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Protection and Safety Measures in Early Childhood Education: Matters Arising

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Abstract: *Every child has the right to survival, growth, development and participation in all matters relating to his life. Protecting and fulfilling these rights require social policies that will protect and enforce their safety in school and even beyond. Equally, school safety is important in enhancing children's learning and therefore defined as measures put in place by staff, parents, learners and other stakeholders. The protective measures contained in this article are meant to minimize risk condition that may cause accidents, bodily injury, as well as emotional and psychological distress. This paper therefore looks at health and safety best practices, safeguarding and child protection tips in schools, the paper finally suggest the following: provision of information to children about how to protect themselves; promotion of best hands washing and hygiene practices and cleaning, disinfecting school buildings, especially water and sanitation facilities.*

Keywords: Protection, safety measures, early childhood, safeguarding, best practices, psychological distress

Introduction

Every child has the right to survival, growth, development and participation in all matters relating to his life. Protecting and fulfilling these rights require social policies that will protect and enforce their safety in school and even beyond. Protection and safety education is the teaching of specific knowledge, skills and understanding that children need in order to stay safe in all given situation. There is a popular biblical quote that says "when the foundation is faulty, what would the righteous do"? If all efforts fall to Early Childhood level of education to provide or teach safety education to the children, and the effect will be lethargy. Because a safe learning environment is very essential for children at this level and without adequate protection and safety, children won't be able to focus on learning the skills knowledge needed for a successful future endeavours. When violence and abuse are not removed from our educational setting, learners (children) will be affected in some ways. Research has shown that children who feel unsafe at school, perform worse academically and are more at risk for getting involved in drugs and delinquency (Fowowe, Daniel and Sunmonu, 2020)

Protection and Safety Best Practices in ECD Centres

We are losing social skill, the human interaction skill for that matter, how to read a person's mood, to read that body language, how to be patient, until the moment, the exclusive use of electronic information helps to promote the mishap and chaos happening in the community.

We live for good ideas and security tips you need human interaction, argument and debate, and all of these can be achieved when all stakeholders resolve to be involved.

Every day millions of children attend early care and education programmes. It is critical that they have the opportunity to grow and learn in healthy and safe environment with caring and Professional caregivers/ preschool teachers.

Following health and safety best practices is an important way to provide quality early care and education for young children particularly at a time like this that Coronavirus (COVID-19) has been declared an international health issue.

Child safety is an area that is more concerned with limiting children's exposure to hazards and reducing children's risk of harm. This becomes very important because children are particularly vulnerable to diseases, accidents and disasters like the recent Coronavirus pandemic and their safety requires different approaches from those significant adults around them.

Child protection is the process of protecting individual children identified as either suffering or likely to likely to suffer significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect of children and particularly during this COVID-19 Pandemic.

Safeguarding is a term which is broader than child protection and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is protecting children from maltreatment; preventing impairment of children's' health and development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; taking action to enable all children to have the best outcomes. In response to the needs of early Childhood education in the new normal, the health and safety of children is very paramount in time like this.

The health and safety of all children in early care and education settings is essential. The child care setting offers many opportunities for incorporating health and safety education and life skills into everyday activities. Health education for children is

an investment in a lifetime of good health practices and contributes to a healthier childhood and adult life. Modeling of good health habits, such as healthy eating and physical activity, by all staff in indoor and outdoor learning/play environments, is the most effective method of health education for young children. Child care for infants, young children, and school-age children is anchored in a respect for the developmental needs, characteristics, and cultures of the children and their families; it recognizes the unique qualities of each individual and the importance of early brain development in young children and in particular children birth to three years of age.

To the extent possible, indoor and outdoor learning play activities should be geared to the needs of all children. The relationship between parent guardian/family and child is of utmost importance for the child's current and future development and should be supported by caregivers/teachers.

Those who care for children on a daily basis have abundant, rich observational information to share, as well as offer instruction and best practices to parents/guardians. Parents/guardians should share with caregivers/teachers the unique behavioral, medical and developmental aspects of their children. Ideally, parents/guardians can benefit from time spent in the child's caregiving environment and time for the child, parent guardian and caregiver/teacher to be together should be encouraged. Daily communication, combined with at least yearly conferences between families and the principal caregiver/teacher, should occur. Communication with families should take place through a variety of means and ensure all families, regardless of language, literacy level, or special needs, receive all of the communication. The nurturing of a child's development is based on knowledge of the child's general health, growth and development, learning style, and unique characteristics. This nurturing enhances the enjoyment of both child and parent/guardian as maturation and adaptation take place. As shown by studies of early brain development worthy relationships with a small number of adults and an environment conducive to bonding and learning are essential to the healthy development of children. Staff selection, training, and support should be directed to the following goals:

a) Promoting continuity of affective relationships;
b) Encouraging staff capacity for identification with and empathy for the child;
c) Emphasizing an attitude of involvement as an adult in the children's play without dominating the activity;
d) Being sensitive to cultural differences; and
   Being sensitive to stressors in the home environment.

Children with special health care needs encompass those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children. This includes children who have intermittent and continuous needs in all aspects of health. No child with special health care needs should be denied access to child care because of his/her disability(ies), unless one of the four reasons for denying care exists: level of care required; physical limitations of the site; limited resources in the community, or unavailability of specialized, trained staff. Whenever possible, children with special health care needs should be cared for and provided services in settings including children without special health care needs.

Developmental programs and care should be based on a child's functional status, and the child's needs should be described in behavioral or functional terms. Children with special needs should have a comprehensive interdisciplinary or multidisciplinary evaluation if determined necessary. Written policies and procedures should identify facility requirements and persons and/or entities responsible for implementing such requirements including clear guidance as to when the policy does or does not apply. Whenever possible, written information about facility policies and procedures should be provided in the native language of parents/guardians, in a form appropriate for parents/guardians who are visually impaired, and also in an appropriate literacy/readability level for parents/guardians who may have difficulty with reading. However, processes should never become more important than the care and education of children. Confidentiality of records and shared verbal information must be maintained to protect the child, family, and staff. The information obtained at early care and education programs should be used to plan for a child's safe and appropriate participation. Parents/guardians must be assured of the vigilance of the staff in protecting such information.

When sharing information, such as referrals to services that would benefit the child, attainment of parental consent to share information must be obtained in writing. It is also important to document key communication (verbal and written) between staff and parents/guardians. The facility's nutrition activities complement and supplement those of home and community. Food provided in a child care setting should help to meet the child's daily nutritional needs while reflecting individual, cultural, religious, and philosophical differences and providing an opportunity for learning. Facilities can contribute to overall child development goals by helping the child and family understand the relationship of nutrition to health, the importance of positive child feeding practices, the factors that influence food practices, and the variety of ways to meet nutritional needs. All children should engage in daily physical activity in a safe environment that promotes developmentally appropriate movement skills and a healthy lifestyle.

In furtherance of children safety in the new normal international guidelines was released on the safe school reopening.

Guidance and guidelines include practical actions and checklists for administrators, caregivers, teachers, parents and children

The International Federation of the Red Cross (IFRC), UNICEF and the World Health Organization (WHO) today issued new guidance to help protect children and schools from transmission of the COVID-19 virus. The guidance provides critical considerations and practical checklists to keep schools safe. It also advises national and local authorities on how to adapt and implement emergency plans for educational facilities.

In the event of school closures, the guidance includes recommendations to mitigate against the possible negative impacts on children's learning and wellbeing. This means having solid plans in place to ensure the continuity of learning, including remote learning options such as online education strategies and radio broadcasts of academic content, and access to essential services for all children. These plans should also include necessary steps for the eventual safe reopening of schools.

Where schools remain open, and to make sure that children and their families remain protected and informed, the guidance calls for:

- Providing children with information about how to protect themselves;
- Promoting best handwashing and hygiene practices and providing hygiene supplies;
- Cleaning and disinfecting school buildings, especially water and sanitation facilities; and
- Increasing airflow and ventilation.

The guidance, while specific to countries that have already confirmed the transmission of COVID-19, is still relevant in all other contexts. Education can encourage students to become advocates for disease prevention and control at home, in school, and in their community by talking to others about how to prevent the spread of viruses. Maintaining safe school operations or reopening schools after a closure, requires many considerations, but if done well, can promote public health.

For example, safe school guidelines implemented in Guinea, Liberia and Sierra Leone during the outbreak of Ebola virus disease from 2014 to 2016 helped prevent school-based transmissions of the virus.

UNICEF is urging schools – whether open or helping students through remote learning – to provide students with holistic support. Schools should provide children with vital information on handwashing and other measures to protect themselves and their families; facilitate mental health support; and help to prevent stigma and discrimination by encouraging students to be kind to each other and avoid stereotypes when talking about the virus.

The new guidance also offers helpful tips and checklists for parents and caregivers, as well as children and students themselves. These actions include:

- Monitoring children's health and keeping them home from school if they are ill;
- Encouraging children to ask questions and express their concerns; and
- Coughing or sneezing into a tissue or your elbow and avoid touching your face, eyes, mouth and nose.

The following Checklist can be adopted and adapted for the use of all employees and school operations and activities by the early years centers.

First Aids

There is increase competition in every sphere of life and that portends increase exposure to sudden health problems hence the need for more active first aid knowledge and practice.

The occurrence of health hazards and emergencies is usually unplanned and sudden. Emergency situations require immediate attention. All emergency situations cannot be allowed to deteriorate unless one would expect loss of life at every little instance. Health emergencies cannot be completely prevented from occurring due to imperfect nature of man or attitudinal factor or certain factors beyond human control; therefore giving required attention is the only what to reduce the effect of such emergencies.

The type of attention given to health emergencies is universally referred to as **FIRST AID**. First aid therefore means the immediate attention, or assistance or treatment given to an injured person or someone who has suddenly taken ill. In very minor cases, it is the final treatment while in other cases; it is tentative and should be followed by appropriate medical treatment.

First aid treatment can be given by anyone who has learnt the principles and knows what to do in case of an emergency. It then follows that First aid entails certain principles and skills that must be known before it can be appropriately administered.

First aid may involve the use of available or improvised materials so far it is written an acceptable guide.

The word **immediate** is emphasized in the concept of First aid to drive home how fast the treatment should be given. First aid treatment is administered on the spot of health emergency or accident or sudden illness to ensure that prompt attention is given to save the situation. The word **temporary** is also emphasized in most cases in order to separate first aid treatment from medical treatment. First aid does not equal medical treatment due to the following reasons.

1. First aid materials are inadequate or improvised while medical materials are adequate and available.
2. Medical diagnosis is through and involved medical equipment while diagnosis in first aid is based on observation.
3. Medical personnel undergo more intensive training than first aid personnel
4. Medical treatment may involve many medical professionals while there are no different professionals in first aid treatment.
5. In most cases, medical treatment is the ultimate while first aid is nit.

The following terms are commonly used interchangeably to describe people involved in health emergency or sudden illness.

Casualty – a person involves in any form of accident

Victim – a person who sustains injury in any health emergency

Patient – a person who suffers a sudden illness

The aims of First Aid are:

1. To keep an injured or sick person alive
2. To prevent injury or illness from becoming worse
3. To reduce suffering and promote recovery
4. To treat and heal up minor injuries.

First Aider

A first aider is a person who gives first aid treatment during health emergency based on the relevant knowledge, training and experience possessed. At school, he/she could be a teacher, pupil or student; at home a siblings or parents, at factory a health officer or worker, on the road, a good Samaritan; during a sport meet or at war, a red cross member. First aider on the other hand is considered as a professional personnel who has completed both theoretical and practical instruction courses, sat and passed required examination and was given certificate. The First Aid certificate was awarded by the three worldwide recognized Voluntary Aid Societies namely St' John Ambulance, St' Andrew's Ambulance Association and the Red Cross International. A certificate is valid for a period of time after which the First aider is re-examined to ensure up-to-date knowledge and skill.

Qualities of a First Aider

1. Confident at all times.
2. Purposeful and logical knowledge
3. Take initiative and improvise
4. Take decision quickly and act promptly
5. Firm, assert authority and control as situations of demands
6. Able to imagine and share someone else feelings and experience particularly during health emergency.
7. Able to apply sense of judgement at critical times, that is, be able to determine when to stop.

Responsibilities of a First Aider:

A first Aider is bound to

1. Evaluate a situation quickly and seek appropriate help
2. Identify as far as possible the nature of injury or illness affecting the casualty
3. Render early as appropriate treatment but most serious condition must be treated first.
4. Prevent the situation from getting worse.
5. Arrange to hand over casualty into the care of a medical personnel where necessary or close relations
6. Remain with casualty until appropriate care is available.
7. Give adequate report of steps taken and observation made to those who take over care of the casualty.
8. Prevent cross infection when handling the casualty

General Regulation Guiding Principles of First Aid Treatment

A First aider should

1. Obtained an overall impression of what happened and how it happened without wasting time
2. Deal with one casualty at a time and for each casualty look for the following:

a. How obvious is the injury or illness

b. How threatening to life is the injury or illness

c. How threatening to life is the environment of the incident

d. Presence of bystanders and those willing or capable of helping

3. Control bystanders and onlookers but get them to help, may be as messengers or to make telephone calls.

4. Treat the casualty on the spot where (s)he lying or sitting provided the environment is safe, and do the following.

a. If the casualty is conscious, ask how(s) he feels or where (s) he feels pain. Check h(is) her body round and ask (him) or her to move and limbs and observe if any movement causes pains

b. If conscious, check if (s)he is breathing. A gurgling or snoring sound could mean the airway is blocked and must be cleared quickly

5. Give the appropriate first and treatment on the spot.

6. Ensure minimum handling of casualty

7. Ensure that any necessary medical assistance is summoned. Making call is now desirable with telephone service everywhere. Calling the emergency services require giving clear and concise details of the situation.

8. Handle casually properly. Do not move casualty when there is less need or look for sufficient support to move if need be.

9. Avoid giving alcohol to any casualty. An unconscious casualty should not be given anything to drink.

10. Continue to reassure the casualty as long as (s)he is with h(im)her. This can be done by talking, asking or answering questions from the casualty.

11. Make sure that in multiple health emergencies, first aid treatment of casualty should follow this order of priority.

a. Resuscitation of ceased breathing

b. Stoppage of severe bleeding

c. Shock treatment

First Aid Kit

The act of giving first aid treatment particularly at home, workplace, leisure centre or sports group requires some basic materials. These materials are usually kept together in a container known as first aid kit. The contents of a first aid kit especially in workplace or leisure centre must conform to legal requirements as contained in the health, safety and welfare regulations act of 7987. The contents of the standard kit should form the basis of first-aid kit at home or any other place. The kit should be clearly labelled and readily accessible to adults. It should be kept in a dry and neat place.

First aid kit contents

The contents of first aid kit are items that are basic to the treatment of any health emergency situation, although there could be a variation. The items should be regularly checked and replenished so that they are always available for use. The contents are:

Sterile Dressing: These are easy to apply and very ideal. They are in various sizes. They include sterile cotton wool, lint, gauze, eye pad and eye pad with headband.

Adhesive dressing or tape or plasters: These are ideal for minor wounds and they of different types such as fabric, waterproof, clear, plastic, heel and finger plasters.

Bandages: These are of various types and sizes. Three main types – roller (crepe, open weave and self adhesive) triangular and tubular.

Disinfectant and antiseptics: Such as methylated spirit, iodine, soap, cream, hydrogen peroxide, ointment – Vaseline, gentian violet (G.V)

Analgesic: Paracetamol, cafenol and other pain relievers commonly sold on the counter. Counter drugs for cough, eye drop, etc may be included in a kit.

Instruments: Disposable gloves, safety pins and clips, scissors, tweezers, forceps, blades, slings, clinical thermometer.

Principles of First Aid

i. A situation that requires first aid should be approached with firmness, authority and confidence.

ii. Assessment of the situation is a priority. There is need to observe what has happened quickly and calmly.

iii. There is need to make the area safe by protecting the casualty and yourself.

iv. Be aware of your limitations.

v. Those with life-threatening conditions should be treated first.

vi. Do not aim at doing it alone. Seek for help preferably specialist help. Bystanders could help in many ways once they are controlled and given clear instructions. Specialized help could be summoned quickly by telephone: therefore, get familiar with emergencies code numbers.

SAFETY EDUCATION

Safety concerns everyone at all times either consciously or unconsciously. This manifests in reaction to any occurrence arising from an unsafe act or situation. Safely is a condition of being free from risk, harm or danger. Safety portends security from hazards that can inflict physical injury on the body. Safety demands taking precautions against sources of harmful effects on the body thereby ensuring a wholesome protection of the body.

Safety is necessary at home, school, on the road, at workplace, industry and the environment generally. The major outcome of unsafe act is accident which can be of any magnitude. Individual's safety act and ensuring safety environment would prevent accident; therefore, acting safety within a safe environment should be embraced by every individual. A complete safe environment may not be easy to attain due to constant changes and actions occurring in it. Man must therefore keep on adjusting his living pattern to the changing environment and constantly abide by general rules and regulations of safety.

Education is all about acquisition of knowledge. Safety education therefore is an organized body of knowledge for the purpose of acquiring necessary skills, attitudes and practices to live safety in a chosen environment. Safety education becomes more important now than before due to increase in factors that are potentially hazardous in the environment resulting from scientific and technological advancement. These are increases in the invention and usages of fast moving vehicles, industrial machines and equipment, explosives, chemicals and gadgets. Safety education as a body of knowledge that promotes attitude and awareness of situations that have potentialities for hazards or accidents should be well embraced.

Principles of safety education

Safety education is hinged on certain principles which include:

i. Appropriate attitudes and awareness of hazardous situations must be developed

ii. Safety rules and regulations must be developed and be known to people.

iii. Every individual must be ready to accept responsibility for personal hygiene and safety of immediate environment.

iv. Individuals must be thoughtful and take precaution when necessary.

v. Individuals should know their limitations, follow directions and instructions and prompt recognition of hazards.

vi. Safety is promoted by physical, mental, psychological and social components of fitness. Every individual must strive to attain these fitness components.

vii. Every member of a community must take part in the collective safety is not the responsibility of few people but all members of that community.

viii. Practical safety measures are required sometimes to prevent hazardous situation.

ix. Safety measures are required at home, on the road, in work places, at playground and at school.

x. Emphasis must be placed on high standard of safety, that is intended for welfare and protection since almost all accidents could be avoided.

Injuries and First Aid Treatment of Bones, Joints and Muscles

Injuries to bones, joints and muscles are in forms of fracture, dislocation, sprain and strains.

Fracture

A fracture is a bone injury. It is a break or crack in a bone. Bone is a tough and resilient structure therefore a considerable force is required to break or crack it. The general causes of fracture can be classified into three based on impact of force as follows:

1. **Direct Force:** This cause a bone to break or crack at the point of application of force. Fracture of the femur or the skull due to direct hit will occur at the point of application of force.

2. **Indirect Force:** This cause a bone break or crack at a distant point away from the point of application of force. This could occur to the spinal bone if a person is unable to give in at the knees during a fall from a height. It may occur at the clavicle if a person falls on an outstretched hand.

3. **Muscular Force:** A bone may be fractured due to a sudden forceful contraction to the muscle attached to it. For example, a strong forceful contraction of the quadriceps extensor group of muscles can cause fracture of patella. However this rarely occurs.

Fracture in relation to impact of force could further be classified as stable fracture and unstable fracture.

Stable Fracture: This occurs when the forces either fail to break the bone completely or act in such a way that broken ends are joined together or impacted. Such fracture is common at the wrist, shoulder, ankle and hip.

Unstable Fracture: In this fracture, the one is completely broken or the ligaments are ruptured, such that a broken bone or bone end may become displaced.

Fracture can occur in any bone in the body from shoulder to the toe, but it occurs more in long bone than other types of bone.

Predisposing Condition to Fracture

Certain conditions predispose bone to fracture. These include

Age: Extremes of age is predisposing causes of fracture. The bones of every young or very old person are likely to break or crack with little forceful contact.

Disease: Diseases weaken bones and make them susceptible to breaking with little force. Such diseases include:

i. Osteoporosis – loss of bone density or development of porous structure in the bone.

ii. Ostoemyelitis – inflammation of bone and bone marrow.

iii. Cancer of the bone

iv. Tuberculosis

v. Rickets

People suspected to have these predisposing conditions should be handled carefully particularly people of old age.

Forms of Fracture

The two forms of fracture based on the impact of broken bone to the surrounding soft tissues are open and closed fractures.

1. **Open or Compound Fracture:** In an open or compound fracture, the broken bone causes the skin over the site to break. The bone is exposed through the tissues and can easily be contaminated. Sometimes, the surrounding tissue is torn but the bone does not protrude.

2. **Closed or Simple Fracture:** In closed or simple fracture, the bone is broken or cracked but the surrounding skin is intact. It may however cause the surrounding tissue a local swelling.

Types of Fracture

Fracture whether open or closed, can be any of the following types:

1. **Greenstick Fracture:** This is split in a young immature bone. The bone does not break but bends like a green twig. This type of fracture is common in children whose bones are yet to completely ossified.
2. **Simple Fracture:** The bone is simply broken and separated without complication.
3. **Comminuted Fracture:** The bone is either broken several places with several fragments or it is crushed. This is usually seen in vehicular accident.
4. **Impact Fracture:** The broken ends of the bone are pushed into one another and are wedged together. This is common in fracture of shaft or long bone.
5. **Complicated Fracture:** The broken bone causes injury to internal organs.

This can occur in:

a. The ribs cage where a broken rib may penetrate the lung.

b. The vertebral column where a broken vertebra may press and damage the spinal cord.

c. The skull where a piece of the broken bone may be driven into the brain as in compression of the brain.

Signs and Symptoms of Fracture

A fracture may be recognized through the following signs and symptoms.

1. There is pain at or near the point of fracture. The pain becomes more severe if there is movement of the part.
2. There is swelling and tenderness at the point of injury.
3. There is difficulty in moving the affected part.

4. A sound of grating of the ends of broken bone may be heard or felt. There should be no deliberate attempt to get this sound.
5. There is discolouration at the site of the fracture due to damage and rupture of superficial blood vessels.
6. There may be loss of function of the affected part.
7. There may be a shortcoming, bending or irregularity if the fracture affects a limb bone.
8. There may be shock if severe blooding is involved.

General Principles of First Aid Treatment of Fracture

The aims of first aid treatment of fracture are:

i. To prevent infection, movement and blood loss.

ii. To arrange removal to hospital as quickly as possible.

The principles are:

1. The casualty should be kept still and lying on the back except if this position is unsuitable for example, in fracture of ribs, the casualty should be kept sitting.
2. The point of fracture should be covered with clean dressing as quickly as possible to prevent bone infection.
3. The dressing could be secured by bandaging firmly.
4. Bleeding should be controlled if present.
5. Treat for shock in case of severe bleeding.
6. It is safer to leave a casualty at the site where injury occurred once there is no enough people to move the casualty particularly in the case of fracture of spine or pelvis.
7. There is need to make phone calls by dialling emergency numbers or personal doctors if number is available.
8. Improvised stretcher made from rug, blanket, two pole or planks could be use to transfer casualty into a vehicle for transport to the hospital.
9. Casualty should not be moved until the affected part is firmly supported or immobilized by splitting. Splinting can be either body splinting or mechanical splinting.

Body Splinting: A fractured part of the body can be bandaged to another uninjured part. This is easier at the limb. For example, a fractured arm can be bandaged against the trunk while a fractured leg can be bandaged to the other leg. There is the need to place a pad made of towel or other material in between the part.

Mechanical Splinting: This involves the use of splints which can be made from thickly rolled-up cardboard, sticks or any other wooden material. The principles of mechanical splinting are:

i. The splint must be long enough to extend from "above the joint higher than the fracture to below the joint lower than the fracture."

ii. The splint must be strong enough to give the needed support.

iii. The splint must be padded to avoid direct pressure on the injured part. This can be done with the use of towel, jacket or cardigan.

iv. The splint should be tied above or below the point of fracture and not on the point of fracture.

Parts of the Body Commonly Fractured

The Skull:

Fracture of the skull commonly occurs in activities involving serious body contact. It usually occurs at the base of the skull. Any injury to the skull should be considered as fracture until it is proved not to be. Skull fracture may be fracture until it is proved not to be. Skull fracture may be a simple, compound or depressed. Skull fracture may cause concussion or compression of the brain. **Concussion** is when the brain is "shake" causing the widespread but temporary disturbance. **Compression** may occur when a fragment of fractured bone is driven into the brain causing accumulation of blood or swelling of the brain. This condition exerts more pressure on the brain.

Signs and Symptoms of Concussion

These depend on severity of the injury

1. There is headache
2. There is dizziness or nausea
3. Vomiting could occur
4. The casualty becomes semi-conscious and may relapse into unconsciousness.

5. There is shock
6. Casualty may remain in confused mental state for some time.

Signs and Symptoms of Compression

1. There is intense headache
2. Breathing is noisy and become slow
3. Pulse is slow, but full and strong
4. There is unequal or dilated pupil of the eye
5. The temperature may become high with flushed face and casualty becomes irritable.
6. There is drowsiness.
7. Bleeding may occur from the ears and nose.
8. There may be weakness or paralysis of one side of the face of the body.

Conclusion

The current recognition given to Early Childhood Education did not come by accident. Many concerned Parents, Caregivers, NGOs, Educational Institutions and International conventions and declarations were actually responsible for the development and the individual schools and government should ensure by all possible means, that the safety and Protection of children in their care, become a serious priority. It is against this background that this paper examines the protection and safety measures needed at every ECDE centres, which includes first aids treatment

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