INTRODUCTION
There are many components that contribute to the healthy development of a young child. Much is known about fostering a healthy body, and now much more is known about promoting mental health. In this section, you will find a variety of topics that contribute to the development of a healthy body and a healthy mind. These are areas in which health department staff have a special interest.

HEALTHY MINDS
- Promoting mental health and brain development
- Raising non-violent children
- Raising sexually healthy children
- Dealing with diversity

HEALTHY BODIES
- Preventing injury
  - Sleep position for babies/tummy time
  - Car seat safety
  - Bicycling and scooter safety
  - Bicycle carrier and trailer safety
  - Toddler ride-on toy safety
  - Creating a safe environment
  - Scent and sensitivities
  - Air quality
  - Fire safety
  - Scalds and burns
  - Playground safety
  - Frequently asked questions about Chromated Copper Arsenate (CCA) wood
  - Sun safety information to prevent heat-related illness
- Promoting active living
- Smoke-free places for children
- Tobacco Control Act

Note: Resources for the list of topics identified above can be found at the end of this section of the manual.

LEGISLATION
Day Nurseries Act
Highway Traffic Act
Ontario Fire Code
Tobacco Control Act
THE EARLY YEARS LAST FOREVER: PROMOTING THE MENTAL HEALTH OF YOUNG CHILDREN

Individuals who provide child care are very important people. A stimulating child care setting helps promote the healthy development of children. Child care providers have an important role as educators and role models for parents and as nurturing parent substitutes for children. This role is especially important for children with negative life experiences. Research shows the most important factor in helping these children turn their lives around is having a caring adult — a teacher, a neighbour, or a relative — who took an interest in them and acted as a role model.

This section focuses on information pertinent to mental health promotion in a child’s early years. It is meant for child care providers, but can also be shared with parents.

BRAIN DEVELOPMENT

Most of us know instinctively that young children need love and stimulation. Now neuroscientists are providing proof of this. Up until just a few years ago, it was thought that brain development was influenced mainly by genetics. Now researchers have proven that the quality of the relationships that a child experiences during the first five years of life determines how their brain grows and develops.

A baby is born with most of the brain cells that they will ever have, but most of these cells or neurons are not yet connected. When a baby has a secure nurturing relationship with at least one adult, pathways or wiring patterns start to develop. During the first five years, a child develops the brain pathways necessary for developing language and learning skills, the ability to cope with stress, develop self-esteem and have healthy relationships. If a child does not receive this critical nurturing and stimulation, some of the pathways will not develop in the brain. These differences can affect children for the rest of their lives.

The Canadian Institute of Child Health (CICH) has compiled 10 guidelines "that can help parents and other caregivers raise healthy, happy children and confident, competent learners". For more details on each tip, please refer to the booklet "The First Years Last Forever".

Promoting young children’s healthy development and school readiness: 10 guidelines

1. Be warm, loving and responsive
2. Respond to the child’s cues and clues
3. Talk, read, and sing to your child
4. Establish routines and rituals
5. Encourage safe exploration and play
6. Make television watching selective
7. Use discipline as an opportunity to teach
8. Recognize that each child is unique
9. Choose quality child care and stay involved
10. Take care of yourself

Reprinted with permission from the Canadian Institute of Child Health, The First Years Last Forever parenting booklet, I Am Your Child. For more information contact CICH at 613-224-4144.

Note: Resources for “Promoting Brain Development” are available at the end of this section of the manual.
RAISING NON-VIOLENT CHILDREN

Since 1996 when Dr. Peter Cole, the former Medical Officer of Health for the Region of Peel, first announced his intention to declare violence the number one health hazard in Peel, violence prevention has remained a priority issue for Peel Public Health.

What are some issues around violence that can affect children’s mental health and self-esteem? What can we do to make a difference?

MEDIA VIOLENCE

In our technological society, children are bombarded with images of violence on television, videos, films, video games, books, cartoons and the Internet. Studies have shown that the effects of frequent viewing of violence on television by children include increased aggressive behaviours, insensitivity to the pain and suffering of others, and increased fearfulness of the world around them (Canadian Radio and Telecommunications Commission, 1996).

The Peel Media Violence Group was a group of community organizations in Peel concerned about media violence and its impact. This group has compiled a number of tips for parents:

<table>
<thead>
<tr>
<th>Media Violence</th>
<th>What is a Concerned Parent to do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be aware of what your children watch.</td>
<td></td>
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<tr>
<td>• Learn about new movies and videos and set guidelines for your children about what is appropriate to watch.</td>
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</tr>
<tr>
<td>• Let your children know you don’t like violence in the media. Explain in simple terms; for example, &quot;I don’t like shows where people hurt or hit other people&quot;.</td>
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<tr>
<td>• Remind children they have control over what they watch. When a show is too scary or outrageous, teach them to turn it off.</td>
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<tr>
<td>• Find out your children’s feelings and impressions about the shows and advertising they see. Discussions like these help improve their understanding of the program’s or commercial’s content. It also helps them to be critical of what they watch.</td>
<td></td>
</tr>
<tr>
<td>• Let relatives, friends and babysitters know your views about violent media. Inform them of any guidelines you have set regarding your children’s exposure to violent media.</td>
<td></td>
</tr>
<tr>
<td>• Complain to media organizations about objectionable content. Insist on better programming for children.</td>
<td></td>
</tr>
<tr>
<td>• Encourage other fun activities such as sports, reading, music and social outings as alternatives to the television.</td>
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</table>
SECTION: HEALTH AND SAFETY–MIND AND BODY

FAMILY VIOLENCE

Family violence has long-term implications for a child's mental health and future relationships. Children who witness violence against their parents experience the same types of emotional and behavioural problems as children who experience direct abuse. Children who witness violence are at risk for further violence as adults, either as the abuser or the victim.

Children who live with violence in their homes learn the following lessons:

• Violence is an appropriate way to solve problems
• Violence is a part of intimate relationships
• It is acceptable for males to use violence to gain power and control over women
• The victims of violence should tolerate this behaviour

"Shades of Grey: The Continuum of Violence"

How Can You Help?

• Be sensitive to the possibility that parents and/or co-workers may be experiencing this problem. Ask if there is anything you can do to help. Be willing to listen non-judgementally. Become familiar with community resources that might be helpful (refer to "Community Resources for Parents of Young Children" in the section “Children and Families Needing Special Help”).
• Help children learn cooperative methods of solving problems, safe ways to handle their anger, and respectful ways of treating others.
• Set a good example for other parents about effective discipline methods that are respectful of children (e.g. natural and logical consequences, time-out, giving choices).

Peel Public Health will:

✓ Facilitate "Nobody’s Perfect" group for parents and caregivers. Over a six-to-eight week period, parents can get group support and new information to help them with concerns common to parents of young children age five years of age and under.

BULLYING

"A person is being bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons." (Olweus, 1993).

Bullying is a form of violence that is learned. A bully is someone who uses verbal, emotional or physical abuse against another person. This can include teasing, name-calling, hitting, pushing, taunting and ridiculing. This is a serious global problem with mental health implications for both the victim and the bully. Onlookers become desensitized to the violent activity around them. A study by Wendy Craig, a psychologist at Queen’s University, indicates that children as young as four years of age can already be bullying others.
SECTION: HEALTH AND SAFETY–MIND AND BODY

While conflict is a normal part of growing up, bullying is not. Children who use aggression to acquire power over a situation can develop lifelong habits that can lead to criminal behaviours such as harassment, sexual violence, gang attacks and other forms of abuse. Action needs to be taken to prevent bullying behaviours early in a child’s development. Preventative work with parents and young children can be part of the solution.


How Can You Help?

• Teach children to be courteous and respectful.
• Help children understand how their behaviour effects others; build empathy.
• Encourage children to tell each other how their behaviour makes them feel e.g. "Tell Matthew how you feel when he takes your toy away from you."
• Teach children safe ways to handle their anger.
• Set an example by using effective discipline methods that are respectful of children (e.g. natural and logical consequences, time-out, giving choices).
• Be a child’s best role model.

Note: Resources for “Raising Non-Violent Children” are available at the end of this section of the manual.
SEXUALITY is learned. It involves how we feel about ourselves as males or females, our attitudes, feelings and values, our understanding of, and comfort with our bodies and how we express affection and relate to others.

Children learn about sexuality regardless of what the adults around them tell them or don’t tell them. They get messages about their sexuality from the way they are touched and treated, from the way adults respond to their bodily functions, from the response they get when they show normal curiosity about their bodies and the bodies of others, and from their treatment as males and females. Children also get powerful messages from the media—such as children’s television programs, soap operas, and advertising. And as they grow older, they increasingly get both information and misinformation from their friends.

It is well documented in sex education literature that it is very important for sex education to promote self-esteem. People who feel good about themselves are not available for exploitation and do not exploit others. Literature also states that you cannot tell a child too much. Knowledge doesn’t stimulate inappropriate behaviour, ignorance does.

Parents and caregivers can play an active role in helping children get positive messages about sexuality. When they talk to children in a warm and positive manner and treat their curiosity with respect, children get powerful messages:

• Sexuality is a natural part of life
• Bodies are good
• Sex is a topic that children can talk about with adults and friends

WHAT’S NORMAL SEXUAL BEHAVIOUR?

Children are sexual beings from the time they are born. Infancy is a sensual period—babies need to be held, caressed, and kissed in order to develop normally. From this touch, they get important messages about their bodies and themselves. Young children are curious about everything, including their bodies and the bodies of others.

The chart that follows will help you understand more about expected sexual development at different ages. It is important to realize that these behaviours are not sexual in the adult sense, but are entirely based on curiosity and normal development.
SEXUAL DEVELOPMENT—WHAT CAN I EXPECT?

<table>
<thead>
<tr>
<th>What to Expect from Birth to Age Two: At this stage, children:</th>
</tr>
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<tbody>
<tr>
<td>• learn about love and trust through loving relationships with parents and their caregivers</td>
</tr>
<tr>
<td>• explore their bodies including their genitals</td>
</tr>
<tr>
<td>• may have erections or lubricate vaginally</td>
</tr>
<tr>
<td>• experience genital pleasure</td>
</tr>
<tr>
<td>• begin to learn, and demonstrate, expected behaviours</td>
</tr>
<tr>
<td>• begin to notice differences between the bodies of boys and girls, children and adults</td>
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<table>
<thead>
<tr>
<th>What to Expect from Age Three to Age Five: At this stage, children:</th>
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<tbody>
<tr>
<td>• become very curious about bodies, and the differences between boys and girls</td>
</tr>
<tr>
<td>• may play “house” or “doctor” (forms of body exploration) or engage in “sex play” with friends</td>
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<tr>
<td>• learn they are either male or female</td>
</tr>
<tr>
<td>• learn about female/male roles by observing others</td>
</tr>
<tr>
<td>• often enjoy learning about, and talking about, body parts and functions</td>
</tr>
<tr>
<td>• find adult bathroom activities interesting</td>
</tr>
<tr>
<td>• ask questions about birth or pregnancy such as, “Where do babies come from?”</td>
</tr>
<tr>
<td>• may learn words related to sex and try using them</td>
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<tr>
<td>• may mimic adult sexual behaviour</td>
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<tr>
<td>• may begin to masturbate</td>
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<tr>
<th>What to Expect from Age Six to Age Eight: At this stage, children:</th>
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<tbody>
<tr>
<td>• begin to have strong friendships with children of the same sex</td>
</tr>
<tr>
<td>• may be affected by stories they hear in the media regarding sexual issues, such as abuse</td>
</tr>
<tr>
<td>• have definite ideas about male and female roles</td>
</tr>
<tr>
<td>• have a basic sexual orientation and identity</td>
</tr>
<tr>
<td>• want to be like their peers; for example, boys/girls may feel pressured to choose the type of toys and activities that other boys/girls choose</td>
</tr>
<tr>
<td>• may engage in name-calling and teasing</td>
</tr>
<tr>
<td>• may continue with sex play</td>
</tr>
<tr>
<td>• may begin to masturbate</td>
</tr>
</tbody>
</table>

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<tr>
<th>What to Expect from Age Nine to Age 12: At this stage, children:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• may begin the changes of puberty</td>
</tr>
<tr>
<td>• become more modest and want privacy</td>
</tr>
<tr>
<td>• continue to value same-sex friendships</td>
</tr>
<tr>
<td>• may experience increased sexual feelings and fantasies</td>
</tr>
<tr>
<td>• develop crushes on friends, older teens, teachers and rock stars among others</td>
</tr>
<tr>
<td>• may develop romantic feelings directed towards people of the opposite sex</td>
</tr>
<tr>
<td>• may develop romantic feelings directed towards people of the same sex</td>
</tr>
<tr>
<td>• may take part in sexual exploration with peers</td>
</tr>
<tr>
<td>• may masturbate to orgasm</td>
</tr>
<tr>
<td>• may have to face decisions about sex and drugs</td>
</tr>
</tbody>
</table>
SECTION: HEALTH AND SAFETY–MIND AND BODY

HOW TO TALK TO KIDS ABOUT SEXUALITY:

• Help children learn the correct names for all their body parts; include words like nipples, breasts, penis, clitoris, vulva, vagina, testicles, anus, etc.
• Talk about genitals just like you would talk about any other body part.
• Help them understand the similarities and differences between ‘girls’ and ‘boys’ bodies. You might say, "Boys and girls have many body parts that are the same and a few that are different. Boys have a penis and testicles; girls have a clitoris and a vulva."
• Buy dolls that are anatomically correct.
• Read age appropriate books regarding sexual development (see resource list).
• Include books that do not stereotype male and female behaviour.
• Provide equal opportunities for girls and boys. Do not impose sex role stereotypes.
• When children ask questions about sexuality, listen carefully. Ask them what they think. This helps you find out more about what the child already knows and what they want to know.
• Answer children’s questions honestly and simply. See if they are satisfied with the information you have given them, or if they have more questions.
• When children play doctor, instead of saying, “Stop that!!! That’s not nice!” you might say, “I see you are examining Jason just like the doctor does. It’s okay to be curious, but in school, we expect everyone to keep their clothes on. So how about you get dressed now and then we can look at some books we can look at together.”
• Toddlers and preschoolers are concrete thinkers. They will have trouble understanding abstract concepts. For example, when a child is told a baby grows in a mother’s tummy she/he may believe the baby is mixed in with the food in her stomach.
• Expect that questions will come up again. Children will ask for more information as their ability to understand increases.
• If you don’t know how to answer a question, say you don’t know but will find out and share the answer with them. Be sure to follow through.
• Bring up sexuality issues in response to events happening in the child care centre such as a teacher or parent who is pregnant.
• Recognize that parents have the primary responsibility for educating their children about sexuality and values. Keep communication open.

HANDLING PRESCHOOL SEXUAL BEHAVIOURS

It is important to think about how you will handle expected sexual behaviour — like observing a child self-pleasuring (masturbating) or finding children playing doctor. While there is no one correct way of handling any situation, it is extremely important to ensure the child’s self-esteem is maintained and no child is made to feel guilty for this very normal behaviour. These situations can actually become teachable moments. It can be a time for learning about public and private behaviours and public and private body parts. It can be an opportunity to teach children what is expected behaviour in their child care centre.

For example, should you find children playing doctor, instead of saying, “Stop that!!! That’s not nice!” you might say, "I see you are examining Jason just like the doctor does. It’s okay to be curious, but in school, we expect everyone to keep their clothes on. So how about you get dressed now and if you have some questions about what boys look like, I have some books we can look at together."
SECTION: HEALTH AND SAFETY–MIND AND BODY

In response to a child self-pleasuring, you might say, "I know it feels good to touch your clitoris, Courtney – but remember it’s a private part. Where do people go when they want to touch a private part?"

Sex play among children can be considered natural and expected if the children are friends, are willing participants, and are of similar age, size and mental ability. It is an expression of curiosity about bodies and sexuality.

SEXUAL BEHAVIOUR THAT CAUSES CONCERN

It is important to be aware of sexual behaviour that seems problematic. Some areas of concern would be when children:

- Behave in a sexual manner towards adults and other children
- Exhibit sexual knowledge that is more typical of adults
- Exhibit age inappropriate sexual play with toys, self, or others
- Use size, age or mental development to bully or coerce others into sexual activity
- Frequently engage in sexual behaviours and continue this behaviour after being given clear messages to stop
- Hurt, embarrass, or frighten other children with their behaviour
- Express feelings such as guilt, shame, anxiety, fear or anger following sexual behaviour

Children need to receive a clear message to stop any behaviour that is unacceptable or hurtful to others. However, it should be done in a respectful and caring manner, without the adult over-reacting. The child can be helped to understand how their behaviour makes others feel, and that others have the right to be protected from any unwanted behaviour such as touching or offensive language.

It is always important to consider that problematic sexual behaviour may be the result of sexual abuse. For more information, refer to the section on child abuse in the section "Children and Families Needing Special Help."

SEXUAL HEALTH EDUCATION HELPS PREVENT SEXUAL ABUSE

When we talk to children about sexuality topics from an early age, they learn that the adults around them are "approachable". They will learn that they can come for help if they are confused about anything, including sexual touching. When we help children learn the correct names for their genitals, discussions about sex move from being giggly, naughty, or guilt-ridden to being something that can be talked about openly.

Other Helpful Messages That Can Help Protect a Child from Sexual Abuse Include:

- Babies and small children need help with many things like bathing, toileting and dressing. They need help from adults until they are old enough to do it for themselves.
- Adults and older children should never "play" with children’s private parts. Private parts should always be treated with respect.
- Make sure children are aware of touch that is inappropriate. Teach your children what is and what is not acceptable. Remember not to limit your discussion to strangers. Most sexual abusers are someone the children know and trust.
SECTION: HEALTH AND SAFETY—MIND AND BODY

• Touching should never be a secret.
• Children can ask adults for help if they are feeling mixed-up or confused about anything (this could include feelings about touching, secrets or private parts). Assist each child to identify several adults they would feel comfortable asking for help.

DRESSING, BATHING, TOUCHING:

• Adults and older children can bathe, dress and go to the bathroom on their own. Children don’t need help from other children. If they need help with their private parts they should ask another adult.
• Sometimes we like to be touched and sometimes we don’t. It’s acceptable to say no if we don’t want to be touched.
• If someone says "don’t touch me," “stop,” or even if she/he doesn’t look happy about the way we are touching him/her, then we must stop.

“Care for Kids: Early Childhood Education and Sexual Abuse Prevention,” developed by the Leeds, Grenville and Lanark District Health Unit, used with permission, (1994).

For more ideas, please see the resources at the end of this section and visit our website at www.peelregion.ca. Search for “raising sexually healthy children”. For further support, you may also call Peel Public Health at 905-799-7700 and ask for Sexual Health.
DEALING WITH DIVERSITY

CULTURE

Were You Aware That:

- There are 32 distinct ethnic groups in the Peel Region
- 53 different languages are spoken
- The largest faith communities are Christianity, Sikhism, Hinduism and Islam
- It is estimated that by 2001, 40 per cent of Peel Region’s population will consist of new Canadians


The nature of our community means we are all exposed to a variety of cultures on a daily basis.

How Can We Become More Culturally Sensitive?

- Learn more about various cultures and their beliefs
- Respect the strengths of different cultural practises
- Don’t attach labels
- Recognize that even within cultures, children and families may be very different from one another

The culture we come from influences our child-rearing practices and determines the value we place on characteristics such as independence, cooperation, creativity and play. Each culture begins disciplining children at different age levels. In many eastern cultures, children are usually brought up in a relaxed atmosphere where disciplining does not begin until they reach school age. The children are very much revered and may be allowed to do as they wish.

Often, children eat when they are hungry and sleep when the parents are also ready to sleep. Usually in these cultures interdependence and cooperation are greatly stressed with these children being helped longer with feeding, dressing and bathing. In western cultures early achievement of independence is encouraged. Being aware of culturally accepted behaviours will allow child care providers to be more sensitive to individual children’s needs and parent’s expectations.
FAMILY COMPOSITION

In Peel today another area of diversity is the make-up of a child’s family; mother, father and child are not necessarily the most common type of family. Children may live with a single parent of either sex, two parents of the same sex, blended families due to remarriage or large extended families where grandparents are the primary caregivers.

What Can You Ask Families in Order to Learn More About Them and Their Beliefs and Values:

- Who is the primary caregiver?
- Who does the child live with?
- What other people are important in the child’s life?
- How long have they lived in Canada?
- What country have they come from?
- Did they come from a city or a rural area?
- What language(s) do they speak at home?
- Do they identify with any ethnic group in the Region of Peel?
- Do they receive support from that group?
- Are there cultural or religious rules about food or dress?
- What special days or times of year are celebrated by their family?
- What kind of discipline is used with small children?
- What routines does the child follow at home?
- Do they have schedules or routines for meals, play time etc.?
- Is the child rocked, does the child sleep alone or does an adult lie down with them, e.g. is the child nursed to sleep? Does the child go to bed when the family does so the child needs a longer nap-time?
- What kinds of games or toys are used at home?
- Do parents play and participate in the games?
- What expectations do the parents have about what the child will learn in the centre?
- What types of food are eaten by the family? Is the food purchased or homemade? How is it served?
- How long are infants or children permitted to drink from a bottle? Are they breastfed?
- Are children spoon-fed or encouraged to feed themselves?


Having a better understanding of the background and child-rearing values of a family can contribute to a smooth transition for the child as they enter the centre.
What Else Can Child Care Centres Do to Celebrate Our Diverse Community:

- Set up a monthly calendar with cultural holidays marked off and celebrate them.
- Decorate the centre with multicultural posters or flags.
- Sing and dance to music from other countries.
- Share stories that have characters of different ages, sex, physical ability and culture.
- Enjoy multicultural foods on a regular basis at meal and snack time.
- Involve parents by inviting them to share a favourite food, recipe or craft.
- Pair up children who enjoy trying new foods with those who are reluctant. Studies show that children are more likely to eat a new food if they see their friends eating it.
- Read books which reflect non-traditional family composition.
- Set up a discovery table featuring the foods, dishes, music and colours of a particular culture. Have materials that the children can explore with all their senses.
- Prepare foods with the children.
- Explore the sights, sounds, smell, touch and taste of a number of fruits and vegetables.
- Buy toys that do not stereotype people by sex, ability or culture.
- Display pictures of men and women from a variety of cultures in nurturing roles and in non-traditional jobs.
- Hire staff who are representative of your community; ask them to share ideas, and songs from their own culture.


How Can You Help:

- Develop policies in your centre that show you value diversity.
- Use the “resource” section to learn about books, or kits that can be purchased or borrowed to enhance your programming.
- Work with parents to plan a multicultural open house for staff, parents and children.

How Can Peel Public Health Help:

- Peel Public Health can put you in touch with multicultural agencies in your area. Call 905-799-7700.

Note: Resources for “Dealing With Diversity” are available at the end of this section of the manual.
SECTION: HEALTH AND SAFETY–MIND AND BODY

SLEEP POSITION FOR BABIES

In 1999 a partnership of The SIDS Foundation, The Canadian Paediatric Society, The Canadian Institute for Child Health and Health Canada made recommendations for infants to be placed on their backs to sleep. The new recommendations were promoted in the “Back to Sleep” program.

The Back to Sleep Recommendations are:

• Place babies to sleep on their back using a firm, flat mattress and keep crib free of clutter.
• Provide a smoke and drug-free environment.
• Keep baby warm, not hot.
• Promote breastfeeding.

TUMMY TIME FOR BABIES

‘Tummy Time’ describes the time a baby spends lying on her tummy while he/she is awake.

Provide supervised tummy time many times a day as soon as the cord has fallen off. It will help a baby develop the strength and skills he/she will need for crawling, walking and using her hands. Tummy time while awake is important to a child’s development.

Providing tummy time helps to prevent a baby from developing a flat head. This can occur from being in one position too often.

TUMMY TIME TIPS:

• The best place to lay an infant is on a clean, firm surface.
• A good surface is a playpen mat on the floor where she is safe and cannot roll off from any height.
• Be careful with blankets and quilts as they can bunch up and block the baby’s breathing and also keep them from moving freely.
• You should be sitting on the floor with the baby.
• If the baby gets tired and falls asleep, you can roll him/her gently onto his/her back to sleep.

Other Ways to Prevent Flattening of a Baby’s Head Include:

• Place the baby in the crib so that the baby’s head is sometimes at the head of the crib and other times at the foot of the crib. The idea is to give the baby a different view of the room and encourage the baby, while sleeping on her back, to turn her head to look at different things upon waking.
• Regularly change mobiles and crib toys to different sides of the crib.
• Change the baby’s head position from side, to back, to side especially if he/she seems to favour one side.
• Provide supervised tummy time and side-lying play many times a day as soon as the cord has fallen off.
• Limit the amount of time that a baby spends in car seats, infant seats, swings and strollers.
• Change positions when feeding, carrying, holding and playing with the baby.
• Increase a baby’s time in an upright position once the baby has good head control.
Tummy Time is Important Because it Helps a Baby Learn to:

- Hold up her head and get strong enough to turn her head from side-to-side.
- Get up on her elbows.
- Get up on her hands with straight elbows.
- Roll from her tummy to her back.
- Roll from her back to her tummy.
- Shift her weight to reach for toys.
- Crawl forward on her tummy and then all fours.

Resources

“More on Preventing Flat Heads,” (http://www.caringforkids.cps.ca/babies/Flatheads.htm)

“More on SIDS,” www.sidscanada.org
CAR SEAT SAFETY

Motor vehicle crashes are the number one cause of death in children one year of age to nine years of age in Canada (Health Canada). Data from the Canadian Hospitals Injury Reporting and Prevention Program shows that children are more seriously injured when they are unrestrained in a vehicle. Properly used car seats reduce the risk of death or serious injury by 75 per cent. Despite the fact that more children are being restrained in some sort of safety seat, many seats are being used improperly. Surveys and car seat clinics indicate the rate of improper use varies from 80 per cent to 90 per cent.

LEGISLATION

Highway Traffic Act

DID YOU KNOW:

• Even in a minor crash or a sudden stop, an adult cannot hold onto a child because the force of impact in a collision is too great.
• A driver can be ticketed for non-use or misuse of a car seat. The fine is $110 and two demerit points.
• On a forward facing child restraint up to 40 pounds, a tether strap must be used as required by the law.
• If a car seat is in a crash (even a minor one) it should be replaced even if it was unoccupied.

COMMON MISTAKES:

• Child in the wrong seat for their age, weight, height and/or development.
• Seat not tight enough in the vehicle (seat should not move more than one inch from side-to-side).
• Chest clip is not at child’s armpit level.
• Harness straps are not in the proper slot (must be at or below the shoulders for rear-facing, at or above the shoulders for forward-facing).
• Harness straps are too loose. You should only be able to fit one finger between the child’s collarbone and the harness strap for rear-facing and the child’s chest and harness strap for forward-facing.
• Tether straps are not used or used incorrectly on forward-facing car seats.
• The booster seat stage is being missed or skipped and children are being moved into a vehicle seat belt too soon.
• An add-on head hugger is being used. These are not recommended because the added padding behind the child can compress in a collision causing the harness straps to loosen.
SECTION: HEALTH AND SAFETY–MIND AND BODY

Various organizations and government agencies are involved in setting regulations and providing information on child restraint systems:

- Transport Canada sets the safety standards on infant and child restraint systems. Each seat sold in Canada must have a label saying that it meets Canadian Motor Vehicle Safety Standards (CMVSS).
- The Ministry of Transportation of Ontario (under highway traffic legislation) requires children to travel in a certified child restraint system until they are heavy enough to use an adult seat belt.
- The Canadian Automobile Association (CAA), under contract to Transport Canada, provides information on child safety seat issues to the general public.
- Health Canada, under the Hazardous Products Act, ensures the safety of child safety seats by regulating their sale, advertisement and importation.
- Safe Kids Canada provides information on child safety seat issues to the general public.

IMPORTANT INFORMATION FOR PARENTS AND CHILD CARE PROVIDERS

- Have family rules about the use of car seats. Wear your own seat belt and make sure children are restrained properly.
- Do not use a car seat that is 10 years or older or one that has been in a collision. Even seats that appear normal can have hairline cracks in the plastic. Some manufacturers now include an expiry date on their car seats.
- When installing a car seat make sure you follow the manufacturer’s directions for the car seat and your car owner’s manual. Not all seats fit safely in all models of cars. Make sure you can return your car seat to the store if it does not fit properly.
- Send in the registration form for the car seat so you will be notified of any problems and/or recalls with the seat.
- It is now recommended that children remain rear-facing until they are at least one year of age and weigh at least 22 lb. (9 kg). Most newer infant/child (convertible) car seats have upper weight limits of 30 lb. - 35 lb. (14 kg - 16 kg) to allow children to remain rear-facing as long as possible.
- Infants who are too tall for their infant only seat (26 inches for most) should be moved to an infant/child (convertible) seat, rear-facing, until they are one year of age and are at least 22 lb. (9 kg).
- Any forward-facing car seat must be used with a tether strap.
- Toddlers who are too tall for their forward-facing infant/child seat (40 inches for most) and who are not yet 40 lb. in weight should be moved to a child/booster seat (combination). This seat is a combination forward-facing car seat (weight up to 40 lb. - 48 lb.) and a booster seat (up to about 80 lb.).
- Booster seats are for older children (over 40 lb.). Booster seats position the child so that the vehicle seat belt fits correctly across the chest and low over the hips in the event of a collision.
- A car seat must not be installed in front of an active air bag.
- The centre, rear seat is the safer position for a child in a child restraint system as it is furthest from all points of impact.
- Transport Canada states that all children under 12 years of age should travel in the rear seat of the vehicle.
SECTION: HEALTH AND SAFETY–MIND AND BODY

TIPS FOR PARENTS...KEEPING KIDS IN THEIR CAR SEATS

Children need rules, but they should be few. These rules need to be applied all the time. Children need to know what will happen if a rule is broken. Rules for riding in the car should include:

- Everyone is properly buckled up before the car moves.
- Toddlers should not do up their own harnesses.
- If a child undoes the buckle, the driver pulls over and stops.
- If your child cries when you put him in the car seat, check that the crying is not caused by something else, such as hunger, a wet diaper, etc. A very young child will often stop crying soon after the car starts to move, because the rocking motion lulls them to sleep.

Here are some suggestions that have worked for other parents:

- Distract your child by drawing his attention to scenery, by singing songs, playing music or short stories on cassette or by having him count cars and trucks on the road.
- A special blanket for the car, soft toys, books, a sleep friend, sing-along tapes, etc. are useful.
- A special car bag can be packed with soft entertaining toys for each child.
- Rather than “soon” as the answer to “When will we get there?” try “When such and such is finished this will happen.” This will make the answer mean more to your child.
- Some children are happier if their shoes and socks are off.
- A “survival kit” containing a damp cloth, diaper wipes, tissues, diapers, a change of clothes, plain cookies, fruit and drinks is useful in a car, especially for long trips. Parental supervision is required when a child is fed in the car to prevent choking.
- Schedule regular stops on a long trip.
- Try the back seat yourself. Is it too hot or too cold? Watch for sun coming in the back or side windows.
- Some children suffer from motion sickness, although they may not vomit. When the child is too young to explain how he feels, we may interpret his upset as not liking the car seat. If your child constantly cries in the car, you should see your doctor.
- Congratulate your child on good behaviour during a trip with praise such as a hug, playing with him or a treat if you wish.

How Can You Help:

- Reinforce the importance of proper use of car seats on every trip.
- Consider hosting a car seat information session for parents. Peel Public Health requires a minimum of 10 participants for a car seat presentation with six weeks’ advanced notice.
- Send home a copy of the pamphlet/fact sheet included in the plastic sleeve at the back of the section.

How Can Peel Public Health Help:

- Peel Public Health can provide information on car seat safety community events such as clinics, presentations and displays. They can also answer any questions on car seat safety. Call 905-799-7700.
SECTION: HEALTH AND SAFETY—MIND AND BODY

BICYCLING AND SCOOTER SAFETY

Cycling continues to be an enjoyable recreational activity for Canadians of all ages. Recently however, scooters have also become more popular in Canada. As a result, the number of scooter related injuries has increased. Similar to cycling injuries, these injuries can be prevented. Here are some important safety laws and rules of the road that bicyclists and scooter riders should be aware of.

WEARING A HELMET:

• Wearing a helmet while bicycling is the law for children and youth under 18 years of age. Failure to do so results in a fine of $80.
• Bicycle helmets must be certified by Canadian Standards Association (CSA), American Society for Testing and Materials (ASTM), U.S. Consumer Product Safety Commission Standard (CPSC) or Snell. Look for the standards label in any helmet you buy.
• When riding a scooter always wear a certified helmet, kneepads, and elbow pads (wrist guards make it difficult to grip the handle and steer the scooter). Safe Kids Canada recommends using a bike helmet when scootering because currently there is no helmet designed specifically for scootering.

Did You Know:

• Bicycle riders are at a greater risk of head injury than motor cyclists.
• Head injuries account for 70 per cent of the cases of hospitalization from cycling injuries.
• Wearing an approved bicycle helmet reduces the risk of head injury by 85 per cent and brain injury by 88 per cent.

HOW TO FIT YOUR HELMET:

Helmets must fit properly in order to work effectively. A helmet that does not fit can be dangerous!

• Always read and follow helmet manufacturer instructions.
• To ensure proper fit:
  • The helmet should be two finger widths above the eyebrow.
  • The side straps should lie flat and form a “V-shape” under the ears.
  • Only one finger should fit between the chin and the chin strap.
• Test the fit of the helmet. Have the child shake his or her head with the helmet unstrapped. The helmet should stay in place. If the helmet moves, insert foam padding (foam pads come with the helmet).
• Replace the helmet if it has been in a crash or it is over five years past the manufacture date.
WHAT HELMET FOR WHAT ACTIVITY?

There are two basic types of helmets, single impact and multi-impact helmets. The main difference between the two is the type of foam used in the helmet (Safe Kids Canada).

Bike helmets are an example of a single impact helmet — they are designed to protect your head against a single hard fall and must be replaced after such a fall. Single impact helmets can be used for cycling, in-line skating and scootering. Single impact helmets must meet CSA, CPSC, ASTM or Snell standards (Safe Kids Canada).

Multi-impact helmets are designed to withstand several falls. Skateboarding helmets are an example of a multi-impact helmet. Multi-impact helmets must meet ASTM F-1492 or Snell N-94 standards (Safe Kids Canada).

A helmet marked as “multi-sport” means the helmet meets safety standards for more than one activity. For example, the Snell N-94 helmet is tested for cycling, in-line skating and skateboarding. When purchasing a “multi-sport” helmet, be sure to check the inside of the helmet to determine what activity it has been tested for. If you have any questions, contact the helmet manufacturer (Safe Kids Canada, 2002).

THE LAW AND BICYCLE EQUIPMENT:

- Children under the age of 18 must wear an approved bicycle helmet when riding a bicycle.
- Bicycles must have a bell/horn or some type of sounding device.
- White reflective tape must be on the front forks.
- Red reflective tape must be on the rear forks.
- White reflector/light must be on the front of the bike.
- Red reflector must be on the back of the bike.

GETTING READY TO RIDE

Bicycle Safety:

- Bicycles are considered vehicles on the road.
- In some Ontario communities, bicycles with 61 cm (24 inches) or smaller wheels may be ridden on the sidewalk. Be sure to know and obey your local bylaws concerning sidewalk riding.

You Should Always:

- Follow traffic signs and traffic lights.
- Ride in a single file, in a straight line on the right-hand side of the road.
- Walk your bike across busy intersections, crosswalks or railway tracks.
- Practice shoulder-checking.
- Avoid riding at night and on busy streets.
- Use correct hand signals when stopping and turning.
- Look ahead down the road when riding.
Scooter Safety:

- Foot propelled scooters should be used by children that are at least five years of age.
- Children under the age of eight should always be supervised when riding a scooter.
- Wear a certified helmet, elbow pads and kneepads.
- Enjoy scooter rides during the day, avoid riding at night.
- Ride scooters on smooth, dry surfaces away from traffic and parked vehicles.

BICYCLE CARRIER AND TRAILER SAFETY

Rear Bicycle Carriers and Trailers:

The earliest that experienced cyclists start riding with their children is when the child is around the age of 18-months, and can support the weight of his or her head with a helmet on (Ontario Cycling Association).

To reduce head and face injuries, children should wear a certified bike helmet when riding in a bicycle carrier or trailer.

Is it Safer to Use a Rear Bike Seat or a Bike Trailer for a Toddler When Cycling?

The debate between using a trailer or rear bike seat depends on your riding circumstances, ability and preference. Safe Kids Canada and the Ontario Cycling Association make the following recommendations:

A bike trailer tends to be more stable than a rear bike seat. However, the child is further away from the cyclist and is low to the ground thus making it difficult to see and hear the child and car fumes can blow into the child’s face. If you do use a trailer, have another adult ride behind the trailer. Trailers are not suitable in high auto traffic situations (Ontario Cycling Association).

Bike seats allow the child to be closer to you and raised further off the ground; but they shift the centre of gravity higher and further back making the bike unstable. The Ontario Cycling Association recommends practising with a 25-pound bag of potatoes before you strap the child into the seat. That way you can familiarize yourself with the shift in weight.

When Choosing and Installing a Rear Bike Seat Consider the Following: (Safe Kids Canada)

- A novice or inexperienced adult cyclist should avoid using a rear bike seat.
- Select a seat with safety straps and a sturdy harness that cannot be released by the child.
- Choose a seat with a high back and side supports to prevent the child from swinging.
- Ensure the seat is fastened solidly and securely to the bicycle frame so it can withstand swaying.
- Ensure the child wears appropriate footwear.
- Restrict riding with rear bike seat passengers to park bike paths or quiet streets.
SECTION: HEALTH AND SAFETY–MIND AND BODY

TODDLER RIDE-ON TOY SAFETY

Considerations for Toddler Ride-On Toys:
The Canadian Paediatric Society notes that tricycles are appropriate toys for preschoolers, but cautions the greatest danger from a tricycle is the child’s inability to stop quickly and their decreased coordination to steer well. As a result, children can drive their tricycles into other children, fixed objects, and roadways.

Project “Safe Start” at the B.C. Children’s Hospital in Vancouver further cautions adults that ride-on toys including wagons, go-carts, tricycles, and other play vehicles, are among the most dangerous toys for young children. Children playing with these ride-on toys can easily lose control, crash to the ground, fall into swimming pools or get hit by cars.

Recommendations for Tricycles and Other Ride-On Toys:

1. If space permits, it is good to have several sizes of tricycles and other riding toys available for older toddlers and preschoolers. If a child is too large for the toy, it will be unstable; if the child is too small the ride-on toy may be difficult to control properly (Canadian Paediatric Society, 1999).

2. Establish the helmet habit early! Helmet use is recommended when children use tricycles and other ride-on toys outdoors where surfaces are hard and more likely to be uneven (Canadian Paediatric Society, 1999).

3. Ensure adult supervision for children while playing on tricycles or other ride-on toys (Canadian Paediatric Society, 1999).

4. Encourage children to play with ride-on toys within a fenced yard and away from cars and roads. Discourage children from riding “down-hill” on these vehicles. Ride-on toys do not generally have brakes and if they do, preschool children do not have the motor capabilities to manipulate brakes appropriately to prevent a crash (Canadian Paediatric Society, 1999).

5. Keep ride-on toys away from ponds, pools, or any body of water deeper than 4 cm because of drowning risk (Canadian Paediatric Society, 1999).

6. Electric powered ride-on toys are not recommended for preschool group settings. Young children cannot control these vehicles well enough to prevent injury to other children (Safe Kids Canada).

7. Check that the ride-on toy is stable and does not tip easily. Keep in mind that low-slung ride-on toys with seats close to the ground offer more stability, as do tricycles with wheels that are spread widely apart (Safety Sense, 1998).

8. Children should not ride “double”, as carrying a passenger makes the toy unstable (Canadian Paediatric Society, 1999).

9. Avoid ride-on toys with sharp edges or protrusions, particularly fenders that could hurt a child in the event of a fall or crash. Look for pedals and handgrips with non-skid surfaces to prevent children’s hands and feet from slipping (Canadian Paediatric Society, 1999).

10. Store riding toys indoors to keep them dry. Moisture can rust and weaken metal parts. Check regularly for missing or damaged pedals, handgrips, handlebars, seats and other possible defects (Canadian Paediatric Society, 1999).
PESTICIDES
Many pesticides may be harmful to the environment. They may also be toxic to humans and pets when used inappropriately. Pesticides can produce a wide variety of short-term and long-term health effects. Children and staff can be exposed to pesticides when these products are applied both indoors and outdoors. To protect children and staff from unnecessary exposures to pesticides, you should:

- Know what pest control products and procedures are being used in and around your centre.
- Ask the pest control operator for a “Material Safety Data Sheet” on the chemicals being used in your centre.
- Ask about alternative pest control methods, such as integrated pest management practises.

ARTS AND CRAFTS SUPPLIES
All arts and crafts supplies should be reviewed for their safety. In general, avoid products containing solvents (e.g., toluene, methyl hydrate), turpentine, asbestos or lead. Listed below are some commonly used materials and safer alternatives.

<table>
<thead>
<tr>
<th>Material</th>
<th>Avoid</th>
<th>Use</th>
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</thead>
<tbody>
<tr>
<td>Markers</td>
<td>Permanent markers (they may contain toxic solvents)</td>
<td>Water-based, non-permanent markers</td>
</tr>
<tr>
<td>Paint</td>
<td>Solvent-based paints, Powdered tempera products</td>
<td>Water-based paints, liquid tempera products</td>
</tr>
<tr>
<td>Clays</td>
<td>Powdered clays (they contain silica)</td>
<td>Damp clay products</td>
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<tr>
<td>Glues</td>
<td>Epoxy, instant or solvent-based glues</td>
<td>Water-based white glue, Library paste</td>
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<tr>
<td>Glazes</td>
<td>Those with lead content</td>
<td>Poster paints</td>
</tr>
<tr>
<td>Crayons</td>
<td>Imported brands (may contain lead)</td>
<td>Domestic brands</td>
</tr>
</tbody>
</table>
LEAD

In children, chronic lead poisoning may impair learning and affect behaviour. In Ontario, the biggest exposure to lead for children under four years of age comes from soil and household dust contaminated with lead. The next biggest source is food, followed by water. Exposure from air is only a very small source. To protect children from lead exposure you should:

- Make sure children wash their hands before eating.
- Rinse fruits and vegetables well before eating or cooking.
- Encourage children to eat foods rich in iron (such as dark green leafy vegetables) and calcium (such as milk, cheese, and yogurt). This will allow less lead to be absorbed by the body.
- Only use cold water when mixing formula or adding water to other foods.
- Let water run until cold to the touch before using if the system has not been used for several hours.
- Clean with a damp mop or cloth often; this helps control the dust level.
- Check the "feel" of the seam through the label of any imported canned foods. Avoid buying the food if you feel bumps or a ridge on the side seam of the can because it will likely contain lead.

Metropolitan Toronto Teaching Health Units and the South Riverdale Community Health Centre,
Adapted from “Why Barns are Red: The Health Risks from Lead and Their Prevention.”
Toronto, Ontario.

POISONOUS PLANTS

Watching seeds grow or potatoes sprout is a great learning experience as long as you are aware of the potential dangers and provide supervision at all times.

Several common houseplants, including caladium, dieffenbachia, elephant’s ear, jerusalem cherry, philodendron and poinsettia, are poisonous. Many common garden plants are also poisonous including crocus, daffodil, lily-of-the-valley, holly, yew, tomato, potato, oak, and horse chestnut. Check with your garden centre before buying indoor or outdoor plants to make sure they are safe. Remove all poisonous plants from outdoor play areas. Make sure indoor plants are not accessible to children.

OTHER HAZARDOUS SUBSTANCES

Hazardous substances are poisonous, flammable, explosive or corrosive. If you use any of these, know how to handle them safely. Check whether the centre has any of these hazardous products:

- antiseptics
- nail polish remover
- bleach and other sanitizers
- liquid detergent
- drain cleaner
- rubbing alcohol
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To Safely Handle Hazardous Substances, Follow These Guidelines.

- Learn to recognize and understand hazardous product symbols on labels.
- Dilute and mix chemicals according to the manufacturer’s directions. If possible, purchase ready-to-use products to avoid having to mix/dilute chemicals.
- Always replace a product’s cap before setting it down, even for a moment, while using it. After each use, secure the cap tightly.
- Store hazardous substances in their original labelled containers in a locked cupboard or another place not accessible to children.
- Wear appropriate protection (e.g. gloves, goggles) when using these products.

Note: Resources for “Creating A Safe Environment” are available at the end of this section of the manual.
SCENT AND SENSITIVITIES

What is Scent Sensitivity?
Scent sensitivity is a hypersensitivity to common environmental and chemical compounds such as perfumes, fragrances, household and commercial products. There is no clear consensus regarding the status of scent sensitivity as a medical condition or disability. There is ongoing research to study the nature of these conditions and to better define them.

Can Scents Cause Health Problems?
There is no clear answer to this question. There have been reports that scents, particularly perfumes, may worsen existing medical conditions. Based on current knowledge fragrances have been implicated in triggering the following disorders:

- Irritations (skin, eyes, nose, throat)
- Allergic reactions
- Asthma
- Migraine headaches

The severity of these symptoms may vary. Some people report mild irritation; others may have difficulty carrying on with their regular activities. Avoidance of the substance thought to be triggering the symptoms is the best prevention strategy.

How Do Scents Affect Work Environments?
Fragrances can build up in sealed environments causing annoyance and irritation to some individuals and reactive symptoms in others. For many people, the comfort level of their work environment can be greatly affected by the amount of scent around them.

What Can You Do?
With the growing concern that scents may cause irritation to many people, it is appropriate to adopt a more considerate approach to scent use.

- Encourage employees to refrain from using, or use in moderation, scented products such as perfume, cologne, hair care products and aftershave. A general guideline is that scents should not be detectable at more than an arms’ length.
- Post signs that appeal to empathy: “For the comfort and health of our children, staff and visitors, please support a fragrance-free environment”.
- Develop an organizational policy or guidelines for a reduced scent or scent-free environment.
- Where possible, purchase cleaning products that are unscented.

Resources
An awareness kit on scent-free environments is available from the Public Service Alliance of Canada. The kit can be ordered online at www.psac.com and found under Health and Safety Publications.
For more information on the steps to instituting an organizational policy for a scent-free environment and a sample policy, refer to the Canadian Centre for Occupational Health and Safety website at www.ccohs.ca.

References

Smith, T., Fragrance Sensitivity: An Issue for Health Care Workplaces? (www.hchsa.on.ca)
SECTION: HEALTH AND SAFETY–MIND AND BODY

AIR QUALITY

SMOG
Smog is a brownish-yellow hazy cloud made up of harmful gases and fine particulates. While it is typically a problem between May and September, with the majority of smog advisory days occurring in the summer months, poor air quality is a year round issue.

Everyone’s health can be affected by smog but children are one group that faces a greater health risk because they:
• Spend more time outdoors being physically active.
• Take in more air than adults because they breathe faster.
• Are more susceptible to infections than adults. Smog can reduce the respiratory system’s ability to fight infection and remove foreign particles which can increase and worsen the symptoms of childhood asthma and allergies.

The Ministry of the Environment (MOE) monitors the air quality using a scale called the Air Quality Index (AQI) which ranges from 0 to 100+. The lower the AQI number, the better the air quality and when periods of poor air quality are expected, the MOE issues a smog watch or advisory. A smog watch is issued when there is at least a 50 per cent chance that the AQI will reach or exceed 50 in the next three days. A smog advisory is issued when there is a high chance that the AQI will reach or exceed 50 in the next 24 hours.

We suggest the following action to protect children from poor air quality:
• Be aware of the AQI levels and plan accordingly
• Join the Ontario Ministry of Environment’s Smog Alert Network to receive an automatic e-mail when a smog watch or smog advisory is issued. You can sign up for this service at www.airqualityontario.com.
• Call the Ontario Ministry of Environment’s Air Quality Index phone line for current air quality forecasts at 1-800-387-7768 or 416-246-0411 in Toronto.

When a smog advisory has been issued, the following actions are recommended:
• Reduce the amount of time children spend outdoors playing, working and exercising.
• Plan activities for children that can be done indoors in a cool, well-ventilated place.
• Postpone any “must be outside” activities if possible to another time when the advisory is over.
• To reduce exposure to smog, children with asthma and allergies should avoid being outside.
• Avoid having children outdoors during peak rush hour periods and around high traffic zones.

IDLING
An idling engine releases twice as many exhaust fumes as a vehicle in motion and leads to the formation of smog and poor air quality. Canadians idle vehicle engines an average of five to 10 minutes a day to warm up the vehicle or wait for somebody. While it may seem insignificant, the harm that it can cause to human health and the environment is considerable.
SECTION: HEALTH AND SAFETY–MIND AND BODY

To prevent idling, especially near child care centres, visitors should be informed of the negative health effects of idling and be told to practise the following steps:

1. If stopped more than 10 seconds, turn the engine off.
2. Reduce the warm-up time for a vehicle to 30 seconds.
3. Avoid using remote car starters.

Another action the child care centre can take? Declare the area in front of the centre an idle-free zone with appropriate signage.

HEALTH EFFECTS FROM POOR AIR QUALITY

Poor air quality can affect a child’s health in a number of different ways and the effects can range in severity. Health impacts can include:

- eye, nose and throat irritation
- coughing and wheezing
- breathing difficulty
- reduced lung capacity
- lowered resistance to infections
- increased heart and lung conditions
- hospitalizations
- premature death

If a child experiences symptoms such as tightness in the chest, coughing and/or wheezing, seek medical advice.

(See also “Preventing Heat-Related Illnesses,” 7-16 to 7-18)
FIRE SAFETY

Keeping your centre fire safe will help prevent fires and ensure the safety of the children in your centre. Your first priority during a fire is to safely evacuate all children and staff from the building and then notify the fire department. Through regular fire evacuation drills, the children and staff will learn the necessary steps to follow during an emergency and will be prepared when the alarm sounds.

LEGISLATION

Ontario Fire Code
Day Nurseries Act

FIRE PREVENTION AND SAFE EVACUATION

A number of steps can be taken to help prevent a fire and provide a safe route for evacuation in your centre. The owner and/or supervisor should ensure:

• All requirements of the Ontario Fire Code and the Day Nurseries Act are met. Contact your local fire department for this information.
• All exits are posted, and are clear and accessible.
• Fire extinguishers are accessible, inspected monthly and maintained annually.
• Fire drills are conducted monthly.
• Combustible artwork and teaching materials attached to walls and the ceiling do not exceed 20 per cent of the total area of the walls.
• All electrical appliances are in good working order.
• Extension cords are not used instead of permanent wiring.
• Lint traps in the clothes dryer are emptied regularly and dryer vents are made of a non-combustible material.

CONDUCTING A FIRE DRILL

• If applicable to your centre notify the alarm monitoring company to advise them that a fire drill will be conducted.
• Sound the alarm.
• Assist children in exiting the building.
• Meet with staff at a preplanned safe area (at least 40-50 feet from the building).
• Make sure all people are accounted for.
• Let staff and children know when they may re-enter the building.
• Notify the alarm monitoring company when the fire drill is complete.
• Meet with staff and children after the drill and give them feedback on their performance.

To make your fire drill more realistic, and to ensure good preparation for an evacuation, try using a box decorated as a fire to simulate a real fire. If any staff or children encounter this box they must find an alternate exit. This will help train the children and staff to know all of the available exits that can be used in the event of a real evacuation. Never stop to put on shoes, coats, clothes or diapers as even seconds
in the event of a real fire can cost lives. If you practise your fire drills by stopping to prepare to go outside, the staff and children will become conditioned to this process and may repeat it in a real fire.

Always train the children to react exactly as you would want them to in a real situation. In the winter months still practise exiting the building; you may want one staff member to be waiting outside with a few blankets, or a basket of shoes. During extreme weather conditions, such as a blizzard or heavy rain, think about rescheduling your fire drill so it can be performed successfully at an alternate time. If you do this switch, be sure you contact your monitoring station to inform them of the change in plans.

**TIPS FOR CREATING A SAFE ENVIRONMENT:**

- Vary the time of day you conduct your fire drills.
- Make sure you try drills during nap-time and when you have reduced staffing.
- For centres with infants have all available staff (e.g. kitchen staff) assist the infants during fire drills.
- Keep shoes in a basket during nap-time so they can be taken outside during a drill.
- Use the resources at the end of this section.
- Arrange an evacuation site and practise travelling to it at least once a year.
- Keep accurate records of which staff have up to date CPR and first aid training.
- Install electrical outlets that have autoslide protectors.
- Keep locks on exits and gates well oiled to prevent rust. (Note: playground gates should not be locked when the centre is in operation, but can be locked at night).

**IN CASE OF FIRE:**

- At the first sight of fire, or smell of smoke, sound the alarm.
- Calmly alert staff and children to evacuate the building.
- Assist children in exiting the building.
- Close all doors behind you to help prevent the spread of fire.
- Assemble in designated safe area.
- Telephone the fire department (911) from a safe location.
- Take into consideration wind direction when assembling outside the building. You always want to be upwind from smoke.

If you encounter flames and/or smoke when trying to leave the building use an alternate exit. If you cannot leave your room, or have returned to it:

- Close the door.
- Telephone 911 if possible to advise of your situation.
- Signal firefighters by waving from the window.
- Seal the cracks around the door with blankets or clothes (use wet ones if available).
- Crouch low to the floor if smoke enters the room.
- Open a window for ventilation, but close it if smoke enters.
- Wait to be rescued.
SECTION: HEALTH AND SAFETY–MIND AND BODY

- Listen for instructions or information that may be given by authorized personnel over loudspeakers.
- Jump from the second storey only as a last resort.

SUPERVISOR’S RESPONSIBILITIES DURING A FIRE OR EVACUATION

- Sound the alarm if you encounter a fire or smoke.
- Assist children and staff to exit the building.
- Exit the building closing all doors behind you.
- Check with staff to make sure everyone is accounted for.
- Identify and seek assistance for anyone with an injury.
- Make sure no one re-enters the building.
- Telephone the fire department (911) to advise them of a fire.
- Upon arrival of firefighters inform fire officer of situation.
- Provide access keys and information as requested.
- Contact parents if necessary.

MAINTENANCE OF FIRE SAFETY EQUIPMENT

The Ontario Fire Code and the Day Nurseries Act, Sec 27(1)(e), state that regular maintenance inspections must be conducted on all fire safety equipment. Some inspections need to be conducted daily, weekly, monthly or annually. It is the responsibility of each centre to initiate these inspections as required. Check with your local fire department to obtain an inspection schedule for your centre.

Each year it is recommended that you contact your local fire department and arrange a fire safety inspection. A designate of the fire department will come and inspect your centre and inform you of any repairs or adjustments that need to be completed. This inspection is not to replace your own regular inspections but is designed to complement them. Call your local fire department (see contacts in the resource section at the end of the manual) to inquire about cost and to arrange an appointment.

If a fire alarm system is found to be inoperative, a designated staff member must conduct hourly fire inspections of the building and notify all occupants if a fire is detected.

Note: Resources for “Fire Safety” are available at the end of this section of the manual.

* See appendices for useful tools
SCALDS AND BURNS

Burns are a major cause of severe injury and death among young children. Scalds caused by contact with hot liquids are one of the most common causes of burns. In Canadian hospitals, hot liquids cause 50 per cent of children’s burns. One in 10 of the most severe scalds in Canada were caused by hot tap water.

PROTECTING CHILDREN: PARENTS AND CAREGIVERS

Here Are Some Steps to Take.

1. Lower your hot water temperature:
   - Most Canadian homes have their hot water heaters set at 60°C (140°F). Water this hot can burn a child’s skin in one second!
   - Turning down the temperature of the hot water heater to 49°C (120°F) reduces the risk of scalds.

2. Safety in the kitchen:
   - Put a baby or toddler in a high chair or playpen. Make sure a preschooler stays seated at the table.
   - Cook on the back burners of the stove whenever possible.
   - Turn pot handles to the back of the stove so that pots will not get knocked off.
   - Make sure cords from kettles and other appliances are not hanging over the edge of the counter.

3. Keep hot drinks away from children:
   - Put a lid on hot drinks. Use a cup with a tight-fitting lid.
   - Keep hot coffee or tea away from children.
   - Test hot drinks or foods before you serve them to a child to ensure they have cooled off.

4. Check home smoke alarms regularly:
   - Ensure there are smoke alarms on every level of a home. Make sure there is an alarm right outside each bedroom.
   - Test each smoke alarm every month by pressing the battery test button.
   - Put in fresh batteries once a year. Replace smoke alarms at least every 10 years.
   - Gently vacuum smoke alarms. This can prevent grease and dust from blocking the “intake ports.”
   - Plan and practise a fire escape route within the family.

For more information on scalds and burns:
- visit the Safe Kids Canada website: www.safekidscanada.ca
- call 1-888-SAFE-TIPS
- contact Peel Public Health at 905-799-7700
SECTION: HEALTH AND SAFETY–MIND AND BODY

PLAYGROUND SAFETY

Play provides an opportunity for children to learn new concepts as well as develop their language, social, emotional and physical skills. As they play they move from complete dependence to developing their own sense of self and independence. In order to develop to their potential they need a safe environment.

The purpose of this section is to help you understand:

- Your liability as a child care provider.
- Assessing playgrounds
- Playground upgrading
- Chromated Copper Arsenate Wood (CCA)
- Playground safety: setting the environment
- Education
- Supervision
- Record keeping and inspections

INJURIES ARE NOT ACCIDENTS

It is estimated that more than 10,000 children are injured every year on Canadian playgrounds.

Safe equipment, impact absorbent resilient surfaces and diligent supervision of children can prevent many of these injuries.

Injuries occur more frequently in May and June and boys are more likely to be injured than girls. The leading cause of injury is falls from climbers, slides or swings. Children ages one through four are hurt more frequently on slides than on other pieces of equipment. Even more tragically, there have been 18 deaths since 1982 due to strangulation by drawstrings, loose clothing caught on equipment or by skipping ropes tied to equipment or fencing. A poster for your use is included at the end of this section.

Adapted from the Canadian Hospital Injury Reporting and Prevention Program 1996 data.

CANADIAN STANDARDS ASSOCIATION (CSA)

The Canadian Standards Association (CSA), who produced these standards, is a not-for-profit, non-statutory, voluntary membership association engaged in standards development and certification activities. CSA standards reflect a national consensus of producers and users — including manufacturers, consumers, retailers, unions and professional organizations and government agencies.

CSA NATIONAL STANDARDS FOR PLAYSPACES – NEW 2003

In June 2003, the Canadian Standards Association released revised standards entitled, “Children’s Playspaces and Equipment” (CAN/CSA-Z614-03). This standard is intended to promote and encourage the provision and use of public playspaces that are well-designed, well-maintained, innovative and
challenging. This standard outlines requirements for playspaces and equipment for use by children 18 months to 12 years of age.

**Scope:**
- Applies to public use playspaces built and play equipment manufactured after the date of publication of this edition.
- Applies to additions and replacement parts installed after the date of publication.

**New 2003 CSA Standards-Highlights Include:**
- Probe dimensions changed and new gauges
- Surfacing section enhanced:
  - A comprehensive inspection of the playspace must be carried out by the owner/operator prior to first use
  - The playground equipment shall not be used until the protective surfacing has been installed
  - Periodic site testing is now required
  - Protective surfacing zone changes
- Climbing nets added
- Small children’s fenced playspaces
- Addressed to accommodate child care centres
- Annual comprehensive written report
  - Two options available

For more detailed information see the new 2003 CSA Standards CAN/CSA-Z614-03.

**LIABILITY AS A CHILD CARE PROVIDER**

These standards apply to all new playgrounds and equipment. However as equipment is replaced or repaired it must conform to the new standards. The CSA document provides standards that assist in protecting children in a child care setting. If an accident occurs the child care provider could be held liable if they have not maintained their equipment and do not have a plan to address the new standards over a reasonable length of time. The child care provider must also have records to confirm there have been regular inspections and maintenance. These records will also indicate they are knowledgeable about safety issues and have made a sincere effort to comply.

**ASSESSING PLAYGROUNDS**

**Safe Playspaces – Seven Steps:**

1. Know the CSA standards (CAN/CSA-Z614-03)
2. Inspect playspaces to ensure they comply with the CSA standards
3. Repair, remove, and replace non-compliant equipment and surfaces as quickly as possible
4. Make proper surfacing a priority
PLAYGROUND UPGRAADING

Inspection:

Playgrounds should be inspected to determine if they comply with the 2003 CSA standards for “Children’s Playspaces and Equipment” (CAN/CSA-Z614-03). A Canadian Certified Playground Inspector that has completed a course and an examination through the Canadian Parks/Recreation Association (CPRA) should inspect playgrounds. The status of an inspector can be confirmed through CPRA. A report should be prepared by the inspector.

Remove, Repair and Replace:

Once you have reviewed the inspector’s report you will need to decide whether equipment:

• Is unsafe and should be removed
• Can be repaired
• Needs to be replaced

Each piece of equipment will need to be considered separately. This inspection will include all areas of the playspace including fencing, gates, pathways, retaining walls, resilient surfaces and specific pieces of equipment. It will also include items such as picnic tables, benches, shade structures and tree trunks.

You also need to ensure that if you use portable equipment such as climbers or house area items that you allow for sufficient no encroachment areas and resilient surfacing where needed.

The original cost of the equipment, the expected life expectancy and the overall play value of each piece of equipment are critical factors to consider as you decide what steps to take.

You will likely find you have some equipment that is compliant, some will need repair and some will need to be removed. At this point you should develop a long-term plan for playground maintenance and renovations.

A long-term plan should outline which pieces or areas you plan to repair or replace to bring your playground up to standard in all areas. When you develop this plan try to estimate the length of time that you expect remaining equipment to last before needing replacement.

Remove:

You may determine that some equipment is hazardous and should be removed immediately.
SECTION: HEALTH AND SAFETY–MIND AND BODY

Repair:
All repairs must comply with the standards. When a defect is noted, it shall be reported and repaired. If the repair will take time, reasonable measures shall be taken to bar access. Warning signs alone are not acceptable.

Maintenance and repairs to equipment and the replacement components shall be carried out in compliance with the manufacturer’s recommendations.

Who Should Do Repairs?
In the case of specific equipment, it is recommended that you contact the initial supplier and request an inspection. They will usually be able to do any repairs or replace parts if required. They must also supply you with a certificate that states the equipment meets the 2003 CSA standard. You should state on your purchase order that all work must be compliant with the 2003 standards.

If the original supplier is no longer in business there are some companies that upgrade equipment and they will be able to provide you with documentation for your records.

Replace:
Replace equipment as directed by the Canadian Certified Playground Inspectors.

Safety Surfacing Should Be Your Top Priority:
• Most accidents are due to falling from a height on the playground; always make the safety surfacing (resilient surfacing) your top priority.
• Every type of safety surfing has its advantages and disadvantages.
• See Annex D for “Recommended Protective Surfacing” from the CSA Standards.

Chromated Copper Arsenate (CCA) Wood:
• CSA standard has permitted its use
• Scientific studies show low levels of arsenic and exposure to it is low
• Public health education around safe food handling
  • Don’t eat off the wood
  • Teach children to wash their hands before eating
For more details see CCA Wood section (9-44 to 9-46 for CCA Wood)

PLAYGROUND SAFETY: SETTING THE ENVIRONMENT

Safety is the priority on the playground just as it is throughout the day. Children come in all sizes with varying skills and knowledge about what is safe play. As professionals we need to plan an outdoor environment that includes equipment that will progressively challenge children and test their skills. Daily challenges promote learning. We must also assess the risk of these challenges to children to ensure their safety.

Since you are responsible for the children in your care, you need to assess all the playspaces you use, whether they are the responsibility of your program or belong to a school board, city or other group.

1. Design your playground with age appropriate equipment that challenges your children.
2. Check your playground daily before use and have regular inspections. If using a local park or school playground staff must check the playground for daily hazards.
3. Reduce safety hazards by providing parents with information on tips to reduce strangulation hazards on children’s clothing. See “Playground Safety – Keeping Your Child Safe,” Region of Peel, (resource guide) and “Playground – Danger of Strangulation,” Health Canada (flyer) (both in plastic sleeve).
4. Review safety rules with the children on a weekly basis. Orient new children to your playground.
5. Educate your community on safety hazards.
6. Post a warning and/or lock your gate so the community understands the need for supervision of children on playground equipment.
7. Active supervision policies will reinforce your overall plan for children’s safety.
8. Provide orientation to new staff, students and volunteers to ensure they understand and support your safety policies.

EDUCATION

Children Need to:

• Be provided with orientation to the playground and specifically why safety is foremost.
• Develop and understand reasons for playground rules.
• Respect equipment and be able to approach, use and get off equipment safely.

Parents Need to:

• Provide their children with safe and seasonally appropriate clothing; drawstrings, scarves, loose clothing or shoelaces can catch on equipment and cause serious injury.
• Provide appropriate footwear as bare feet and sandals are not safe.
• Be educated about playground safety standards.
SUPERVISION

Safety is the priority on the playground just as it is throughout the day. Safe equipment, impact absorbent resilient surfaces and diligent supervision of children can prevent many of these injuries. Active supervision is the key to safety! Everyone needs to be alert to potential concerns on the playground.

Active supervision for staff is to:

“Be Aware”

Be aware of hazards that may be present.

“BE AWARE”:

- Behaviour-inappropriate
- Evaluation of hazards

- Age-appropriate behaviour
- Wear safe clothing
- Alertness and attentiveness
- Rules for play
- Enjoy!

BEHAVIOUR-INAPPROPRIATE:

- Inform parents about your behaviour management techniques, as consistency in our messaging is key.
- Role model appropriate behaviour.
- Verbally warn children about inappropriate behaviour.
- Intervene between children when a conflict arises.
- Be firm and consistent when enforcing rules.
- Intervene immediately if bullying behaviour takes place.
EVALUATION OF HAZARDS

- Complete safety inspection prior to playground use each day.
- No loose attachments such as skipping ropes.
- Look for potential hazards that could cause serious or fatal injuries to children.
- Foreign objects such as glass, nails and pop tabs should be removed from the playground.
- Watch for protruding nuts or bolts, broken parts, exposed concrete and shallow protective surfacing hazards.
- Potential hazards to the playground should be reported both verbally and in writing, so they remove the hazard quickly.
- Take seasonal precautions as needed, such as sanding icy areas, sweeping away water and/or leaves, safe pest control and safe grass fertilizers and weed control products.
- Act as a spotter for challenging and new equipment.
- Keep parents informed of safety issues.
- Check the entire playground for hazardous debris or litter, checking for damage that may have been caused by vandalism.

AGE APPROPRIATE BEHAVIOUR

- Children should only use playgrounds designed for their age.
- The equipment being used by a child should reflect their physical, intellectual, social and emotional development.
- Raising parent awareness can help prevent injuries from occurring.

WEAR SAFE CLOTHING

- Check children’s clothing daily for sources of entanglement such as scarves, toggles, drawstrings and laces before using playground.
- Remove drawstrings and other cords from clothing. In winter, use a neck warmer instead of a scarf.
- Do not allow children on the equipment if their clothing is unsafe.
- Have children check one another’s clothing to make sure it is safe; use this method as a teaching tool for what is appropriate. This helps make the child aware of safety.
- Ensure children are wearing closed, skid-resistant shoes that offer protection from foreign objects, e.g. nails, glass.
- Remove bicycle helmets as they can cause head entrapment.
ALERTNESS AND ATTENTIVENESS

• Close supervision of preschoolers and children who are between five and nine years of age is imperative. These age groups are most frequently injured on playgrounds.
• Analyze the playgrounds and have a plan for staff positioning. Some older playgrounds have areas that are difficult to supervise such as small hills, behind storage areas or entrance ways. These spots need to be checked continuously.
• Move through the playground area to keep children safe.
• Stay within easy reach of younger children at all times.
• Act as a spotter for challenging and new equipment.
• Make sure adults can get easily to all areas of the climber.
• Observe children as they play.
• Be aware that a child can wander into an unsafe situation very quickly.
• Direct eye contact with a child can prevent inappropriate behaviour.
• Never reduce staffing ratios on the playgrounds.

RULES FOR PLAY

• Teach children safety rules for the playground (e.g. no pushing or rough play on equipment).
• Review playground rules before children are allowed on the equipment.
• Reinforce safety rules and the reasons for these rules.
• School age children can remember up to five safety rules.
• Preschool children should have three safety rules or less.

ENJOY!

• Have fun on the playground!
• And remember play is children’s work; they learn so much when they play.

Jane van Berkel, Adapted from Playground Safety — It's Our Responsibility and The National Program for Playground Safety, “Supervision Means — Making Your Children Safer on Public Playgrounds.”

RECORD KEEPING AND INSPECTIONS

• Good record keeping is important.
• Records are required to be kept of:
  • All installations and appropriate approvals
  • Inspections: daily, weekly, annually or as determined by policy
  • Maintenance, repairs and renovations
  • Children’s injuries
  • “Recommended Maintenance/Inspection List” from CSA (See Resource Section)

For additional information on inspection see “CSA Standards Manual.”
POLICIES

Policies for staff supervision of the children and equipment are critical. They must include proper positioning for active supervision.

Jane van Berkel, Adapted from Playground Safety— It’s Our Responsibility.

How Can You Help?

• Provide active supervision and educate children about playground safety.
• Provide educational resources such as: “Playground Safety — Keeping Your Child Safe,” Region of Peel (resource guide) and “Playground — Danger of Strangulation,” Health Canada (flyer) (both in plastic sleeve).

How Can Peel Public Health Help?

Contact Peel Public Health at 905-799-7700 or www.peelregion.ca

Note: Resources for “Playground Safety” are available at the end of this section of the manual.
SANDBOXES

Sandboxes can be wonderful places for children to play and interact. However, open sandbox areas may contain animal urine and feces which can carry bacteria, viruses and parasites.

Both children and adults can become infected with toxoplasmosis when playing or working in an area contaminated with animal feces, particularly cat feces in a sandbox.

TOXOPLASMOSIS

Toxoplasmosis is an infection caused by a parasite called *Toxoplasma gondii*. The parasite is found throughout the world and many people may carry it, but very few have symptoms of illness because they have a healthy immune system.

A common source of infection is the ingestion of improperly cooked meat contaminated with the Toxoplasmosis parasite. However, another source of infection is the transmission of the Toxoplasmosis parasite from cat feces to one’s fingers and subsequent contact with one’s mouth or food. Uncovered sandbox areas may become contaminated with cat feces.

Infants born to mothers who become infected with Toxoplasmosis during or just before pregnancy and those with compromised immune systems (e.g. HIV/AIDS, chemotherapy etc.) may be seriously affected. Toxoplasmosis can cause flu-like symptoms, swollen lymph glands, muscle aches and pains, and in severe cases; damage to the brain or eyes.

Although the likelihood of transmission of the parasite from a cat is low, the parasite can remain infectious on the ground for months prior to the freezing conditions of winter. Therefore, the following precautions are recommended to prevent the transmission of Toxoplasmosis to staff and children in a child care centre:

- **Cat Feces:** It is recommended a non-pregnant staff member should be given the responsibility to inspect the sandbox, preferably at the beginning of each day. If necessary, the staff member should remove any cat feces. Cover the sandbox with a tight-fitting lid when not in use.
- **Hygiene:** Thoroughly wash hands after handling raw meat and after collecting cat feces. Children should wash hands after playing in a sandbox.
- **Food:** Ensure meats are cooked properly. Please refer to the “Safe Food and Drinking Water” section of the *Keep on Track* manual for proper cooking temperatures.
FREQUENTLY ASKED QUESTIONS ABOUT CHROMATED COPPER ARSENATE (CCA) WOOD

What is CCA Wood and Where is it Used?
CCA is a preservative containing chromium, copper and arsenic. CCA is used in pressure treated wood to protect it against damage from weather, insects and fungi.
CCA wood is employed in outdoor structures, such as construction lumber and timbers, utility and construction poles, marine timbers and pilings, and fences. CCA wood is often found in play structures, decks, picnic tables, landscaping timbers, residential fencing, patios and walkway/boardwalks.
Fresh CCA wood, if not coated, has a greenish tint that fades over time. Generally, if a deck has not been constructed with redwood or cedar, then it was most likely constructed with CCA wood.

Is There a Risk That CCA Preservative Can Leak Out of Treated Wood?
It is possible that some CCA preservative will leach out from treated wood onto the surface of the wood or into soil. The amount of CCA that can leach out depends on various factors such as type of wood, treatment practices, age in service, and the environment that the treated wood is installed. Wood that is exposed to water in damp soil will lose more preservative than wood that is exposed to an occasional rainfall.

Is There a Health Risk to the Public from CCA Wood?
The United States Environment Protection Agency (US EPA) reviewed CCA-treated wood in the 1980s. The agency concluded at that time that CCA wood did not pose an unreasonable health risk. Another assessment conducted by the US Consumer Product Safety Commission in 1990 concluded that short and long-term health effects are unlikely to occur for children who come into contact with CCA-treated wood. Health Canada reviewed these assessments and agreed with the overall conclusions at the time.
Recently, public health advocates have raised questions regarding the methods and information used in the earlier assessments. The US EPA is currently reassessing CCA as part of its ongoing re-registration program for older pesticides. There are currently many unanswered questions regarding CCA wood. They include:
- How long can pressure treated woods leach CCA?
- Does exposure risk decrease over time?
- How effective are sealants at preventing leaching of CCA?

Although the US EPA and Health Canada have not concluded that CCA wood poses an unreasonable risk to the public or to sensitive populations such as children, it is sensible to avoid exposure to arsenic. Arsenic is a known human carcinogen and can be poisonous at high doses.

Health Canada and the US EPA have developed basic precautions on how to use and handle CCA wood. All individuals, especially children, should follow these precautions. Children have greater hand-to-mouth activity and, may have greater exposure to CCA wood through play structures, decks, fences, and the soil around them.
What is the Government Doing About CCA Wood?

The US EPA is currently reviewing the use of CCA wood in accordance with the latest science and safety standards under the Agency’s re-registration program. The Health Canada Pest Management Regulatory Agency (PMRA) is working closely with the US EPA.

On February 12, 2002 the US EPA announced a voluntary decision by manufacturing industry to stop making CCA wood for consumer use. New alternative wood preservatives that don’t contain arsenic will be available. The Canada PMRA released a similar statement.

This transition affects virtually all residential uses of treated wood including play structures, decks, picnic tables, landscaping timbers, residential fencing, patios and walkways/boardwalks. By January 2004, the US EPA will not allow CCA wood for any of these residential products. Remaining stocks of wood treated prior to December 31 2003 can still be sold in stores and used for residential construction in Canada.

The US EPA continued the reassessment of CCA wood during the transition. The results of the reassessment were expected in late 2003 but the final report has not yet been released as of May 2004. It will provide further information on CCA wood.

Should CCA Wood Be Used for New Construction?

If you are planning on building a deck, fencing, walkway, picnic table, or play-structure, Peel Public Health recommends using an alternative to CCA wood. A number of alternative preservatives have been registered in Canada and will be available in the marketplace. In addition, untreated wood (e.g., cedar, redwood) and non-wood alternatives such as plastics, metal, and composite materials are available. Your local hardware store or lumberyard can provide you with more information about available alternatives.

Wood that is exposed to water in damp soil will lose more preservative than wood that is exposed to an occasional rainfall. Therefore, Peel Public Health recommends avoiding the use of CCA Wood where there are significant wet conditions, such as in a marine environment.

Should Existing CCA Wood Structures Be Replaced?

The ongoing reassessment by the US EPA and Health Canada will more accurately determine the risk to the public from exposure to CCA wood, and be able to provide more information on exposure from existing structures. Until that information becomes available, Peel Public Health does not recommend replacement of existing structures made with CCA wood.

Some studies suggest that applying certain penetrating coatings or sealants (e.g., oil based, semi-transparent stains) are not recommended on outdoor surfaces such as decks and fences since peeling and flaking may impact the durability of the wood and result in exposure to preservatives in the wood.
SECTION: HEALTH AND SAFETY–MIND AND BODY

What Other Steps Can I Take to Reduce Exposure to CCA Wood?

To Reduce Your Exposure to Chemicals in CCA Wood:

• Always wash your hands thoroughly after contact with any wood, especially prior to eating and drinking.
• CCA wood should never be burned in open fires, stoves, fireplaces, or residential boilers.
• Food should not come into direct contact with any CCA wood.
• Children should avoid playing in soil around CCA wood structures.
• CCA wood that is used to frame gardens is not considered to be a significant source of arsenic. Tilling of the garden dilutes any arsenic that has leached into the soil, and there is some evidence that plants absorb arsenic in small amounts.
• When working with CCA Wood:
  • Only purchase CCA wood that is visibly clean and free of excess surface residues.
  • Wear gloves and long sleeves when handling the treated wood.
  • Wear a dust mask, eye protection, gloves, and long sleeves when sawing, sanding, shaping, or otherwise machining treated wood to avoid skin contact or inhalation of sawdust.
  • Wherever possible, work with treated wood outdoors.
  • Wash hands and other exposed skin after contact, before eating or drinking.
  • Wash your working clothes before wearing them again. Wash separately from other clothing.
  • After construction, all end cuts, sawdust, and construction debris should be cleaned up and disposed of in accordance with local regulations.
• Do not use CCA wood for woodchips or mulch.
SUN SAFETY INFORMATION TO PREVENT HEAT-RELATED ILLNESSES

ULTRAVIOLET RADIATION INFORMATION

With the gradual thinning of the ozone layer, Canadian adults and children are being exposed to a more intense penetration of ultraviolet radiation (UV). Environment Canada predicts that elevated UV levels will continue for several decades.

Infants and children are at high risk for over-exposure to sunlight. Children receive up to 60 per cent to 80 per cent of their total UV life dose before the age of 18 (Health Canada, 2002). Infants and children have thinner skin than adults and are more sensitive to UV rays (Health Canada, 2002).

All skin colours are at risk for skin damage from UV rays. Those at greatest risk for skin damage are fair-skinned children, especially those who freckle or burn easily, never tan or tan poorly.

Health risks associated with excessive sunlight UV exposure include sunburns, skin aging, eye damage, immune system damage and skin cancers.

One of the conditions that put people most at risk is two or more blistering sunburns as a child or adolescent. This is because the damage to the skin cells does not go away but rather accumulates with each sunburn over the years.

The incidence of skin cancer is steadily increasing in Canada:

- 1990 - 44,000 cases
- 1996 - 65,600 cases

(Source: National Cancer Institute of Canada, 1995)

One in seven children born today will develop skin cancer in their lifetime (Source: Canadian Dermatology Association).

The health risks associated with excessive sunlight (ultraviolet radiation) are largely preventable.

Did you know that up to 80 per cent of ultraviolet radiation passes through puffy, fair-weather clouds, haze, fog and layers of thin, light cloud? The sun safety recommendations apply on cloudy and hazy days too. Furthermore, a person can receive an additional 10 per cent to 80 per cent more UV if that person is on or near snow or other bright surfaces such as sand, cement or water that reflects the sun’s rays.

SUN SAFETY STEPS:

Note: It is important that staff provide a positive “sun-safe” role model for the children. Staff and children should follow these recommendations when outside:

1. Limit Time in the Sun Between 11 a.m. - 4 p.m.:
   - Plan daily outdoor activities so that children are not playing in direct sunlight during the most intense ultraviolet radiation between 11 a.m. to 4 p.m.
   - Keep babies under one year of age out of direct sunlight.

2. Look for Shaded Areas or Create Shaded Areas to Do Outdoor Activities:
   - Do outdoor activities in shady spots (e.g. under a tree, or in the shade of a building).
   - Create shade by planting trees or by using partial roofs, awnings, umbrellas, gazebo tents, etc.
SECTION: HEALTH AND SAFETY–MIND AND BODY

3. The “Shadow Rule”:
   • Children can be taught to stay indoors when their shadow is shorter than they are. That is when
     the UV rays are most intense, particularly between 11 a.m. and 4 p.m. Plan activities around
     identifying shady places or talk to the children about ways they can have fun in the shade.

4. Slip, Slap, Slop:
   • The Canadian Cancer Society Primary Resource package “Living with Sunshine” (refer to
     resources in this binder) presents the slogan:
   - Slip on a shirt
   - Slap on a hat
   - Slop on some sunscreen
   You could have a silly hat day or use a fun checklist to remind staff and children about the “Slip,
     Slap, Slop” slogan.

5. Wear Clothing to Protect as Much Skin as Possible:
   • Advise parents that long-sleeved shirts and long pants (or at least knee-length shorts) are
     recommended even on cloudy days.
   • Tightly woven fabrics block the sun’s rays the best. (A fabric that blocks out the light when held
     up to the sun or a light bulb will act as a shield against ultraviolet light). Sunscreen should be
     applied under sheer clothing.
   • When in water, outdoors, T-shirts can be worn (in addition to sunscreen) to give more protection
     from UV rays.

6. Wear a Hat with a Wide Brim or with a Backflap to Cover the Back of the Neck and Ears:
   • A hat with a wide brim (7.5 cm/3 inches wide) or with a backflap will help shade eyes, ears and
     neck areas. Hats made of tightly woven fabric are best. Wide brim hats are effective in blocking
     direct ultraviolet radiation from eyes.

7. Put on UV Protective Sunglasses:
   • Children and staff should wear sunglasses that screen both UVA and UVB rays. It is preferable
     to choose sunglasses that list on the label the exact amount of UVA and UVB blocked. The
     higher the percentage of ultraviolet radiation blocked the better (100 per cent protection is best).
     Sunglasses should be unbreakable.

8. Drink Plenty of Fluids, Especially Water:
   • The body does not use thirst to indicate you are becoming over-heated, so constant fluid intake
     prior to and during exercise is necessary. Water is the number one choice for hydration. Diluted
     fruit juice is acceptable.

9. Medications:
   • When children take medication, they may be more sensitive to sun exposure. Check the label
     on the medication before allowing the child out in the sun and check with your physician/
     pharmacist.
SECTION: HEALTH AND SAFETY—MIND AND BODY

10. Use Sunscreen with SPF 15 or Higher that Gives Protection from Both UVA and UVB Rays:
   • All staff and children should apply sunscreen before outdoor activities.
   • Apply an SPF sunscreen lip balm for lips.
   • Remember that SPF 15 is the minimum protection recommended. If children are going to be
     outside for longer than two and a half hours an SPF of 20 to 30 might be a better choice. No
     sunscreen offers complete protection but the higher the SPF, the more protection given.
   • Babies under 12 months should be covered with clothing and kept out of direct sunlight in a
     covered stroller, under an umbrella or gazebo tent, or in the shade as much as possible.
   • **Exception:** Sunscreens are not recommended by the Canadian Dermatology Association for
     infants under six months of age.
   • If any child develops an allergic skin reaction such as redness, itchiness, blotchiness or a rash
     after sunscreen has been applied, stop using the product immediately. Inform the child’s parent
     of the reaction and suggest that he/she consult with a pharmacist or doctor regarding alternate
     sunscreen choices.

HOW TO USE SUNSCREEN:

1. The Canadian Dermatology Association (CDA) recommends the following website in order to obtain
   the latest recognized sunscreens: http://www.dermatology.ca/english.
2. Read and follow the manufacturer’s recommendations on the bottle or tube. Check for expiry date.
3. Test for allergic reaction when first using a sunscreen.
   • Check with the child’s parent for any history of skin reactions to the sunscreen product. If this
     information is not available, suggest that a parent do the following test. Apply a liberal amount of
     the sunscreen on the child’s inner forearm for two to three days consecutively (e.g. over a
     weekend). Instruct the parent to check to see if there are any signs of an adverse reaction (e.g.
     redness, itching, etc.).
4. Apply sunscreen 20 to 30 minutes before going out.
   • This is important. It allows time for the active ingredients in the sunscreen to reach the
     protection level.
5. Apply sunscreen generously to dry clean skin.
   • Sunscreen must be applied to dry clean skin generously to be effective. Do not forget ears,
     nose, back of neck, backs of legs and tops of feet.
6. Reapply every two to three hours and after perspiring.
   • Sunscreen (including waterproof varieties) should be reapplied every two to three hours and
     after skin becomes wet to maintain maximum effectiveness.
   • Note that repeated applications of a sunscreen simply reinforce the sun protection.
     Reapplications do not increase the amount of time you can spend in the sun beyond the
     maximum SPF of the sunscreen.
7. If applying more than one substance (e.g. make-up, insect repellent):
   • Always put the screen product on first and wait the 30 minutes after applying. Then apply the second substance.

Remember:

Sunscreen is a valuable tool when the children are out in the sun; but no sunscreen protects 100 per cent. When children are outside, using natural protection (clothing and hats) should be the first choice. Then use sunscreen on all remaining exposed skin.
Did You Know That...

- 60 per cent of Canadian preschool children in child care settings spend less than 10 per cent of their time in structured outdoor gross motor play.
- 60 per cent of Canadian young people do not meet the average fitness standards for their age group.
- 40 per cent of Canadian children have at least one risk factor for heart disease — reduced fitness due to an inactive lifestyle.
- Television, video games, fast food and motorized transportation all contribute to an inactive lifestyle in our society.
- School-age children watch a minimum of 26 hours of television per week in addition to the 25 to 30 hours they spend sitting in school.


WHY BE ACTIVE?

Physical activity is important for healthy growth and development.

Body benefits include:

- Improved cardiovascular fitness
- Improved muscle strength and flexibility
- Strong bones
- Improved posture and balance
- Helps maintain body weight
- Improved energy levels

Cognitive, emotional and social benefits include:

- Improved confidence and self-esteem
- Improved concentration, memory and problem-solving skills that contribute to better learning
- Opportunities for socialization and making friends
- May reduce future use of alcohol, tobacco or other drugs

If children are encouraged at a young age to adopt healthy lifestyle habits, the potential for maintaining this lifestyle throughout adulthood is increased.
TIPS FOR HELPING YOUNG CHILDREN GET ACTIVE

- Young children need activity in short bursts with frequent breaks.
- They enjoy activities that involve running, jumping, rolling, climbing, throwing, catching and kicking.
- Start with easy-to-learn patterns and gradually move to more difficult patterns when learning new activities.
- Use variety: play games, have themes, add music to increase the fun.
- Be aware of safety: show children how to do activities safely, supervise their play, keep the play area free of objects that might cause injury.

**Peel Public Health will:**

- Provide a free copy of the exercise video “Workout with Ticker! For a Healthy Heart.”

**How Can You Help?**

- Join the Peel Heart Health Network as an individual or workplace.
- Contact one of the community recreation agencies listed in the resource section to find out how you can enhance your activity program.

**How Can Peel Public Health Help?**

- “Workout With Ticker! For A Healthy Heart:” a fun energizing exercise video for children ages two to six; a joint project of the Peel Heart Health Network, the Regional Municipality of Peel and Stretch-n-Grow of Canada. A free copy is available for all child care centres in the Region of Peel. Call Peel Public Health at 905-799-7700.

**Note:** Resources for “Promoting Active Living” are available at the end of this section of the manual.
SMOKE-FREE PLACES FOR CHILDREN

Second-hand smoke is a major cause of preventable illness and death in Ontario. Children are especially vulnerable to second-hand smoke. Their small lungs are still developing and are more easily damaged by second-hand smoke. Children are also less likely to complain about tobacco smoke or be able to remove themselves from the smoke.

What is Second-Hand Smoke?

• Second-hand smoke (also called environmental tobacco smoke or ETS) comes from any burning tobacco. It is the smoke that drifts from the burning end of the lit cigarette and that the smoker blows out into the air.
• Second-hand smoke is poisonous, and contains over 4,000 chemicals — and more than 40 of them are known to cause cancer.
• Second-hand smoke spreads from one room to another even if the door is closed and the windows are open.

How Does Second-Hand Smoke Affect Children?

• Second-hand smoke is more harmful to children than adults, because their lungs are smaller and they breathe more rapidly.
• Young children who live in a smoke-free home are less likely to suffer from:
  • Bronchitis or pneumonia
  • Ear infections
  • Asthma
  • Sudden Infant Death Syndrome (SIDS)

Protecting Children:

• Plan activities in smoke-free public places
• Make your home and car smoke-free
• Visit only smoke-free places, restaurants and homes

Tips for Parents: Educating Children About Tobacco:

• It’s never too early — or too late — to talk to your kids about smoking.
• Keep the lines of communication open.
• Give your child simple information about the harmful effects of smoking.
• If you smoke, talk openly about your addiction and your attempts at quitting.

Adapted from:
“Your Child is Worth it! — Making Your Home Smoke-Free.” (brochure)
“Health Tips - The Truth About Smoking.” (fact sheet)
LEGISLATION

Smoke-Free Ontario Act

SMOKE-FREE ONTARIO ACT

In June 2005 the provincial government of Ontario passed the Smoke-Free Ontario Act; which will amend the Tobacco Control Act, (1994) when it becomes effective on May 31, 2006.

Smoking tobacco or holding lighted tobacco is prohibited within a licensed day nursery (*) or a place where licensed private-home day care (*) is provided - whether or not children are present, according to the Smoke-Free Ontario Act.

(* As defined within the Day Nurseries Act ¹)

Although smoking was previously prohibited in day nurseries by the Tobacco Control Act; licensed private-home day care facilities were not addressed through that legislation.

May 31, 2006 is the date that the Smoke-Free Ontario Act becomes effective.

Employers of these Facilities Must…

• Inform all employees and persons that smoking tobacco or holding lighted tobacco is prohibited in a licensed day nursery or a place where licensed private-home day care is provided - whether or not children are present
• Ensure that a person who refuses to comply with this restriction does not remain in the enclosed area
• Post signs that prohibit smoking throughout the enclosed area; including washrooms
• Ensure that no ashtrays or similar equipment are present within the enclosed area

Peel Public Health Can …

• Help employers of licensed day care facilities understand the Smoke-Free Ontario Act
• Charge and/or fine employers of licensed day care facilities for not complying with the Smoke-Free Ontario Act
• Provide information about the health effects of second-hand smoke or resources on how to create smoke-free spaces (e.g. homes, cars)
• Offer free support/counselling to those interested in quitting smoking

Further Information?

• Call the Region of Peel at 905-799-7700 or Toll-Free from Caledon 905-584-2216

REFERENCES

1. PROMOTING BRAIN DEVELOPMENT

2. RAISING NON-VIOLENT CHILDREN

3. RAISING SEXUALLY HEALTHY CHILDREN
SECTION: HEALTH AND SAFETY—MIND AND BODY


4. DEALING WITH DIVERSITY

- Paquin, Debby. “Verbal Communication,” *Red Cross of Saskatchewan*.

An excellent resource for child care centres to help them look at culturally sensitive programming and policy development. It includes a needs assessment and an expanded bibliography of books appropriate for preschoolers.

The Following is a List of Recommended Books:

- Sparks, Louise Derman. *Anti-Bias Curriculum: Tools for Empowering Young Children*.
- Chech, Maureen. *Globalchild: Multicultural Resources for Young Children*.
- Cook, Deanna. *Kid’s Multicultural Cookbook: Food & Fun Around the World*.
- Perry, Caroline. *Let’s Celebrate: Canada’s Special Days*.

5. SLEEP POSITION/TUMMY TIME FOR BABIES

- “More on Preventing Flat Heads,” [http://www.caringforkids.cps.ca/babies/Flatheads.htm](http://www.caringforkids.cps.ca/babies/Flatheads.htm)
- “More on SIDS,” [www.sidscanada.org](http://www.sidscanada.org)

6. CAR SEAT SAFETY


7. CREATING A SAFE ENVIRONMENT

**Scent and Sensitivities**

SECTION: HEALTH AND SAFETY–MIND AND BODY

8. FIRE SAFETY

9. PLAYGROUND SAFETY*
   • Peel Child Care Committee, “Playground Safety - It’s Our Responsibility!” 1999.

*Caution: Remember the only standards that apply in Canada are the CAN/CSA-Z614-03 Standards for “Children’s Playspaces and Equipment.” Some of the standards in the reference materials were made prior to these standards or may refer to standards applicable outside of Canada.

10. SUN SAFETY
    • Canadian Dermatology Association: A comprehensive sun safety programs for daycares www.dermatology.ca/

11. PROMOTING ACTIVE LIVING

12. SMOKE-FREE PLACES FOR CHILDREN
SECTION: HEALTH AND SAFETY–MIND AND BODY

RESOURCES

1. PROMOTING BRAIN DEVELOPMENT
   • “The First Years Last Forever: The New Brain Research and Your Child’s Healthy Development,” (booklet). Available from Canadian Institute of Child Health (CICH) 613-224-4144 or online at www.cich.ca.
   • The Canadian Institute of Child Health, “The First Years Last Forever” (parenting booklet), I Am Your Child.

2. RAISING NON-VIOLENT CHILDREN
   The Following Brochures are Available:
   • Peel Committee on Sexual Assault (PCSA) and Peel Committee Against Woman Abuse (PCAWA), “Building Blocks For Violence-Free Play and Learning - A Resource Kit for Raising Children (0 - 6) Violence-Free.”
     Order from: Peel Committee on Sexual Assault (PCSA) 905-273-4100. One free resource; book and toy is available for pick-up for child care centres, organizations and those working with children ages 0 - six years, as well as parents of children 0 - six years in the Region of Peel. A charge applies for shipping and handling if mailed. Additional copies are available on request for a charge + shipping and handling costs.
   • Region of Peel, “Bullying Hurts .... Inside and Out.” These are available in limited quantities; call Peel Public Health at 905-799-7700.
   • The Phoenix Centre for Children and Families, “Bullying and Your Child.” Available from: 130 Pembroke Street West, Suite 200, Pembroke ON. K8A 5M8/1-800-465-1870.
   • The Phoenix Centre for Children and Families, “Bullies are Not Cool.”
   • Peel Public Health facilitates "Nobody’s Perfect" groups for parents and caregivers. Over a six-to-eight week period, parents can get group support and new information to help them with concerns common to parents of young children five years of age and under. This program is especially geared to parents who may be coping with special problems such as isolation, financial concerns, and lack of support.
     Registration is free; bus tickets, child care and snacks are provided. For more information, parents and caregivers can call Health Line Peel: 905-799-7700.

3. RAISING SEXUALLY HEALTHY CHILDREN
   • For more ideas, please visit our website at www.peelregion.ca. Search for “raising sexually healthy children.” For further support, you may also call Peel Public Health at 905-799-7700 and ask for Sexual Health.
4. DEALING WITH DIVERSITY

- Parentbooks carry a wide range of titles for professionals, parents and children. A sample of booklist categories that support diversity are: gender issues, sexual orientation and families, single parenting, step and blended families, children with special needs. Within each category, are titles that could be used to develop curriculum as well as books to read to children. You can contact Parentbooks at 416-537-8334 or at www.parentbookstore.com.


- Barbarash, Lorraine. *Multicultural Games: 75 Games from 43 Cultures*.

Librarians in the children’s departments of local libraries can recommend preschool books that celebrate families and customs from around the world. Some books are available in English; others in another language format. Stories that illustrate the variety in family composition are also available.

**The Following Books are Available in Our Local Libraries:**

- Emberly, Rebecca. A number of books about activities written in English and Spanish with coloured paper illustrations. (*My House, Taking a Walk, My Day, Lets Go*).
- Raynor, Dorka. *Grandparents Around the World*.


A large number of multicultural agencies within Peel are willing to consult with you around their particular culture and its customs. If you are unsure of who to contact, call the *Peel Multicultural Council* at 905-819-1144.

**Multicultural Food Information Can Be Obtained From:**

- **Dairy Farmers of Ontario**: 905-821-8970. They publish a number of educational kits for preschoolers, a day care centre newsletter called "Good Beginnings" that may include information on multicultural issues and carry an expanded set of food models featuring multicultural foods.

- **Canadian Cancer Society - Nova Scotia Division** - distributes "Growing Up With Food" for primary grades. This kit contains activities that could be adapted for pre-schoolers and covers foods from around the world. Call 902-423-6183 or write the Canadian Cancer Society, Nova Scotia Division, 5826 South Street, Ste. 1, Halifax B3H 1S6.
5. CAR SEAT SAFETY

- **Infant & Toddler Safety Association:**
  - “Shopping for Baby’s First Car Seat” (pamphlet)
  - “Infant Car Seats’ (pamphlet)
  - “Convertible Car Seats” (pamphlet)
  - “Booster Seats” (pamphlet)
  - “Child Restraint Stages” (fact sheet)
  - “Used Safety Seat Checklist” (fact sheet)
  - “Combination Child/Booster Restraints” (fact sheet)
- **Ministry of Transportation (MTO)**
  - “What You Should Know About Air Bags” (brochure)
- **Transport Canada**
  - “Car Time 1,2,3,4” (brochure and video)
  - “Air Bag Deactivation” (brochure)

For information on where parents can have their car seat checked, call Peel Public Health at 905-799-7700

*Additional information can be obtained from:*

- Canada Safety Council
  [www.safety-council.org](http://www.safety-council.org), 613-739-1535
- Infant and Toddler Safety Association
  519-570-0181
- Ministry of Transportation of Ontario
  416-235-1708
- Safe Kids Canada
  [www.safekidscanada.ca](http://www.safekidscanada.ca), 416-813-6766
- Transport Canada
  1-800-333-0371
SECTION: HEALTH AND SAFETY–MIND AND BODY

6. BICYCLE SAFETY
   • For information on bicycle safety call Peel Public Health at 905-799-7700.
   • Additional information can be obtained from:
     • Brain Injury Association of Peel/Halton
       www.biaph.com, 905-823-2221
     • Canada Safety Council
       www.safety-council.org, 613-739-1535
     • Canadian Cycling Association Committee
       www.canadian-cycling.com, 613-248-1353
     • Ontario Cycling Association*
       www.ontariocycling.org, 416-426-7416
     • Safe Kids Canada
       www.safekidscanada.ca, 416-813-6766
     • "Young Cyclist’s Guide" (booklet). Available from the Ontario Ministry of Transportation (416-235-3473) and the Ontario Cycling Association. A copy is included in the plastic sleeve following this section.
     • Health Canada, “In-line Skating and Skateboarding” (fact sheet) 613-954-0609.
     • Safe Kids Canada, “Got Wheels? Get a Helmet” (fact sheet) 1-888-SAFETIPS.

7. CREATING A SAFE ENVIRONMENT
   Contact the Public Health Inspector at the Peel Public Health office serving your centre. Or Call Peel Public Health at 905-799-7700
   Toll free from Caledon area: 905-584-2216
   Visit the Peel Public Health website at www.peelregion.ca/health

   Scent & Sensitivities:
   • Awareness kit on scent-free environments; available from Public Service Alliance of Canada. Order on-line at www.psac.com under Health and Safety Publications.
   • Canadian Centre for Occupational Health and Safety: www.ccohs.ca.

8. AIR QUALITY
   • Ontario Ministry of the Environment Smog Alert Network: sign up on-line at www.airqualityontario.com
   • Ontario Ministry of the Environment Air Quality Index phone line: 1-800-387-7768 or 416-246-0411.

9. FIRE SAFETY
   • “Outlining Duties and Responsibilities of Staff Members During a Fire.” (Appendix #1)
   • “Monthly Fire and Evacuation Safety Checklist.” (Appendix #2)
SECTION: HEALTH AND SAFETY—MIND AND BODY

- To book your annual inspection, contact the fire department in your area. An educational visit to your local fire department can also be arranged, or you can arrange for the fire department to come and make a presentation at your centre. To inquire about availability call:
  - Brampton Fire and Emergency Services
    905-874-2702
  - Caledon Fire and Emergency Services
    905-584-2272
  - Mississauga Fire and Emergency Services
    905-896-5908
  - Learn Not to Burn preschool program teaches fire safety awareness and skills to children aged three-to-five through activities and song. This program is available through Child Development Resource Connection Peel and the Canadian Association of Fire Chiefs.
  - Child Development Resource Connection Peel
    905-507-9360
  - Canadian Association of Fire Chiefs
    1-800-668-2955
  - Sparky’s ABC’s of Fire Safety video is an animated short movie that teaches fire safety using the letters of the alphabet as a teaching tool. This can also be ordered through the Canadian Association of Fire Chiefs.
  - YMCA Children’s Services, “Monthly Health and Safety Checklist.”
  - City of Brampton, “Fire Safety Plan for Day Care Centres.”
  - City of Mississauga, “Fire Safety Plan for Day Care Centres.”
  - Greenbriar Child Development Centre, “Emergency Evacuation Procedures.”
  - St. Hilary’s Daycare, “Student/Volunteer Orientation Checklist.”

10. SCALDS AND BURNS

- For more information on “Scalds and Burns,” call Peel Public Health at 905-799-7700.
- “Protect Your Child From Scalds and Burns” (fact sheet)
- “You Can Prevent Scalds” (fact sheet)
- “Safe Kids Canada”
  www.safekidscanada.ca, 1-888-SAFE-TIPS

11. PLAYGROUND SAFETY

- Region of Peel, “Playground Safety: Keeping Your Child Safe.” (guide).
- Safe Kids Canada, “Childs Play.” (video and safety guide)
- Safe Kids Canada: www.safekidscanada.ca
SECTION: HEALTH AND SAFETY—MIND AND BODY

• Ontario Parks Association, “It’s Time to Stop Playing Around.” (video)

Videos
• Ontario Parks Association, “It’s Time to Stop Playing Around.”(video). This video provides an overview of the CSA National standards and outlines angles to prevent entrapment, protective surfacing, hazard identification and steps to be taken in developing a safe playground.
• Safe Kids Canada, “Child’s Play - Video and Safety Guide.” This 15-minute video can be used with parents to educate them about playground safety. It stresses the importance of surfacing, equipment and active supervision.

Websites
• Canada Safety Council
  www.safety-council.com
• Canadian Parks /Recreation Association - Canadian Playground Safety Network
  www.activeliving.ca/activeliving/cpra/cpsi.html
• Canadian Standards Association
  www.csa.ca
• Child Development Resource Connection Peel (formerly Peel Child Care Committee).
  www.cdrdp.com
• Child & Family Canada
  www.cfc-efc.ca
• Health Canada, Playground Safety Tips
  www.hc-sc.gc.ca/ehp/ehd/catalogue/psb_pubs/playground.htm
• National Program for Playground Safety
  www.uni.edu/playground/home.html
• National Recreation and Park Association
  www.activeparks.org/
• Region of Peel
  www.peelregion.ca
• Safe Kids Canada
  www.safekidscanada.ca
• The World Playground, Parks & Recreation, Products & Services
  www.world-playground.com/
• Trauma Prevention Council
  www.traumaprevention.on.ca
• Canadian Parks and Recreation Association:
  613-748-5651

CPRA provides training and certification for Canadian Certified Playground Inspectors. Contact the association or visit their website for a list of Certified Playground Inspectors in your area.
SECTION: HEALTH AND SAFETY–MIND AND BODY

- Child Development Resource Connection Peel: 905-507-9360
  This committee provides information about playground safety in the Region of Peel. It will loan copies of the CSA National Standards (CAN/CSA - Z614-03), the videos “It’s Time to Stop Playing Around” and “Child’s Play” and probes, which can be used to test equipment for entrapment hazards. The committee also arranges workshops on playground safety. A more detailed manual called “Playground Safety, It’s our Responsibility!” is available from the Child Development Resource Connection Peel.

- Ontario Parks Association:
  416-426-7157

- Safe Kids Canada:
  1-888-SAFETIPS

12. CHROMATED COPPER ARSENATE (CCA) WOOD

- The US EPA Office of Pesticides Program
  http://www.epa.gov/pesticides/factsheets

- Health Canada Pest Management Regulatory Agency (fact sheet on CCA Wood)
  http://www.hc-sc.gc.ca/pmra-arla

- CCA Wood Consumer Safety Information
  http://www.ccasafetyinfo.ca/index.html

13. SUN SAFETY

- **Canadian Cancer Society**
  Albion/Bolton
  905-451-4460
  Brampton
  905-451-4460
  Mississauga
  905-608-8411

  The Canadian Cancer Society recommends the video "Cover Up", a 12-minute music video, with three original songs performed by children and "Mr. Sun." The video can be borrowed from the Mississauga branch of the Cancer Society. It can also be purchased from Magic Lantern (#885-31-100) at 416-675-1155.

  The Canadian Cancer Society Primary Resource package "Living with Sunshine" includes activities and a song, with content that could be adapted for the pre-school age group. This resource can be obtained from the local Canadian Cancer Society branches.

  The Canadian Dermatology Association has released a four-minute video suitable for preschoolers. Cartoon characters teach a song about safety in the sun, using the music to "Twinkle Twinkle Little Star." The video can be ordered from the Canadian Public Health Association 400-1565 Carling Ave. Ottawa, On K1Z 8R1. Phone: (613) 725-3769, ext. 190.

  Environment Canada, “The Children’s UV Index Sun Awareness Program - Sun Savvy School Club.” (brochure). Email: Angus.Fergusson@ec.gc.ca

  Environment Canada:
  www.msc-smc.ec.gc.ca/uv_e.html
### SECTION: HEALTH AND SAFETY–MIND AND BODY

- **Canadian Cancer Society:**
  [www.cancer.ca](http://www.cancer.ca)
- **Health Canada:**
- **National Cancer Institute of Canada:**

### 14. PROMOTING ACTIVE LIVING

- **Active Living Alliance for Canadians with a Disability**
  613-244-0052 or 1-800-771-0063
- **Brampton Parks and Recreation**
  905-874-2300
- **Caledon Parks and Recreation**
  905-584-2272 ext. 2235
- **Canadian Institute of Child Health**
  613-230-8838
- **The Foundation for Active Healthy Kids & Ready Set Go**
  416-426-7120 or 1-888-446-7432
- **Heart and Stroke Foundation of Ontario**
  905-451-0021 (Brampton)
  905-897-0366 (Mississauga)
- **Mississauga Recreation and Parks**
  905-896-5342
- **Peel Heart Health Network:** Thirty-seven community organizations that share a commitment to improving heart health in Peel. Network initiatives include the “Pump Press Newsletter,” newspaper columns, the development of “Ticker” the mascot, “Healthy at Heart Awards,” and the “Children’s Health Fair.” For more information on the Peel Heart Health Network, please call Peel Public Health 905-799-7700.
- **“Stretch-n-Grow of Canada:” has developed a pre-school fitness program designed to assist child care providers and parents in helping young children learn healthy fitness habits. For more information, call: 1-800-892-5742**
- **YMCA**
  905-451-9622 (Brampton)
  905-897-9622 (Mississauga)
15. SMOKE-FREE RESOURCES FOR CHILDREN

- Peel Public Health can help employers of licensed day care facilities understand the Smoke-Free Ontario Act. Please contact the Region of Peel – Public Health at 905-799-7700 (toll-free from Caledon at 905-584-2216) and ask to speak to a Public Health Inspector. You can also visit the Peel Public Health website at www.peelregion.ca/health.

The following information materials are also available:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>How-To-Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Talk it Out: A Parent’s Guide to Kids and Smoking” Ontario Ministry of Health and Long-Term Care, 2003. (see plastic sleeve)</td>
<td>This booklet is designed to help parents explore the topic of smoking with their children. Offers advice for opening dialogue with kids, and includes tips for parents who smoke themselves.</td>
<td>Ontario Ministry of Health and Long-Term Care at 1-877-234-4343</td>
</tr>
<tr>
<td>“The Facts about Second-Hand Smoke” Region of Peel, 2003. (see plastic sleeve)</td>
<td>This brochure provides an overview of the dangers of second-hand smoke.</td>
<td>Region of Peel-Public Health at 905-799-7700 (toll-free from Caledon at 905-584-2216)</td>
</tr>
<tr>
<td>“Smoke-free Homes: Steps to Make Your Home Smoke-Free” Program Training and Consultation Centre, PTCC, 2003. (see plastic sleeve)</td>
<td>This brochure provides tips on how to make your home smoke-free and encourages asking a smoker to “take it outside”. Information is included on how second-hand smoke harms children and causes asthma. Smoke-free home and car decals are included within this resource.</td>
<td>Program Training and Consultation Centre at 1-800-363-7822</td>
</tr>
<tr>
<td>“An Activity Book for Non-Smoking Children” AMC Media Corporation, 2000. (see plastic sleeve)</td>
<td>This colouring book for children illustrates the benefits of smoke-free living.</td>
<td>Region of Peel-Public Health at 905-799-7700 (toll-free from Caledon at 905-584-2216)</td>
</tr>
</tbody>
</table>

**Websites**

- Region of Peel [www.smokefree-peelregion.ca](http://www.smokefree-peelregion.ca)
- The Lung Association [www.lung.ca](http://www.lung.ca)
- Ontario Ministry of Health Promotion [www.mhp.gov.on.ca](http://www.mhp.gov.on.ca)
- Heart and Stroke Foundation [www.heartandstroke.ca](http://www.heartandstroke.ca)
- Physicians for a Smoke-Free Canada [www.smoke-free.ca](http://www.smoke-free.ca)
- Canadian Council for Tobacco Control [www.cctc.ca](http://www.cctc.ca)
- Canadian Cancer Society [www.cancer.ca](http://www.cancer.ca)
- Non-Smokers’ Rights Association [www.nsra-adnf.ca](http://www.nsra-adnf.ca)
RESOURCE TOOL- EMERGENCY PROCEDURE

- The following may be used as a template that can be cut out, laminated and used as a reference in each room. It is not designed to be used for the first time in the event of an emergency, but as a resource tool that is easily accessible for frequent review of the emergency procedures, especially for new staff.

SUPERVISOR

1. Assist remaining children and staff to exit the building
2. Check with staff to ensure all children and staff are accounted for
3. Contact the appropriate emergency response services if necessary
4. Make sure the master attendance list, emergency forms and necessary medications are accessible and taken out
5. Wait for the emergency response services and inform them of the situation upon arrival
6. If necessary, contact parents and arrange for movement to the emergency location

STAFF #1

1. Line up children and evacuate the building
2. Assemble in designated area
3. Ensure everyone is present
4. Assess any injuries and report them to the supervisor
5. Initiate a quiet activity to keep the children’s attention away from the fire

STAFF #2

1. Get the emergency evacuation bag
2. Get the emergency information sheets for the children
3. Assist the children in exiting the building
4. Assemble in designated area
5. Remain with children until further instructions are given

KITCHEN AND AUXILIARY STAFF

1. Turn off all kitchen appliances
2. Assist staff in infant or toddler area
3. Exit the building
4. Assemble in designated area
5. Remain with children until further instructions are given
MONTHLY FIRE AND EVACUATION SAFETY CHECKLIST

Name of Centre: ________________________
Month: ________________________________
Staff’s Signature: ________________________
Director’s Signature: _____________________

Are all (insert # .......) fire extinguishers accessible?
- Yes ☐ No ☐

Are all (insert # .......) fire extinguishers in working order?
- Yes ☐ No ☐

Are there any trouble lights illuminated on the smoke/carbon monoxide detectors?
- Yes ☐ No ☐

Are all back-up batteries in working condition?
- Yes ☐ No ☐

Are the emergency lights and emergency exit signs in working condition?
- Yes ☐ No ☐

Are all (insert # .......) of the first aid kits fully stocked?
- Yes ☐ No ☐

List any supplies that are missing _________________________________________________________

Is the evacuation kit fully stocked? (Check any expiry dates on perishable items)
- Yes ☐ No ☐
SECTION: HEALTH AND SAFETY MIND AND BODY

Do all access keys (including those in evacuation/emergency kits) still operate the appropriate locks?

Yes ☐ No ☐

Are all exit doors clear and accessible?

Yes ☐ No ☐

Are there any damaged electrical cords or appliances?

Yes ☐ No ☐

Is a maximum of 20 per cent of the wall space covered with combustible artwork and teaching materials?

Yes ☐ No ☐

Is the laundry dryer lint trap clear of debris?

Yes ☐ No ☐

Are all combustibles stored in appropriate containers?

Yes ☐ No ☐

Are the emergency phone numbers in each room easily visible and up to date?

Yes ☐ No ☐

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<th>Item to be Completed</th>
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