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Health and Safety Policy

Pacific Design Academy recognizes that health and safety are essential to fostering professionalism, creativity, and the intellectual and social development of our community. We are dedicated to continuously developing, reviewing, and enhancing our health and safety procedures as part of our annual internal review process. PDA emphasizes the following:

- Staff members must ensure that all safe and reasonable procedures are strictly followed.
- Any injuries must be reported to an Administrative Staff member and addressed immediately.
- All health and physical hazards must be promptly reported and managed.
- PDA adheres to all applicable regulations and requirements concerning the health and safety of students, staff, and visitors.
- First Aid treatment and Health and Safety manuals are readily available for all students in the main office.

1. Scent Free Policy

A fragrance-free environment is essential for maintaining a safe and healthy workplace. In Canada, more than one in four individuals suffer from respiratory conditions, with 40% of these individuals being sensitive to allergens that trigger their symptoms.
To ensure a healthy environment for all, scented products are prohibited throughout the school facilities. This includes:

- PDA expects all spaces used by staff, students, and visitors to remain free of scented products.
- Personal care products such as cologne, perfume, aftershave, scented lotions, fragranced hair products, and similar items are not to be worn at PDA.
- Whenever possible, scented products—including but not limited to laundry detergents and fabric softeners—should be replaced with unscented alternatives.
- The use of air fresheners and candles is strictly prohibited at all times.
- Staff and/or students may be required to remove scented products or leave the premises if necessary to maintain a fragrance-free environment.

2. Safety Policy

This policy outlines the procedures to ensure the safety and well-being of students, staff, and visitors in the event of a fire or earthquake. The school is committed to minimizing risk and providing a safe environment through preparedness, awareness, and quick response.

2.1 First Aid Treatment

The entire administrative team has received comprehensive first aid training and is fully prepared to assist in the event of an emergency. We are committed to following all established procedures and guidelines to ensure the safety and well-being of our community. Our team is equipped to respond quickly and effectively to any situation, providing immediate assistance and support as needed.

2.2 Anaphylaxis

A severe allergic reaction (anaphylaxis) can produce shock and life-threatening respiratory distress. In sensitive people, anaphylaxis can occur within minutes or up to several hours after exposure to a specific allergy-causing substance. Almost any allergy-causing substance—including insect venom, pollen, latex, certain foods and drugs—can cause anaphylaxis. Some people have anaphylactic reactions from unknown causes.

If you're extremely sensitive, you might break out in hives, and your eyes or lips might swell severely. The inside of your throat might swell as well, even to the point of causing difficulty breathing and shock. Dizziness, mental confusion, abdominal cramping, nausea, vomiting or diarrhea may also accompany anaphylaxis.

If you've had an anaphylactic reaction in the past, carry medications with you as an antidote. Epinephrine is the most commonly used drug for severe allergic reactions. It comes only as an injection that must be prescribed by your doctor. You should also carry an antihistamine pill, such as diphenhydramine (Benadryl, others), because the effects of epinephrine are only temporary. Seek emergency medical attention immediately after taking these medications.

If you observe someone having an allergic reaction with signs of anaphylaxis:

- Call 911 or your local medical emergency number.
- Check for special medications that the person might be carrying to treat an allergic attack, such as an auto-injector of epinephrine (for example, EpiPen). Administer the drug as directed—usually by pressing the auto-injector against the person's thigh and holding it in place for several seconds.
- Massage the injection site for 10 seconds to enhance absorption. If your doctor prescribed an auto-injector of epinephrine, read the instructions before a problem develops and also have your household members read them.
- After administering epinephrine, have the person take an antihistamine pill if he or she is able to do so without choking.
- Have the person lie still on his or her back with feet higher than the head.
- Loosen tight clothing and cover the person with a blanket. Don't give anything to drink.
- If there's vomiting or bleeding from the mouth, turn the person on his or her side to prevent choking.
- If there are no signs of circulation (breathing, coughing or movement), begin CPR.

2.3 Animal Bites

Domestic pets cause most animal bites. Dogs are more likely to bite than cats. Cat bites, however, are more likely to cause infection. Bites from non-immunized domestic animals and wild animals carry the risk of rabies. Rabies is more common in raccoons, skunks, bats and foxes than in cats and dogs. Rabbits, squirrels and other rodents rarely carry rabies. If an animal bites you or your child, follow these guidelines:

- **For minor wounds.** If the bite barely breaks the skin and there is no danger of rabies, treat it as a minor wound. Wash the wound thoroughly with soap and water. Apply an antibiotic cream to prevent infection and cover the bite with a clean bandage.
- **For deep wounds.** If the animal bite creates a deep puncture of the skin or the skin is badly torn and bleeding, apply pressure with a clean, dry cloth to stop the bleeding and see your doctor.
- **For infection.** If you notice signs of infection such as swelling, redness, increased pain or oozing, see your doctor immediately.
- **For suspected rabies.** If you suspect the bite was caused by an animal that might carry rabies—any bite from a wild or domestic animal of unknown immunization status—see your doctor immediately.
- Doctors recommend getting a tetanus shot every 10 years. If your last one was more than five years ago and your wound is deep or dirty, your doctor may recommend a booster. You should have the booster within 48 hours of the injury.

2.4 Burns

To distinguish a minor burn from a serious burn, the first step is to determine the degree and the extent of damage to body tissues. The three classifications of first-degree burn, second- degree burn and third-degree burn will help you determine emergency care:

- **First-degree burn:** The least serious burns are those in which only the outer layer of skin (epidermis) is burned. The skin is usually red, with swelling and pain sometimes present. The outer layer of skin hasn't been burned through. Treat a first-degree burn as a minor burn unless it involves substantial portions of the hands, feet, face, groin or buttocks, or a major joint.
- **Second-degree burn:** When the first layer of skin has been burned through and the second layer of skin (dermis) also is burned, the injury is termed a second-degree burn. Blisters develop and the

skin takes on an intensely reddened, splotchy appearance. Second-degree burns produce severe pain and swelling. If the second-degree burn is no larger than 2 to 3 inches in diameter, treat it as a minor burn. If the burned area is larger or if the burn is on the hands, feet, face, groin or buttocks, or over a major joint, get medical help immediately.

- For minor burns, including second-degree burns limited to an area no larger than 2 to 3 inches in diameter, take the following action:
- **Cool the burn**. Hold the burned area under cold running water for at least 5 minutes, or until the pain subsides. If this is impractical, immerse the burn in cold water or cool it with cold compresses. Cooling the burn reduces swelling by conducting heat away from the skin. Don't put ice on the burn.
- **Cover the burn with a sterile gauze bandage.** Don't use fluffy cotton, which may irritate the skin. Wrap the gauze loosely to avoid putting pressure on burned skin. Bandaging keeps air off the burned skin, reduces pain and protects blistered skin.
- **Take an over-the-counter pain reliever.** These include aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve) or acetaminophen (Tylenol, others). Never give aspirin to children or teenagers.

Minor burns usually heal without further treatment. They may heal with pigment changes, meaning the healed area may be a different color from the surrounding skin. Watch for signs of infection, such as increased pain, redness, fever, swelling or oozing. If infection develops, seek medical help. Avoid re-injuring or tanning if the burns are less than a year old — doing so may cause more extensive pigmentation changes. Use sunscreen on the area for at least a year.

Caution

1. Don't use ice. Putting ice directly on a burn can cause frostbite, further damaging your skin.
2. Don't break blisters. Broken blisters are vulnerable to infection.

- **Third-degree burn:** The most serious burns are painless and involve all layers of the skin. Fat, muscle and even bone may be affected. Areas may be charred black or appear dry and white. Difficulty inhaling and exhaling, carbon monoxide poisoning or other toxic effects may occur if smoke inhalation accompanies the burn.

For major burns, dial 911 or call for emergency medical assistance. Until an emergency unit arrives, follow these steps:

- Don't remove burnt clothing. However, do make sure the victim is no longer in contact with smoldering materials or exposed to smoke or heat.
- Don't immerse severe large burns in cold water. Doing so could cause shock.
- Check for signs of circulation (breathing, coughing or movement). If there is no breathing or other sign of circulation, begin cardiopulmonary resuscitation (CPR).
- Cover the area of the burn. Use a cool, moist, sterile bandage; clean, moist cloth; or moist towels.

2.5 Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary resuscitation (CPR) is a lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing or heartbeat has stopped. CPR involves a combination of mouth-to-mouth rescue breathing and chest compression that keeps oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm. When the heart stops, the absence of oxygenated blood can cause irreparable brain damage in only a few minutes. Death will occur within eight to 10 minutes. Time is critical when you're helping an unconscious person who isn't breathing.

To learn CPR properly, take an accredited first aid training course, including CPR and how to use an automated external defibrillator (AED).

Before you begin

Assess the situation before starting CPR:

- Is the person conscious or unconscious?
- If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
- If the person doesn't respond, call 911 (or your local emergency number), or have someone else do it. But if

you're alone and the victim is an infant or a child aged 1 to 8 who needs CPR, perform two minutes of CPR before calling for help.

Remember the ABCs

Airway

1. Clear the airway
2. Put the person on his or her back on a firm surface.
3. Kneel next to the person's neck and shoulders.
4. Open the person's airway using the head tilt-chin lift. Put your palm on the person's forehead and gently push down. Then with the other hand, gently lift the chin forward to open the airway.
5. Check for normal breathing, taking no more than 10 seconds: Look for chest motion, listen for breath sounds, and feel for the person's breath on your cheek and ear. Do not consider gasping to be normal breathing. If the person isn't breathing normally or you aren't sure, begin mouth-to-mouth breathing.

Breathing

1. Breathe for the person
2. With the airway open (using the head tilt-chin lift), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.
3. Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head tilt-chin lift and then give the second breath.
4. Begin chest compressions.*

**This can also be done as mouth-to-nose.*

Circulation

Place the heel of one hand over the center of the person's chest, between the nipples. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.

1. Use your upper body weight (not just your arms) as you push straight down on (compress) the chest 1 1/2 to 2 inches. Push hard and push fast — give two compressions per second, or about 100 compressions per minute.
2. After 30 compressions, tilt the head back and lift the chin up to open the airway. Prepare to give two rescue breaths. Pinch the nose shut and breathe into the mouth for one second. If the chest rises, give a second rescue breath. If the chest doesn't rise, repeat the head tilt-chin lift and then give the second rescue breath. That's one cycle. If someone else is available, ask that person to give two breaths after you do 30 compressions.
3. If the person has not begun moving after five cycles (about two minutes) and an automated external defibrillator (AED) is available, open the kit and follow the prompts. If you're not trained to use an AED, a 911 operator may be able to guide you in its use. Trained staff in many public places are also able to provide and use an AED. Use pediatric pads, if available, for children ages 1 to 8. If pediatric pads aren't available, use adult pads. Do not use an AED for infants younger than age 1. If an AED isn't available, go to Number 5 below.
4. Continue CPR until there are signs of movement or until emergency medical personnel take over.

To perform CPR on a child:

The procedure for giving CPR to a child age 1 through 8 is essentially the same as that for an adult. The differences are as follows:

1. Perform five cycles of compressions and breaths on the child — this should take about two minutes — before calling 911 or the local emergency number, unless someone else can call while you attend to the child.
2. Use only one hand to perform heart compressions.
3. Breathe more gently.
4. Use the same compression/breath rate as is used for adults: 30 compressions followed by two breaths. This is one cycle. Following the two breaths, immediately begin the next cycle of compressions and breaths. Continue

until the victim moves or help arrives.

2.6 Chest Pain

The specific cause of chest pain is often difficult to interpret. Causes of chest pain can vary from minor problems, such as indigestion or stress, to serious medical emergencies, such as a heart attack or pulmonary embolism. As with other sudden, unexplained pains, chest pain may be a signal for you to get medical help. Use the following information to help you determine whether your chest pain is a medical emergency.

- **Heart Attack:** A heart attack occurs when an artery that supplies oxygen to your heart muscle becomes blocked. A heart attack generally causes chest pain for longer than 15 minutes. But a heart attack can also be silent and produce no signs or symptoms. Many people who suffer a heart attack have warning symptoms hours, days or weeks in advance. The earliest predictor of an attack may be recurrent chest pain that's triggered by exertion and relieved by rest.

Someone having a heart attack may experience any or all of the following:

- Uncomfortable pressure, fullness or squeezing pain in the center of his or her chest lasting more than a few minutes.
- Pain spreading to the shoulders, neck or arms.
- Lightheadedness, fainting, sweating, nausea or shortness of breath.

If you or someone else may be having a heart attack:

- Dial 911 or call for emergency medical assistance. Don't "tough out" the symptoms of a heart attack for more than five minutes. If you don't have access to emergency medical services, have someone drive you to the nearest hospital, such as a neighbor or friend. Drive yourself only as a last resort, if there are absolutely no other options. Driving yourself puts you and others at risk if your condition suddenly worsens.
- Take nitroglycerin, if prescribed. If you think you're having a heart attack and your doctor has previously prescribed nitroglycerin for you, take it as directed. Do not take anyone else's nitroglycerin.
- Begin CPR. If the person suspected of having a heart attack is unconscious, a 911 dispatcher or another emergency medical specialist may advise you to begin cardiopulmonary resuscitation (CPR). Even if you're not trained, a dispatcher can instruct you in CPR until help arrives.

- **Pulmonary embolism:** An embolus is an accumulation of foreign material — usually a blood clot — that blocks an artery. Tissue death occurs when the tissue supplied by the blocked artery is damaged by the sudden loss of blood. Pulmonary embolism describes the condition that occurs when a clot — usually from the veins of the leg or pelvis — lodges in an artery of the lung.

Signs and symptoms of pulmonary embolism include:

- Sudden, sharp chest pain that begins or worsens with a deep breath or a cough, often accompanied by shortness of breath.
- Sudden, unexplained shortness of breath, even without pain.
- Cough that may produce blood-streaked sputum.
- Rapid heartbeat.
- Anxiety and excessive perspiration.

As with a suspected heart attack, dial 911 or call for emergency medical assistance immediately.

- **Pneumonia with pleurisy:** Frequent signs and symptoms of pneumonia are chest pain accompanied by chills, fever and a cough that may produce bloody or foul-smelling sputum. When pneumonia occurs with an inflammation of the membranes that surround the lung (pleura), you may have considerable chest discomfort when inhaling or coughing. This condition is called pleurisy.

One sign of pleurisy is that the pain is usually relieved temporarily by holding your breath or putting pressure on the painful area of your chest. This is not true of a heart attack. See your doctor if a cough and a fever or chills accompany your chest pain. Pleurisy alone, however, isn't a medical emergency.

- **Chest wall pain:** One of the most common varieties of harmless chest pain is chest wall pain. One kind of chest wall pain is costochondritis. It consists of pain and tenderness in and around the cartilage that connects your ribs to your breastbone (sternum). Often, placing pressure over a few points along the margin of the sternum results in considerable tenderness limited to those small areas. If the pressure of a finger duplicates your chest pain, you probably can conclude that a serious cause of chest pain, such as a heart attack, isn't responsible. Other causes of chest wall pain include:
    - Strained muscles from overuse or excessive coughing.
    - Muscle bruising from minor trauma.

2.7 Choking

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, administer first aid as quickly as possible. The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky
- Loss of consciousness

If choking is occurring, begin to perform the Heimlich maneuver. If you're the only rescuer, perform the Heimlich maneuver before calling 911 (or your local emergency number) for help. If another person is available, have that person call for help while you perform the Heimlich maneuver.

To perform the Heimlich maneuver on someone else:

- Stand behind the person. Wrap your arms around the waist. Tip the person forward slightly.
- Make a fist with one hand. Position it slightly above the person’s navel.
- Grasp the fist with the other hand. Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.
- Repeat until the blockage is dislodged.

To perform the Heimlich maneuver on yourself:

- Place a fist slightly above your navel. Grasp your fist with the other hand and bend over a hard surface — a countertop or chair will do.
- Shove your fist inward and upward.

Clearing the airway of a pregnant woman or obese person:

- Position your hands a little bit higher than with a normal Heimlich maneuver, at the base of the breastbone, just above the joining of the lowest ribs.
- Proceed as with the Heimlich maneuver, pressing hard into the chest, with a quick thrust.
- Repeat until the food or other blockage is dislodged or the person becomes unconscious.

Clearing the airway of an unconscious person:

- Lower the person on his or her back onto the floor.
- Clear the airway. If there is a visible blockage at the back of the throat or high in the throat, reach a finger into the mouth and sweep out the cause of the blockage. Be careful not to push the food or object deeper into the airway, which can happen easily in young children.

- If the object remains lodged and the person doesn't respond after you take the above measures, begin cardiopulmonary resuscitation (CPR). The chest compressions used in CPR may dislodge the object. Remember to recheck the mouth periodically.

Clearing the airway of a choking infant younger than age 1:

- Assume a seated position and hold the infant facedown on your forearm, which is resting on your thigh.
- Thump the infant gently but firmly five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object.
- If this doesn't work, hold the infant face-up on your forearm with the head lower than the trunk. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions.
- If breathing doesn't resume, repeat the back blows and chest thrusts. Call for emergency medical help.
- If one of these techniques opens the airway but the infant doesn't resume breathing, begin infant CPR.*

*****If the child is older than age 1, give abdominal thrusts only.***

2.8 Dislocation

A dislocation is an injury in which the ends of your bones are forced from their normal positions. The cause is usually trauma, such as a blow or fall, but dislocation can be caused by an underlying disease such as rheumatoid arthritis. Dislocations are common injuries in contact sports, such as football and hockey, and in sports that may involve falls, such as downhill skiing and volleyball. Dislocations may occur in major joints such as your shoulder, hip, knee, elbow or ankle or in smaller joints such as your finger, thumb or toe. The injury will temporarily deform and immobilize your joint and may result in sudden and severe pain. A dislocation requires prompt medical attention to return your bones to their proper positions.

If you believe you have dislocated a joint:

- Don't delay medical care. Get medical help immediately.
- Don't move the joint. Until you receive help, splint the affected joint into its fixed position. Don't try to move a dislocated joint or force it back into place. This can damage the joint and its surrounding muscles, ligaments, nerves or blood vessels.
- Put ice on the injured joint. This can help reduce swelling by controlling internal bleeding and the buildup of fluids in and around the injured joint.

2.9 Electric Shock

The danger from an electrical shock depends on how high the voltage is, how the current traveled through the body, the person's overall health, and how quickly the person is treated.

Call 911 (or your local emergency number) immediately if any of these signs or symptoms occur:

- Cardiac arrest
- Heart rhythm problems (arrhythmias)
- Respiratory failure
- Muscle pain and contractions
- Seizures
- Numbness and tingling
- Unconsciousness

While waiting for medical help, follow these steps:

- **Look first. Don't touch.** The person may still be in contact with the electrical source. Touching the person may pass the current through you.
- **Turn off the source of electricity if possible**. If not, move the source away from you and the affected person, using a nonconductive object made of cardboard, plastic or wood.
- **Check for signs of circulation** (breathing, coughing or movement). If absent, begin cardiopulmonary resuscitation (CPR) immediately.
- **Prevent shock.** Lay the person down and, if possible, position the head slightly lower than the trunk, with the legs elevated.

Caution

- Don't touch the person with your bare hands if he or she is still in contact with the electrical current.
- Don't get near high-voltage wires until the power is turned off. Stay at least 20 feet away — much farther if wires are jumping and sparking.
- Don't move a person with an electrical injury unless the person is in immediate danger.

2.10 Fainting

Fainting occurs when the blood supply to your brain is momentarily inadequate, causing you to lose consciousness. This loss of consciousness is usually brief. Fainting can have no medical significance, or the cause can be a serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known.

If you feel faint:

- Lie down or sit down.
- If you sit down, place your head between your knees.*

Discuss recurrent fainting spells with your doctor.

If someone else faints:

- Position the person on his or her back. Make sure the legs are elevated, if possible, above the heart level.
- Check the person's airway to be sure it's clear. Watch for vomiting.
- Check for signs of circulation (breathing, coughing or movement). If absent, begin CPR. Call 911 or your local emergency number. Continue CPR until help arrives or the person responds and begins to breathe. Help restore blood flow. If the person is breathing, restore blood flow to the brain by raising the person's legs above the level of the head. Loosen belts, collars or other constrictive clothing. The person should revive quickly.
- If the person doesn't regain consciousness within one minute, dial 911 or call for emergency medical assistance.
- If the person is injured in a fall associated while fainting, treat any bumps, bruises or cuts appropriately and immediately. Control any bleeding with direct pressure upon the wound or abrasion.

2.11 Head Trauma

Most head trauma involves injuries that are minor and don't require hospitalization. However, dial 911 or call for emergency medical assistance if any of the following signs are apparent:

- Severe head or facial bleeding
- Change in level of consciousness for more than a few seconds
- Black-and-blue discoloration below the eyes or behind the ears
- Cessation of breathing
- Confusion
- Loss of balance
- Weakness or an inability to use an arm or leg
- Unequal pupil size
- Repeated vomiting

- Slurred speech

If severe head trauma occurs:

- Keep the person still. Until medical help arrives, keep the person who sustained the injury lying down and quiet in a darkened room, with the head and shoulders slightly elevated. Don't move the person unless necessary and avoid moving the person's neck.
- Stop any bleeding. Apply firm pressure to the wound with sterile gauze or a clean cloth. But don't apply direct pressure to the wound if you suspect a skull fracture.
- Watch for changes in breathing and alertness. If the person shows no signs of circulation (breathing, coughing or movement), begin CPR.

2.12 Heat Stroke

Heatstroke is similar to heat cramps and heat exhaustion. It's one of the heat-related problems that often result from heavy work in hot environments, usually accompanied by inadequate fluid intake. Older adults, people who are obese and people born with an impaired ability to sweat are at high risk of heatstroke. Other risk factors include dehydration, alcohol use, cardiovascular disease and certain medications.

What makes heatstroke much more severe and potentially life-threatening is that the body's normal mechanisms for dealing with heat stress, such as sweating and temperature control, are lost. The main sign of heatstroke is a markedly elevated body temperature — generally greater than 104 F — with changes in mental status ranging from personality changes to confusion and coma. Skin may be hot and dry, although in heatstroke caused by exertion, the skin is usually moist.

Other signs and symptoms may include:

- Rapid heartbeat
- Rapid and shallow breathing
- Elevated or lowered blood pressure
- Cessation of sweating
- Irritability, confusion or unconsciousness
- Fainting, which may be the first sign in older adults

If you suspect heatstroke:

- Move the person out of the sun and into a shady or air-conditioned space.
- Dial 911 or call for emergency medical assistance.
- Cool the person by covering him or her with damp sheets or by spraying with cool water. Direct air onto the person with a fan or newspaper.

2.13 Hypothermia

Under most conditions your body maintains a healthy temperature. However, when exposed to cold temperatures or to a cool, damp environment for prolonged periods, your body's control mechanisms may fail to keep your body temperature normal. When more heat is lost than your body can generate, hypothermia can result. Wet or damp clothing, an uncovered head and inadequate clothing during cold, winter weather can increase your chances of hypothermia, as can falling into cold water.

Hypothermia is defined as an internal body temperature less than 95 F. Signs and symptoms include:

- Shivering
- Slurred speech
- Abnormally slow breathing
- Cold, pale skin
- Loss of coordination
- Fatigue, lethargy or apathy

Symptoms usually develop slowly. Someone with hypothermia typically experiences gradual loss of mental acuity and physical ability, and so may be unaware of the need for emergency medical treatment. Older adults, infants, young children and people who are very lean are at particular risk. Other people at higher risk for hypothermia than the general public include those whose judgment may be impaired by mental illness or Alzheimer's disease and people who are intoxicated, homeless or caught in cold weather because their vehicles have broken down. Other conditions that may predispose people to hypothermia are malnutrition, cardiovascular disease and an underactive thyroid (hypothyroidism).

To care for someone with hypothermia:

- Dial 911 or call for emergency medical assistance. While waiting for help to arrive, monitor the person's breathing. If breathing stops or seems dangerously slow or shallow, begin cardiopulmonary resuscitation (CPR) immediately.
- Move the person out of the cold. If going indoors isn't possible, protect the person from the wind, cover his or her head, and insulate the body from the cold ground.
- Remove wet clothing and replace with any warm, dry covering.
- Don't apply direct heat. Don't use hot water, a heating pad or a heating lamp to warm the victim. Instead, apply warm compresses to the neck, chest wall and groin. Don't attempt to warm the arms and legs. Heat applied to the arms and legs forces cold blood back toward the heart, lungs and brain, causing the core body temperature to drop. This can be fatal.
- Don't give the person alcohol. Offer warm non-alcoholic drinks, unless the person is vomiting.
- Don't massage or rub the person. Handle people with hypothermia gently, because they're at risk of cardiac arrest.

2.14 Insect Bites

Signs and symptoms of an insect bite result from the injection of venom or other substances into your skin and blood stream. The venom triggers an allergic reaction. The severity of your reaction depends on your sensitivity to the insect venom or substance. Most reactions to insect bites are mild, causing little more than an annoying itching or stinging sensation and mild swelling that disappear within a day or so. A delayed reaction may cause fever, hives, painful joints and swollen glands. You might experience both the immediate and the delayed reactions from the same insect bite or sting. Only a small percentage of people develop severe allergic reactions (anaphylaxis) to insect venom.

Signs and symptoms of a severe reaction include facial swelling, difficulty breathing and shock. Bites from bees, wasps, hornets, yellow jackets and fire ants are typically the most troublesome. Bites from mosquitoes, ticks, biting flies and some spiders also can cause reactions, but these are generally milder.

For mild reactions:

- Move to a safe area to avoid more stings.
- Scrape or brush off the stinger with a straight-edged object, such as a credit card or the back of a knife. Wash the affected area with soap and water. Don't try to pull out the stinger; doing so may release more venom.
- To reduce pain and swelling, apply a cold pack or cloth filled with ice.
- Apply 0.5 percent or 1 percent hydrocortisone cream, calamine lotion or a baking soda paste — with a ratio of 3 teaspoons baking soda to 1 teaspoon water — to the bite or sting several times a day until your symptoms subside.
- Take an antihistamine containing diphenhydramine (Benadryl, Tylenol Severe Allergy) or chlorpheniramine maleate (Chlor-Trimeton, Teldrin).
- Allergic reactions may include mild nausea and intestinal cramps, diarrhea or swelling larger than 2 inches in diameter at the site. See your doctor promptly if you experience any of these signs and symptoms.

For severe reactions: Severe reactions may progress rapidly. Dial 911 or call for emergency medical assistance if the following signs or symptoms occur:

- Difficulty breathing
- Swelling of your lips or throat
- Faintness
- Dizziness
- Confusion
- Rapid heartbeat
- Hives
- Nausea, cramps and vomiting

Take these actions immediately while waiting with an affected person for medical help:

- Check for special medications that the person might be carrying to treat an allergic attack, such as an auto-injector of epinephrine (for example, EpiPen). Administer the drug as directed — usually by pressing the auto-injector against the person's thigh and holding it in place for several seconds. Massage the injection site for 10 seconds to enhance absorption.
- After administering epinephrine, have the person take an antihistamine pill if he or she is able to do so without choking.
- Have the person lie still on his or her back with feet higher than the head.
- Loosen tight clothing and cover the person with a blanket. Don't give anything to drink.
- If there's vomiting or bleeding from the mouth, turn the person on his or her side to prevent choking.
- If there are no signs of circulation (breathing, coughing or movement), begin CPR.

If your doctor has prescribed an auto-injector of epinephrine, read the instructions before a problem develops and also have your household members read them.

2.15 Nose Bleeds

Nosebleeds are common. Most often they are a nuisance and not a true medical problem. Typically, nosebleeds originate at the septum, just inside the nose, which separates the nasal chambers. Specifically for middle-aged and older adults, nosebleeds can begin not only in the septum, but may also start deeper in the nose's interior. This form of nosebleed is much less common and may be caused by hardened arteries or high blood pressure. These can begin spontaneously and are often difficult to stop. They require a specialist's help.

To take care of a nosebleed:

- Sit upright. By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding.
- Pinch your nose. Use your thumb and index finger and breathe through your mouth. Continue the pinch for five to 10 minutes. This maneuver sends pressure to the bleeding point on the nasal septum and often stops

the flow of blood.
- To prevent re-bleeding after bleeding has stopped, don't pick or blow your nose and don't bend down until several hours after the bleeding episode. Keep your head higher than the level of your heart.
- If re-bleeding occurs, sniff in forcefully to clear your nose of blood clots, spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin, Dristan, others). Pinch your nose again in the technique described above and call your doctor.

Seek medical care immediately if:
- The bleeding lasts for more than 20 minutes.
- The nosebleed follows an accident, a fall or an injury to your head, including a punch in the face that may have broken your nose.

If you experience frequent nosebleeds, make an appointment with your doctor. You may need to have the blood vessel that's causing your problem cauterized. Cautery is a technique in which the blood vessel is burned with electric current, silver nitrate or a laser. Sometimes your doctor may pack your nose with special gauze or an inflatable latex balloon to put pressure on the blood vessel and stop the bleeding.

Also call your doctor if you are experiencing nasal bleeding and are taking blood thinners, such as aspirin or warfarin (Coumadin). Your doctor may advise adjusting your medication. Using supplemental oxygen administered with a nasal tube (cannula) may increase your risk of nosebleeds. Apply a water-based lubricant to your nostrils and increase the humidity in your home to help relieve nasal bleeding.

2.16 Severe Bleeding

If possible, before you try to stop severe bleeding, wash your hands to avoid infection and put on synthetic gloves. Don't reposition displaced organs. If the wound is abdominal and organs have been displaced, don't try to push them back into place. Cover the wound with a dressing.

For other cases of severe bleeding, follow these steps:
- Have the injured person lie down. If possible, position the person's head slightly lower than the trunk or elevate the legs. This position reduces the risk of fainting by increasing blood flow to the brain. If possible, elevate the site of bleeding.
- While wearing gloves, remove any obvious dirt or debris from the wound. Don't remove any large or more deeply embedded objects. Don't probe the wound or attempt to clean it at this point. Your principal concern is to stop the bleeding.
- Apply pressure directly on the wound. Use a sterile bandage, clean cloth or even a piece of clothing. If nothing else is available, use your hand.
- Maintain pressure until the bleeding stops. Hold continuous pressure for at least 20 minutes without looking to see if the bleeding stopped. You can maintain pressure by binding the wound tightly with a bandage (or even a piece of clean clothing) and adhesive tape.
- Don't remove the gauze or bandage. If the bleeding continues and seeps through the gauze or other material you are holding on the wound, don't remove it. Instead, add more absorbent material on top of it.
- Squeeze a main artery if necessary. If the bleeding doesn't stop with direct pressure, apply pressure to the artery delivering blood to the area of the wound. Pressure points of the arm are on the inside of the arm just above the elbow and just below the armpit. Pressure points of the leg are just behind the knee and in the groin. Squeeze the main artery in these areas against the bone. Keep your fingers flat. With your other hand, continue to exert pressure on the wound itself.
- Immobilize the injured body part once the bleeding has stopped. Leave the bandages in place and get the injured person to the emergency room as soon as possible.

If you suspect internal bleeding, seek emergency help. Signs of internal bleeding may include:
- Bleeding from body cavities (such as the ears, nose, rectum or vagina)
- Vomiting or coughing up blood

- Bruising on neck, chest, abdomen or side (between ribs and hip)
- Wounds that have penetrated the skull, chest or abdomen
- Abdominal tenderness, possibly accompanied by rigidity or spasm of abdominal muscles
- Fractures
- Shock, indicated by weakness, anxiety, thirst or skin that's cool to the touch.

2.17 Spinal Injury

If you suspect a back or neck (spinal) injury, do not move the affected person. Permanent paralysis and other serious complications can result. Assume a person has a spinal injury if:

- There's evidence of a head injury with an ongoing change in the person's level of consciousness.
- The person complains of severe pain in his or her neck or back.
- The person won't move his or her neck.
- An injury has exerted substantial force on the back or head.
- The person complains of weakness, numbness or paralysis or lacks control of his or her limbs, bladder or bowel.
- The neck or back is twisted or positioned oddly.

If you suspect someone has a spinal injury:

- Dial 911 or call for emergency medical assistance.
- The goal of first aid for a spinal injury is to keep the person in much the same position as he or she was found. Keep the person still. Place heavy towels on both sides of the neck or hold the head and neck to prevent movement.
- Provide as much first aid as possible without moving the person's head or neck. If the person shows no signs of circulation (breathing, coughing or movement), begin CPR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward.
- If you absolutely must roll the person because he or she is vomiting, choking on blood or in danger of further injury, use at least two people. Work together to keep the person's head, neck and back aligned while rolling the person onto one side.

2.18 Sprain

Your ligaments are tough, elastic-like bands that attach to your bones and hold your joints in place. A sprain is an injury to a ligament caused by excessive stretching. The ligament can have tears in it, or it can be completely torn apart. Sprains occur most often in your ankles, knees or the arches of your feet. Sprained ligaments swell rapidly and are painful. Generally, the greater the pain, the more severe the injury. For most minor sprains, you can probably treat the injury yourself.

Follow the instructions for P.R.I.C.E.

1. Protect the injured limb from further injury by not using the joint. You can do this using anything from splints to crutches.
2. Rest the injured limb. But don't avoid all activity. Even with an ankle sprain, you can usually still exercise other muscles to prevent de-conditioning. For example, you can use an exercise bicycle, working both your arms and the uninjured leg while resting the injured ankle on another part of the bike. That way you still get three-limb exercise to keep up your cardiovascular conditioning.
3. Ice the area. Using a cold pack, a slush bath or a compression sleeve filled with cold water will limit swelling after an injury. Try to apply ice as soon as possible after the injury. If you use ice, be careful not to use it for too long, as this could cause tissue damage.
4. Compress the area with an elastic wrap or bandage. Compressive wraps or sleeves made from elastic or neoprene are best.
5. Elevate the injured limb whenever possible to help prevent or limit swelling.

Call for emergency medical assistance if:

- You heard a popping sound when your joint was injured, or you can't use the joint. This may mean the

ligament was completely torn apart. On the way to the doctor, apply a cold pack.
- You have a fever, and the area is red and hot. You may have an infection.
- You have a severe sprain. Inadequate or delayed treatment may cause long-term joint instability or chronic pain.
- You aren't improving after the first two or three days.

3. Emergency Response Policy

This policy outlines the procedures to ensure the safety and well-being of students, staff, and visitors in the event of natural disasters. The school is committed to minimizing risk and providing a safe environment through preparedness, awareness, and quick response.

3.1 Intrusions

Should a visitor appear suspicious, staff and students are expected to:

- Ensure that a safe distance be kept. Do not try to apprehend or stop the intruder.
- Report the suspicious person to an instructor or administrative staff member.
- If the intruder poses an immediate threat, go to the nearest phone, select any open line and dial 911.

3.2 Earthquakes

The school will conduct earthquake drills at least twice a year.

In the Event of an Earthquake

- **While Inside a Building:**
  - Immediately "Drop, Cover, and Hold On" under desks or tables. Avoid standing near windows, shelves, or heavy objects that may fall until the shaking stops
  - Learn about “Drop, Cove and Hold on” https://www.shakeoutbc.ca/how-to-run-a-drill/drop-cover-and-hold-on
- **If Outside:**
  - Move away from buildings, trees, power lines, and anything that could fall.
  - Drop to the ground and stay in an open area until the shaking stops.

After the Earthquake

- Strong aftershocks can continue for some time after the initial earthquake. Prepare to drop, cover and hold on again at any time.
- Check yourself for injuries.
- Once several minutes have passed without aftershocks, assess surroundings for any immediate danger, such as fires or structural damage.
- Evacuate the building calmly if necessary, using the designated emergency exits.
- Do **NOT** pull the fire alarm unless there is a fire.

3.3 Fire

3.3.1 Prevention

- Regular inspections of the school premises will be conducted to identify potential fire hazards.
- Fire drills will be held at least once each term to ensure that all students, staff, and visitors are familiar with emergency evacuation routes and procedures.
- Staff and students are prohibited from using unauthorized electrical appliances or engaging in unsafe activities that may cause fire hazards.
- Fire extinguishers, smoke detectors, and fire alarms will be regularly checked for functionality.

3.3.2 Evacuation Procedures

Fires can occur at any time in the school and are a serious threat to life and property. Simple steps such as keeping fire doors closed, learning how to use a fire extinguisher and familiarizing yourself with evacuation routes could be lifesaving.

In the event of a fire:

- Pull the fire alarm
- Call 911 first and let admin team know, if not the working hours, call 778-859-6012 (Isabel Yu)

- Use an extinguisher if the fire is small. Make sure you use the correct extinguisher (see table below)
- If you cannot evacuate, close as many doors as possible between you and the fire.
- Do not use elevators. Use designated stairwells as refuge areas. Hang clothing from a window to alert emergency response personnel.
- Upon hearing the fire alarm, students and staff must immediately stop all activities and proceed to the nearest exit in a calm and orderly manner.

Class	Type of fire
A	○ Ordinary combustibles (e.g. paper, wood)
B	○ Flammable liquids (e.g. gas, solvents)
C	○ Electrically charged equipment (e.g. computers)
K	○ Kitchen

If caught in smoke:

- Drop low to the ground and crawl.
- Breathe shallowly through your nose, holding your breath as long as possible. Use a damp cloth over your mouth and nose to filter out smoke.
- Stay calm.
- If your clothing catches on fire:
- Stop where you are.
- Drop to the floor.
- Roll around on the floor.
- If someone else's clothing catches on fire:
- Grab a blanket, rug or coat and wrap them in it to smother the flames.
- Once outside, students and staff should assemble at the designated safe area, located at the central area at Bastion Square. Kevin Zak and Isabel Yu are responsible for count students and staff members.
- If you leave before reporting to the assembly area, please advise an instructor or fellow student.

3.3.3 Fire Safety Equipment

- Fire extinguishers and alarms are clearly labeled and will be checked monthly.
- Emergency exits and escape routes will remain clear at all times.
- Fire safety training for staff will occur annually, ensuring everyone knows how to use fire extinguishers and react in case of fire.

4. Overdose Prevention & Harm Reduction Policy

Pacific Design Academy is committed to maintaining a safe and supportive environment for all students and staff. In response to the ongoing toxic drug crisis, PDA emphasizes the importance of harm reduction strategies and overdose prevention. Our staff members are trained in first aid and overdose response, including the use of naloxone. We encourage everyone to seek help when needed and to utilize available resources, ensuring that all individuals are supported. PDA follows harm reduction principles, promoting education, awareness, and access to support systems to minimize risks related to substance use.

Resources:

- Toward the Heart provides links to safe injection resources, overdose support groups, naloxone training, toxic drug alerts and more.
- We have naloxone kits available at the school, just reach out to one of the members of our Critical Incident Report Team.

6. Critical Incident Report Team

PDA has established a Critical Incident Response Team (CIRT) to manage and respond to emergencies. The CIRT will include the following members:

- **Crisis Management Coordinator**: Millie Rimada, Registrar; Georgia Quiring, Academic Coordinator
- **Faculty Representative:** Department-Heads
- **Additional support as needed**: Kevin Zak (Academic Dean), Bradley Wang (Facility Manager), Isabel Yu (School Director)

Responsibilities:
- Assess the situation.
- Coordinate necessary resources and responses
- Communicate updates to stakeholders
- Ensure the safety and well-being of everyone involved.

6.1 Reporting Critical Incidents

How to Report
- All members of the institution, including students, staff, faculty, and visitors, should report any critical incident immediately through the appropriate channels.
- Critical incidents can be reported to the following contacts:
    - **Emergency Services:** Dial 911 for police, fire or medical emergencies. Report to Crisis Management Coordinator.
    - **Crisis Management Coordinator:** Millie and Georgia
    - **Additional Support:** Kevin, Bradley and Isabel

Reports can be made via phone, email, in-person communication, or through the institution's emergency contact system (if applicable).

6.2 Support for International Students

International students may experience unique challenges during a crisis.
- Chinese: Isabel Yu
- Spanish: Millie Rimada

Information on how to access external counselling services, medical assistance, and other support systems will be readily available in both physical and digital formats, such as during orientation, on the institution's website, through email, and via social media platforms.

6.3 Response Protocol

Immediate Response
- CIRT convenes immediately upon receiving a report.
- Emergency services (police, fire, medical teams) will be contacted if required.
- CIRT ensures the immediate safety of all affected individuals.

Communication During a Crisis
- Clear communication will be maintained with all parties affected by the incident.
- Updates will be provided regularly through institutional channels such as the website, email, and social media.
- All communication will be handled with sensitivity, especially regarding confidential or personal matters.

6.4 Post-Incident Support

- **External Counselling Services:** PDA will provide the information about local external counselling services or contracted mental health professionals to provide emotional support.
- **Medical Support:** PDA will coordinate with local clinics or hospitals for follow-up care. International students staying in BC for six months or more must enroll in MSP.
- **Legal and Practical Support:** Support for navigating police reports or legal procedures.

6.5 Training and Awareness

Staff and Faculty Training

All staff and faculty members will undergo regular training on critical incident management, including identification, reporting, and immediate response.

6.6 Documentation and Review

- All critical incidents and the responses to them will be thoroughly documented.
- A post-incident review will be conducted to assess the effectiveness of the response and identify areas for improvement.
- The Critical Incident and Crisis Management Policy will be reviewed and updated annually or after a significant incident to ensure it remains relevant and effective.

6.7 Communication and Accessibility

This plan will be available to all staff, students and visitors via:

- The PDA website
- Hard copies in the school in Students and Faculty handbooks

Contact Information for Emergencies:

- **Emergency Services:** 911
- **Crisis Management Coordinator:**

registrar@pdaeducation.com
admin@pdaeducation.com

phone: 250 383 3631 email: INFORM@PACIFICDESIGNACADEMY.COM address: 200-8 BASTION SQUARE, VICTORIA BC V8W 1H9