Water Safety: Keeping Children Safe in Aboriginal Communities

As we step into a much anticipated summer season there are many activities that we look forward to participating in. Many families are spending time near the water to enjoy summer sports such as swimming, boating and canoe journeys. Summer is a very important season for First Nations.

Children love to play in or around water. It is very important to encourage water safety to prevent drownings. Unfortunately, many families have suffered tragedy because of accidents around the water. Injuries are the leading cause of death among First Nations people. Drowning is the second highest cause of injury and death after motor vehicle and all-terrain vehicle accidents. Drowning rates for Aboriginal people have been found to be 10 times higher than for other Canadians. Most victims are adult males and toddlers. A 2005 study in Manitoba found First Nations toddlers, as a population group, had one of the greatest risks of drowning—22 times the provincial average. For every child who drowns there are 3 to 5 others who survived but had to be hospitalized.

The Canadian Red Cross’ research indicates that drowning is most frequent from boating accidents, especially when fishing. Only 1 out of 5 of these victims was wearing a flotation device. In the Aboriginal population another study found that only 5% of boaters were using flotation devices.

Always wear a Personal Flotation Device (PFD) or lifejacket when going out in your boat. A PFD is usually built for easier movement for water sports but is less buoyant. They need to be Canadian approved and fit properly to hold you up in the water. A life jacket will turn you over so that your face is up in the water. Check to see that your child’s life jacket fits well and that no zippers and buckles are broken. Remember to wear your own PFD; how can you save your child if you can’t save yourself?

For young children, the highest risk environment for drowning is in home pools, followed by large bodies of water such as lakes, rivers and excavation holes. Toddlers (ages 1-4) and teens are the most likely to have accidents. Drowning usually occurs when the child is alone or the adult is momentarily distracted. Most toddlers drown when falling into water. Buckets of water, diaper pails and other containers should not be accessible to curious small children. Even a few inches of water can be dangerous. A large pool needs to have child-proof fences and gates to prevent a child from climbing up and falling into the water.

For infants under a year old the most dangerous place is the adult bathtub. A child should not be left alone or with another child for even a minute. Young children need constant supervision while bathing and bath seats cannot be trusted to be safe.

Some of the ways that parents and caregivers can be prepared for water safety are:

- When you are camping near water always supervise your child. If a beach ball floats away he just might follow after it and fall in the water.
- Take your child to swimming lessons and water safety courses.
- Learn about First Aid so you are prepared.
- Be aware of the tides and currents when you are on or by the ocean. Most boating accidents occur because of strong winds and rough water.

By taking a few precautions we can all enjoy fun at the beach or on our boats this summer. More tips on water safety can be found on the Canadian Red Cross website at: http://www.redcross.ca/article.asp?id=000881&tid=024
Field Trip Must Do’s

As summer approaches, you may be planning fun filled field trips for the children in your care. Field trips can provide wonderful learning experiences for children of all ages and in order for the experience to be successful and enjoyable, some pre-trip planning needs to take place.

When planning your summer programs remember, it is easy to get caught in the “field-trip-a-day” mode. This can lead to boredom and burnout for children and for staff. Field trips are an important part of full day programming and need to be planned with a careful thought to the type of outings being offered. It is great to offer field trips, but it is important to think them through carefully and not go just anywhere to escape from your centre.

The Week Before the Trip
- Visit the destination, ensure it is safe and note where the washrooms and drinking water are located.
- Plan the route and ensure that there are off-road areas to pull over if a child needs attention.
- Recruit additional adult volunteers and ensure they are familiar with the plans.
- Take time to prepare the children. Include the trip in their daily program and let them know what they will experience during the trip. Review safety rules and code of conduct with the children.
- Review field trip Missing Child Policy with staff and volunteers.
- Re-stock the field trip first aid kit.
- Provide families with a written description of the trip, including the mode of transportation you will use.
- Ensure signed consent forms are received for all the children.
- Appoint a Trip Leader who will be responsible for the overall head counts and for carrying the complete class list.
- Assign a Group Leader (one per group of children) who will be responsible for a specific number of children. Ensure all group leaders have valid first aid certificates.
- Purchase film, if taking photos.

The Day Before the Trip
- Review the trip with the children.
- Review group lists and head count procedures with staff.
- Ensure all staff are familiar with the destination, the travel route and have class/group lists of the children for whom they are responsible.
- Confirm (if using) bus arrangements and travel route with the driver.
- Ensure volunteers are reminded of the trip and the time of departure form the centre.
- Pack the staff backpacks with all the “extra items” emergency information, and first aid kits (see Field Trip Kit List).
- Prepare and post “notice of field trip” on the centre door or give to anyone remaining at the centre.
- If traveling by bus, ensure motion sickness equipment is packed (“barf bag” – strong zip lock type of plastic bag).
- Pack camera, if taking photos.

The Field Trip Day
- Pack all emergency medication.
- Ensure all children’s emergency information is in staff backpacks.
- If appropriate, ensure all children have their own backpacks and lunch items packed.
- Field Trip Kit: One for Each Group Leader
- Class lists (one for each group leader and one complete class list for trip supervisor).
- Children’s emergency cards.
- Children’s special equipment.
- Medicine/Allergy supplies and administration forms.
- Allergy supplies.
- Sun Screen.
- First Aid Kit.
- Cell phone/walkie talkies and quarters (cell phone batteries die).
- Bus schedule.
- One or two extra towels.
- Handi-wipes.
- Money.
Bites and Stings

What’s the difference between a bite and a sting?

The differences are due to the nature of the bite or sting. Venomous insects attack as a defense mechanism, injecting painful, toxic venom through their stingers to punish you so you’ll stay away next time. Non-venomous insects bite and usually inject ant-coagulant saliva in order to feed on your blood. Although local irritation and “allergic” reactions do occur from non-venomous bites, severe reactions such as anaphylactic shock only happen from venom stings.

Local vs. Systemic Reactions

Venomous stings are always very painful, red and swollen up to twelve inches around the sting site. This is called a local reaction. In sensitive individuals, a systemic or whole body reaction occurs, with redness, hives and swelling far from the sting site. These systemic reactions can progress to involve the airways and circulation and may be life-threatening. Obviously it’s important to know the difference between local and systemic reactions.

Biting insects generally aren’t dangerous because allergic reactions are extremely rare. True, they do spread diseases like Lime, Rocky Mountain Spotted Fever, encephalitis and malaria, but for most of us their bites just cause terrible itching.

Treatment for Stings

First, the stinger must be removed. Place the edge of a dull table knife firmly against your skin next to the embedded stinger. Applying constant firm pressure, scrape the knife across your skin surface and the stinger. This removes the stinger without injecting more venom, which is what happens when you remove the stinger with tweezers or your fingers. Home remedies for pain and itching include baking soda or meat tenderizer compresses, although scientific data supporting these techniques is lacking. Medication to ease pain, swelling, itching or infection includes anti-inflammatory drugs, topical anti-histamines, hydrocortisone or antibacterials.

Treatment for Bites

Itching is the main symptom to control with insect bites. Topical anti-histamines and anesthetics offer quick temporary relief; hydrocortisone cream has lower onset, but a longer effect.

When to Seek Medical Help

Any systemic reaction should be seen by a doctor immediately. This includes hives wherever they may occur, swelling in the face, shortness of breath or wheezing, difficulty swallowing, and lightheadedness or fainting. These usually occur within minutes to an hour after the sting. Local reactions generally don’t require professional care. However, if your local reaction distracts you from your normal activities, or keeps you awake at night with topical treatment, you should see a doctor.
Do Bugs Need Drugs?
A Community Program for Wise Use of Antibiotics

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The British Columbia Ministry of Health’s PharmaCare Division is providing three years of funding for a community education program promoting the wise use of antibiotics. This funding will provide us with an opportunity to educate the general public as well as healthcare professionals on the proper use of antibiotics with a goal of slowing or stopping bacteria from becoming resistant to antibiotics.

The “Do Bugs Need Drugs?” Program started as a pilot project in Grande Prairie, Alberta in 1998-99. Currently the program is in use in Alberta, northern Saskatchewan, and many Ontario health districts.

British Columbia will use the Do Bugs Need Drugs? program to target healthcare professionals, the general public and children with three key messages:

1. Wash your hands! Handwashing is the best way to stop the spread of infections.
2. Not all bugs are created equal. Antibiotics work against bacteria, but not against viruses.
3. Use antibiotics wisely! Bacteria can become resistant to antibiotics.

Healthcare professional education began this past winter with a mail out of health promotion to pharmacies and health units. This will continue into the spring and summer with an extensive mail out to physicians, pharmacists, dentists, infection control practitioners, nurses and healthcare students in medicine, pharmacy, dentistry and nursing. The mail out will include the 4th edition of the Bugs and Drugs handbook which provides recommendations for the management of patients with infectious diseases. In addition to the book, healthcare professionals will receive posters for patient waiting areas as well as pamphlets, parent guides (available in multiple languages) and stickers to distribute to their patients. Additionally, the BC Centre for Disease Control will be organizing a course for physicians and a nationally accredited continuing education course for pharmacists for the coming year.

The public education component of the program involved a TV commercial, which aired in January 2006 and will continue each winter over the next two years, a parent guide insert in the January 2006 edition of Today’s Parent magazine, Kid’s Cinema Slides in theatres throughout the province, and the availability of pamphlets and parent guides in public health clinics.

The Do Bugs Need Drugs? program incorporates teaching the three key messages to grade 2 students, children in child care and their caregivers. The daycare program involves a “Prop Box” of age-appropriate activities for children, a children’s book, a handbook for daycare workers and a special handwashing poster. Both the grade 2 and daycare programs have a train the trainer component.

We are in the process of planning, with health authorities and the Child Care Resource and Referral Regional Coordinators, education/training sessions for child care providers, who will then be equipped to teach the program to the children within their respective child care settings. Educational print material will be provided to send home with children so that their caregivers/parents also receive the health promotion information.

The program is already underway in some Health Authorities and the BC Centre for Disease Control team will now work with the remaining Health Authorities to implement the program.

Visit www.dobugsneeddrugs.org for additional program information.