**

Teach youngsters to stay away from strange animals and not to tease neighbors` pets.

Teach children to move slowly when a bee or wasp approaches and not to swat it.

**See also:**  
[Teaching Safety](#)



## Prevention: Bites and Stings

### **Infants**

Special Precautions:

- Use mesh cloth and/or full length clothing to protect infants from insects.

### **See also:**

[Age Specific Index](#)



## Prevention: Bites and Stings

### **Toddlers and Preschoolers**

Special Precautions:

- Keep bug repellent away from their mouth, eyes, hands, and food. Do not allow them to apply it themselves.

### **See also:**

[Teaching Bite and Sting Safety](#)

[Age Specific Index](#)



## Prevention: Bites and Stings

### **Elementary Schoolers**

Special Precautions:

- Keep bug repellent away from their mouth, eyes, hands, and food.

### **See also:**

[Teaching Bite and Sting Safety](#)

[Age Specific Index](#)



## Prevention: Cuts and Scrapes

**Fact:** More injuries requiring medical attention occur in the home than any other place.

### **Common Dangers:**

Sharp and Breakable Objects

Pinch Points

Bicycles, Skateboards, Tricycles, In-line Skates, Wagons

Outdoors

Around Pools

Infection

### **Age Specific Information:**

Infants

Toddlers

Preschoolers

Elementary Schoolers

### **First Aid:**

Bleeding

Eye Injuries



## Prevention: Cuts and Scrapes

### **Around Pools**

Use only non-breakable cups and dishes at pool side. Broken glass is very difficult to see in the water.

### **See also:**

[Home Safety Inspection: Pool](#)



## Prevention: Cuts and Scrapes

### **Sharp and Breakable Objects**

Keep tools, cutlery, utensils, razors, and scissors locked up or out of reach of children during and after use.

Do not leave dishes, glasses, and bottles within easy reach where a child could pull them down and cause them to shatter.

Avoid toys with points and sharp edges, and toys which can come apart or break, exposing sharp edges.

### **See also:**

[Toy Selection](#)





## Prevention: Cuts and Scrapes

### **Pinch Points**

Keep children away from car doors, folding chairs, ironing boards, dishwasher and other appliance doors, and the hinge side of any door.

### **See also:**

[Home Safety Inspection: Playpen](#)

[Backyard Inspection: Outdoor Play Equipment](#)



## Prevention: Cuts and Scrapes

### **Bicycles, Skateboards, Tricycles, In-Line Skates, Wagons**

Avoid models with sharp edges or exposed pinch points.

Make sure the child always wears a helmet and other protective padding, such as elbow and knee pads and proper footwear.

#### **See also:**

[Home Safety Inspection: Bicycle](#)



## Prevention: Cuts and Scrapes

### **Outdoors**

Always have children wear proper footwear outdoors.

Discourage children from running and playing on areas covered with pavement, asphalt, gravel, sticks, or other debris. Grass, sand, and pea gravel is much safer.

Keep children well away when mowing the lawn or using other motorized garden equipment, to avoid the hazard of flying pebbles and sticks.

### **See also:**

[Home Safety Inspection: Backyard](#)



## Prevention: Cuts and Scrapes

### **Infection**

Confirm with your doctor that immunizations are up to date. Infants should receive their first inoculation, which includes tetanus, at approximately 2 months. A tetanus booster is recommended every 5 to 10 years.

### **See also:**

[First Aid: Infection](#)



## Prevention: Cuts and Scrapes

### **Infants**

What to look out for:

- Anything they can hold in their hands can go into their mouth.
- They are able to randomly grab things.
- They learn to stand and reach objects near edges of counters and tables.

Special Precautions:

- Secure any low cupboards which contain sharp objects.

### **See also:**

[Age Specific Index](#)



## Prevention: Cuts and Scrapes

### **Toddlers**

What to look out for:

- They are able to reach more things and put them in their mouth.
- They may combine objects to get into things, such as using a chair to get into a top cupboard.

Special Precautions:

- Lock up all sharp objects.
- Teach them the meaning of the word *sharp*, and not to touch sharp things.

### **See also:**

[Teaching Safety](#)

[Age Specific Index](#)



## Prevention: Cuts and Scrapes

### **Preschoolers**

Special Precautions:

- Teach them to use a knife and fork safely.
- Do not let them use very sharp cutlery.

### **See also:**

[Teaching Safety](#)

[Age Specific Index](#)



## Prevention: Cuts and Scrapes

### **Elementary Schoolers**

#### Special Precautions:

- Teach them to always cut away from themselves when using a knife and to always carry sharp objects pointing away from themselves.
- Teach them how to safely use tools, domestic appliances, and other sharp objects.

#### **See also:**

[Teaching Safety](#)

[Age Specific Index](#)





## Safety Awareness Menu

**When do Accidents Happen?**

**Teaching Safety**

**Toy Selection**



## Prevention: When do Accidents Happen?



Click to play the video for this topic.

**Fact:** Half of all accidents to young children occur around the home.

### **Risk Factors:**

Unexpected Developments

Time of Day

Events

Stress

Individual Characteristics

### **Age Specific Information:**

Infants

Toddlers

Preschoolers

Elementary Schoolers



## Prevention: When do Accidents Happen?

### **Unexpected Developments**

Never underestimate the rate of your child`s development. Many accidents are caused by the caretaker`s lack of anticipation a of child`s ability to roll, bounce; crawl, climb, run etc. Be prepared for the unexpected.

#### **See also:**

[Age Specific Index](#)



## Prevention: When do Accidents Happen?

### **Time of Day**

Most children`s accidents happen early in the morning before parents are up and late in the day when parents are rushed or busy. Saturday is the worst accident day, especially between 3 and 6 p.m.

Accidents are more likely to happen when parents are tired, such as before nap time, in the late afternoon, or before bed

Poisonings are most likely to occur in the morning breakfast hour and in the late afternoon prior to supper when the child is hungry.



## Prevention: When do Accidents Happen?

### **Events**

Any sudden change of environment, such as visiting or moving to a new house or going on vacation, can introduce many new distractions and hazards.

Risk is increased by any change in routine or emotional climate, such as during a party or other exciting event when the child is left with a babysitter, when a new baby is brought home, when a death occurs in the family, or when there is strain or instability in the home.

When you are ill you may be unable to supervise the children with your usual patience and care.

When you have visitors, be careful about small snack foods on tables, coats and purses with medicines and small objects, and storage of their medicines and toilet articles.

When answering the door or phone, take the child with you. Limit conversations so you can keep little ones out of trouble.

### **See also:**

[Preventing Burns and Shocks: Cigarettes](#)

[Preventing Poisoning: Cigarettes and Alcohol](#)

[Family Room Inspection: Coats and Purses](#)



## Prevention: When do Accidents Happen?

### **Stress**

When parents are under emotional stress they may be distracted from supervising effectively.

Accidents are more likely to happen when a child is under stress and when children are overactive or rushed and are not allowed enough time to do things carefully.



## Prevention: When do Accidents Happen?

### **Individual Characteristics**

Try to identify your child`s characteristics with respect to their level of development, adventurousness, cautiousness, agility, and awkwardness. Take this into account in the level of supervision and protection you provide. In general, daring, aggressive kids get into more mischief than timid or reserved kids.

Physical handicaps cause risk due to slow movement or lack of coordination. Also, watch out for reduced attention spans, emotional instabilities, abnormal impulsiveness, or hyperactivity.



## Prevention: When do Accidents Happen?

### **Infants**

What to look out for:

- rolling over when on top of a change table or other furniture
- grabbing things and putting them into their mouths
- beginning crawling
- standing and reaching up to the edges of counters or standing and falling from chairs etc.
- climbing stairs, boxes etc.
- beginning walking

Greatest dangers:

- car and traffic accidents
- choking on food
- suffocation
- water accidents while bathing indoors and out
- fires
- sunburns

### **See also:**

Age Specific Index





## Prevention: When do Accidents Happen?

### **Toddlers**

What to look out for:

- climbing stairs, chairs, boxes etc
- opening drawers and containers, even if they are *child-resistant*
- trying to do things themselves
- beginning to ride children`s vehicles
- lighting matches and lighters

Greatest dangers:

- car and traffic accidents
- water/drowning
- fires
- choking on food
- suffocation
- falls

**See also:**

[Age Specific Index](#)



## Prevention: When do Accidents Happen?

### **Preschoolers**

What to look out for:

- trying to imitate things they see on TV. They still do not understand that television is not real.
- trying to imitate adult activities which are unsafe for children
- beginning to ride a bicycle

Greatest dangers:

- car and traffic accidents
- drowning in tub, pool or any other water, even if they know how to swim
- fires
- suffocation

### **See also:**

Age Specific Index



## Prevention: When do Accidents Happen?

### **Elementary Schoolers**

What to look out for:

- trying to imitate adult activities that are not safe for children
- climbing trees, ladders etc.
- daring and adventurous behavior, especially to seek approval of others
- riding in traffic on their own

Greatest dangers:

- car and traffic accidents
- drowning outdoors, but sometimes in tub

**See also:**

Age Specific Index



## Prevention: Toy Selection



Click to play the video for this topic.

### **Toy Safety:**

[Selection Criteria](#)

[When You Bring Toys Home](#)

[Teaching Toy Safety](#)

### **Age Specific Information:**

[Infants and Toddlers](#)

[Preschoolers and Early Elementary Schoolers](#)



## Prevention: Toy Selection

### **Selection Criteria**

Select toys that are suited to the child`s age and interests. Toys that you may like are not necessarily suited to a child`s social, physical and learning needs.

Select toys that are sturdily made and cannot come apart or break, exposing sharp edges.

Select toys that are not likely to harm the child, even if they are used incorrectly.

Choose rattles and teethingers that are made of durable, smooth materials.

Choose wooden toys that are glued or screwed together, not nailed, ensuring that all edges are smooth and will not splinter when chewed.

Inspect toys for the following:

- small parts that can come off and cause the child to choke, such as glass or felt eyes or paper labels on stuffed animals and dolls.
- toys that could fit in the mouth of younger children, such as small balls, marbles, and deflated balloons.
- long strings which could strangle the child or cut off circulation.
- toxic paint
- flame-resistance
- sharp edges or corners which could cut when a child chews, falls or steps on them.
- seams on stuffed toys which are securely closed, and fillings which are made of clean non-allergenic material.



## Prevention: Toy Selection

### **When You Bring Toys Home**

Carefully read and follow instructions supplied with the toy. Remove packaging material and discard it safely.

Inspect toys regularly for damage. If a toy is damaged, repair it or discard it. Check batteries regularly. Used batteries can leak and cause chemical burns or poisoning.



## Prevention: Toy Selection

### **Teaching Toy Safety**

Show children how they may safely use a toy.

Teach older children that some of their toys can be dangerous to younger children.

Show children where to keep toys when they are not in use.

### **See also:**

[Teaching Safety](#)



## Prevention: Toy Selection

### **Infants and Toddlers**

#### Special Precautions:

- Make sure pacifiers, soothers, or dummies are in good shape.
  - Be especially careful with balloons.
  - Pull and push toys should have protective handles on top.
  - Make sure squeakers and other noise mechanisms in squeeze toys are firmly imbedded.
  - Make sure mobiles are fastened securely and kept well out of reach of infants.
- Avoid the following:
- small objects, such as jewelry or objects that can be compressed until they are small, (less than 5 cm (2 inches)) such as some chew toys
  - strings longer than 30 cm (12 inches)
  - any colored liquids, they may be toxic if it is not stated otherwise
  - toys with elastic or string which can be pulled out
  - toys with small batteries that can be swallowed

#### **See also:**

[Teaching Toy Safety](#)  
[Age Specific Index](#)





## Prevention: Toy Selection

### **Preschoolers and Early Elementary Schoolers**

#### Special Precautions:

- Make sure electric toys are approved by a recognized safety organization. Avoid toys with heating elements, or motors or moving parts that are not enclosed and secured.
- Make sure ride-around toys, tricycles, or wagons are well balanced and appropriate for the size of the child.
- Make sure costumes are made of flame-retardant materials. Avoid face masks. Use non-toxic face paints instead.
- Make sure large toy boxes and other containers have air holes in case the child decides to hide inside.
- Provide a toddler-proof storage area if a younger child is present.
- Avoid the following toys:
  - shooting games and toys such as air rifles, arrows or darts, dart guns, water cannons, rockets, or remote control airplanes.
  - painting sets, crayons, markers, finger paints, chemistry sets or model rocket or airplane kits that contain toxic chemicals.
  - junior carpentry or woodworking sets with sharp edges.
  - balloons without supervision.
  - Toy head gear. Allow only regulation baseball, hockey, skateboarding and bicycle helmets.

#### **See also:**

[Teaching Toy Safety](#)  
[Age Specific Index](#)



## Prevention: Teaching Safety

### **Common Dangers:**

Learning from Experience

Overdoing It

Punishments

### **Teaching Safety:**

Teaching Techniques

Handling Dangerous Behavior

### **Age Specific Information:**

Infants

Toddlers

Preschoolers

Elementary Schoolers

### **See also:**

Teaching Fire Safety

Teaching Fall Safety

Teaching Choking Safety

Teaching Drowning Safety

Teaching Car and Traffic Safety

Teaching Bite and Sting Safety

Teaching Toy Safety



## Prevention: Teaching Safety

### **Learning from Experience**

Younger children often cannot make connections from specific situations or lessons to general experience. Even if a child gets a mild burn from touching a hot stove or pot, it does not mean he or she will not try to touch a hot pot again later.



## Prevention: Teaching Safety

### Teaching Techniques

Let the child know that what you are telling them is important. The simplest way to do this is to get down to the level of the child and look directly in the child`s face when talking. See the video for Preventing Choking for an example.



[Click here to play the video.](#)

Children need to have specific explanations for why they should or should not do things. Explanations should be appropriate to the age of the child.

Give the child a personal reason for learning something.

Helping and self-help skills should be promoted and valued.

Use techniques which are appropriate to the child`s age and learning characteristics.

### **See also:**

[Infants](#)

[Toddlers](#)

[Preschoolers](#)

[Elementary Schoolers](#)



## Prevention: Teaching Safety

### **Handling Dangerous Behavior**

Use gentle but firm insistence. The word *no* should be used sparingly, consistently, and mainly when children`s activities endanger themselves, others, or valued objects.

The word *no* is not always effective, so be ready to calmly but firmly remove the child or dangerous object. For example, if the child is climbing up on a window sill, *say windows are not for playing because you could fall down and get hurt*, and lift the child off. Do not ever give in. The child must be absolutely confident you will not permit unacceptable behavior.

Use distractions and safe alternatives such as reading.

### **See also:**

[When do Accidents Happen?: Individual Characteristics](#)



## Prevention: Teaching Safety

### **Overdoing It**

A power struggle can develop between you and the child. When this becomes exaggerated, it can result in deliberate risk-taking as a means of seeking attention.

If you become too zealous about safety it can kill the child`s spirit.

Making the home safe, regardless of the behavior of your child, can prevent these problems from developing.



## Prevention: Teaching Safety

### **Punishments**

Avoid physical punishment and screaming. They are not effective and could accidentally cause an injury. They also undermine your relationship with your child and set a bad example for how the child should deal with others. This can result in a worsening of behavior instead of an improvement.

Punishment can increase the danger of accidents by making the child more concerned about the punishment than the real danger.



## Prevention: Teaching Safety

### **Infants**

Preventive measures:

- Making the home safe provides a more secure, less threatening environment for the child to explore. Exploration is an essential part of development.
- Making the home safe reduces dangers, which may seem remote in day to day living but become more prominent in times of stress, such as illness and other changes.

### **See also:**

[Age Specific Index](#)





## Prevention: Teaching Safety

### Toddlers

Preventive measures:

- Making the home safe provides a more secure, less threatening environment for the child to explore. Exploration is an essential part of development.
- Making the home safe also reduces dangers, which may seem remote in day to day living but become more prominent in times of stress such as illness and other changes.
- Explain to the child what you are doing to protect them and why. Involve them in the safety effort and teach them to practice safety habits.

Learning characteristics of toddlers:

- likes being read to
- loves to repeat things over and over, using new found skills
- does not perceive danger with much realism
- mobility is not balanced with good judgment
- may understand simple rules but will not always remember
- has a poor sense of danger
- requires constant supervision
- desires to be independent
- exhibits *magical thinking*. For example, children may think they have more power than they do
- cannot generalize from experience in one situation to another
- cannot see the consequences of their actions

**See also:**  
[Age Specific Index](#)



## Prevention: Teaching Safety

### **Preschoolers**

Preventive measures:

- Making the home child-safe is still necessary because children are not yet consistent in their behavior. They are also a lot faster than toddlers.
- Explain what you are doing to protect the child and why.
- Involve the child in the safety effort and teach him or her to practice sound safety habits.
- Practice safe habits to set a model for children.

Learning characteristics of Preschoolers:

- still does not fully understand dangers of sharp edges, traffic, fires and poisons
- has limited awareness of danger
- may understand simple rules but will not always remember
- lack of patience, sense of hurry
- only sees own point of view
- difficulty in understanding cause and effect. They may think that just because they do not want something to happen, such as falling from something they have climbed, it will not happen.
- needs supervision but starts to learn safe behavior. This is a good time to start teaching about safety.
- likes to use new skills by being helpful and wanting to please adults
- requires patience and good humor since enthusiasm is not always matched by accuracy and speed
- able to take direction, follow some rules, and can tolerate some frustration

- has some self control
- makes impulsive judgments and frequent mistakes
- needs constant positive guidance

**See also:**  
[Age Specific Index](#)



## Prevention: Teaching Safety

### **Elementary Schoolers**

Preventive measures:

- Making the home child-safe is still necessary because children are not yet consistent in their behavior. They are also a lot faster than preschoolers.
- Explain what you are doing to protect the child and why.
- Involve the child in the safety effort and teach him to practice sound safety habits.
- Practice safe habits to set a model for children.

Learning characteristics of Elementary Schoolers:

- capable of calmer, more mature approach
- competent, reliable and takes responsibility seriously
- better able to judge own abilities than earlier ages
- learns through exploration and multiple experiences
- knows right from wrong
- sensitive to criticism
- talking and discussion are important
- begins to understand cause and effect
- can only learn safety rules gradually
- cannot always apply rules in all situations, especially unexpected situations such as failure of traffic lights
- still easily distracted, especially if upset or fatigued

**See also:**  
[Age Specific Index](#)



## Prevention: Baby-Sitting



Click to play the video for this topic.

### **Baby-Sitter Safety**

Selection

Orientation

Instructions

### **Age Specific Information:**

Infants

Toddlers, Preschoolers and Elementary Schoolers



## Prevention: Baby-Sitting

### **Selection**

Choose baby-sitters who demonstrate knowledge of how to prevent injuries. They should have taken first aid training or a baby-sitting course that includes first aid (such as those offered by the Red Cross).

Check the sitter`s references.

Make sure he or she is capable of maintaining safety and protection, and is old enough and capable enough to assume responsibility.

Make sure the sitter is acquainted with the children.





## Prevention: Baby-Sitting

### **Orientation**

Show locations of flashlights, first aid kit , fire extinguishers, fire escape routes, fuse box and potential problem areas.

Show the sitter how to control the heat, stove, lights, and fuse box.

Be clear about activities and areas that are off limits to your child.

Discuss feeding, bathing and sleeping arrangements. Establish what food and drink is allowed or not, and behavior that is allowed and not.

Explain allergies or any special needs of the child.



## Prevention: Baby-Sitting

### **Instructions**

Examples of rules to set out:

- Never leave children in home alone for even a moment.
- After the children are put to bed, check each of them once an hour.
- Do not sleep or entertain friends.
- Do not use the phone for personal calls.
- Do not smoke. It is a fire and respiratory hazard.
- Keep the doors locked.
- Phone for help if concerned or in doubt.
- Never open the door to a stranger.
- Do not give medicine unless instructed to do so.
- If the phone rings, take a message but do not say that parents are out.



## Prevention: Baby-Sitting

### **Infants**

Special Precautions:

- It is best not to have a baby-sitter bathe them.

### **See also:**

[Age Specific Index](#)



## Prevention: Baby-Sitting

### **Toddlers, Preschoolers and Elementary Schoolers**

Special Precautions:

- It is best not to allow them in the pool when they are with the sitter.

**See also:**

[Age Specific Index](#)



## First Aid Menu



Click to play the video for this topic.

**Emergency Response**

**Severe Allergic Reactions**

**Diabetes**

**Breathing Troubles**

**Faintness and Medical Shock**

**Unconsciousness**

**Fever and Seizures**

**Sun Dangers**

**Head, Neck and Back Injuries**

**Eye Injuries**

**Burns and Shocks**

**Poisoning**

**Fractures, Sprains and Strains**

**Bleeding**

**Blisters**

**Bites and Stings**



## First Aid: Emergency Response

**Primary First Aid Sequence**  
**Emergency Medical Service**  
**Controlling Fear**  
**Moving the Injured Child**

### Choking:

**Introduction - Stay Calm**

**Infant Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious**  
**Found Unconscious**

**Child Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious Child**  
**Found Unconscious**

**Adult Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious**  
**Found Unconscious**

### Rescue Breathing:

**- Infant**  
**- Child**

### CPR (Cardiopulmonary Resuscitation):

**Infant CPR One-Rescuer**  
**Child CPR One-Rescuer**  
**Adult CPR One-Rescuer**  
**Adult CPR Two-Rescuer/Child CPR Two-Rescuer**



## First Aid: Rescue Breathing

**Rescue Breathing - Infant**  
**Rescue Breathing - Child**



First Aid: CPR (Cardiopulmonary Resuscitation)

**Infant CPR One-Rescuer**

**Child CPR One-Rescuer**

**Adult CPR One-Rescuer**

**Adult CPR Two-Rescuer/Child CPR Two-Rescuer**





## First Aid: Primary First Aid Sequence

### **1. Check for Dangers:**

- first to yourself
- then to the child

### **2. Check Level of Consciousness:**

- conscious: responsive and alert
- unconscious: unresponsive

### **3. Call for Help:**

- Send someone to call for **Emergency Medical Services.**
- Ask someone for assistance.

### **4. Care for A.B.C.Ds:**

- Airway: Open it using head tilt (if head, neck and back appear undamaged) or chin lift.
- Breathing: Look-listen-feel for 5 seconds.
- Circulation: Assess pulse for 10 seconds:
  - If the child is an Infant, feel the upper arm.
  - If the child is not an infant, feel the neck.
- Deadly Bleeding: Search from head to toe.

COVER THE CHILD AND CARE FOR OTHER INJURIES

### **See also:**

Emergency Response Menu



## First Aid: Primary First Aid Sequence

### **How to Check for Dangers**

Always stop, breathe, and check the scene for safety hazards. You will be of no use to the child if you get injured trying to assist him or her.

The following are examples of dangers to look out for:

- traffic
- electrical cords in contact with the child
- fire
- smoke
- broken glass
- poison fumes

Never move the child until you have assessed the extent of their injuries. The only exception is if the child`s life is in danger; only then should you move the child quickly and carefully from the danger.

### **See also:**

Primary First Aid Sequence

Controlling Fear



## First Aid: Primary First Aid Sequence

### **How to Check for Level of Consciousness**

Try tapping or shaking the child gently and shouting *Are you OK?*

If the child responds, check for Bleeding and Shock and give the necessary care.

If the child does not respond, check the Airway.

### **See also:**

Primary First Aid Sequence



## First Aid: Primary First Aid Sequence

### How to Check the Airway

1. If you are sure the head, **neck and back are uninjured** :

- If necessary, roll the child onto his or her back. Kneel facing the child. Use one hand to cradle the head and neck, and place the other hand on the casualty`s hip. Roll the child toward you in a single, clean movement. Remember to support the back of the head and neck.

- Open the airway by tilting the head back and lifting the chin, keeping clear of the throat.

CAUTION: Do not tilt the head if you suspect a back or neck injury. Gently lift the lower jaw forward without moving the neck. Tilt the head only if you cannot inflate the chest.

2. Check to see if the airway is open and free. Remove any substances from the mouth.

3. Open the mouth and carefully remove substances, (even if child resists, do not give up). Use a flashlight if one is available.

4. When the Airway is free, check for Breathing.

### **See also:**

Primary First Aid Sequence

Head Injuries

Neck and Back Injuries.



## First Aid: Primary First Aid Sequence

### How to Check Breathing

1. Place your cheek near the child`s nose and mouth and look, listen and feel for normal breathing, (the younger the child the faster it is) for 3 to 5 seconds.
2. If the child is breathing, treat the child for Unconsciousness. Place the child in the Recovery Position. Keep the airway open, monitor the breathing, and check for, and control, severe bleeding.
3. If the child is **not** breathing, start Rescue Breathing immediately - the body cannot survive for more than a few minutes without oxygen.

**Infant** - Seal your mouth over the infant`s mouth and nose. Attempt to gently deliver two small, slow puffs. Look for movement of the chest. CAUTION: Because an infant`s lung capacity is so small, use only the air you can hold in your cheeks.

**Child** - Pinch the nostrils closed and seal your mouth around the child`s mouth. Blow in two slow breaths of air. Look for movement of the chest.

If the air does not go in the first time, try again to make sure the Airway is clear. If your breath does not go in the second time, treat the child or infant for choking.

If your breath goes in, continue to Circulation.

See also:  
Primary First Aid Sequence



## First Aid: Primary First Aid Sequence

### How to Check Circulation

1. Check for a pulse in one of two ways:

**Infant** - Place two fingers close to the bone inside the infant`s upper arm. Feel for the pulse for 5 - 10 seconds. CAUTION: It can be very difficult to find an infant`s pulse. If you can`t find it, move to the next step.

**Child** - Place two fingers on the windpipe, halfway between the chin and collarbone. Press gently into the soft area beside the windpipe. Feel for the pulse for 5 - 10 seconds.

2. If there is no pulse the heart may still be beating but at a very low pressure. The child has possibly gone into shock.

3. If there is a pulse, then continue Rescue Breathing and check for, and control, severe bleeding and shock.

If there is **no** heart beat, then start CPR (Cardiopulmonary Respiration).

### See also:

Primary First Aid Sequence



## First Aid: Emergency Medical Service

The Emergency Medical Service (EMS) is designed to provide emergency assistance to injured or ill people and to transport them to hospital. The EMS varies from community to community. Many areas have a *9-1-1* system, while others use a local number.

Click on the following for more information:

[When to call for help](#)

[How to call for Emergency Medical Services](#)

**See also:**

[Primary First Aid Sequence](#)

[Emergency Response Menu](#)



## First Aid: Emergency Medical Service

### **When to Call for Help**

As a general rule, call the ambulance for any of the following conditions:

- unconsciousness or altered level of consciousness
- breathing problems: difficulty breathing or no breathing
- no pulse
- severe bleeding
- vomiting blood or passing blood
- poisoning
- convulsions, severe headaches, or slurred speech
- injuries to head, neck or back
- possible broken bones
- persistent chest pain or pressure

Always call the EMS if the situation involves:

- fire or explosion
- poisonous gas
- downed electrical wires
- swift-moving water
- motor vehicle collisions
- a casualty who cannot be moved easily

In other cases, trust your instincts. Call if you are.

### **See also:**

[Emergency Medical Service](#)





## First Aid: Emergency Medical Service

### **How to Call for Emergency Medical Services (EMS)**

Make sure that the emergency numbers for your area and your home address are posted near every phone in your home.

Most EMS dispatchers will ask for the following information:

- specific location of the emergency
- telephone number from which the call is being made
- caller`s name
- condition of the patient
- what is being done for the patient

If you are providing the first aid, it is best to send someone else to make the call. Tell them to *hang up last*, ensuring that the dispatcher has all the necessary information.

If you are alone and know that help is needed, give first aid for about a minute and then make the call.

### **See also:**

[Emergency Medical Service](#)



## First Aid: Controlling Fear

### **Why we become frightened in an accident:**

#### **1. Fear of making a mistake.**

A simple definition of **fear is lack of knowledge**. If you do not know what to expect or how to help someone in need, then it is normal for you to become frightened and hesitant to get involved. **KNOWLEDGE GIVES YOU THE CONFIDENCE TO ACT**

#### **2. Focusing on Self.**

Self focusing and listing all the reasons why you cannot help will surely immobilize you with fear before you ever get started. If you stop, take a few deep breaths and **focus on the child`s needs**. You will not be as nervous and will provide reasonable care for the youngster.

#### **3. Fear of Being Sued.**

To date, no one has ever been successfully sued in a court of law in North America for offering first aid assistance to another person. You cannot be held legally liable if you help another citizen, provided you act reasonably based on your knowledge and the circumstances.

If the victim is **conscious**, they have the legal right to refuse treatment. If applicable, identify yourself as being trained in first-aid. If a child is injured and the parent or guardian is present and does not want your help, do not touch the child. In a serious emergency call for an ambulance, but do not physically touch the child.

If a child becomes **unconscious** or is found unconscious, you have the legal right to assist to the best of your ability until someone more qualified takes over. Unconsciousness is considered life-threatening.

Once you begin first aid treatment, **you must continue** to the best of your ability until someone more qualified relieves you. If you begin helping a child and then abandon them, you could face legal action.

#### **See also:**

[Primary First Aid Sequence](#)

[Emergency Response Menu](#)



## First Aid: Rescue Breathing - Infant

### **When to use it:**

In the Primary First Aid Sequence you have done the following:

- assessed and controlled immediate dangers
- found the infant to be unconscious
- called for help
- found that the airway is **not** obstructed
- found that the infant has a pulse but is **not** breathing

### **What to do:**

1. Seal your mouth over the infant`s mouth and nose.
2. Give one breath every 3 seconds until the infant starts breathing again. Watch the chest to make sure the air is going in. Check the pulse occasionally while doing rescue breathing. If the pulse fails, begin CPR.

CAUTION: Because an infant`s lung capacity is so small, use only the air you can hold in your cheeks.

CAUTION: If the infant vomits, roll him or her on his or her side, clean out the mouth, and resume Rescue Breathing.



## First Aid: Rescue Breathing - Child

### **When to use it:**

In the Primary First Aid Sequence you have done the following:

- assessed and controlled immediate dangers
- found the child to be unconscious
- called for help
- found that the airway is **not** obstructed
- found that the child has a pulse but is **not** breathing

### **What to do:**

1. Pinch the child`s nose and seal your mouth around the child`s mouth.
2. Give one breath every 3 seconds until the ambulance arrives, or until the child starts breathing again. Watch the chest to make sure the air is going in. Check the pulse occasionally while doing Rescue Breathing. If the pulse fails, proceed to CPR

**CAUTION:** If the child vomits, roll him or her on his or her side, clean out the mouth, and resume Rescue Breathing.



## First Aid: Infant CPR One-Rescuer

***These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***

### **CHECK THE SCENE**

Coming upon a collapsed person can be a frightening experience. You want to ensure that the rescue attempt is as safe and effective as possible.

You should take charge, assess hazards for yourself and others, and make sure that the area is safe. Initial caution may prevent further injuries. Hazards may include electrical wires, fire or gas leakages.

### **Performance Guidelines**

#### **1. Determine unresponsiveness.**

If another person is available, have him or her call the EMS system.



#### **2. Open airway, using head tilt/chin lift.**

**Check breathing** -  
(3 - 5 seconds.)

1. LOOK at the chest and stomach for movement (rise and fall).
2. LISTEN for sounds of breathing.
3. FEEL for exhaled breath on your cheek.

If the infant is breathing or starts breathing on his or her own, place in recovery position.



**3. Give 2 slow breaths.**

(1 to 1 1/2 seconds per breath.)

Watch chest rise, allow for exhalation between breaths.



**4. Check carotid pulse.**

(5 to 10 seconds)

If breathing is absent but pulse is present, provide rescue breathing.  
(1 breath every 3 seconds, about 20 breaths per minute.)



**5. If no pulse, give 5 chest compressions,**  
followed by 1 slow breath; 5:1 cycle.

(rate of at least 100 compressions per minute)  
(compression depth .5 to 1 in., or 1.3 to 2.5 cm.)



**6. If rescuer is alone, call the EMS system,**  
after about 1 minute of CPR.

**7. Check pulse and breathing,**  
(3 to 5 seconds).

If no pulse and no breathing, continue 5:1 cycle beginning with chest compressions.

Check for return of pulse and spontaneous breathing every few minutes.

**See also:**

Infant Foreign-Body Airway Obstruction:

Conscious; Conscious to Unconscious

Found Unconscious

Emergency Response Menu



## First Aid: Child CPR One-Rescuer

***These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***

### **CHECK THE SCENE**

Coming upon a collapsed person can be a frightening experience. You want to ensure that the rescue attempt is as safe and effective as possible.

You should take charge, assess hazards for yourself and others, and make sure that the area is safe. Initial caution may prevent further injuries. Hazards may include electrical wires, fire or gas leakages.

### **Performance Guidelines**

#### **1. Determine unresponsiveness.**

If another person is available, have him or her call the EMS system.

#### **2. Open airway, using head tilt/chin lift.**

**Check breathing** -  
(3 - 5 seconds.)

1. LOOK at the chest and stomach for movement (rise and fall).
2. LISTEN for sounds of breathing.
3. FEEL for exhaled breath on your cheek.

If the child is breathing or starts breathing on his or her own, place in recovery position.





**3. Give 2 slow breaths.**

(1 to 1 1/2 seconds per breath.)

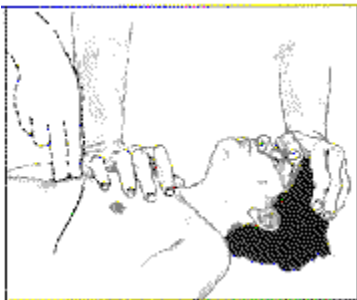
Watch chest rise, allow for exhalation between breaths.



**4. Check carotid pulse.**

(5 to 10 seconds)

If breathing is absent but pulse is present, provide rescue breathing.  
(1 breath every 3 seconds, about 20 breaths per minute.)



**5. If no pulse, give 5 chest compressions,**  
followed by 1 slow breath; 5:1 cycle.

(rate of 100 compressions per minute)

(compression depth 1 to 1.5 inches or 2.5 to 3.8 cm.)



**6. If rescuer is alone, call the EMS system,**  
after about 1 minute of CPR.

**7. Check pulse and breathing,**  
(3 to 5 seconds).

If no pulse and no breathing, continue 5:1 cycle beginning with chest compressions. Check for return of pulse and spontaneous breathing

every few minutes.

**See also:**

[Child CPR Two-Rescuer](#)

Child Foreign-Body Airway Obstruction:

[Conscious; Conscious to Unconscious Child](#)

[Found Unconscious](#)

[Emergency Response Menu](#)



## First Aid: Adult CPR One-Rescuer

***These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***

[Click here to view the video for this topic](#)

### **CHECK THE SCENE**

Coming upon a collapsed person can be a frightening experience. You want to ensure that the rescue attempt is as safe and effective as possible.

You should take charge, assess hazards for yourself and others, and make sure that the area is safe. Initial caution may prevent further injuries. Hazards may include electrical wires, fire or gas leakages.

### ***Performance Guidelines***



#### **1. Determine unresponsiveness.**

If alone, call the EMS system.

If another person is available, have him or her call the EMS system.



**2. Open airway, using head tilt/chin lift.**

**Check breathing** -  
(3 - 5 seconds.)

1. LOOK at the chest and stomach for movement (rise and fall),
2. LISTEN for sounds of breathing,
- 3 FEEL for exhaled breath on your cheek.

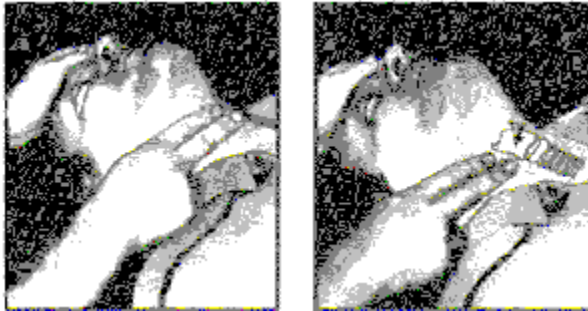
If the victim is breathing or starts breathing on his or her own, place in recovery position.



**3. Give 2 slow breaths.**

(1 1/2 to 2 seconds per breath.)

Watch chest rise, allow for exhalation between breaths.



**4. Check carotid pulse.**

(5 to 10 seconds.)

If breathing is absent but pulse is present, provide rescue breathing. (1 breath every 5 seconds, about 12 breaths per minute.)



**5. If no pulse, give 15 chest compressions,**

(rate 80 to 100 compressions per minute; depth 1 1/2 to 2 inches or 3.8 to 5 cm.) followed by 2 slow breaths; repeat 15:2 cycle.



**6. Check pulse and breathing,**

(3 to 5 seconds) after 4 cycles or about 1 minute of CPR.

If no pulse and no breathing, continue 15:2 cycle beginning with chest compressions. Check for return of pulse and spontaneous breathing every few minutes.

**See also:**

[Adult CPR Two-Rescuer/Child CPR Two-Rescuer](#)

[Adult Foreign-Body Airway Obstruction:](#)

[Conscious; Conscious to Unconscious](#)

[Found Unconscious](#)

[Emergency Response Menu](#)



# First Aid: Adult CPR Two-Rescuer/Child CPR Two-Rescuer

***These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***

## **CHECK THE SCENE**

Coming upon a collapsed person can be a frightening experience. You want to ensure that the rescue attempt is as safe and effective as possible.

You should take charge, assess hazards for yourself and others, and make sure that the area is safe. Initial caution may prevent further injuries. Hazards may include electrical wires, fire or gas leakages.

## **Performance Guidelines**

One-rescuer CPR is done until the second rescuer enters. When the second rescuer arrives, breathing and pulse should be reassessed before CPR is resumed.

Here are two possible scenarios:

### **Scenario 1**

#### **1. Rescuer #1**

- performs one-rescuer CPR.

#### **2. Rescuer #2**

- identifies self as CPR trained and asks if help is needed,
- calls the EMS system if this has not been done,
- checks victims breathing and pulse.

In two-rescuer CPR, one-rescuer should position self at the victims side and perform chest compressions. The second rescuer remains at the victims head, maintains and open airway, ventilates the victim and monitors the carotid pulse.

the compression rate for two-rescuer CPR is 80 to 100 compressions per minute.

The compression: ventilation ration is 5:1.

Rescuer #1 and #2 switch positions with as little interruption as possible.

## Scenario 2

### 1. Rescuer #1

- performs one-rescuer CPR.

### 2. Rescuer #2

- identifies self as CPR trained and asks if help is needed,
- calls the EMS system if this has not been done,
- checks the victims breathing and pulse.

### 3. Rescuer #1

- performs one-rescuer CPR, until Rescuer #1 wants to switch positions with Rescuer #2.  
(rate of 15 compressions: 2 breaths for adult)  
(rate of 5 compressions: 1 breath for child)

### 4. Rescuer #2

- performs one-rescuer CPR when instructed to do so by Rescuer #1.

Rescuer #1 and #2 switch positions with as little interruption as possible.

### See also:

[Infant CPR One-Rescuer](#)

[Child CPR One-Rescuer](#)

[Adult CPR One-Rescuer](#)





## First Aid: Adult CPR One-Rescuer

***This video excerpt may not play as intended and the rates and rhythms depicted will not be accurate. This video excerpt is not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***



Click to play the video for this topic.



## First Aid: Moving the Injured Child

### **What to look for:**

- Immediate danger to the child or rescuer that cannot be removed.

CAUTION: Do not move an injured child who may have a head, back or neck injury unless the child is in danger where he or she is. Only move the child if you cannot eliminate the danger.

### **What to do:**

1. If you have only a few seconds to rescue a child, dragging may be necessary. Cradle the head in your forearms to protect it. Drag the child by the shoulders or clothing.
2. If you suspect a neck or back injury but must move the child, prevent head and neck movement as much as possible. See [Neck and Back Injuries](#).

### **See also:**

[Emergency Response Menu](#)



## First Aid: Severe Allergic Reactions

### CAUTION:

Although most allergic reactions are not serious, on occasion they can become life-threatening. Watch closely for any signs of breathing difficulty.

### What to look for:

- tightness of throat
- breathing difficulty
- generalized itching
- blotches on skin
- raised, reddish-pink swelling
- anxiety, weakness
- shock
- abdominal cramps
- diarrhea or vomiting
- unconsciousness

### What to do:

1. Call Emergency Medical Services.
2. Keep the child calm and restrict movement
3. If the child has an *ana kit*, help him or her use it.
4. Carefully watch the airway and breathing for any signs of difficulty.

### See also:

Primary First Aid Sequence.

Rescue Breathing.

Medical Shock



## First Aid: Diabetes

### **What to look for:**

- a child with a history of diabetes who has taken too much insulin, missed a meal, or exercised excessively
- moist, ashen, or pale skin
- cold sweat
- shallow breathing
- confusion
- dizziness
- aggressive behavior
- uncharacteristic behavior

CAUTION: This condition may be life-threatening if not handled immediately.

### **What to do:**

1. If the child is fully conscious, give him or her juice, honey or another food high in sugar. If the child is unconscious, treat for unconsciousness.
2. Seek medical attention immediately.
3. Comfort the child. Keep him or her warm.

NOTE: The child may be carrying special sugar products that are quickly absorbed into the blood system. Ask the child if he or she has any, and assist him or her to take them.



## First Aid: Breathing Troubles

### **Choking:**

#### **Introduction - Stay Calm**

#### **Infant Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious**  
**Found Unconscious**

#### **Child Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious Child**  
**Found Unconscious**

#### **Adult Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious**  
**Found Unconscious**

**Drowning**

**Smothering**

**Breath Holding**

**Hyperventilation**

### **Prevention:**

**Choking and Smothering**

**Drowning**



## First Aid: Choking

### **Introduction - Stay Calm**

#### **Infant Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious**  
**Found Unconscious**

#### **Child Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious Child**  
**Found Unconscious**

#### **Adult Foreign-Body Airway Obstruction**

**Conscious; Conscious to Unconscious**  
**Found Unconscious**

#### **Prevention:**

**Choking and Smothering**



## First Aid: Drowning

### **What to do:**

1. Throw something that floats to the child.
2. Use anything that can extend your reach to give the child something to grab.
3. Do not try to jump into a deep pool to tow the child out unless you are trained in lifesaving.
4. Shout for help and remove the child from the water.
5. Hold the child`s head down for a few seconds to drain water from airways.
6. Begin Rescue Breathing if child remains unconscious.

### **See also:**

Primary First Aid Sequence

### **Prevention:**

Drowning



## First Aid: Breath Holding

### **What to look for:**

Sometimes small children will hold their breath, usually after some upset, frustration, or minor injury. It can result in the following symptoms:

- going blue
- going unconscious briefly
- it can be mistaken for a seizure

### **What to do:**

1. Remember, the child almost always begins breathing again.
2. Begin Rescue Breathing if child remains unconscious.





## First Aid: Hyperventilation

**Definition:** Hyperventilation is an imbalance in the body's natural breathing process often triggered by an upsetting situation.

### **What to look for:**

- uncontrolled gasping for air
- dizziness
- panic
- anxiety

### **What to do:**

1. Comfort the child. Encourage him or her to take long, slow breaths and to hold his or her breath before breathing out slowly.
2. If the child faints, care for Fainting.

**CAUTION:** Make sure any medical condition or injury has been ruled out.



## First Aid: Choking Introduction - Stay Calm



Click to play the video for this topic.

### **What to do:**

See the video above.

For more information click on the following:

[Partial and Total Choking](#)

### **See also:**

[Primary First Aid Sequence.](#)

[Controlling Fear.](#)

[Choking Conscious Infant](#)

[Choking Unconscious Infant](#)

[Choking Conscious Child](#)

[Choking Unconscious Child](#)

[Emergency Response Menu](#)

### **Prevention:**

[Choking and Smothering](#)

## **Partial and Total Choking**

Some choking is partial, meaning the child can still breathe but with difficulty. In this case, encourage the child to dislodge the object by coughing.

Other choking is total, meaning the child cannot breathe at all. This requires immediate first aid attention.



## First Aid: Child Foreign-Body Airway Obstruction

Conscious: Conscious to Unconscious

*These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!*

### **Performance Guidelines**

#### **1. Ask, Are you choking?**

If the child can speak, breathe or cough, do not interfere.



#### **2. Give abdominal thrusts**

if the adult cannot speak, breathe or cough.

#### **3. Repeat thrusts until effective,**

or until the child becomes unconscious.

**If the child becomes unconscious**

**4. If another person is available, have him or her call the EMS system.**

**5. Perform tongue-jaw lift,**

Only if you see the object, perform finger sweep to try to remove the object.



**6. Open the airway and try to ventilate.**

If still obstructed, reposition head and try to ventilate again.



**7. If still obstructed, give up to 5 abdominal thrusts.**

**8. Repeat sequence 5 through 7,** until effective or medical help arrives.

If the child is breathing or starts breathing on his or her own, place in recovery position on his or her side.



**9. If alone and airway obstruction is not relieved, call the EMS system,** after about 1 minute.

**See also:**

Child Foreign-Body Airway Obstruction: [Found Unconscious Child CPR One-Rescuer](#)

## Emergency Response Menu



# First Aid: Child Foreign-Body Airway Obstruction

## Found Unconscious

***These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***

### **CHECK THE SCENE**

Coming upon a collapsed person can be a frightening experience. You want to ensure that the rescue attempt is as safe and effective as possible.

You should take charge, assess hazards for yourself and others, and make sure that the area is safe. Initial caution may prevent further injuries. Hazards may include electrical wires, fire or gas leakages.

### **Performance Guidelines**

#### **1. Determine unresponsiveness.**

If another person is available, have him or her call the EMS system.



#### **2. Open airway,** using head tilt/chin lift.

**Check breathing** -  
(3 - 5 seconds.)

1. LOOK at the chest and stomach for movement (rise and fall),
2. LISTEN for sounds of breathing,
3. FEEL for exhaled breath on your cheek.



### **3. Give 2 slow breaths.**

(1 1/2 to 2 seconds per breath.)

If air does not go in on the first breath, reposition head and try to ventilate again.



### **4. If obstructed, give up to 5 abdominal thrusts.**

#### **5. Perform tongue-jaw lift.**

*Only* if you see the object, perform finger sweep to try to remove the object.

#### **6. Repeat sequence 3 through 5,** until effective or medical help arrives.

If the child is breathing or starts breathing on his or her own, place in recovery position on his or her side.



### **7. If alone and airway obstruction is not relieved, call the EMS system,** after about 1 minute.

#### **See also:**

Child Foreign-Body Airway Obstruction: [Conscious; Conscious to Unconscious Child](#)

[Child CPR One-Rescuer](#)

[Emergency Response Menu](#)





## First Aid: Infant Foreign-Body Airway Obstruction

Conscious: Conscious to Unconscious

***These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***

### **CHECK THE SCENE**

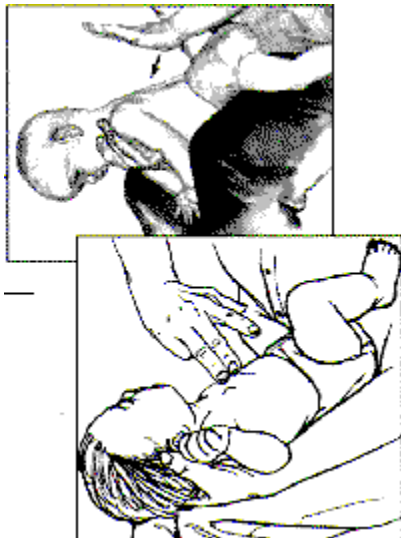
Coming upon a collapsed person can be a frightening experience. You want to ensure that the rescue attempt is as safe and effective as possible.

You should take charge, assess hazards for yourself and others, and make sure that the area is safe. Initial caution may prevent further injuries. Hazards may include electrical wires, fire or gas leakages.

### **Performance Guidelines**

#### **1. Observe the infant for:**

- weak cry
- high pitched noise
- difficulty breathing



#### **2. Give up to 5 back blows and up to 5 chest thrusts.**

**3. Repeat back blows and chest thrusts until effective, or until the infant becomes unconscious.**

## If the infant becomes unconscious

**4. If another person is available, have him or her call the EMS system.**

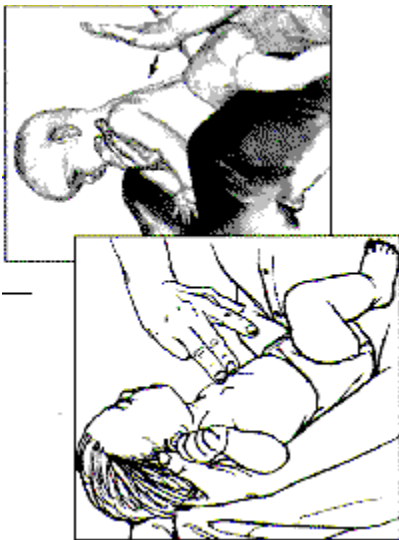
**5. Perform tongue-jaw lift.**

*Only if you see the object, perform finger sweep to try to remove the object.*



**6. Open the airway and try to ventilate.**

If still obstructed, reposition head and try to ventilate again.



**7. If still obstructed, give up to 5 back blows and 5 chest thrusts.**

**8. Repeat sequence 5 through 7,**  
until effective or medical help arrives.

If the infant is breathing or starts breathing on his or her own, place in recovery position on his or her side.



**9. If alone and airway obstruction is not relieved, call the EMS system,**  
after about 1 minute.

**See also:**

Infant Foreign-Body Airway Obstruction [Found Unconscious](#)  
[Infant CPR One-Rescuer](#)  
[Emergency Response Menu](#)



# First Aid: Infant Foreign-Body Airway Obstruction

## Found Unconscious

***These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***

### **CHECK THE SCENE**

Coming upon a collapsed person can be a frightening experience. You want to ensure that the rescue attempt is as safe and effective as possible.

You should take charge, assess hazards for yourself and others, and make sure that the area is safe. Initial caution may prevent further injuries. Hazards may include electrical wires, fire or gas leakages.

### **Performance Guidelines**

#### **1. Determine unresponsiveness.**

If another person is available, have him or her call the EMS system.



#### **2. Open airway,** using head tilt/chin lift.

**Check breathing** -  
(3 - 5 seconds.)

1. LOOK at the chest and stomach for movement (rise and fall),
2. LISTEN for sounds of breathing,
3. FEEL for exhaled breath on your cheek.



#### **3. Give 2 slow breaths.**

(1 1/2 to 2 seconds per breath.)

If air does not go in on the first breath, reposition head and try to ventilate again.



**4. If obstructed, give up to 5 back blows and up to 5 chest thrusts.**

**5. Perform tongue-jaw lift.**

*Only* if you see the object, perform finger sweep to try to remove the object.

**6. Repeat sequence 3 through 5,**  
until effective or medical help arrives.

If the child is breathing or starts breathing on his or her own, place in recovery position on his or her side.



**7. If alone and airway obstruction is not relieved, call the EMS system,**  
after about 1 minute.

**See also:**

Infant Foreign-Body Airway Obstruction: [Conscious; Conscious to Unconscious](#)

[Infant CPR One-Rescuer](#)

[Emergency Response Menu](#)



## First Aid: Adult Foreign-Body Airway Obstruction

Conscious: Conscious to Unconscious

*These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!*

### **Performance Guidelines**



#### **1. Ask, Are you choking?**

If the adult can speak, breathe or cough, do not interfere.



#### **2. Give abdominal thrusts**

if the adult cannot speak, breathe or cough.

Use chest thrusts for pregnant or obese victims.

**3. Repeat thrusts until effective,**  
or until the victim becomes unconscious.

## If the adult becomes unconscious



### **4. Call the EMS system.**

If alone, call the EMS system.

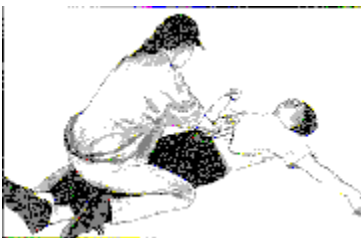
If another person is available, have him or her call the EMS system.

**5. Perform tongue-jaw lift,**  
followed by a finger sweep to try to remove the object.



### **6. Open the airway and try to ventilate.**

If still obstructed, reposition head and try to ventilate again.

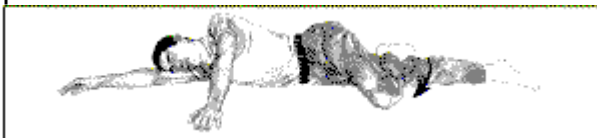


### **7. If still obstructed, give up to 5 abdominal thrusts.**

Up to 5 chest thrusts for pregnant or obese victims.

**8. Repeat sequence 5 through 7,**  
until effective or medical help arrives.

If the victim starts breathing on his or her own, place in recovery position.



### **See also:**

Adult Foreign-Body Airway Obstruction: [Found Unconscious Adult CPR One-Rescuer](#)  
[Emergency Response Menu](#)



## First Aid: Adult Foreign-Body Airway Obstruction

### Found Unconscious

***These descriptive guidelines are not intended to stand alone and should be used to augment the information and skills you would learn in an approved CPR Training course!***

#### **CHECK THE SCENE**

Coming upon a collapsed person can be a frightening experience. You want to ensure that the rescue attempt is as safe and effective as possible.

You should take charge, assess hazards for yourself and others, and make sure that the area is safe. Initial caution may prevent further injuries. Hazards may include electrical wires, fire or gas leakages.

#### **Performance Guidelines**



#### **1. Determine unresponsiveness.**

If alone, call the EMS system.

If another person is available, have him or her call the EMS system.



#### **2. Open airway,** using head tilt/chin lift.



**Check breathing** -  
(3 - 5 seconds.)

1. LOOK at the chest and stomach for movement (rise and fall),
2. LISTEN for sounds of breathing,
3. FEEL for exhaled breath on your cheek.



**3. Give 2 slow breaths.**

(1 1/2 to 2 seconds per breath.)

If air does not go in on the first breath, reposition head and try to ventilate.



**4. If obstructed, give up to 5 abdominal thrusts.**

Up to 5 chest thrusts for pregnant or obese victims.

**5. Perform tongue-jaw lift,**

followed by a finger sweep to try to remove the object.

**6. Repeat sequence 3 through 5,**

until effective or medical help arrives.

If the victim is breathing or starts breathing on his or her own, place in recovery position.



**See also:**

Adult Foreign-Body Airway Obstruction: [Conscious; Conscious to Unconscious](#)

[Adult CPR One-Rescuer](#)

[Emergency Response Menu](#)



## First Aid: Smothering

### **What to do:**

See Primary First Aid Sequence.

### **Prevention:**

Choking and Smothering



## First Aid: Faintness (Minor Shock)

**Definition:** Fainting is a loss of consciousness due to temporary lack of blood flow to the brain.

### What to look for:

Fainting may be preceded by:

- paleness
- sweating
- dizziness
- nausea

### What to do:

1. If you think that the child is about to faint, have him or her lie down.
2. If the child does faint, place him or her in the recovery position and watch breathing and pulse closely. Loosen any tight clothing so that the child can breathe easier.
3. As the child awakens, keep him or her at rest and warm. Comfort the child with your voice and touch. Do not give the child anything to drink, especially hot sweet drinks.
4. If the child does not rouse within a minute, treat for Unconsciousness and/or Medical Shock.

For more information click on the following:

- Causes

## **Causes of Faintness**

Minor Shock can result from hearing bad news, seeing a violent accident, or getting slightly hurt in especially frightening circumstances. The body keeps blood from flowing to the head and skin to conserve internal organs.

Minor shock is increased by fear and pain, even from an injury that is not serious.



## First Aid: Medical Shock

This occurs when shock is combined with serious injury such as heavy internal or external bleeding, severe scalding or burning, extreme dehydration, severe sickness, or damage to the brain or nervous system.

The body has serious trouble getting enough blood to the brain. Failure to get treatment may result in failure of circulation and breathing.

### **What to look for:**

- The child looks and acts *collapsed*.
- The child may be so dizzy and faint that he or she is barely conscious or delirious.
- The child may ramble and not recognize you, or be very restless and anxious as if he or she is terrified.
- Lying down does not produce any noticeable improvement or the child gets worse.

### **What to do:**

1. Send urgently for medical help and treat the injury if it is obvious.
2. Lie the child down, with his or her head lower than the feet to help blood flow to the brain.
3. Keep the head turned to one side so that vomit will not cause choking.
4. Loosen any tight clothing so that the child can breathe easier.
5. Cover the child with a coat or blanket to keep him or her warm.
6. Comfort the child with your voice and touch.

Note: Do not give the child anything to drink, especially hot sweet drinks.

Note: Do not warm the child artificially with hot water bottles etc.

**See also:**

[Primary First Aid Sequence](#)



## First Aid: Fever



Click to play the video for this topic.

### **What to do:**

See the video above.

Also, Monitor the child`s temperature

If the fever persists or becomes extreme, attempt to reduce it

NOTE: A fever is the body`s defense mechanism at work. A mild fever should not be a concern unless it continues for more than three days. If the child`s temperature rises to 39° C (102° F), or if it is not easily controlled, seek medical attention.

## **Normal Temperature**

Normal temperature naturally fluctuates during the day and with changes in activity level etc.

The following are average normal temperatures:

- 37.6°C or 99.6°F if taken rectally
- 37.0°C or 98.6°F if taken orally
- 36.4°C or 97.6°F if taken in the armpit





## First Aid: Fever

### How to Take a Temperature

Use a thermometer. Do not rely on touching the child`s forehead or using inexpensive temperature strips that are held against the skin. Rectal temperature is the most accurate for children under 4 years old. For children over 4, use oral temperature unless the child is vomiting, then use the armpit temperature.

Take the temperature every 4 hours at the same time each day.

The temperature should read below the *normal* mark before use. If it is above, shake the thermometer sharply several times

To read the temperature, slowly rotate the thermometer until a thick line of silver can be seen clearly. The temperature is where the thick line ends.

After use, shake the thermometer back down below the normal mark, wash it with soap and water, and sterilize it by dipping or swabbing with an alcohol solution.

**Rectal Temperature:**

Use a rectal thermometer; the bulb is shorter and more rounded than an oral thermometer. Coat the bulb end with petroleum jelly or a water soluble lubricant.

Place the child on his or her stomach and spread the buttocks. Carefully insert the bulb end about an inch into the rectum. Restrain the child from excess movement by pressing the palm of your hand against the buttocks with the thermometer held tightly between two fingers.

Read temperature after 2-3 minutes.

## **Oral Temperature**

Remember: hot or cold liquids should not be consumed for several minutes prior to taking temperature.

Use an oral thermometer; the bulb is longer and thinner than a rectal thermometer.

Have the child open his or her mouth, then carefully place the thermometer bulb under his or her tongue. Then have the child gently close his or her lips, but not bite the thermometer, and remain silent.

Read the temperature after 2-3 minutes.

## **Armpit Temperature**

This is less accurate than the rectal or oral methods.

Place the thermometer bulb in the child`s bare armpit and have the child hold his or her arm tightly against his or her body.

Read the temperature after 5 minutes.



## First Aid: Fever

### **How to Reduce Fever**

Keep the child lightly dressed in the house.

Do not cover the child with heavy blankets or quilts.

Do not cover the child with a wet towel or sheet.

Keep the room temperature 20°C (68°F) or below.

Give lots of cool, clear liquids.

Give baths or sponge baths with water at room temperature. Do not cause the child to shiver.

Give the child acetaminophen if it is recommended by your doctor. Do not give acetaminophen in the following conditions:

- if the child is a baby, unless you have instructions from your doctor
- if a dose has been given within the previous four hours
- if the child is vomiting
- if the child has stomach symptoms (e.g., stomach ache)

### **See also:**

[Preventing Poisoning: Medicines](#)



## First Aid: Seizures



Click to play the video for this topic.

**Definition:** Seizures are severe, uncontrolled muscle spasms.

### **What to look for:**

- sudden stiffening and relaxing of the body
- clenching and relaxing of the arms and legs
- sudden jerking of the shoulders
- facial grimacing and teeth clenching

NOTE: Convulsions generally look much worse than they actually are. The child is usually unconscious during the attack and cannot feel pain.

### **What to do:**

- See the video above.
- Do not interfere with the child`s movements.
- Do not put objects between the teeth or in the mouth.
- If the seizure is accompanied by high temperature, treat for Fever.

For additional information, click on the following:

[Causes of Seizures](#)

**See also:**  
[Unconsciousness](#).

## **Causes of Seizures**

A convulsion is usually caused by the irritation of the child`s brain by a sudden fever. A convulsion can occur before you are aware that the child is ill.

A tendency toward convulsions usually runs in families. The first convulsion may occur between the ages of two and three, and the tendency is usually outgrown by school age.



## First Aid: Sun Dangers

**Sunburn**

**Heat Exhaustion**

**Sunstroke**

**Prevention:**

**Sun Dangers**





## First Aid: Sunburn



Click to play the video for this topic.

### **What to do:**

See the video above.

If your child feels weak from the heat, check for the following symptoms of Heat Exhaustion:

- pale clammy skin
- rapid breathing
- perspiration
- dizziness, nausea, and vomiting

### **Prevention:** Sun Dangers



## First Aid: Heat Exhaustion



Click to play the video for this topic.

**Definition:** Heat Exhaustion is an excessive demand on the body to cool itself.

### **What to look for:**

- pale clammy skin
- rapid breathing
- perspiration
- dizziness, nausea, and vomiting

### **What to do:**

See the video above.

CAUTION: If the child`s temperature rises, and if his or her perspiration stops, treat for Sunstroke.

### **See also:**

Primary First Aid Sequence

### **Prevention:**

Sun Dangers



## First Aid: Sunstroke



Click to play the video for this topic.

### **What to do:**

See the video above.

CAUTION: Heatstroke or sunstroke is life-threatening. If it is advanced, the child may lose consciousness.

### **See also:**

Primary First Aid Sequence

### **Prevention:**

Sun Dangers



## First Aid: Unconsciousness

### **What to look for:**

See [How to Check Level of Consciousness](#)

**CAUTION:** If a neck or back injury is suspected, do not move the child unless his or her life is in danger. Be very careful to keep the neck from moving.

### **What to do:**

1. If the child is breathing, place the child in the [recovery position](#). Turn the body as a unit. Avoid twisting the neck. Ask other adults to assist you. Keep the mouth clear of blood and vomit.
2. Constantly check breathing. If the child is **not** breathing, proceed with [Rescue Breathing](#) or [CPR](#).
3. Comfort the child. Keep him or her warm.

### **See also:**

[Primary First Aid Sequence](#).

### **Prevention:**

[Sun Dangers](#)

[Falls](#)

[Car and Traffic Accidents](#)

[Choking and Smothering](#)

[Drowning](#)

[Poisons](#)



## First Aid: Unconsciousness

### **Recovery Position**

#### **When to use it:**

On an unconscious child who has an open airway, is breathing, has a pulse and no serious bleeding, and who is unlikely to have a neck or back injury. This position keeps the airway open and allows drainage from the mouth, if the child vomits or is bleeding.

**CAUTION:** If a neck or back injury is suspected, do not move the child unless his or her life is in danger. Be very careful to keep the neck from moving.

#### **What to do:**

1. Extend the arm closest to you on the ground beside the child`s head.
2. Raise the knee of the leg further away from you.
3. Support the head and neck with one hand as you roll the child toward you by pulling on the raised knee with your other hand.
4. Position the child on his or her side with the top knee out in front and hip at right angle to prevent the child from rolling onto his or her face.
5. Move the child`s top arm into a position of comfort in front of the body.
6. With the child`s head resting on the extended arm, tilt the head and open the mouth to clear the way for drainage.



## First Aid: Head, Neck and Back Injuries

**Head Injuries**

**Injuries to Teeth**

**Foreign Objects in Nostril and Ear**

**Neck and Back Injuries**

**Prevention:**

Falls

Car and Traffic Accidents

Cuts and Scrapes



## First Aid: Head Injuries



Click to play the video for this topic.

### **What to look for:**

- headache
- dizziness or disorientation
- nausea or vomiting
- drowsiness or loss of consciousness
- bleeding or fluid from the ears or nose
- unequal pupils or failure of the eyes to move together
- convulsions
- difficulty in moving or using limbs
- lumps or bumps on the head
- crying
- dropping off to sleep

CAUTION: A child that who received a head injury must receive medical attention and be watched carefully for 24 hours

CAUTION: Any head injury may mean the child also has a neck or back injury. Unless the child`s life is in danger, do not move him or her.

### **What to do:**

See the video above.

If the child is unconscious, also treat for unconsciousness.

NOTE: A fall of 15 cm (6 inches) onto a hard surface is sufficient to cause a head injury. Seek medical attention immediately. A head injury may be more severe than it seems.

### **See also:**

Primary First Aid Sequence

Neck and Back Injuries

Bleeding

Injuries to Teeth

### **Prevention:**

Falls

Car and Traffic Accidents  
Cuts and Scrapes



## **Crying**

If the child stops crying after ten minutes, shows no other signs of danger, and wants to get going, he or she is probably all right.

If the child continues crying, seek medical attention.

## **Dropping off to sleep**

Babies and small children often drop off to sleep after a shock. This is the body`s natural way of recovering. If this happens, keep checking for the first hour that skin color and breathing are normal, and that the child is asleep, not unconscious. If you are unsure, try to wake the child.



## First Aid: Neck and Back Injuries

### **What to look for:**

One or more of the following:

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

CAUTION: Unless the child`s life is in danger, do not move him or her.

### **What to do:**

If conscious, immobilize the head and body in the position found. Use whatever is available.

If unconscious, treat for Unconsciousness.

### **See also:**

Primary First Aid Sequence.  
Moving the Injured Child

### **Prevention:**

Falls  
Car and Traffic Accidents  
Cuts and Scrapes



## First Aid: Injuries to Teeth

### **What to look for:**

- child who has received blow to the mouth
- wound to the mouth area
- chipped or broken teeth

### **What to do:**

1. Tilt the child`s head forward to prevent choking on blood.
2. Apply direct pressure to the 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 teeth. Place them in cool water or milk.
4. Seek **dental** attention immediately to have the teeth re-implanted.
5. Comfort the child. Keep him or her warm.

NOTE: Blood and loose teeth may obstruct the airway. Watch the child closely.

### **See also:**

Choking.

Bleeding

### **Prevention:**

Falls

Car and Traffic Accidents

Cuts and Scrapes



## First Aid: Foreign Objects or Insects in the Nostril

### **What to do:**

- Tickle the other nostril or have the child sniff pepper to bring on a sneeze.
- If it is a soft irregularly shaped object, try to carefully pick it out with tweezers. If it does not come out right away, have it removed by a doctor.
- Do not try to remove a round object such as a bead; you may just push it in further.
- If it does not come out, contact your doctor or take the child to hospital.

### **Prevention:**

Choking and Smothering



## First Aid: Foreign Objects or Insects in the Ear

### **What to do:**

- If it is a soft irregularly shaped object, try to carefully pick it out with tweezers. If it does not come out right away, have it removed by a doctor.
- Do not try to remove a round object such as a bead; you may just push it in further.
- Insects can sometimes be floated out by having the child lie with his or her head on its side, and pouring lukewarm mineral oil, olive oil, or castor oil into the ear.
- If it does not come out, contact your doctor or take the child to a hospital.

### **Prevention:**

Choking and Smothering



## First Aid: Eye injuries

**Foreign Object in the Eye**

**Chemical in the Eye**

**Black Eye**

### **Prevention:**

Falls

Cuts and Scrapes

Car and Traffic Accidents



## First Aid: Foreign Object in the Eye



Click to play the video for this topic.

### **What to do:**

See the video above.

NOTE: Small loose particles may be removed by blinking or flushing with water. If the pain persists or the eye appears scratched, seek medical attention.

### **See also:**

[Bleeding](#)

### **Prevention:**

[Falls](#)

[Cuts and Scrapes](#)

[Car and Traffic Accidents](#)

[Poisons](#)





## First Aid: Chemical in the Eye



Click to play the video for this topic.

### **What to do:**

See the video above.

### **See also:**

[Chemical Burns](#)

### **Prevention:**

[Poisons](#)



## First Aid: Black Eye



Click to play the video for this topic.

### **What to do:**

See the video above.

NOTE: Try to get medical attention quickly - swelling may close eyelids and make effective examination impossible. A cloth wrung out in very cold water, or a pack of frozen peas wrapped in a cloth and held in place for ten minutes, may minimize swelling.

### **See also:**

[Head Injuries](#)

### **Prevention:**

[Falls](#)

[Cuts and Scrapes](#)

[Car and Traffic Accidents](#)



## First Aid: Burns and Shocks

**Heat and Electrical Burns**

**Electrical Shock**

**Chemical Burns**

**Prevention:**

**Burns and Shocks**



## First Aid: Heat and Electrical Burns



Click to play the video for this topic.

### **What to do:**

See the video above.

For additional information click on the following:

[Severity of the Burn](#)

[Electrical Burns](#)

[Burns to the Mouth](#)

### **See also:**

[Primary First Aid Sequence](#)

### **Prevention:**

[Burns and Shocks](#)

## **How to Determine the Severity of the Burn**

First degree burns are indicated by redness, mild swelling and moderate pain. They can usually be treated at home.

Second and third degree burns are indicated by blisters, wetness, deep tissue destruction, whiteness, or charring. These burns require immediate medical attention.

Remember: Scalds which only cause redness can still be dangerous

## **Electrical Burns**

Electrical burns which only cause a blackened spot at the point of contact, may have much more extensive damage under the skin because the electrical current fans out. All electrical burns should be treated by a doctor.

Carefully watch for breathing problems.

### **See also:**

Electrical Shock

## **Burns to the Mouth**

Minor burns in the mouth can be treated by sucking on an ice cube or sucking cold water through a straw, or from a bottle, onto the burned area.



## First Aid: Electrical Shock

CAUTION: Do not touch the child until the power has been switched off by unplugging the appliance or switching off the breaker.

**See also:**

[Primary First Aid Sequence](#)

[Electrical Burns](#)

**Prevention:**

[Burns and Shocks](#)





## First Aid: Chemical Burns



Click to play the video for this topic.

### **What to do:**

See the video above.

CAUTION: Avoid spreading any of the poison on the child or yourself.

### **See also:**

[Primary First Aid Sequence.](#)

### **Prevention:**

[Burns and Shocks](#)

[Poisons](#)



## First Aid: Poisoning

**Ingested (Swallowed) Poison**

**Inhaled Poison**

**Poison on the Skin**

**Prevention:**

**Poisons**



## First Aid: Ingested (Swallowed) Poison



Click to play the video for this topic.

### What to look for:

If a chemical has been swallowed:

- burning sensation in the mouth, throat or stomach
- cramps, gagging, diarrhea
- unconsciousness

If a plant or drug has been swallowed:

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

### What to do:

1. See the video above.
2. Try to identify the poison
3. The Poison Control Center may ask you to induce vomiting, neutralize the poison, and/or have the child treated by Emergency Medical Services.

CAUTION: Never attempt to make an unconscious child vomit.

NOTE: Store two or more 500 ml bottles of Syrup of Ipecac in your first aid kit to induce vomiting. **Use only when directed** by Poison Control Center.

### See also:

Primary First Aid Sequence

Chemical Burns

Home Safety Inspection: First Aid Kit

### Prevention:

Poisons

## **Syrup of Ipecac**

This is available at the pharmacy and is used to induce vomiting.

## **Identifying the Poison**

Take the original container, or a sample of the poison and any vomit, with you to the hospital. If the container cannot be found, the following clues may be helpful:

- Look for burns around the mouth, lips and throat. These may indicate that the child has ingested a strong acid, such as metal or toilet bowl cleaners, or a strong alkali, such as drain cleaners, ammonia, or laundry bleach.

- Smell the child`s breath. This may help identify poisons such as petroleum products.

## **Inducing Vomiting**

In some cases you may be asked to do the following:

- Administer a dose of Syrup of Ipecac followed by a small amount of pop, milk or water. Vomiting will usually occur within 10-20 minutes. If not, repeat the dose.
- If you do not have Ipecac, liquid dish detergent may work.
- If you do not have the above, or if the child will not swallow, put a finger or the handle of a fork into the child`s mouth and tickle the back of the throat.
- Do not let the child lie on his back or he or she may choke or drown on the vomit.

You will not be asked to induce vomiting in the following conditions:

- If the child is not fully conscious, because he or she may choke or drown on the vomit.
- If the child is convulsing, because vomiting makes it worse.
- If the child has ingested a strong acid or alkali, because they will cause further damage on the way out (If the child has burns around the mouth, lips and throat she may have ingested an acid or alkali.)
- If the child has ingested petroleum products such as lighter fluid, paint thinners or removers, kerosene, furniture polish, gasoline etc., because the fumes are toxic and may be inhaled during vomiting.

## **Neutralizing the Poison**

Vomiting only removes about half the poison. You may also be instructed to give the child milk, water, egg whites, or activated charcoal to neutralize the remaining poison.



## First Aid: Inhaled Poison



Click to play the video for this topic.

### **What to look for:**

- irritated eyes, nose or throat
- coughing, shortness of breath, dizziness
- vomiting, convulsions
- bluish color around the mouth
- unconsciousness

### **What to do:**

1. See the video above.
2. Try to identify the type of poisonous gas.

### **See also:**

Primary First Aid Sequence.

Unconsciousness

Blisters

### **Prevention:**

Poisons



## **Types of Poisonous Gases**

Some common examples are:

- gas from a stove, oven, furnace, hot water heater, or barbecue
- exhaust of a running car motor
- fumes from a kerosene heater
- gasoline or other fuel fumes
- paint or glue fumes
- fumes from strong cleaning products, such as ammonia

NOTE: Some poisonous gases do not have a smell (e.g., carbon monoxide).



## First Aid: Poison on the Skin



Click to play the video for this topic.

### **What to look for:**

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

### **What to do:**

See the video above.

### **See also:**

[Primary First Aid Sequence.](#)  
[Chemical Burns.](#)

### **Prevention:**

[Poisons](#)



## First Aid: Fractures and Sprains

**Fractures**

**Sprains and Strains**



## First Aid: Fractures



Click to play the video for this topic.

### **What to look for:**

The presence of only one of the following 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 or toes?)
- swelling and discoloration
- child reports having heard a cracking sound

A less severe injury may be a greenstick fracture

### **What to do:**

1. See the video above.
2. Try to reduce the pain.

### **CAUTION:**

Do not move a child who has a broken bone except in the case of immediate danger. Call an ambulance; the attendants will splint the bone.

### **See also:**

Primary First Aid Sequence.

Sprains and Strains

### **Prevention:**

Falls

Car and Traffic Accidents



## **Reducing Pain**

The American Red Cross does not recommend aspirin for pain relief - it can cause internal bleeding. Instead, use one or more of the following:

- Use children`s acetaminophen if your child`s doctor says its OK.
- Apply ice, 20 minutes on, then 20 minutes off.
- Apply a compression bandage.

## **See also:**

Preventing Poisoning: Medication.

## **Greenstick Fractures\_**

A greenstick fracture can occur when a child damages a bone slightly but does not actually break it.

Symptoms include pain, the child refusing to use the limb, swelling, and bruising.

If after an hour the symptoms persist, take child to the hospital.



## First Aid: Sprains and Strains

**Definition:** A **sprain** is an injury to a joint. A **strain** is an injury caused by over-stretching the muscles.

### What to look for:

- swelling
- pain
- discoloration
- loss of movement

### What to do:

1. Place the child in a comfortable position. If you suspect a sprain, do not move the child unless necessary. The injury could involve a broken bone.
2. Apply a cold compress to the injured area. Do not allow ice to touch the skin. Wrap the ice in a towel or cloth and apply for 15 minutes every hour.
3. Seek medical attention.
4. Comfort the child. Keep him or her warm.

Red Cross Memory Aid:

- R = rest
- I = immobilize
- C = cold
- E = elevate

### Prevention:

Falls

Car and Traffic Accidents





## First Aid: Bleeding

**Cuts and Wounds**

**Scrapes**

**Internal Bleeding**

**Nosebleeds**

**Slivers**

**Infection**

**Prevention:**

Falls

Car and Traffic Accidents

Cuts and Scrapes



## First Aid: Cuts and Wounds



Click to play the video for this topic.

### **What to do:**

See the video above.

For additional information click on the following:

[Spurting Blood](#)

[Impaled Objects Protruding from the Wound](#)

[Wounds on Neck](#)

[Wounds on the Face](#)

[Wounds on the Head](#)

[Puncture Cuts](#)

[Bandages](#)

### **See also:**

[Infection](#)

### **Prevention:**

[Falls](#)

[Car and Traffic Accidents](#)

[Cuts and Scrapes](#)

## **Spurting Blood**

If blood is spurting from the wound even when you apply pressure:

- Try to feel for a bone against which you can compress the cut blood vessel. Try just above the wound. If blood flow is reduced, you have found the pressure point.
- Do not try to use a tourniquet. They are difficult and dangerous to use.

## **Impaled Objects Protruding from the Wound**

Stabilize the object and control bleeding by applying dressings (e.g., gauze, bandages) around it.

Never try to remove an impaled object - severe bleeding and increased damage may result.

## **Wounds on Neck**

Never tie a bandage around the neck. It could cause strangulation or cut off the blood flow to the brain. Use tape instead.

## **Bandages**

Bandages on minor cuts should be removed after the blood has stopped flowing and the child will allow it to be removed. This allows the scab to harden in the open air.

## **Puncture Cuts**

Puncture cuts, such as those produced by stepping on a nail, are very susceptible to infection even if the wound is small. Deep wounds and those made by dirty objects should be seen by a doctor. Thorn or needle punctures are usually OK.

## **Wounds on the Face**

Cuts on the face will produce less scarring if they are treated by a doctor



## **Wounds on the Head**

Cuts and Scrapes to the head will bleed more than other areas of the body so are more likely to require stitching.

Bleeding from cuts to the scalp can be stopped by applying pressure, even through hair.



## First Aid: Scrapes



Click to play the video for this topic.

### **What to do:**

See the video above.

For additional information click on the following:

[Severe Scrapes](#)

[Scrapes on the Face](#)

[Scrapes on the Head](#)

### **See also:**

[Infection.](#)

### **Prevention:**

[Falls](#)

[Car and Traffic Accidents](#)

[Cuts and Scrapes](#)

## **Severe Scrapes**

Deep scrapes with pockets of dirt under the skin should be treated by a doctor.

If the scrape is over a large area, it should be treated by a doctor.

## **Scrapes on the Face**

Scrapes to the face which have visible dirt in them may leave an ugly scar unless treated by a doctor.

## **Scrapes on the Head**

Cuts and Scrapes to the head will bleed more than other areas of the body, so they are more likely to require stitching.



## First Aid: Internal Bleeding

### **What to look for:**

- the child has received a severe blow to the chest, back or abdomen
- severe thirst
  
- pain over the injured area
- air hunger (yawning or gasping)
- feeling of faintness
- vomit that is dark red in color
- coughing up blood
- swelling

### **What to do:**

1. If the child has difficulty breathing because of bleeding from the nose, mouth or ears, place the child in the recovery position.
2. Send someone to call an ambulance.
3. Comfort the child. Keep him or her warm.

### **CAUTION**

Do not elevate the child`s 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.

NOTE: Bruises on the head can swell up in large *goose eggs* which are no more serious than bruises elsewhere.

### **See also:**

Head, Neck and Back Injuries

### **Prevention:**

Falls

Car and Traffic Accidents





## First Aid: Infection

**Definition:** Infection is contamination from dirt, foreign bodies, or bacteria present in a wound, which the body's own immune system has been unable to destroy.

### **What to look for:**

- swelling, redness, and warmth around the wound
- pain in the area of the wound
- possible pus discharge

### **More serious infection may cause:**

- fever, feeling ill
- red streaks that progress from the wound towards the heart

**CAUTION:** If fever or red streaks are present, seek medical attention immediately.

### **What to do:**

1. Keep the wound clean and dry.
2. Cover with a sterile dressing.
3. Seek medical attention.

**NOTE:** Prevention is the best defense against infection. Ensure that all wounds are cleaned and bandaged properly.

### **See also:**

Fever

### **Prevention:**

Preventing Cuts and Wounds: Infection.





## First Aid: Nosebleeds



Click to play the video for this topic.

### **What to do:**

See the video above.

NOTE: Do not allow child to blow his nose after bleeding has stopped.

NOTE: Cold compress(es) on the forehead and/or back of the neck may help to slow bleeding.

### **Prevention:**

Falls

Car and Traffic Accidents

Cuts and Scrapes



## First Aid: Slivers

### **What to do:**

1. Wash the area around the sliver.
2. If the sliver is sticking out of the skin, use tweezers to pull it out. Pull in the same angle and direction that the sliver entered the skin.
3. If the sliver is embedded under the skin, use a sterile needle to remove it. With the needle, gently pull the skin away from around the sliver where it entered the skin. Remove it with tweezers. Remember, it is easy to push splinters deeper when trying to remove them. If it will not come out, leave it for a day. If the child still complains, take him to see a doctor.
4. Wash the area with soap and water. Cover the wound with a bandage.

NOTE: If the skin around the cut becomes infected, (red and sore to the touch) seek medical attention.

**See also:**  
Infection.

**Prevention:**  
Cuts and Scrapes

## **How to Sterilize a Needle**

Hold it for a few seconds in the flame of a match or lighter, or swab it with rubbing alcohol.



## First Aid: Blisters

### **What to do:**

1. Do not break a blister. The body is protecting a damaged area by creating a blister.
2. Place a large, loose bandage over the blister to prevent the child from breaking it.
3. If the blister has broken, gently wash it with mild soap and water. Cover the area with a sterile dressing and bandage.

NOTE: For large blisters or blisters on a large area of the body, seek medical attention.

### **Prevention:**

Burns and Shocks



## First Aid: Bites and Stings

**Bee and Wasp Stings**

**Poisonous Insects and Snakes**

**Insects that burrow under the skin, such as Ticks and Chiggers**

**Leaches (Blood Suckers)**

**Animal and Human Bites**

**Prevention:**

**Bites and Stings**



## First Aid: Bee and Wasp Stings



Click to play the video for this topic.

### **What to do:**

See the video above.

### **See also:**

[Severe Allergic Reactions](#)

[Rescue Breathing](#)

### **Prevention:**

[Bites and Stings](#)



## First Aid: Poisonous Insects and Snakes

### **What to do:**

1. Keep the child quiet and still.
2. Seek medical attention immediately. If possible, carry the child. Walking increases the circulation of the poison.
3. Keep the bite area below the child`s heart to slow the absorption of venom.
4. For a bite on an arm or leg, tie a snug bandage 5 to 10 cm (2 to 4 inches) above the bite. Check circulation frequently. If the area below the bandage is cold or blue, the bandage is too tight.
5. Watch for breathing problems. If the child stops breathing, proceed with Rescue Breathing or CPR
6. Comfort the child. Keep him or her warm.

### **CAUTION:**

Although death from a snake or insect bite is rare, medical attention should always be sought. Children, because of their small body size, are at greater risk than adults.

**NOTE:** It is very helpful if the snake can be identified so that the correct antitoxin can be used. If you cannot identify it, take careful note of its markings.

### **Prevention:**

Bites and Stings



## First Aid: Insects that burrow under the skin, such as Ticks and Chiggers

### **What to do:**

Cover the area with gauze soaked in mineral oil or petroleum jelly to cut off the air supply to the insect. Within half an hour the tick should let go. Use tweezers to remove any remaining parts of the tick. Wash with soap and water.

**CAUTION:** If the child develops a fever or rash during the next 10 days, seek medical attention immediately. Ticks can carry fatal diseases such as Rocky Mountain Spotted Fever and Lyme Disease.

### **See also:**

Fever

### **Prevention:**

Bites and Stings





## First Aid: Leaches (Blood Suckers)

### **What to do:**

1. Sprinkle it with salt, then remove it. Wash the wound area with soap and water.
2. Watch for signs of infection, redness, swelling and pain at the injury site.

### **See also:**

Infection.

### **Prevention:**

Bites and Stings



## First Aid: Animal and Human Bites

### **What to do:**

1. If the bite wound is bleeding severely, apply direct pressure with a clean cloth, elevate the limb, and seek medical attention.
2. If the bite or wound is not bleeding severely, wash with a mild soap and water. Do not apply antiseptics, lotions or creams.
3. Cover the wound with a sterile dressing and bandage the dressing in place. Seek medical attention.
4. Comfort the child. Keep him or her warm.

NOTE: If it is not known whether the animal has been vaccinated, call your local Animal Control Center, or try to take the animal to a veterinarian to be tested for rabies. Take the child to see a doctor.

NOTE: Human bites are actually more likely to become infected than animal bites. If the bite has penetrated the skin, take the child to see a doctor.

### **See also:**

Cuts and Wounds  
Infection.

### **Prevention:**

Bites and Stings



## Home Safety Inspection Menu



Click to play the video for this topic.

### **Examples of Areas to Check:**

**Kitchen**

**Family Room**

**Nursery/Child`s Room**

**Bathroom**

**Backyard/Pool**

**Garage**

**Basement**

### **Rules of Thumb:**

- If it is there, your child will find it. If it can be done, your child will do it.
- There is no substitute for an adult`s supervision.
- Simply childproofing your home is not enough in itself. Safety must become an automatic part of your everyday life.

### **See also:**

**Preventing Burns and Shocks: Your Local Fire Department**



# Home Safety Inspection

## Plants and Trees

Some examples of poisonous plants and trees are:

- Aloe
- Amaryllis
- Angel`s trumpet
- Avocado Leaves
- Catnip
- Castor Bean plant
- Deadly Nightshade
- Desert Rose
- Dieffenbachia
- Foxglove
- Fungi
- Horse Chestnut
- Jimsonweed
- Lantana
- Lily of the Valley
- Lobelia
- Oleander
- Philodendron
- Poinsettia
- Potato sprouts and leaves
- Rhubarb Leaves
- Sweet Pea
- Tobacco
- Tomato Plant Leaves
- White Cedar
- Wisteria
- Wolfsbane

### **See also:**

[Preventing Poisoning: Safe Plants](#)



## Home Safety Inspection

### **Windows - Check the Following:**

Drapery cords are kept up high to prevent children from getting tangled and strangling themselves.

Windows above ground level:

- They all have locks, gates or bars that a child cannot remove.
- The lock can be undone on those windows that may be used as a fire escape route.
- There is no furniture near them so a child cannot climb up and/or fall out.

Windows and glass doors at ground level:

- They have decals or decorations to prevent a child from walking into them.

### **See also:**

Prevention: Falls

Prevention: Choking and Smothering



## Home Safety Inspection

### **Window Locks, Gates, and Bars**

Some examples are:

- Standard window locks and latches that are out of the reach of children.
- *Charlie Bars*: hinged bars that are swung down to prevent sliding doors and windows from opening.
- Metal clips that fit into notches in the slide to prevent sliding windows from opening.
- Casement windows or windows with a crank can be childproofed by removing the crank and keeping it above window.
- Key locks. Keep the key above the window in case of emergency.
- Permanent window guards with bars no more than 100 cm (4 inches) apart. These can fit a variety of shapes and styles. Do not use them on potential fire exits.

## **Drawer and Cabinet Locks**

Some examples are:

- Screw-mounted locks that you must push down carefully to unlatch. Some of these also prevent a child from closing a drawer or door on their fingers.
- Slide locks that form a tight loop over knobs, or handles on double sided cabinets.
- Screw-mounted locks which require a key.



## Home Safety Inspection

### **Toy Storage - Check the Following:**

There is a safe place for a child to store toys when not in use.

If a toy box is used, make sure it does not have a heavy lid that could fall down on little fingers or trap a child inside.

### **See also:**

[Toy Selection](#)

[Prevention: Falls](#)

[Prevention: Cuts and Scrapes](#)





## Home Safety Inspection

### **Carpets and Rugs - Check the Following:**

They are securely fastened in place to prevent tripping and slipping.

Carefully feel the surface and edges for small objects like coins, buttons, marbles and pins that the vacuum cleaner may have missed.

### **See also:**

[Prevention: Falls](#)

[Prevention: Choking and Smothering](#)



## Home Safety Inspection

### **Stairs - Check the Following:**

The stairway to the basement is blocked by a locked door or safety gate/barrier.

Other stairs have gates at the top and near the bottom if there are any infants or toddlers in the house.

They are well lit, both day and night. Light switches are located both at top and bottom.

They are clear of toys or other obstructions.

If a child`s head or body could get through the railings, ensure that the railings are covered with netting or fabric that is securely tied on.

They have secure handrails.

### **See also:**

Rugs and Carpets

Prevention: Falls



## Home Safety Inspection

### **Bicycle - Check the Following:**

It is the proper size for the child. The child should be able to stand over the frame while both feet are flat on the ground.

The child is able to use the brakes. If the child`s hands are too small to use hand brakes, coaster brakes (foot brakes) are recommended.

The brakes work reliably.

Tires are fully inflated. Check tires for pressure.

The wheels are tightly secured and true (round). Shake the wheels to check that they are secure at the hubs.

The chain is oiled and tight.

Spokes are not loose, bent, or broken.

It passes the *bounce test*. Bounce the bike on the road and listen for shakes and rattles. A safe bike is a quiet bike.

The seat post and handle bars are securely attached.

### **See also:**

[Prevention: Falls](#)

[Prevention: Car and Traffic Accidents](#)

[Prevention: Cuts and Scrapes](#)



## Home Safety Inspection

### **Stroller - Check the Following:**

It has a safety strap or seat belt.

It does not have any sharp edges.

It is appropriate for the size and weight of the child. See the manufacturer`s specifications.

### **See also:**

Prevention: Falls

Prevention: Cuts and Scrapes



## Home Safety Inspection

### **Soother, Pacifier, or Dummy - Check the Following:**

It is in good condition with no signs of deterioration.

If it has a clip it is secure and attached by a very short ribbon. The clip is big enough that it cannot fit in a child`s mouth. No cords are used.

It has a guard which is big enough such that it cannot fit in a child`s mouth.

### **See also:**

Prevention: Choking and Smothering



## Home Safety Inspection

### **Helmet - Check the Following:**

It is ANSI (American National Standards Institute), Snell or SCA (Canadian Standards Association ) approved, or approved by your local safety organization.

It is a comfortable but snug fit and sits squarely on the head with a snug chin strap.

### **See also:**

[Prevention: Car and Traffic Accidents](#)

[Prevention: Falls](#)



## Home Safety Inspection

### **Gates and Barriers - Check the Following:**

They are located at the top and near the bottom of stairs and at entrances to out of bounds areas.

The gate at the top of the stairs is **not** a pressure gate, because it could come loose if a child leans on it.

The openings are **not** more than 6 cm (2 3/8 inches) wide. Accordion gates that can entrap a child's head are not used.

The latching mechanism is secure and reliable.

It is mounted according to the manufacturer's instructions. The gate is anchored securely in the doorway or passage. Models held in place by a pressure bar are installed with the bar located on the side away from the children.

### **See also:**

Prevention: Falls

Prevention: Choking and Smothering



## Home Safety Inspection

### **Electrical Outlets, Sockets, and Cords - Check the Following:**

All exposed outlets or plugs within reach of children are covered with an appropriate cover or plug. Remember, phone cords and outlets are electric too.

Night lights have a cover that protects the bulb and are located where the child cannot reach them and nothing can drape over them. Removable night lights are not used in outlets that are within reach of the child.

No loose wires or extension cords are within reach of children. If they are, remove them or use a cord shortener or clamp to prevent children from chewing or pulling on the cord.

Outlets near water are equipped with a Ground Fault Interrupter (GFI) circuit.

Check all wires for wear and replace any that are worn.

No electrical outlets are overloaded with multiple plugs or *octopus* plugs which could cause fires.

All light bulb sockets have light bulbs or are unplugged to prevent shocks.

Light bulbs are of the correct wattage for the rating of the fixtures to prevent overheating and fire.

### **See also:**

Basement: Electrical Panel

Prevention: Burns and Shocks



## **Ground Fault Interrupter (GFI)**

A ground fault interrupter is a device which can detect a short circuit and cut off the current to an electrical outlet. This reduces the risk of shocks in areas near water.

## **Electrical Covers and Plugs**

Some examples are:

- Plastic inserts that plug in securely and cover the outlet with a disk that is almost flush with the outlet.
- Permanent covers that are screwed onto unused outlets.
- Covers that fit over outlets, even when in use. These are usually held in place permanently by screws, but some have a snap-on shell that can be removed while plugging in or unplugging wires.
- Night lights that are permanently attached to the outlet cover.
- Twist-style outlets that automatically close when you remove a plug.
- Spring loaded covers that require finger strength and dexterity to open.
- Locks that go over unused cords to prevent them from being plugged in.

## **Cord Shorteners and Clamps**

Some examples are:

- Flat cylinders that you thread the wire through. When you turn one side, it wraps excess wire up inside.
- Electrical tape wrapped around coiled, excess cord.
- Plastic clips that you can wrap excess wire around and then hook the wire in place where it enters and exits the clip.
- Screw-on clamps that hold part of the cord tightly against the table. These prevent the possibility of pulling an appliance or lamp off a table by the cord.



## Home Safety Inspection

### **Combustible Materials - Check the Following:**

No trash and oil, paint, or solvent saturated paper, rags etc. are stored in the house. Outside they are stored in approved, sealed containers and are promptly disposed of.

No gasoline or other flammable liquids are stored in the house. Outside they are stored in approved, sealed containers.

### **See also:**

Prevention: Burns and Shocks



## Home Safety Inspection

### **Heater or Radiator - Check the Following:**

There are no combustible materials nearby.

If it gets hot on the outside, make sure there is a protective barrier, shield or screen.

Heaters are located away from water and have an auto shut-off feature when they tip.

No kerosene heaters are used indoors.

Heaters are not near areas used by children.

### **See also:**

Prevention: Burns and Shocks



## Home Safety Inspection

### **Fireplace/Wood Stove - Check the Following:**

A safety screen covers the entire opening to the fireplace.

A wood stove should have 90 cm (36 inch) clearance and a fireproof base (Check your local building codes for more detailed specifications).

No combustible materials, including papers, are stored nearby.

There is a fire extinguisher nearby.

### **See also:**

Prevention: Burns and Shocks



## Home Safety Inspection

### **Smoke Detector/Alarm - Check the Following:**

There is one on each floor of the house, and a variety of types are used.

On floors where people sleep, the alarm is located near bedrooms so the people will wake up when it goes off.

It is located away from wall-ceiling joints, fans, vents, and heating ducts. Rising smoke may not flow near these areas.

It has been tested and has had its battery replaced recently.

### **See also:**

Prevention: Burns and Shocks



## Home Safety Inspection

### **Fire Extinguisher - Check the Following:**

It is located near stoves and fireplaces.

It should be type A-B-C. They can put out almost all fires.

It has been inspected and/or recharged recently.

### **See also:**

Prevention: Burns and Shocks





## Home Safety Inspection

### **Furniture - Check the Following:**

There are no sharp edges on the top or underside. If there are sharp edges, cover them with safety covers or keep the furniture away from children. 87,000 children per year are injured on coffee tables.

It does not tip easily (e.g. tables, floor or pole lamps, bookcases, ashtray stands, speakers etc.). If it is tippy, anchor it to something stable or store it.

No glass table tops are within reach of children.

Make sure piano keyboard lids cannot hurt fingers or keep them locked.

Check for folding furniture that could pinch little fingers.

Store breakables (ornaments, etc.) out of reach.

Use childproof locks or latches on all drawers and doors that you do not want the child to get into.

#### Tall Furniture:

- Check to see if bookshelves can be used as a ladder by children.
- Tall bookshelves and cabinets should be securely attached to the wall to prevent possible tipping.

#### Upholstered or Stuffed Furniture:

- It has no tacks or staples that can come loose.
- All buttons are good and tight.
- Carefully feel the surface and cracks for small objects like coins, buttons, marbles, and pins that the vacuum cleaner may have missed.

#### **See also:**

Change Table

Prevention: Falls

## Prevention: Choking and Smothering



## Home Safety Inspection

### **Firearms - Check the Following:**

They are not in the house.

If they are in the house they are kept unloaded **and** locked up in a gun cabinet with a key lock or with a key activated trigger lock. The key is kept where it is not accessible by children.

All ammunition should be locked in a separate location.

Check your local laws and regulations for additional information.



## Home Safety Inspection

### **Phone - Check the Following:**

It has the following emergency numbers on or near it:

- fire department
- police
- poison control center
- ambulance

If your local area has 9-1-1 service, then this can be used for one or more of the above.

### **See also:**

[First Aid: Emergency Medical Services](#)



## Home Safety Inspection

### **First Aid Kit - Check the Following:**

It is kept locked and out of children`s reach, but is easily opened by an adult when needed.

It contains the following:

- emergency numbers
- sterilized gauze pads (dressings) of assorted sizes
- roll of adhesive tape 1.2 cm or 2.5 cm (1/2 or 1 inch) wide
- 3 each of roller bandages and large triangular bandages which can be used to hold dressings in place or make an arm sling
- rolls of gauze, - one each of 2.5 cm, 5 cm, and 7.5 cm (1 , 2 and 3 inch) sizes
- adhesive bandage packet with assorted sizes
- small scissors
- tweezers
- safety pins (assorted)
- ice bag or chemical ice pack
- disposable gloves, such as surgical or examination gloves
- flashlight with extra batteries in a separate bag
- antiseptic wipes or soap
- eye patches
- Syrup of Ipecac (This is to be used in case of poisoning, but use it only on the instruction of a doctor or poison control officer.)
- pencil and pad

- one oral and one rectal thermometer
- tongue blades and wooden applicator sticks
- petroleum jelly or other lubricant
- any regularly taken, critical medication prescribed by your doctor
- first aid textbook
- finger splints
- calamine lotion

**See also:**  
[First Aid](#)



## Home Safety Inspection

### **Out of Bounds Areas - Check the Following:**

They are secured by gates, barriers, or door locks that are out of reach and can be unlocked from either side of the door.



## Home Safety Inspection

### **Door Locks - Check the Following:**

Locks should be capable of being opened by an adult on either side.

The following are examples of temporary locks:

- doorknob covers that slip unless grasped with significant pressure (They are only effective for very young children.)
- sliding door latches that fit over the top of an interior door of standard thickness.
- channels that slide over the top of folding doors (They are locked by sliding over the hinge point.)





## Home Safety Inspection

### **Exercise Equipment - Check the Following:**

Exercise mechanisms and bicycles are kept away from children, whether in use or not.



## Home Safety Inspection

### **Sink - Check the Following:**

Taps are closed tightly to prevent children from turning them on.

No electrical appliances are nearby.

### **See also:**

Basement: Water Heater

Prevention: Burns and Shocks



## Home Safety Inspection

### **Hot Tub - Check the Following:**

Electrical equipment used to operate the hot tub conforms to electrical code requirements (check with local authorities).

If it is left filled, it is securely covered and/or locked when not in use.

### **See also:**

[Prevention: Drowning](#)



## Home Safety Inspection

### **Power Tools - Check the Following:**

Lawnmower, sharp tools, hedge trimmer, chain saw, power saw, power drill and other power tools are stored in a place where children do not have access.

Power tools are unplugged when not in use.



## Home Safety Inspection

### **Playpen - Check the Following:**

If it is wooden, the slats are 6 cm (2 3/8 inches) apart or less, and the top rail should have a plastic teething protector.

Its walls are sturdy and at least 48 cm (17 inches) high.

It contains no large toys or boxes that could be used to climb out.

It cannot be collapsed by a child.

It has no sharp hardware or any caps or plugs that can be removed.

Its hinges are designed and located to prevent pinching.

It shows no signs of wear or tear.

It is located away from electrical outlets, appliances, windows, heaters, and drapery cords.

### **See also:**

Prevention: Choking and Smothering



## Home Safety Inspection: Kitchen



Click to play the video for this topic.

### **Examples of What to Check:**

Poisons

Small Objects and Plastic Films

Sharp and Breakable Items

Clip-on Chairs

Booster Seats

Kitchen and Dining Room Tables

High Chair

Other Furniture

Playpen

Carpets and Rugs

Windows

Stairs

Stove

Sink

Electrical Outlets, Sockets, and Cords

Heaters and Radiators

Other Appliances

Fireplace/Wood-Burning Stove

Garbage

Out of Bounds Areas

### **Safety Items to check:**

Fire Extinguisher

Smoke Alarm

Children`s Areas

First Aid Kit

Phone



## Home Safety Inspection: Kitchen

### **Poisons - Check the Following:**

All poisons are locked up, or out of children`s reach, in a high, locked cupboard.

All poisonous substances are in their original containers and marked with a poison symbol (skull and crossbones).

Examples of poisons to look out for in the kitchen:

- cleaning products, such as dish detergents, ammonia, laundry soaps, fabric softeners, bleaches, soaps, window cleaners, oven cleaners, dishwasher soap, spot cleaner, rug cleaner.
- polishes or waxes for furniture, floors, shoes, and metal.
- air fresheners
- lighter fluid
- mothballs
- typewriter correction fluid
- glue
- vitamins and medicines
- alcohol
- pesticides
- drain cleaner
- cigarettes
- rat and mouse poison
- poisonous plants and trees

Check for lead-based paint on walls or furniture, especially older ones.

**See also:**

Prevention: Poisons

First Aid: Poisoning





## Home Safety Inspection: Kitchen

### **Small Objects and Plastic Films - Check the Following:**

There are no small objects or plastic films within the child`s reach that could cause choking. Make sure they are stored in a locked drawer or cabinet.

Some examples of small objects to look for in the kitchen are:

- small refrigerator magnets
- peanuts
- dried beans and peas
- candies
- candles
- toothpicks
- popcorn
- raisins
- coins and buttons
- rubber bands
- marbles
- batteries
- hard candies
- gum
- pet food

Some example of plastic films to look out for are:

- grocery bags
- plastic wrap
- trash bags
- dry-cleaning bags

### **See also:**

[Soother, Pacifier, or Dummy](#)

[Toy Selection](#)

[Prevention: Choking and Smothering](#)



## Home Safety Inspection: Kitchen

### **Sharp and Breakable Items - Check the Following:**

Breakables and sharp items are stored out of the reach of children or in a locked drawer or cabinet.

Use unbreakable dishes and cups for children.

Examples of sharp items to look out for are:

- knives
- cooking utensils
- food processor blades
- food wrap boxes with sharp cutting blades
- graters and slicers
- bottle openers
- corkscrews
- skewers
- can openers
- scissors
- vegetable peeler
- tools
- pencils
- recycling bins (they contain sharp can edges etc.)

Examples of breakables to watch out for:

- glassware
- dishes

**See also:**

Toy Selection

Prevention: Cuts and Scrapes



## Home Safety Inspection: Kitchen

### **Clip-on Chair - Check the Following:**

The safety clamps cannot be wiggled loose.

It is not used on a glass table, pedestal table, loose top table, card table, or any table that can be rocked.

It does not have a chair underneath because the child may push his or her self off the table.

It has a safety belt.

### **See also:**

[Prevention: Falls](#)



## Home Safety Inspection: Kitchen

### **Booster Seat - Check the Following:**

It has a safety belt to attach it to the chair, or it is in a chair with arms that prevent it from falling out.

### **See also:**

[Prevention: Falls](#)



## Home Safety Inspection: Kitchen

### **Stove - Check the Following:**

Check the oven door to see if it gets dangerously hot when in use.

If stove knobs can be reached by a child, they should be removed when they are not in use or stove knob covers are installed.

Dish towels, pot holders, spice racks and loose clothing are kept away from cooking areas.

There are no combustible materials materials near by.

### **See also:**

Prevention: Burns and Shocks



## Home Safety Inspection: Kitchen

### **Other Appliances - Check the Following:**

Appliances with doors have childproof latches.

Electrical appliances are kept away from water and out of the reach of children, even when not in use.

Kitchen appliances, such as toasters, electric kettles, microwave ovens, electric frying pans, etc. should each be plugged into an outlet with its own fuse or circuit breaker. See your local building codes for specifications.

Lights have bulbs of the correct wattage for the rating of the appliance.

See Electrical Outlets, Sockets, and Cords.  
Prevention: Burns and Shocks



## Home Safety Inspection: Kitchen

### **Garbage - Check the Following:**

Garbage is kept out of a baby`s reach or in a locked cupboard.





## Home Safety Inspection: Kitchen

### **Kitchen and Dining Room Tables - Check the Following:**

There are no tablecloths or place mats that dangle within a child`s reach. A child tugging on them could make hot food and sharp objects fall on himself or herself.

No sharp or breakable objects are within a child`s reach.

Chairs are pushed under the table to discourage children from climbing.



## Home Safety Inspection: Kitchen

### **Children`s Area - Check the Following:**

Safe pots and pans that a child can play with are kept in a low unlocked cupboard, away from the stove and any food preparation area.

Cookies and other snacks are stored in a lower cupboard away from the stove to prevent children from getting burnt or falling when they try to help themselves to a treat.

### **See also:**

[Toy Storage](#)



## Home Safety Inspection: Kitchen

### **High Chair - Check the Following:**

It has a stable, wide base.

It has a child restraint or seat belt.

It is placed away from counters, stoves, windows etc.

It does not have any places where children`s fingers might get trapped and pinched, or where a child`s clothing could get caught.

### **See also:**

[Preventing Falls: Highchairs, ...](#)



## Home Safety Inspection: Family Room



Click to play the video for this topic.

### **Examples of What to Check:**

Poisons

Small Objects and Plastic Films

Sharp and Breakable Items

Coats and Purses

Electrical Outlets, Sockets, and Cords

Heaters and Radiators

Other Appliances

Fireplace/Wood Stove

Windows

Stairs

Exercise Equipment

Playpen

Other Furniture

Rugs and Carpets

Firearms

Out of Bounds Areas

### **Safety Items to check:**

Phone

Toy Storage



## Home Safety Inspection: Family Room

### **Poisons - Check the Following:**

All poisons are locked up or out of children`s reach in a high, locked cupboard.

All poisonous substances are in their original containers and marked with a poison symbol (Skull and Crossbones).

Examples of poisons to look out for in the family room:

- air fresheners
- mothballs
- polishes or waxes for furniture, floors, shoes, and metal
- typewriter correction fluid
- glue
- alcohol
- cigarettes
- poisonous plants and trees

Check for lead-based paint on walls or furniture, especially older ones.

### **See also:**

Prevention: Poisons

First Aid: Poisoning



## Home Safety Inspection: Family Room

### **Small Objects and Plastic Films - Check the Following:**

Small objects or plastic films that could cause choking or smothering are stored out of the child`s reach or in locked cabinets or drawers.

Some examples of small objects to look for in the family room are:

- peanuts
- hard candies
- candles
- coins and buttons
- rubber bands
- marbles

Some example of plastic films to look out for are:

- dry-cleaning bags
- packaging

### **See also:**

Soother, Pacifier, or Dummy

Toy Selection

Prevention: Choking and Smothering



## Home Safety Inspection: Family Room

### **Other Appliances - Check the Following:**

Stereo equipment, VCR, fans and other electrical appliances are out of a child`s reach.

Lights have bulbs of the correct wattage for the rating of the unit.

### **See also:**

Electrical Outlets, Sockets, and Cords



## Home Safety Inspection: Family Room

### **Sharp and Breakable Items - Check the Following:**

Breakables and sharp items are stored out of the reach of children or in a locked drawer or cabinet.

Examples of sharp items to look out for in the family room are:

- corkscrews
- can openers
- scissors
- tools
- pencils
- recycling bins (they contain sharp can edges etc.)

Examples of breakables to watch out for:

- glassware
- vases and ornaments

### **See also:**

Toy Selection

Prevention: Cuts and Scrapes





## Home Safety Inspection: Family Room

### **Coats and Purses - Check the Following:**

Coats and purses, including those of guests, are out of children`s reach in order to prevent choking/poisoning etc. Coat pockets and purses often contain medications, candies and other small objects.



## Home Safety Inspection: Nursery/Child`s Bedroom



Click to play the video for this topic.

### **Examples of What to Check:**

Poisons

Small Objects and Plastic Films

Soother, Pacifier, or Dummy

Sharp and Breakable Items

Electrical Outlets, Sockets, and Cords

Heaters and Radiators

Other Appliances

Clothing

Windows

Stairs

Change Table

Cradle or Bassinet

Crib

Playpens

Other Furniture

Rugs and Carpets

Diaper Pail and Garbage

### **Safety Items to Check:**

Toy Storage

Intercom

Smoke Alarm

Phone



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Poisons - Check the Following:**

All poisons are locked up or out of children`s reach in a high, locked cupboard.

All poisonous substances are in their original containers and marked with a poison symbol (skull and crossbones).

Examples of poisons to look out for in children`s bedrooms are:

- air fresheners
- mothballs
- baby powder
- medicines
- vitamins
- other baby supplies

House plants are not present.

Check for lead-based paint on walls or furniture, especially older ones.

### **See also:**

Prevention: Poisons

First Aid: Poisoning



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Small Objects and Plastic Films - Check the Following:**

Small objects or plastic films that could cause choking or smothering are kept out of the child`s reach or in a locked drawer or cabinet.

Some examples of small objects to look for in the family room are:

- diaper pins
- balloons

Some examples of plastic films to look out for are:

- packaging from toys and child products
- plastic bags

### **See also:**

Soother, Pacifier, or Dummy

Toy Selection

Prevention: Choking and Smothering



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Sharp and Breakable Items - Check the Following:**

Sharp items are stored out of the reach of children or in a locked drawer, cabinet, or closet.

Examples of sharp items to look out for in the family room are:

- scissors
- nail clippers
- letter openers

Breakables are kept out of the children`s bedroom.

### **See also:**

Toy Selection

Prevention: Cuts and Scrapes



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Change Table - Check the Following:**

It has a safety belt to hold the baby when you do not have a free hand.

It has high edges around the top surface.

All diaper supplies are within reach, so you do not have to take your hand off the baby while changing.

### **See also:**

Prevention: Falls



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Other Appliances - Check the Following:**

Electric blankets are not used.

Lights have bulbs of the correct wattage for the rating of the appliance.

### **See also:**

Electrical Outlets, Sockets, and Cords



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Clothing - Check the Following:**

Night-gowns, dressing gowns, bathrobes, housecoats, pyjamas, and baby doll pyjamas up to and including size 14x, must be made from synthetic fabrics or fabrics treated with flame retardants.

Baby and toddler clothes should not have loose buttons, threads, or cords which could cause choking or strangulation.





## Home Safety Inspection: Nursery/Child`s Bedroom

### **Cradle or Bassinet - Check the Following:**

It has smooth surfaces.

It is placed on the floor.

It is stable and unable to tip or fold up in use.



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Crib - Check the Following:**

A crib is not used for a child who can climb out or who is taller than 90 cm (3 feet).

The width between bars or openings is narrow enough that a child`s head cannot fit through, i.e. less than 6 cm (2 3/8 inches).

There are no cut-outs in the headboard or footboard - a child`s head or clothing could get caught in them,

Corner posts do not protrude upward more than 1.5 cm (5/8 inch) or child`s clothing could get caught and strangle him or her.

The mattress support is secure and not able to come undone when the child bounces violently. Check it by rattling the mattress and thumping it on the top and bottom. Collapsing supports can be extremely dangerous.

If the crib is wooden, the top rail should have a plastic teething protector.

If it has drop sides, they have double locks to hold them in place.

No long ribbons, ties, or restraints are present.

No pillows are used for infants - they could smother themselves.

There are no cracks, sharp edges, loose or missing slats, and missing hardware, or holes or tears in the fabric.

The mattress is less than 15 cm (6 inches) thick. When the mattress is pushed into one corner, there is no more than a 3 cm (1 1/4 inch) gap between the mattress and the other end of the crib frame. The mattress is firm. Soft mattresses can create *gap traps*.

If the child is not able to stand with support there should be a fabric bumper tied on with six ties short enough to prevent the infant from chewing and choking on them.

If the child is able to stand with support, there should be no fabric bumper as the child could use it to climb out. There should be no tie-on crib organizers with storage for baby powder, pins etc.

There are no large toys or boxes on which the child could climb out.

The crib is located away from electrical outlets, appliances, windows, heaters, and draper cords.



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Diaper Pail and Garbage - Check the Following:**

They are kept in locked cupboards or closets.



## Home Safety Inspection: Nursery/Child`s Bedroom

### **Intercom - Check the Following:**

An intercom or baby monitor is present if an infant in the bedroom cannot be heard from every room in the home.

The parent`s unit is portable and battery powered so it can be taken anywhere in the house.



## Home Safety Inspection: Bathroom



Click to play the video for this topic.

### **Examples of What to Check:**

Poisons

Small Objects and Plastic Films

Sharp and Breakable Objects

Electrical Outlets, Sockets, and Cords

Radiators

Appliances

Bathtub

Sink

Toilet

Furniture

Windows

Door

Carpets and Rugs

### **Safety Items to Check:**

Toy Storage

First Aid Kit

Phone



## Home Safety Inspection: Bathroom

### **Poisons - Check the Following:**

All poisons are locked up in a cabinet or out of children`s reach in a high, locked cupboard.

All poisonous substances are in their original containers and marked with a poison symbol (skull and crossbones).

Check for lead-based paint on walls or furniture, especially older ones.

All medicines are in child-resistant containers.

Examples of poisons to look out for in bathrooms are:

- cleaning products such as laundry soaps, bleaches, scouring powder, toilet bowl cleaners, antiseptics, disinfectants, and tile cleaners
- drain cleaners
- perfume, after-shave, and other cosmetics and treatments
- mouthwash
- hair spray and other preparations
- vitamins
- medicines and ointments, including aspirin, laxatives
- hair shampoo and rinse
- bath salts and bath oil
- denture cleaner
- shaving cream
- toilet bowl fresheners and automatic cleaners
- fingernail polish and remover
- permanent wave neutralizer

- poisonous plants and trees

**See also:**

Prevention: Poisons

First Aid: Poisoning





## Home Safety Inspection: Bathroom

### **Sharp and Breakable Objects - Check the Following:**

Sharp items are stored out of reach of children or in a locked drawer or cabinet.

Breakables are kept out of the bathroom.

Examples of sharp items to look out for in the family room are:

- razors and blades
- nail clippers and scissors
- hair scissors and cutters

### **See also:**

[Toy Selection](#)

[Prevention: Cuts and Scrapes](#)



## Home Safety Inspection: Bathroom

### **Bathtub - Check the Following:**

It has a rubber bath mat or slip-proof stickers to prevent slips and falls.

There is a towel or bath mat on floor next to tub to prevent slipping after a bath.

The spout has a soft cover on it to prevent injury if a child falls on it.

Taps are closed tightly to prevent children from turning them on.

No electrical appliances are nearby.

### **See also:**

Hot Tub

Basement: Water Heater

Preventing Drowning: Bathrooms

Preventing Burns: Hot Water



## Home Safety Inspection: Bathroom

### **Appliances - Check the Following:**

No electrical appliances are near water, even when not in use.

No electric space heater is present.

Lights have bulbs of the correct wattage for the rating of the unit.

### **See also:**

Electrical Outlets, Sockets, and Cords



## Home Safety Inspection: Bathroom

### **Toilet - Check the Following:**

If infants or toddlers are present, the toilet seat has a child-resistant lock.

Examples of toilet locks:

- Adhesive straps that stick to the sides of the toilet bowl and buckle together over the seat cover.
- Seat cover latches that clip onto the bowl.
- Latches that clip onto the seat cover hinge and press against the tank to prevent the cover from being lifted.



## Home Safety Inspection: Bathroom

### **Small Objects and Plastic Films - Check the Following:**

Small objects or plastic films that could cause choking or smothering are out of the child`s reach or in a locked drawer or cabinet.

Some examples of small objects to look for in the bathroom are:

- toothpicks
- lipstick
- small soaps

Some example of plastic films to look out for are:

- plastic bags
- packaging for toilet products and cosmetics

### **See also:**

Soother, Pacifier, or Dummy

Toy Selection

Prevention: Choking and Smothering



## Home Safety Inspection: Bathroom

### **Door - Check the Following:**

If the bathroom door can be locked, there is a way to unlock it from either side, so a child cannot get locked in.



## Home Safety Inspection: Pool/Backyard



Click to play the video for this topic.

### **Examples of What to Check:**

Poisons

Sharp and Breakable Objects

Small Objects and Plastic Films

Tripping and Falling Dangers

Electric Outlets, Sockets, and Cords

Barbecue

Clothes Lines

Sandbox

Outdoor Play Equipment

Bicycles

Stroller

Playpen

Pool

Hot Tub

Firearms

Garbage

Out of Bounds Areas

### **Safety Items to Check:**

Children`s Play Area

Helmets



## Home Safety Inspection: Pool/Backyard

### **Poisons - What to Check:**

All poisons are locked up or out of children`s reach in a high, locked cabinet.

All poisonous substances are in their original containers and marked with a poison symbol (skull and crossbones).

Check for lead-based paint on walls or furniture, especially older ones. Have the soil checked for lead content.

Examples of poisons to look out for outdoors are:

- a deck treated with creosote, inorganic arsenic compounds or pentachlorofophenol. If it is, seal it with two coats of sealant
- insecticides
- weed treatments
- cigarette butts
- chlorine
- suntan lotion
- insect repellent
- poisonous plants and trees

### **See also:**

Prevention: Poisons

First Aid: Poisoning





## Home Safety Inspection: Pool/Backyard

### **Sandbox - Check the Following:**

It has a cover to keep out cats etc. when not in use.

Sand is clean, tan-colored play sand and has been replaced in the last year.

### **See also:**

[Children`s Play Area](#)



## Home Safety Inspection: Pool/Backyard

### **Tripping and Falling Dangers - Check the Following:**

Walkways and patios are even to prevent tripping.

High decks are fenced in.

Window wells are protected by barriers or covers.

Fences should not have horizontal elements that children can climb.

### **See also:**

Stairs

Prevention: Falls



## Home Safety Inspection: Pool/Backyard

### **Barbecue - Check the Following:**

The barbecue is away from the children`s play area.



## Home Safety Inspection: Pool/Backyard

### **Sharp and Breakable Objects - Check the Following:**

There is no rough wood on the lawn furniture or deck.

Lawnmower, sharp tools, hedge trimmer, chain saw etc. are stored in a place where children do not have access.

Other sharp items are stored out of the reach of children or in a locked drawer or cabinet.

Examples of sharp objects that may be found in the backyard:

- rakes
- pruning shears
- garden trimmers
- axes and hatchets
- scythes
- broken glass
- sharp twigs and branches

There is no glass, china, or other breakables outside.

### **See also:**

[Toy Selection](#)

[Prevention: Cuts and Scrapes](#)



## Home Safety Inspection: Pool/Backyard

### **Children`s Play Area - Check the Following:**

There is a fence around the play area to prevent children from wandering.

There is a fence around any deep holes, puddles, ponds, creeks, and old wells.

There are no loose siding or boards.

There is no peeling paint in the area.

No beehives or hornet nests are nearby. If they are, remove them. If your child has a specific allergy to insect bites, ensure the appropriate medication is nearby.

### **See also:**

[Tripping and Falling Dangers](#)

[Toy Storage](#)



## Home Safety Inspection: Pool/Backyard

### **Small Objects and Plastic Films - Check the Following:**

Make sure there are no small objects or plastic films within the child`s reach that could cause choking.



## Home Safety Inspection: Pool/Backyard

### **Clothes Lines - Check the Following:**

Clothes lines and the clothes hanging on them are out of children`s reach. They could cause strangulation.



## Home Safety Inspection: Pool/Backyard

### **Garbage - Check the Following:**

Garbage cans and pails are kept in an enclosed area, off limits to children.





## Home Safety Inspection: Pool/Backyard

### **Pool - Check the Following:**

The pool conforms to local laws and regulations (check with your local authorities).

There is a childproof fence around pools that are kept filled when not in use. There is a locked gate in the fence and a self locking latch on the gate. (In many areas these are required by law. Refer to your local authorities for requirements.)

No floating toys are in the pool when it is not in use, because these attract children.

A phone is near the pool area so you do not have to leave to answer it, and so it is at hand in case of emergency. It should not, however, be close to the water itself.

No glass or breakable items are in the pool area. Broken glass is very difficult to see in a pool.

Deep pools are equipped with life preservers or ring buoys with a long throwing rope and a strong, lightweight rescue pole with blunt ends.

Pools with deep ends have a lifeline across the pool where the deep end slope begins.

Electrical equipment used to operate the pool conforms to electrical code requirements (check with your local authorities).

Drain holes are equipped with safety covers.

All pool chemicals are stored in a secure area. See Poisons.

### **See also:**

Prevention: Drowning



## Home Safety Inspection: Pool/Backyard

### **Outdoor Play Equipment - Check the Following:**

It is securely anchored, well made, and maintained in good condition. All nuts and clamps are tight. S hooks and other hangers are closed. Chains and ropes are not worn away. Moving metal parts are oiled as needed. Wooden equipment is sanded to remove rough areas.

The area around all play equipment is soft grass, sand, or pea gravel. Cement foundations etc. are absent or are well below ground level.

Moving parts are covered to protect fingers and toes.

There are no cracks in slides or sharp edges where fingers could be jammed or cut. These can be covered with duct, carpet, or electrical tape.

Play rings are less than 20 cm (8 inches) in diameter so that a child`s head cannot fit through.

Climbing equipment should be easily descended.

Steps and rungs are 10 to 28 cm (7 to 11 inches) apart.

Components allow for the grip of a five-year old, 4 cm (1 5/8 inches) in diameter.

Click on the following for more information:

- [seesaws and teeter-totters](#)
- [slides](#)
- [swings](#)

### **See also:**

[Children`s Play Area](#)

[Preventing Falls: Outdoors](#)

## **Seesaws and Teeter-Totters - Check the Following:**

They have a block under the end of each seat so that hands or feet are not jammed under them.

**Slides - Check the Following:**

They have an incline of less than 30 degrees. The ideal slide length is twice the height of the slide.

They have side rails if they are over 120 cm (4 ft).

The exit is parallel to the ground and 30 to 40 cm (12 to 16 inches) high.

If the slide is metal it is located in a shady area.

### **Swings - Check the Following:**

Seats are made of a soft material such as canvas or rubber. An old tire hanging from a rope is okay.

If used by infants and toddlers, the swing has a baby seat with a safety strap.

They are located 2 m (6 feet) away from any house, fence, trees and other obstacles.



## Home Safety Inspection: Garage



Click to play the video for this topic.

### **Examples of What to Check:**

Poisons

Sharp and Breakable Objects

Power Tools

Appliances

Exercise Equipment

Combustible Materials

Cars

Bicycles

Stroller

Firearms

Out of Bounds Areas

### **Safety Items to Check:**

Helmets

Child Car Seat



## Home Safety Inspection: Garage

### **Poisons - Check the Following:**

All poisons are locked up or out of children`s reach in a high, locked cupboard.

All poisonous substances are in their original containers and marked with a poison symbol (skull and crossbones).

Examples of poisons to look out for in the garage are:

- paints
- bug and weed-killers
- fertilizer
- oil
- grease
- antifreeze
- car batteries
- fuels
- art, craft, and hobby supplies

### **See also:**

Prevention: Poisons

First Aid: Poisoning



## Home Safety Inspection: Garage

### **Appliances - Check the Following:**

Appliances with doors have childproof latches.

Electrical appliances are kept away from water and out of the reach of children, even when not in use.

Older style wringer washers are stored so that it is impossible for a child to start the wringer.

Unused appliances such as refrigerators, freezers, washers, and dryers should have doors removed to prevent the suffocation if children should climb in.

Lights have bulbs of the correct wattage for the rating of the appliance.

### **See also:**

Electrical Outlets, Sockets, and Cords.





## Home Safety Inspection: Garage

### **Sharp and Breakable Objects - Check the Following:**

Sharp tools, garden implements, and other sharp items are stored out of the reach of children or in a locked drawer or cabinet.

Breakable Objects should be out of the reach of children.

Examples of other sharp objects that may be found in the garage:

- rakes
- pruning shears
- garden trimmers
- axes and hatchets
- scythes

### **See also:**

Prevention: Cuts and Scrapes



## Home Safety Inspection: Garage

### **Child Car Seats - Check the Following:**

They are approved by a recognized safety authority and are appropriate to each child`s weight and size.

They are installed exactly as outlined in the manufacturer`s instructions.

They are located in the back seat, preferably in the middle.

They are pushed well down into the upholstery before being secured with the seat restraint.

They are comfortable for the child and the child can move his or her arms freely once the harness is secured.

They have no signs of damage.

Forward facing seats have a tether bolted to the inside of the car, behind the seat.

### **See also:**

[Prevention: Car and Traffic Accidents](#)



## Home Safety Inspection: Garage

### **Car - Check the Following:**

It is in good working condition. Pay particular attention to tires and brakes.

It is locked when not in use.

It has childproof door locks.

It has a child car seat for each child who requires one.

### **See also:**

Prevention: Car and Traffic Accidents



## Home Safety Inspection: Basement

### **Examples of What to Check:**

Poisons

Electrical Panel

Electrical Outlets, Sockets, and Cords

Heater or Radiator

Power Tools

Furnace

Water Heater

Other Appliances

Stairs

Sink

Exercise Equipment

Out of Bounds Areas

Firearms

### **Safety items to Check:**

Smoke Detector



## Home Safety Inspection: Basement

### **Electrical Panel - Check the Following:**

All switches and fuses are clearly labelled.

To ensure easy access in case of an emergency, items are not stored in front of the panel.

If fuses are used, all fuses are of an appropriate rating for the circuit. Spare fuses are kept nearby. Pennies and metal foil should never be substituted for fuses.

### **See also:**

Electrical Outlets, Sockets, and Cords.

Prevention: Burns and Shocks



## Home Safety Inspection: Basement

### **Furnace - Check the Following:**

It has recently been inspected by a qualified person.

No combustible materials are nearby.

### **See also:**

Prevention: Burns and Shocks



## Home Safety Inspection: Basement

### **Water Heater - Check the Following:**

It is set between 120°-130° F (49°-54° C) so that children cannot be accidentally scalded by a tap or faucet. If not, consult your hot water company or manual.

### **See also:**

Prevention: Burns and Shocks



## Home Safety Inspection: Basement

### **Appliances - Check the Following:**

Appliances with doors have childproof latches.

Electrical appliances are kept away from water and are out of the reach of children, even when they are not in use.

Older style wringer washers are stored so that it is impossible for a child to start the wringer.

Unused appliances such as refrigerators, freezers, washers, and dryers should have doors removed to prevent suffocation if children should climb in.

Lights have bulbs of the correct wattage for the rating of the appliance.

### **See also:**

Electrical Outlets, Sockets, and Cords.





## Home Safety Inspection: Basement

### **Poisons - Check the Following:**

All poisons are locked up or out of children`s reach in a high locked cupboard.

All poisonous substances are in their original containers and marked with a poison symbol (skull and crossbones)

Examples of poisons to look out for in the garage are:

- paints
- bug and weed-killers
- fertilizer
- oil
- grease
- antifreeze
- car batteries
- fuels
- art, craft, and hobby supplies

### **See also:**

Prevention: Poisons

First Aid: Poisoning

## **USING THE PROGRAM**

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[Information Search](#)

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## **MAIN MENU**

### **LETS GET SERIOUS SECTION**

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### **FUN STUFF SECTION**

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## **TECHNICAL HELP AND PROBLEMS**

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## **DISCLAIMER**

The information on this CD-ROM is for reference only. It should not be considered a substitute for up-to-date first aid training or safety training. It should not be assumed that all safety measures are contained on this CD-ROM; other or additional measures may be required under particular or exceptional circumstances.

## Starting The HomeSafe CD

When you start the HomeSafe CD two introductory videos will play. You can watch the videos in their entirety or abort them by clicking the ***Continue*** buttons displayed on the bottom of the screen.

### **See Also**

[Full-Motion Video](#)

# The Backyard Game

This is a simple and fun game to play. The object of the game is to identify all safe and dangerous objects and drag them into the appropriate boxes on the side of the screen.

## **How to Drag and Drop Objects**

To pick up an object, click your mouse over one of the objects on the screen. Keep the mouse button depressed and move the mouse until the object is positioned over one of the **Safe** or **Dangerous** boxes. Once the object is over an empty **Safe** or **Dangerous** square, release the mouse button to drop the object.

Not every object on the screen can be dragged and dropped. You will need to figure out which objects are safe and dangerous.

When an object is dragged and dropped into a **Safe** or **Dangerous** box, that object will disappear from the screen and its icon will be displayed.

Continue the above steps until all objects are contained inside the **Safe** and **Dangerous** boxes. Once this is done, your choices are evaluated and the program will point out any mistakes.

## **See Also:**

[The Tool Bar](#)

## Bandys Test

Bandy will ask you some questions about home safety. Once he has read a question, click your mouse over over the right answer. If your answer is right, Bandy will flip and tell you why your answer is right. If your answer is wrong, Bandy will frown and tell you why your answer is wrong.

When you are ready to answer the next question, click your mouse over the **Next Question** button.

### **See Also:**

[The Tool Bar](#)

## Safety Points

This screen features a quick way to access safety videos relating to key parts on the human body.

To use this screen, move your mouse over any part of the body picture. Wherever there is a *hotzone*, the mouse cursor will change to a square shape and the caption under the body picture will identify the related safety topic. Click your mouse over any valid hotzone to view its video clip.

You can click over another hotzone while a video is playing.

**See Also:**

[The Tool Bar](#)

## Information Search

This dialog box is called from a Toolbar icon. It is a listing of all keywords in the Homesafe hypertext database. This list provides any easy way to select a keyword and display its related information.

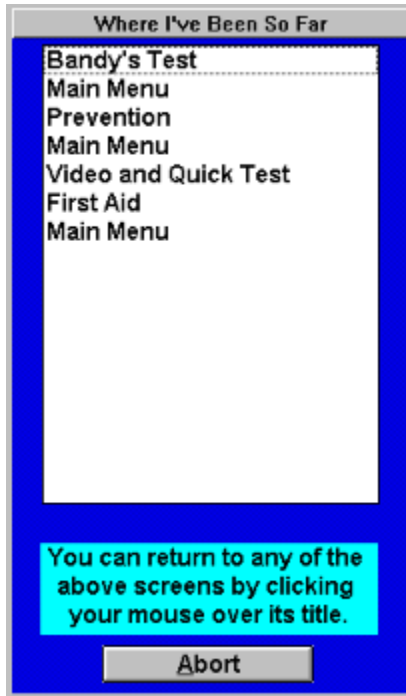


To use this list simply locate a keyword, click on it with your mouse and then click the **Search** button.

### **See Also:**

The Tool Bar

This dialog box is called from a Toolbar icon. It is a listing of all **Where I've Been** screens that you have explored for the current session of HomeSafe. Each time you visit a screen, its name is added to the list.



If you do not want to return to a screen displayed in the list, just click your mouse over the **Abort** button.

**See Also:**  
The Tool Bar



## Inspection Menu

This menu is used for viewing videos on Safety Inspection. To select an option, just click your mouse over one of the menu buttons.

Each button corresponds to a room in the house. For each room, Martin Short and Dr. Fefferman will tell you how to safety proof the room. While the video is playing, you will see a clipboard graphic showing the items that Marty and the Doctor have inspected.

**See Also:**

[The Tool Bar](#)

[Quick Test](#)

# The Kitchen Game

This is a simple and fun game to play. The object of the game is to identify all safe and dangerous objects and drag them into the appropriate boxes on the side of the screen.

## How to Drag and Drop Objects

To pick up an object, click your mouse over one of the objects on the screen. Keep the mouse button depressed and move the mouse until the object is positioned over one of the **Safe** or **Dangerous** boxes. Once the object is over an empty **Safe** or **Dangerous** square, release the mouse button to drop the object.

Not every object on the screen can be dragged and dropped. You will need to determine objects are safe and which ones are dangerous.

When an object is dragged and dropped into a **Safe** or **Dangerous** box, that object will disappear from the screen and its icon will be displayed.

Continue the above steps until all objects are contained inside the **Safe** and **Dangerous** boxes. Once this is done, your choices are evaluated and the program will point out any mistakes.

Continue the above steps until all objects are contained inside the **Safe** and **Dangerous** boxes. Once this is done, your choices are evaluated and the program will point out any mistakes.

## See Also:

[The Tool Bar](#)

## Main Menu

The information on this CD-ROM is for reference only. It should not be considered a substitute for up-to-date first aid training or safety training. It should not be assumed that all safety measures are contained on this CD-ROM; other or additional measures may be required under particular or exceptional circumstances.

Use this menu to gain access to the applications major features. The menu options are divided into **Fun Stuff** and **Lets Get Serious** sections. To select an option, just click your mouse over one of the menus buttons.

### Lets Get Serious Section

- Prevention - Accesses the Prevention Menu
- First Aid - Accesses the First Aid Menu
- Safety Inspection - Accesses the Safety Inspection Menu

### Fun Stuff Section

- Kitchen Game - Loads the Drag and Drop Kitchen Game
- Outdoor Fun - Loads the Drag and Drop Backyard Game
- Bandys Test- Loads an animated quiz for kids.

### See Also:

The Tool Bar

## Prevention Menu

This menu is used for viewing videos and taking quizzes for safety prevention. To select an option, just click your mouse over one of the menu buttons.

**See Also:**

[The Tool Bar](#)

[Quick Test](#)

## Quick Test

Quick Tests can be taken at anytime, even while a video clip is playing. To take a quick test, *carefully* read the question and click your mouse over one or more of the choices displayed under the question.

Each time you click your mouse over a choice, HomeSafe will display feedback indicating whether your selection is correct.

Click over the **Extra Information** button to display extra information in hypertext format for the current topic. When you are done viewing the hypertext and want to return to the Quick Test screen, click the **Close** button displayed on top of the hypertext screen.

If you want to answer the next question, click your mouse over the **Next Question** button. If the button is inactive (a light gray colour), there are no questions left for the current topic.

### **See Also:**

[The Tool Bar](#)

## First Aid Menu

This menu is used for viewing videos and taking quizzes for First Aid. To select an option, just click your mouse over one of the menu buttons.

**See Also:**

[The Tool Bar](#)

[Quick Test](#)

## Safety Inspection Screen

In each video, Martin Short and Dr. Fefferman will tell you how to safety proof a room in your home. While the video is played, you will see a clipboard graphic showing the items that Marty and the Doctor have checked over. This clipboard contains information that can help you make your home a safer place.

You can get a printout of the clipboard by clicking your mouse over the **Print Safety Inspection Form** button.

To obtain further information, click your mouse over the **Extra Information** button.

**See Also:**

[Inspection Menu](#)

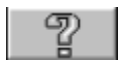
[The Tool Bar](#)

## The Tool Bar

On the bottom of all HomeSafe screens you will see a toolbar like the one shown below. It is a general interface to several important program functions. At any time you can click over one of these animated buttons to activate its function.



### What The Buttons Mean



#### Help!

Activates HomeSafes help system. Use this button if you are stuck.



#### Where Ive Been

Displays a Where Ive Been list of screens that you have recently visited.



#### Safety Information Search

Displays an Information Search menu for various safety topics.



#### Previous Screen

Move back to the previous screen.



#### Body Safety Panel

Activates the Safety Points (Hotzone Body) panel.



#### Main Menu

Return to the Main Menu.



#### Exit HomeSafe

Exits the HomeSafe Application.



# Audio

## **Problems With Audio**

If you do not hear any audio this is usually indicative of a problem with your audio driver or hardware. You can troubleshoot most audio problems as follows:

1. Make sure all audio cables are connected.
2. If your audio card has a volume control, set it to maximum.
3. Re-install the Windows audio driver that came with your sound card.

If step 3 does not work, you may need to contact the manufacturer of your audio card to obtain the latest Windows drivers.

Please refer to your Sound Card manual for other suggestions.

## Full-Motion Video

Full-motion video clips are played at various times throughout HomeSafe. On most MPC compatible systems the video quality should be acceptable. If you do not see any video or experience problems, you can troubleshoot most problems as follows:

### **No Full-Motion Video Whatsoever**

In most cases this is a result of failing to install the runtime version of Microsoft Video for Windows that was included on *The HomeSafe CD*. You *must* install the runtime version of Video for Windows by running the **SETUP.EXE** program located in the **WINVIDEO** directory of *The HomeSafe CD*.

### **Video Playback Appears Slow or Choppy**

In many cases, this is a result of using a relatively slow CPU such as a 386SX or 386DX (we recommend a 486SX-25 or higher). Other factors include low memory (under 4 megabytes) and slow video drivers. There are some solutions that you can attempt without changing your hardware. In order to optimize video playback on your system you should:

1. Make sure *The HomeSafe CD* is the only active Windows application.
2. Switch your video driver to 256 colors at 640x480 resolution.
3. If you are using DOS 6.0 or later, run the **MEMMAKER.EXE** program to maximize the amount of memory available to Windows.
4. Add more RAM to your system. 4 megabytes is the practical minimum for multimedia applications, 8 megabytes or more is ideal.

### **Problems With Local Bus Video Cards**

Some local bus video cards may experience problems when attempting to play video files in 256 color mode. Symptoms include crashes and dropping to a DOS prompt. Should these symptoms occur, the following solutions should work:

1. Change your Windows video driver to 65 thousand color mode.
2. Change your Windows video driver to 24 million color mode.
3. Change the resolution of your Windows driver to 640x480 or 800x600.

Please consult the manual that was shipped with your local bus video card

for further instructions.

## Speed Issues

In many cases this is a result of using a relatively slow CPU such as a 386SX or 386DX (we recommend a 486SX-25 or higher). Other factors include low memory (under 4 megabytes) and slow video drivers. There are some solutions that you can attempt without changing your hardware. In order to optimize performance on your system you can:

1. Make sure *The HomeSafe CD* is the only active Windows application.
2. Switch your video driver to 256 colors at 640x480 resolution.
3. If you are using DOS 6.0 or later, run the **MEMMAKER.EXE** program to maximize the amount of memory available to Windows.
4. Add more RAM to your system. 4 megabytes is the practical minimum for multimedia applications, 8 megabytes or more is ideal.
5. Use the **SMARTDRV.EXE** Disk Caching program.

Some first generation CD-ROM drives are too slow for practical multimedia playback. The suggested minimum CD-ROM specification is a sustained data transfer rate of 150 kilobytes-per-second (Single Spin) with an access time of 350 milliseconds or less. Optimal performance will be achieved by using a double spin CD-ROM drive.

### **See Also**

[Full-Motion Video](#)

[Single And Double Spin CD-ROM Drives](#)

## Single And Double Spin CD-ROM Drives

*The HomeSafe CD* is optimized for double spin CD-ROM drives. Running HomeSafe from a Single Spin CD-ROM drives will result in relatively slow video playback.

### **Single Spin**

Your CD-ROM drive has a data transfer rate of **150 kilobytes per second** (150 KBS). Many first generation CD-ROM drives are single spin.

### **Double Spin**

Your CD-ROM drive has a data transfer rate of **300 kilobytes per second** (300 KBS) or higher. This is the recommended CD-ROM drive for HomeSafe. Triple Spin (3x) or Quadruple Spin (4x) drives are also recommended.

### **See Also**

[Full-Motion Video](#)

[Speed Issues](#)

