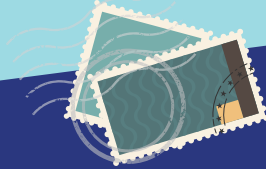




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# TRAINING OF TRAINERS MATERIAL ON CHILD HEALTH CARE IN CHILD FRIENDLY TOURISM



**CHILD  
FRIENDLY  
TOURISM**



**INTERNATIONAL  
CHILDREN'S CENTER**



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# INTRODUCTION

According to the definition of the World Health Organization, health is a “state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” As part of its focus on children’s health and rights, the International Children’s Center has planned “Training on Child-Friendly Tourism” to improve the capacity of the tourism industry employees in the fields of children’s health and rights with the aim to protect physical, mental, and social health of children also in tourism.

In the integrated strategies against violence, the Council of Europe defines child-friendly services as the prime objective of institutions, services and facilities responsible for the care, education and protection of children and ensuring, to the maximum extent possible, children’s survival, development and well-being.

Regulations setting standards aimed at the best interests and full development of the child for all institutions, services and facilities responsible for the care, education and protection of children should be followed. A system should be able to scrutinize entirely who are working in contact with children, regardless of their authority and responsibility. This ensures an appropriate balance between the child’s right to life and to protection from violence and the individual’s right to be respected in society.

This Module was prepared by the International Children’s Center within the scope of “Child-Friendly Tourism Project” to be used in in-service trainings on child health and revised with the feedback from the participators in pilot trainings on “Child-Friendly Tourism”.

In the Child Health Care Module three approaches have been adopted.

- **Approach of respecting the child:** It should not be forgotten that child is an individual under the Convention on the Rights of the Child (UNCRC) all children should be treated with respect.
- **Child’s best interest approach:** As stated in UNCRC, the child’s best interest should be met in the services provided during the travel within the period between the arrival of the child to the facility/transportation vehicle until the departure, in the way the services are presented and in the attitudes of the service providers.
- **Integrated approach to child:** The services for children require urgent measures

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with an integrated approach to the child. Additionally, the practices which can harm the child should be avoided. The child should be transported immediately to the relevant health care unit.

With children's rights perspective, a minimum health package should include the following issues:

- 1- A safe and healthy environment for the child,
- 2- General approaches in child health care; general hygiene and cleaning rules,
- 3- Employee's own health,
- 4- General approaches in emergency; injuries bug bites, trauma, foreign body ingestion, poisoning.

**Target group:** Tourism Professionals

In this Module, two sessions of 60 minutes are planned. While the two sessions are developed for 1.5 day "Child-Friendly Tourism Training", it will be more suitable if presented as four sessions.

- 1- Child health care approach in child-friendly tourism
- 2- General approaches in emergency situations for children

This module includes session plans aimed at adult training and scientific notes about the subject. This in-service training aims to increase the knowledge of the staff working in the tourism industry will be implemented by using participatory training techniques. Activities have been organized in order to enable the participants to understand the health of children by developing empathy with the help of interactive techniques during the training activities. At the beginning of the session plans, the aim and objectives of the session should be specified. In this way, the participants will have an idea about the information they will get at the end of the session. At the beginning of the sessions, participants' interest in the session will be increased with an effective introduction. In the introductory part, the main part of the subject is thought with the activities that will provide best access to the learning objectives by using generally interactive training techniques. At the end of the subject, an effective summary will be given gathering the key points.

# CHILD HEALTH CARE APPROACH IN CHILD-FRIENDLY TOURISM

## 1. Session Plan

Activities	Time	Training Method	Materials
Activity 1			
Introduction	5 min	Presentation	Flipchart or PPT
Activity 2			
Reflections	10 min	Group work in pairs	Color post-it, pencil, Flipchart
Activity 3			
Child-friendly tourism and health	30 min	Presentation	PPT, notebook, Slide projector
Activity 4			
Health qualities of tourist facilities	15 min	Group work	Check list Annex 1-2
Activity 5			
Summary	5 min	Session evaluation questions	

## 2. Aim

To learn about child health care approach in child-friendly tourism.

## 3. Training Objectives

At the end of this session the participants should be able to:

- a. List the criteria of child healthcare in child-friendly tourism.
- b. Define safe and healthy environment for the child in tourism.
- c. List the basic approaches in child health care.

## 4. Preparation of the Session

The following control chart should be followed. The list includes significant information, reminders, materials and equipment required for the session. It is recommended that you make sure that the materials in the list are ready one day before the session begins.

### a. Required materials and equipment

- i. Notebook
- ii. Slide Projector
- iii. Flipchart and papers
- iv. Color post-its
- v. Annexes
- vi. Pens
- vii. Jars and color candies

### b. Preparation before the session

Check the presentations and the relevant documents.

## 5. Brief Summary of the Session

In this session, the health component of the term "Child Friendly Tourism" will be scrutinized. By the health definition of the World Health Organization, a bridge will be built between the child health and the Convention on the Rights of the Child. Minimum standards that should be considered in child health will be evaluated; the standards of safe and healthy environment, general hygiene, cleanliness and the integrated basic approaches in child health care will be explained.

## 6. Implementation



### **Activity 1:** **Introduction** **Time: 5 min.**

The trainer should explain the purpose and objectives of this session by using PPT or flipchart. At the end of this session the participants will have an understanding of the relationship between the definition of child-friendly tourism given in the previous modules and child health care. They will comprehend the importance of avoiding any harm to the children and providing a healthy environment to them in the delivery of services.





**Activity 2:**  
**Reflections**  
**Time: 10 min.**

The participants in pairs will elicit the expectation of a child tourist from a facility. The trainer will ensure the participants to work in pairs by distributing them the jar containing two different colors of candies matching the number of the participants.

The trainer asks the dreams and expectations of the participants before going on vacation by recalling their own childhoods. The pairs, standing face to face for 5 minutes, write to the color post-its the expectations of a child from a vacation, from the facility and in terms of health. The post-its are placed to the flipchart by the groups. While the participants are reading their texts, the trainer sets out their relation with health.



**Trainer's Notes**

*This activity enables the participants to express themselves through the child's eye and develop empathy for an introduction to a healthy environment and tourism standards. To ensure active participation in the following discussions, make sure that each group takes the floor. Some of the participants may behave timidly and may not want to read what they wrote. Encourage them to do so.*



**Activity 3:**  
**Child Friendly  
Tourism and  
Healthcare  
Presentation**  
**Time: 30 min.**

**FACT SHEET**

Within the scope of the presentation:

- Definition of child under the Article 1 of the Convention on the Rights of the Child (UNCRC) will be given.
- Definition of health will be given. According to the WHO, "health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." In this definition, the physical and mental well-being is the known aspect of health. A "complete social well-being" is a new concept that needs explanation. In order to explain this concept, it is necessary to know that health is not only a personal fact but also has a social aspect.



**Activity 3:**  
**Child Friendly  
Tourism and  
Healthcare  
Presentation**

**Time: 30 min.**

- The precondition of a person's social well-being is a healthy social life. The concept of child health in tourism also refers to the healthy social life of the child.
- General principles of Child Friendly Tourism are given below
  - 1- Non-discriminatory service delivery respecting children's rights with an inclusive and integrated approach
  - 2- Ensure companies to implement policies protecting children from all forms of violence and safeguarding the best interest of the child to their own programs
  - 3- Provide safe environment conditions for the children
  - 4- Provide an encouraging and supportive environment for the children
  - 5- Ensure participation of children in the design and implementation
  - 6- Make sure the tourism employees complete their child-friendly tourism training within the framework of ethical values
- Child-friendly services and mechanisms will be explained.



**Trainer's Notes**

*It is recommended to explain the concept of child-friendly tourism if not given in the previous sessions.*

**General Principles of Child-Friendly Tourism:**

1. The primary objective of all institutions, services and facilities responsible for the care, education and protection of children is to ensure, children's survival, development and well-being to the maximum extent possible.
2. All children should be able to access quality service adopted to their needs. Service models involving multiple scientific disciplines comprising of welfare, health, education and psychological support and also family guidance should be promoted. These models should operate basing on a powerful inter-sectoral collaboration, personnel having appropriate qualifications, an integrated training program and a central implementation framework.

## **Child Care Standards:**

1-Regulations should be established for all institutions, services and facilities responsible for the care, education and protection of children. Setting standards aimed at the best interests and full development of the child. Conformity to these standards should be ensured by training the personnel, internal control mechanisms, independent monitoring and auditing. In these institutions any breaches of children's rights should be subject to necessary sanctions under appropriate and effective procedures.

2-A system should be inaugurated to scrutinize entirely all staff working in contact with children, regardless of their authority and responsibility. That ensures an appropriate balance between the child's right to life and to protection from violence and the individual's right to be respectable in society.

## **Within the Scope of Protection of the Rights of Children in Child-Friendly Spaces**

The children need to:

- Participate to the decision process related to the spaces
- Participate to family, community and social life
- Effective access and receive fundamental services like healthcare and education
- Access to safe and appropriate health service
- Be protected from abuse, violence and harassment
- Be able to walk safely on their own on the streets
- Meet friends and play games
- Be in green spaces where animals and plants can live
- Live in areas where there is no pollution
- Participate to social and cultural activities
- Have equitable access to services without discrimination on any ground such as ethnicity, religion, sex, income

The World Health Organization established the following standards in Child-Friendly Health Care. These should be taken as basis in healthcare services in tourism regions.

## **World Health Organization Standards for Child-Friendly Health Care:**

- Children should be kept in hospitals or similar institutions only when it is necessary for their health
- Hospital or health center should provide the highest standards of treatment and safety

- The environment should be secure, safe and clean
- Child and family centered care should be in collaboration with the parents
- The staff should be appropriate and experienced. Caregivers or parents should be able to stay with children and support them.
- The children and their families should be informed about the services they receive.
- Regardless of their ages, the children should be approached according to their ages and developmental needs. Their rights should be respected and they should be treated with dignity.
- Hospital or health center should have an interdisciplinary team for the assessment and control of the physical and psychological needs of the children.
- The children should be able to learn and play in the hospital or health institution.
- The staff of the health institution should be trained and be sensitive to the hints about child abuse. The procedure to be applied to protect children in such situations should be set out.
- Children should access vaccination, educational and developmental assessment services when they apply to a hospital.
- Hospital or health institution should have sufficient knowledge, competence and skills to support women to breastfeed and capable to guide on nutrition.

The most common health problems faced by the tourists are described through Table-1. In this regard, safe and healthy tourism standards are identified for solution offers. Through Table-1, Trainer asks whether participants know or use any sort of protective measures for instance, "What can be done if traumas are caused by the fact that the facility is not ergonomic for children?" or "What are the causes of digestive system diseases and what can be done to prevent this?"



### **Trainer's Notes**

*The last column should be filled with the participants.*

**Table 1:** Health problems which tourists may face during their vacations

Health Problem	Frequency (%)	Protective measures
Traumas (cut, injury, fracture)	28	
Digestive system diseases (diarrhea, abdominal pain, vomiting etc.)	19	
Respiratory system diseases (upper and lower respiratory tract infections)	14	
Skin diseases (sunburn, sunstroke, pyoderma, etc.)	13	

**Table 2:** Distribution of health problems suffered by foreign tourists departing Turkey. Data of Ministry of Tourism, 1996-1998

Health problem	1996			1998		
	Number	%	%*	Number	%	%*
No Health Problem	6 933 647	86,95		7 308 421	82,32	
Infectious Diarrheal Disease	378 537	4,75	36,38	687 386	7,74	43,78
Foodborne Diseases and Diseases Stemming from Dietary Change	299 387	3,75	28,77	407 376	4,59	25,95
Upper Respiratory Tract Infection	117 824	1,48	11,32	113 764	1,28	7,25
Pre-existing Chronic Condition	62 361	0,78	5,99	101 093	1,14	6,44
Accident-Trauma	34 520	0,43	3,32	61 498	0,69	3,92
Lower respiratory tract infection	9 324	0,12	0,90	14 208	0,16	0,90
Sexually Transmitted Disease	2 559	0,03	0,25	16 070	0,18	1,02
Other Diseases	136 120	1,71	13,08	168 739	1,90	10,75
<b>Total Health Problems</b>	1 040 632	13,05	100,0	1 570 134	17,68	100,0
<b>Grand Total</b>	7 974 279	100,0		8 878 555	100,0	

As seen in Table 2; among the health problems, infectious diarrheal disease and foodborne diseases and diseases caused by dietary changes rank first. Since, tourists live for a while in a completely new and foreign environment from the environment they get used to, the most important reason for tourists to be sick during their travel is; infectious disease agents. Diets, types of food they consume and methods of cooking, the water quality, the environment they accommodate, climate, environment and habits all change. Also; there are risky regions for some infectious diseases in the world. In these places emphasis is laid on the importance of hygiene in the service of food and beverages.

### **Recommendations for healthy and safe Child-Friendly Tourism:**

- Knowing the definition, content and importance of tourism and health
- Healthy, clean, qualified and sustainable environment
- Ensuring the availability clean water and food
- Special safety programs for children who are at high-risk vulnerable groups
- Determining the causes and frequencies of injuries and taking necessary measures
- Taking security measures to reduce the level of crime
- The identification of common tourist diseases and reasons of deaths in terms of specifying required measures and services.
- Health care services for safe travel and safe accommodation of tourists
- First aid training
- Compliance with waste collection, disposal and control rules
- Control and hygiene of swimming- decorative pools and spas
- Informing tourists about diseases and providing the required treatment services
- Giving professional training to the managers and staff of the facilities on child-friendly tourism
- Training on hygiene rules for infectious diseases
- Strict inspections in terms of hygiene inspection checklists
- Evaluation of the developed programs' impacts and changes occurred and assessments of the process and implementation of the program
- Rational and correct use of resources

*When the existing legislation in Turkey is examined, it is seen that the regulations for the provision of health services in tourism facilities are included in the "Regulation on Tourism Facilities" of the Ministry of Tourism. The legislation in force regulates general health principles such as taking all measures to protect public health, monitoring, auditing, developing and training. What should not be forgotten is that people working in the tourism industry must comply with these regulations and standards. The Regulation on Tourism Facilities Article.17 includes measures for health, cleanliness and environmental protection are included.*

*Article 17 – In tourism facilities, rules of hygiene and health shall be followed in the design of all kinds of installations, selection of construction materials, cleaning and chlorination of the water, preparation, storage and preservation of foods and beverages. Necessary measures shall be taken to prevent the occurrence of diseases that would risk the health of tourists. In accommodation facilities with over 500 beds, doctor and nurse shall be permanently available.*

**Characteristics of tourist health services are summarized as follows**

- In one, two and three star hotels; a cabinet for first aid kits shall be available.
- In four/five star hotels; an infirmary with first aid kits where doctor and nurse services are provided shall be available.
- In motels; a cabinet for first aid kits shall be available
- In holiday villages; an infirmary with first aid kits where doctor and nurse services are provided shall be available.
- There are no explanations about health services in lodging houses.
- It is stated that health and first aid services should be included in the services that are required to be provided to campers in campsites and there should be and lifebuoy, lifeboat and motorboat in coastal campsites.
- There are no explanations about health services in apart hotels.
- First aid services are required in the hostels.



**Activity 4:**  
**Time: 15 min.**

To ensure safe travel and accommodation for child tourists Form for Detecting Health and Safety Situation of Tourist Facilities (Annex 1) is distributed and how to do the evaluation is discussed by a group work.



## Trainer's Notes

*It is recommended that this Form can be modified according to the group profile; for example, discussion of the features related to the kitchen in a training where front office staff participates will be a waste of time and distracting.*



### Activity 5:

**Time:** 5 min.

### Summary and closure

By distributing the rules concerning the health and safety of children in tourism (Annex 2) additional information is provided to the participants. In this session as a priority preventive health measures and the concept of child-friendly tourism are summarized and the participants are allowed to ask questions about the session.

### Session Evaluation Questions:

- 1- What are the minimum standards to be followed in child-friendly tourism?
- 2- What are the most common health problems seen in tourist children?
- 3- What are the most important preventive measures?

### References

- 1- Ministry of Health Directorate General of Basic Health Services Tourism Health Education Manual, 2001.  
Ministry of Education, Çocuk Hakları ve Çocuk
- 2- Dostu Ortamlar, [Children's Rights and Child-friendly Environments], 2015  
Evcı, E.D. and Tezcan S., "Farklı Turizm Yörelerindeki
- 3- Bazı Konaklama Tesislerinin Sağlık Açısından Değerlendirilmesi ve Turistlerin Sağlık Sorunları", İnönü University Faculty of Medicine Journal, ISSN:1300- 1744, 12(2), 99-109 (2005) [The Evaluation of Some Accommodation Facilities in Different Tourism Regions and Health Problems of Tourists", İnönü University Faculty of Medicine Journal, ISSN:1300- 1744, 12(2), 99-109 (2005)
- 4- Evcı D, Dissertation, "Farklı turizm yörelerindeki bazı konaklama tesislerinin sağlık açısından değerlendirilmesi ve turistlerin sağlık sorunları" [The Evaluation of Some Accommodation Facilities in



- Different Tourist Regions and Health Problems of Tourists]”
- 5- Güler Ç, Çobanoğlu Z. Turist Sağlığı; Sağlık Bakanlığı Sağlık Projesi Genel Koordinatörlüğü Yayını, Çevre Sağlığı Temel Kaynak Dizisi. Ankara, 1995 [Tourist Health]; Publication of the Ministry of Health General Coordination Office of Health Project, Environmental Health Primary Sources Series. Ankara, 1995
  - 6- Tezcan S, Yıldırım N. Türkiye’de Turistik Bölgelerde Sağlık Sorunları ve Çözüm Önerileri; TURSAB Turizm Araştırmaları Dizisi. 4 December 1990. [Health Problems and Solution Proposals in the Tourist Regions in Turkey]; TURSAB Tourism Researches Series. 4 December 1990.

# GENERAL APPROACHES TO PEDIATRIC EMERGENCIES

## 1. Session Plan

Activities	Time	Training Method	Materials
Activity 1			
Introduction	5 min	Presentation	Flipchart ya da PPT
Activity 2			
Pediatric emergency	10 min	Role-play	Role cards, cherry
Activity 3			
Emergencies in children	30 min	Role-play	PPT, notebook, Slide Projector
Activity 4			
Case study	15 min	Group work	Annex 3
Activity 5			
Summary	5 min	Session evaluation questions	

## 2. Aim

To have information about emergencies in children.

### a) Training Objectives

At the end of this session, the participants should be able to:

- a. List the priorities in child health care,
- b. Identify health risks in children care,
- c. Define emergencies in child health care,
- d. Manage emergency cases in child health care.

### b) Preparation of the session

The following control chart should be followed. The list includes important information, reminders and materials and equipment required for the session. It is

recommended that you make sure that the materials in the list are ready one day before the session begins.

#### **Required materials and equipment**

- i. Notebook
- ii. Slide Projector
- iii. Flipchart and papers
- iv. Colored post-its
- v. Annexes
- vi. Role cards
- vii. Pens
- viii. Jars and color candies
- ix. Cherry

#### **c) Preparation before the session**

Check the presentations and the relevant documents.

### **3. Brief Summary of the Session**

In this session, the importance of rapid movement in child emergencies will be emphasized. As the bodies of children are different from adults, their health risks are also different from adults. There is a difference between an adult's and a child's ingestion of a foreign body and some cases are vital for children. Within the scope of this session, the participants will be aware of the need to prioritize child health, prepare risk maps and avoid primarily harmful practices in emergency situations. Practical application in intervention will ensure that the employees of tourism industry who have not taken first aid training are informed about the emergency case management.

### **4. Implementation**



**Activity 1:**  
**Introduction**  
**Time: 5 min.**

The trainer should explain the aim and learning objectives of the session with PPT or by using flipchart. At the end of this session, the participants will learn, by making practice, the emergency response methods for the problems threatening child health that could go as far as ending the life of the child which they might face most frequently when they are working in the tourism industry and the things that can be done during the time until the child reaches the nearest health center.



## Activity 2:

Role-Play

Time: 15 min.

Six volunteers are requested from among the participants. Pre-prepared cards are distributed to selected participants and the scenario is told.

Child

Intern  
Waiter/  
Waitress

Parent

Doctor

Waiter/  
Waitress

Tourist

### Scenario:

A 3-year-old boy swallows a cherry core while eating and falls with stertorous breathing in the middle of the restaurant.

The 21-year-old intern, who started working in the restaurant two weeks ago witnesses the incident in a panic state he/she goes to call his/her manager and sees that the manager is not in his/her duty station (the manager is on the front side of the pool for smoking). No other staff is present at the place where the incident occurred and he/she begins to cry in panic.

Another waiter who sees the incident immediately calls the health center however the doctor is not available at that day. (Doctor comes to the hotel twice a week.) In the meantime, the child has severe trouble breathing and cannot move at all. His/her face is painful and turns blue.

Seeing the child, a German tourist at the age of 65 immediately intervenes and brings child back to life with the Heimlich maneuver.

The mother, who thinks her child is lost, seeing her child's lifeless body and screams. Later on, she sues the hotel.



## Trainer's Notes

After the Role-Play thank to the participants. First ask each of them what they felt while performing their roles and their thoughts. Ask the participants to list the faults of the hotel staff. Lastly, state the vital importance of emergency case management in children.



### Activity 3:

Presentation

**Time:** 20 min.

### FACT SHEET

In an accident or life threatening situation, drug-free treatments in the scene by available tools and materials without seeking medical equipment in order to maintain life or to prevent the situation from getting worse before medical assistance arrives is called first aid.

### What are the Aims of First Aid for Children?

- Preserve life
- Prevent further injury – stop the person from being injured even more. If possible, an injured person should not be moved.
- Promote recovery – try to help the person heal their injuries

#### What should be done in First Aid Intervention in Child-Friendly Tourism

1. Evaluate the condition of the sick/injured child
2. Eliminate the child's fears and concerns
3. Organize staff to assist in the intervention of the sick/injured child
4. Make the necessary intervention to prevent the aggravation of the condition of the sick/injured
5. Make the intervention on-site in cases of bleeding, fracture, dislocation and twist etc.
6. Make the intervention without moving the sick/injured
7. Transport the patient with most suitable methods to the nearest health care facility (112)
8. If the illness or injury is not life threatening, do not move the child.

Here it is imperative that the first aid is given by people who had first aid training, but in case of vital situations, it is compulsory for the employees in the tourism industry to provide first aid to both customers and employees. 80% of deaths in children arise from sudden emergencies. A significant proportion of the injuries and deaths in children and infants occurs due to lack of necessary measures. With this session it will be possible for the staff, who receive Child-Friendly Tourism training, to take necessary precautions, know the protective practices and recognize the vital facts for the children that we may still confront, and be able to conduct child emergency case management calmly.

In this session, children's emergency cases that we confront frequently are described.

## 1- Foreign Body Ingestion:

Children particularly when the mouth is full, sneezing, laughing, turning the head suddenly to right or left, the food or foreign bodies can get into the trachea easily. However, it should be known that several foods maximize the risk. Since their small airways can easily get obstructed, choking is quite a common phenomenon among children. The cases of obstruction and choking are most seen in the first 3 ages.

If the foreign body cannot be removed from the trachea or moves to the lung, different clinical cases can be observed about breathing according to the level of the obstructed area. If the food completely obstructs the trachea, it becomes impossible to breathe, the sudden onset of cough is usually the first symptom, as the child cannot breathe he/she struggles and turns blue, if not helped after 5 minutes the brain cannot endure without oxygen and permanent damage occurs. If it is stuck in the lungs, pneumonia may develop after a period of time behind the obstructed area due to the deterioration of air circulation. The symptoms generally occur a few days later, so the fact that there are no complaints following the event does not always mean that the event is over. Thereby, when patient consult to the doctor few days after the incident, the whole case with details should be described for the evaluation of the doctor.

If one of the main bronchus is entirely obstructed, the intact lung will assume the function of the obstructed one; but it will need to function harder, so the child breathes faster and more difficultly. Sometimes, depending on the level of obstruction and the diameter of the location of the obstructed area, a whistling sound is heard in every breath.

## It should not be forgotten that toy parts are swallowed too often

### Partial obstruction symptoms:

- Cough
- Able to breath

### Children before age 4:

Nutrients at risk of obstructing the trachea should not be given.

All kinds of nuts and oilseeds (in Turkey mostly sunflower seed goes through the lungs)

- Full grain foods: grapes, raisins, corn grains, pomegranate seeds ...
- Raw and hard vegetables / fruits, granular vegetables
  - Fruit seeds: cherry, watermelon, plum ...
- Candy, marshmallow, jelly-shaped candies, dragee, chewing gum
  - Popcorn
  - Pastilles
  - Medicines



- Able to speak
- In this situation the patient is not touched, the patient's position is maintained by standing behind him/her.
- If the breathing and coughing weakens or disappears and if the person turns blue, immediate action should be taken.
- If the foreign body is not observable and the patient's situation gets worse, complete obstruction practices should be implemented.
- In newborns, the baby is placed face down on the forearm with head in a lower position. The mouth can be kept open with the forefinger of the supporting arm. 3-4 firm back blows are given. By this way a pressure is created inside the lung and the foreign body can be expelled with pressure.
- In infants, the baby is laid face up and head below the body and chest thrusts are given just under the center of the chest by using two fingers.
- In older children, 1-2 firm blows can be tried on the middle of scapula, namely on the back. If it does not work Heimlich maneuver should be performed.

Hand or fingers are not inserted inside the mouths of babies and small children; this can cause the foreign body move forward.

#### **What are the symptoms of complete airway obstruction?**

- Inability to breathe
- Feeling pain and moving hands to the neck
- Inability to speak
- The face turns blue

If complete obstruction occurs, call emergency 112.



Ask help from someone who have first aid training. If the child can breathe, wait until the healthcare team comes without moving the body. However, in case of complete obstruction and the skin color begins to turn blue, various maneuvers may be performed.

**In this case Heimlich maneuver is recommended.**

**How the Heimlich maneuver should be performed?**

- 1) Grasp the body from behind while the patient is standing or sitting.
- 2) Make a fist with one hand, place the thumb protrusion to the upper part of the stomach under the breastbone. Grasp the fist with the other hand.
- 3) Press hard to the back and upward.
- 4) Repeat this 5-7 times until the foreign body is removed.

**2- Loss of consciousness:**

A state of partial or total disappearance of consciousness (loss of consciousness) starting from the sleep state due to a disruption in the normal activities of the brain (impaired consciousness) leading to a state with a lack of response to any stimuli.

Fainting also called syncope is a short term, superficial and temporary loss of consciousness. It occurs as a result of decreased blood flow to the brain.

Coma: Prolonged loss of consciousness occurring with the decrease or loss of response to reflexes such as swallowing and coughing and external stimuli. In a child, who is unconscious, breathless or breaths sighing, cardiac arrest should be suspected.

**Causes of loss of consciousness in children:**

- Fear, extreme excitement

**Symptoms of Fainting (syncope)**

1. Dizziness, falling down
2. Leg numbness
3. Blur consciousness
4. Pale face
5. Chilling, sweating
6. Fast or low pulse



### Coma Symptoms

1. Loss of reactions such as swallowing, coughing
2. Lack of response to voice and painful impulses
3. Urinary and fecal incontinence

- Hot, fatigue
- Indoor environment, polluted air
- Standing up too fast
- Hypoglycemia
- Severe infections.

### Causes of coma in children:

- Falling or severe blow,
- Head trauma,
- Poisoning,
- Diabetes,
- Liver diseases,
- Seizures such as febrile convulsion.

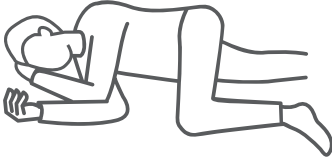
In case of unconsciousness, following steps of basic life support in children.

#### A. Evaluate the Responses to the Stimuli

- 1- Check the consciousness by gently touching the child's shoulders and asking, "Are you okay?",
- 2- If he/she is not unconscious, he/she will give response to stimuli, move or groan.
- 3- Check the child for injury
- 4- If the child is unconscious and there is someone around him/her, call 112.

#### B. Check Respiration

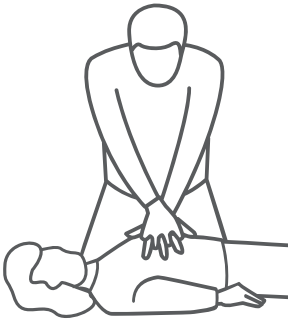
- 1- Lay the child on a hard ground
- 2- Loosen the child's tightening clothes
- 3- Check inside of the mouth. If there is foreign body remove it
- 4- To open the airway, hold the child's forehead with one hand, and the chin with fingertips of the other hand and gently push to improve airway patency.
- 5- Check if the child is breathing with look-listen and feel method for 5-10 seconds,
- 6- If he/she does not breathe, close the child's nose with



- the thumb and forefinger of the hand that is on the child's forehead,
- 7- While the head is tilted back, place your mouth around the child's mouth,
- 8- If there is no respiration, give 2 rescue breathes each over 1 second to raise the child's chest, check if the air comes out.

### C. Place the Child in Recovery Position

- 1- Check the pulse of the carotid,
- 2- Kneel down next to the child on the side where the child can be turned,
- 3- Place the arm of the child on the opposite side on his/her shoulder,
- 4- Bend the child's knee on the opposite side to a right angle,
- 5- Extend the closest arm to you up the shoulder at the head level,
- 6- By holding the opposite side from the shoulder and hip roll the child in one move,
- 7- Support the front by bending the upper leg from the knee and hip,
- 8- Support the back by bending the lower leg slightly from the knee,
- 9- Position the head in a slightly inclined position on the extended arm on lateral position,
- 10- Stay with the child and monitor his/her condition until medical aid (112) arrives. Check the respiratory and pulse every 3 or 5 minutes.



### D. Begin Cardiopulmonary Resuscitation (CPR)

For children:

- 1- In order to give CPR, place the heel of one hand on the center of the chest (if the child looks as an adult give CPR with two hands just like in adults),
- 2- Hold the fingers of the hand without contacting the chest, without bending the elbow, perpendicular to the body over the breastbone,



- 3- Do 30 chest compressions pushing down the chest 5 cm to the breastbone (up to 1/3 of the chest height when viewed from the side), adjust the speed at a rate of 100 compressions per minute,
- 4- Give the child 2 breaths after 30 heart massage (30; 2),
- 5- If you are alone; call 112 after 5 rounds of 30; 2 chest compressions,
- 6- Continue basic life support uninterrupted until the child's vital reflexes or medical assistance comes.

For babies:

- 1- Give 2 breaths, each of which lasts 1 second, until the chest of the baby is raised. Give time to let the air come out,
- 2- To apply CPR, determine the baby's chest (the middle of the line under the two nipples is the center of the chest),
- 3- Place the middle and ring finger of one hand on the baby's chest center,
- 4- Apply 30 compressions so to push the breastbone 4 cm down (up to 1/3 of the chest height when viewed from the side). Adjust the speed at a rate of 100 compressions per minute,
- 5- Give the baby 2 breaths after 30 compressions (30; 2), If you are alone; call 112 after 5 rounds of 30; 2 chest compressions,
- 6- Continue basic life support uninterrupted until the child's vital reflexes or medical assistance come.

### 3- Drowning

Drowning is the deterioration of tissues due to insufficient oxygen supply to the tissues in the body, this condition can damage organs, particularly the lungs and brain. It is the second cause of death in children under five-six years old.

During drowning, a small amount of water enters the lungs due to the contraction of the trachea. In drowning particularly in cold weathers, artificial respiration and

#### Symptoms of drowning

1. Difficulty in breathing
2. Noisy, rapid and heavy breathing,
3. Frothy sputum in the mouth,
4. Blue face, lips and nails,
5. General discomfort, confusion,
6. Fainting

---

#### **Drowning in water**

1. Eliminate the cause of drowning, quickly remove the child from the water.
2. Check consciousness.
3. Assess vital signs of the patient.
4. Provide basic life support.
5. Seek medical assistance immediately, call 112
6. Monitor vital signs.

CPR should be started even after 20 minutes passes. Mouth to mouth or mouth to nose resuscitation can be performed in water and it should be started in water. This intervention may not be possible in deep water, so the child must be drawn quickly into shallow water. As a result of jumping into water, the risk of drowning as well as general body trauma or spinal fractures should also be considered. The head should not to be pushed back too much in the water.

#### **4-Poisoning**

It is the deterioration of normal functions as a result of the entry of a toxic substance into the body. Since several foreign substances are considered as toxics they can harm the vital functions of the body.

The ways of poisoning are grouped into three groups.

**By ingestion:** Ingestion is the most common way of poisoning. Poisons taken by digestion are chemicals used at home or in the garden, poisonous mushrooms, spoiled foods, drugs.

**By inhalation:** Occurs as a result of taking poisonous substance by inhalation. Usually it is composed of substances such as chlorine used in pool hygiene, adhesives, paints, household cleaning agents.

**Through the skin:** Poisonous substance enters the body directly through the skin. Such poisoning occurs by absorption of toxic substances through the skin such as insect stings, animal bites, pesticides.

#### **First aid in poisoning through ingestion**

- 1- Check consciousness
- 2- If the mouth comes into contact with poisonous substances rinse with water, if the poisonous substance is in contact with the hand wash with soapy water
- 3- Assess the vital signs

---

#### **Symptoms of Poisoning**

1. Digestive system disorders: Nausea, vomiting, abdominal pain, gas, bloating, diarrhea
2. Neurological disorders: Unconsciousness, febrile convulsion, discomfort, pain in muscles, contraction, abnormal involuntary movements, symptoms of shock
3. Respiratory system disorders: Shortness of breath, respiratory standstill, headache, dizziness, tinnitus, cyanosis due to hypoxia, blue or purple coloration of the skin
4. Circulatory system impairment: Pulse disorder, headache, cold sweating, cardiac arrest

- 4- Assess symptoms such as vomiting, nausea and diarrhea
- 5- Never try to make the patient vomit, especially in cases when caustic agents are taken
- 6- If there is loss of consciousness, give recovery position
- 7- Seek medical assistance (112), collect and record information about the event.

### First Aid in Animal Bites

How should be the first aid in animal bites like cat-dog?

- 1- The patient/injured is assessed in terms of vital signs,
- 2- In mild injuries, the wound is washed with soap and cold water for 5 minutes,
- 3- The wound is covered with a clean cloth,
- 4- If there is serious injury and bleeding, bleeding should be stopped by applying pressure to the wound with a clean cloth.
- 5- Immediate medical assistance (112) must be sought,
- 6- The patient should be warned for rabies and/or tetanus vaccination.

#### Symptoms of Bee Sting

Local symptoms such as pain, swelling, rash. It can be dangerous if the bee stung multiple areas, close to trachea or the person is allergic.

### First Aid in Bee Stings

- 1- Wash the injured area.
- 2- If the stinger is seen over the skin remove it, a credit card can be used.
- 3- Apply cold compress.
- 4- If the bee has stung from mouth and make the breathing difficult, make the child suck an ice cube.
- 5- Call medical assistance in cases of stings in the mouth and in patients who have a history of allergy (112).

#### Symptoms of Scorpion Stings

Creates a strong local reaction.

- 1- Pain
- 2- Oedema
- 3- Inflammation, blushing, bruising
- 4- Muscle cramps, shaking and tingling
- 5- Unrest, febrile convulsion can be observed

### First Aid in Scorpion Sting

- 1- Do not move the location of the sting area
- 2- Keep in lying position
- 3- Apply cold compress to the wound
- 4- Apply bandage to prevent blood circulation
- 5- Do not interfere with the wound

### Symptoms of Snakebites

1. Bruise in the area, inflammation (lasts for 1 week),
2. Digestive system disorders such as vomiting, abdominal pain, diarrhea
3. Polydipsia
4. Shock, bleeding
5. Psychological disorders
6. Heart rhythm disorder, headache and respiratory disorder

### First Aid in case of Snakebites

- 1- Calm and relax the patient
- 2- Wash the wound with water
- 3- Remove jewelry close to the wound (rings, bracelet, etc.)
- 4- If the wound is on the head or neck, apply compress around the wound
- 5- If the wound is on the arms and legs, apply bandages on the wound in a way that does not prevent circulation (tourniquet should not be applied)
- 6- Apply cold compress
- 7- Do not interfere with the wound (wound should not be sucked)
- 8- Monitor the vital signs
- 9- Seek medical assistance (112).

### 5-Bleeding

#### What is the process of applying pressure for cuts, tears and bleeding?

Almost all serious bleedings stop by applying five to ten minutes of direct pressure with a piece of clean gauze or fabric. The most common mistake is to terminate the pressure too early or remove it to look at the wound. When this is done, the bleeding can increase and requires longer pressure for the clot which can be regenerated. If bleeding starts again after five minutes of continuous pressure, apply pressure again and call your doctor for assistance. If you do not have any experience never apply tourniquet (stifling) to the arms or legs. Because the tourniquet applied for a long time can cause severe damage.

#### Being calm in case of cuts, scrapes and bleedings

Seeing blood is frightening for most people however time is important for intervention. If you can stay calm and decide clearly, the child will be relaxed.

You should remember that applying pressure until help comes is sufficient for bleeding control in injuries.

Slight cuts in the face and head bleed more than the cuts in other parts of the body. Because there are many superficially located small blood vessels in these areas.

#### **What to do in severe cuts and bleeding?**

Regardless of the amount of bleeding, call your doctor for laceration and cuts which are longer than 1.27 cm. Even if the cuts do not appear to be significant on the surface, they may cause significant muscle, nerve and tendon cuts at the bottom.

Long cuts on the face, chest and back are more likely to cause bad scars. In this case, if the wound is properly sutured the scar is less likely to grow. If you are uncertain about stitching, call your doctor. The sutures should be made within the first eight hours after the injury to prevent the development of bad scars.

#### **What to do in small cuts and bleedings?**

It is possible to heal small cuts even if the long cuts which wound lips can be matched by yourself, if there is no loss of sense and movement. However, in case of foreign substance existence such as soil and glass in the wound, doctor examination is required.

In every wound you cannot intervene, you should always direct the child to a doctor or an emergency department as soon as possible for better correct healing.

#### **How is the wound cleared and wrapped?**

If you feel comfortable to intervene, wash the wound only with clean water. Then apply antibiotic pomade and wrap with sterile gauze or if you are the one who is injured do this by asking help from the people near you. As it is not always possible to estimate the severity of the wound, do not hesitate to call your doctor or go to emergency department. If red rashes, inflammation, suppuration occurs around the wound, or the bleeding recurs, consult a doctor as soon as possible.

Antiseptics such as iodine and alcohol should not be used. Particularly, children would be more irritated therefore, it is better not to use iodine or alcohol. If a child is injured and you are sure that he/she has, the tetanus vaccination, revaccination is not necessary for injuries and scratches. However, for each case, doctor consultation is a must.

### **First Aid in Nasal Bleeding**

In the case of nose bleeds, the head must be bent forward and the area where the bone ends and the cartilage begins must be pressed with the thumb and index finger for five minutes. Do not tilt the head back or lie flat. Do not pack the nose with tissues or tampons. This can make the bleeding worse. Cold application to the place where the bone begins helps the nose veins to shrink and reduce the amount of bleeding. If bleeding continues, consult the nearest local health facility by pressing the nose.



### **Trainer's Notes**

*The timing of the session should be determined by the trainer. The trainer should refer to other emergency situations with of case studies.*



### **Activity4:**

Role-Play

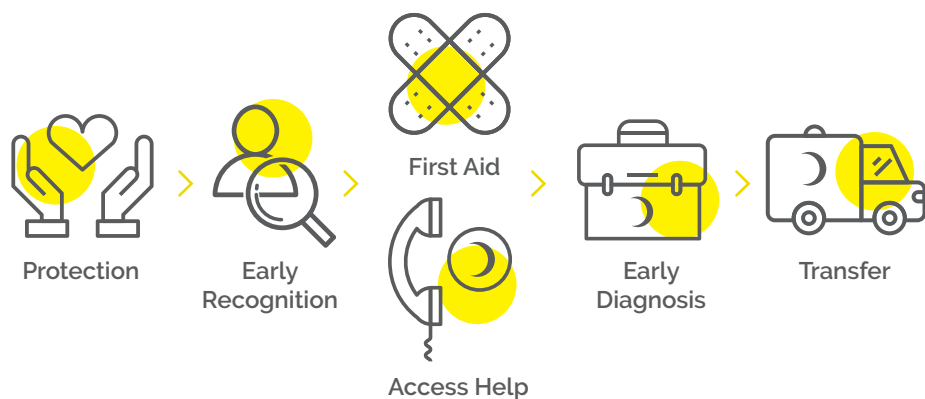
**Time:** 15 min.

**Case Study:** Case studies will be distributed. (Annex 3). First, they are asked to manage these cases. In group presentations, mistakes are shown with correct control charts. If too much time is lost in the presentation, the section is kept short.

- 1-Epilepsy patient unconsciousness
- 2-Nose bleeding
- 3-Drowning in water
- 4-Bee sting



**Table 3:** Chain of Survival in Child-friendly Tourism



**Activity 5:**

Role-Play

**Time:** 15 min.

**Summary and closure**

Participants are told that the priority in this session is not to harm the child and the emergency situations are summarized and they are asked to ask questions about the session.

**Session Evaluation Questions:**

1. How is emergency case management in Child-Friendly Tourism?
2. Which case intervention requires healthcare personnel?

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## References

- 1- First Aid for Life, <https://youtu.be/TBrgFxuuuFE>, (Accessed 10.01.2019).
- 2- Kids Health, <https://kidshealth.org/en/parents/cpr.html#>, (Accessed 10.01.2019).
- 3- International first aid and resuscitation guidelines 2016, © International Federation of Red Cross and Red Crescent Societies, Geneva, 2016
- 4- British Red Cross, <http://www.redcross.org.uk/What-we-do/First-aid/Babyand-Child-First-Aid/Fast-first-aid-tips>, (Accessed 10.01.2019).
- 5- University of Washington, <https://depts.washington.edu/learn/cpr/index.html>, (Accessed 10.01.2019).
- 6- Comprehensive Guide for First Aid & CPR, Canadian Red Cross
- 7- Çelik, D, Çocuklarda Acil Durumlar [Emergencies in Children], Çocuk Dostu Otel Platformu [Child-friendly Hotel Platform]



attached files

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# ANNEX- 1

## FORM FOR DETECTING HEALTH AND SAFETY SITUATION IN TOURIST FACILITIES

### I-GENERAL INFORMATION

Date of Filling the Form: .....

1-Name of Business: .....

2-Director General/Manager of the Business

Full-name: .....

Contact Address: .....

.....

Age: .....

Sex: .....

Education: .....

How long has he/she been working in this job?: .....

3-Address of Business: .....

.....

4-Type of the Business: .....

5-Number of personnel: .....

6-Registration Date and No: .....

7-Health Unit Authority of the Business: .....

8-Number of rooms and beds: .....

9-Tourism Operating Certificate Date, No: .....

10-Class of Business: .....

11-Number of current workers with social security: .....

## II-GENERAL STRUCTURE

- 1-Is there a part for accommodation? Yes No
- 2-Is there place for dining? Yes No
- 3-Is there a swimming pool? Yes No
- 4-Is there a public toilet? Yes No
- 5-Is there a health care unit? Yes No
- 6-If no, is there a first aid chest? Yes No
- 7-Is there a beach? Yes No
- 8-Is there a dining hall near the beach or pool? Yes No
- 9-Is there a Turkish bath/Sauna/Steam Room etc.? Yes No
- 10-Is there a treatment facility? Yes No
- 11-Is there a laundry? Yes No
- 12-Is there dressing room for the personnel? Yes No
- 13-Is there a dormitory for the personnel? Yes No
- 14-Is there a thermal pool? Yes No
- 15-Is there a fitness center? Yes No
- 16-Is there a cure center? Yes No
- 17-Is there an entertainment center?  
(open closed disco, amphitheater etc.) Yes No
- 18-Is there a fuel tank? Yes No
- 19-Is there a water tank? Yes No
- 20-Is there a solid waste storage area? Yes No
- 21-Are there fire-escape stairs? Yes No
- 22-Is there a fire alarming system? Yes No
- 23-Are there doors opening outwards in public spaces? Yes No
- 24-If yes, please state in which spaces?

- 
- 25-Have the necessary measures been taken for disabled? Yes No
- 26-Is there a dining hall for the personnel? Yes No

## III-BUSINESS

### Business Surrounding:

- 1-Is the business surrounding clean and tidy? Yes No
- 2-Is there a cleaning program for the business surrounding? Yes No
- 3-Are there trash cans around the business? Yes No

- 4-Is there landscape around the business?  Yes  No
- 5-Is there a person responsible for the cleaning of the business surrounding?  Yes  No
- 6-Is there a cleaning logbook for the cleaning of the business surrounding?  Yes  No
- 7-Are there any precautions for the vectors?  Yes  No

### Inside the business:

#### Kitchen:

##### A-General

- 1.Is the connection of kitchen and affiliated sections with the other parts of the business controlled?  Yes  No
- 2.Is there a separate dishwashing area?  Yes  No
- 3.Is there a periodical cleaning chart?  Yes  No
- 4.Are the walls, floor, counter and doors made of water-proof material?  Yes  No
- 5.Has the general and detailed cleaning been done properly?  Yes  No
6. Are tools and equipment undergoing corrosion used?  Yes  No
7. Is there air conditioning?  Yes  No
8. If yes, is it sufficient?  Yes  No
9. Is there a running water system?  Yes  No
10. Is the illumination equivalent to sun light?  Yes  No
11. Are the solid wastes collected properly?  Yes  No
12. Are there warnings for the personnel?  Yes  No
13. Are there liquid waste drainage channels?  Yes  No
14. Are there any precautions against vectors (insects and rodents etc.)?  Yes  No
15. If yes, what precautions?  Yes  No
16. Are the cleaning materials for the counter and floor different?  Yes  No
17. Are there cleaning materials/disinfections which do not have production permit?  Yes  No
18. Are the counters made of proper material?  Yes  No
19. Are there closed cases for the pots?  Yes  No

##### B-Food Production Places

#### Food Preparation

- 1- Are there separate sections for food preparation and service?  
- Meat  Yes  No

- Vegetables  Yes  No
- Pastry  Yes  No
- 2. Is there a separate or proper raw material store?  Yes  No
- 3. Are the walls, floor and ceiling made of proper materials?  Yes  No
- 4. Is there air-conditioning?  Yes  No
- 5. If yes, is it sufficient?  Yes  No
- 6. Is the illumination equivalent to sun light?  Yes  No
- 7. Is there bare hand contact during food preparation?  Yes  No
- 8. Is the cleaning of walls, counter, floor and ceiling sufficient?  Yes  No

**Food Cooking**

- 9. Are the walls, floor and ceiling made of proper materials?  Yes  No
- 10. Is there air-conditioning?  Yes  No
- 11. If yes, is it sufficient?  Yes  No
- 12. Is the illumination equivalent to sun light?  Yes  No
- 13. Is the cleaning of walls, counter, floor and ceiling sufficient?  Yes  No

**Cold room**

- 14. Is there a separate cold room?  Yes  No
- 15. Is the cooked food stored in a different place than the raw food?  Yes  No
- 16. Is there a thermometer?  Yes  No
- 17. Is there a heat measuring chart?  Yes  No
- 18. Is the cold room in required heat? (max: 4-5°C)  Yes  No

**C-Storages**

**Cold Room**

- 1. How many cold rooms are there?.....
- 2. State the usage areas of these cold rooms? .....
- .....
- 3. Is there a thermometer?  Yes  No
- 4. Is there a heat measuring chart?  Yes  No
- 5. Is the cold room in required heat? (max: 4-5°C)  Yes  No
- 6. Are there any expired or out-of-date foods in the storage rooms?  Yes  No
- 7. Are the stored dishes, ground meat or mincemeat covered with materials like lid, film, folio etc.?  Yes  No

**Dry Storage Room**

- 8. Is there a thermometer?  Yes  No
- 9. Is there a heat measuring chart?  Yes  No
- 10. Is the cold room in required heat? (max: 4-5 °C)  Yes  No
- 11. Are the storage rooms organized?  Yes  No
- 12. Are the shelves hygienic?  Yes  No
- 13. Is ventilation sufficient?  Yes  No
- 14. Are there any expired or out-of-date foods in the storage rooms?  Yes  No
- 15. Are there any precautions against vectors (insects and rodents etc.)?  Yes  No
- 16. If yes, what precautions?  
.....
- 17. Are there any materials kept out of intended use?  Yes  No

**Water:**

- 1. What is the source of fresh water?  
Tap Water   Well   Artesian   By Transportation
- 2. Are the fresh water and tap water periodically controlled?  Yes  No
- 3. If yes, how often?  
**A- Bacteriological controls**  
a) Weekly   b) Every 15 days   c) Monthly   d) Quarterly  
**B- Chemical controls**  
a) Weekly   b) Every 15 days   c) Monthly   d) Quarterly
- 4. If the fresh and tap water are obtained by transportation, is there a transportation contract or permit?  Yes  No
- 5. Is the fresh water and tap water sufficient?  Yes  No
- 6. Is there any automatic chlorine feeder for fresh water and tap water?  Yes  No
- 7. What is the level of chlorine?  
a) In tank entry: .....  
b) In tank: .....  
c) In waterworks: .....
- 8. Is there fresh water and tap water tank?  Yes  No
- 9. What is its volume?.....
- 10. Are the fresh water and tap water stored properly?  Yes  No
- 11. Is there a periodical tank cleaning chart?  Yes  No



**Rooms, halls, bath, sauna, laundry, toilets and lavatories:**

- 1. Is the general and detailed cleaning of the rooms and halls proper?  Yes  No
- 2. Are the room floor and walls made of proper material?  Yes  No
- 3. Are the toilets of the rooms cleaned according to hygiene criteria?  Yes  No
- 4. Are there written notices about cleaning the toilets?  Yes  No
- 5. Are the beds, sheets, linens and blankets clean?  Yes  No
- 6. Is the building material used in the hamam and sauna made from material easy to clean?  Yes  No
- 7. Are the hamam and sauna cleaned according to the hygiene criteria?  Yes  No
- 8. Are there cleaning materials which do not have production permission?  Yes  No
- 9. Is there an automatic washing device in the laundry?  Yes  No
- 10. Is there an ironing system in the laundry?  Yes  No
- 11. Are laundry floors and walls made of proper material?  Yes  No
- 12. Are clean clothes stored in closed and clean cabinets?  Yes  No
- 13. Is general cleaning of public toilets and washbasins proper?  Yes  No
- 14. Is there soap and pressured water in general toilets?  Yes  No
- 15. Are there portable drying devices/ paper towel in general toilets?  Yes  No
- 16. Is there a cleaning schedule for hamam, sauna and public toilets?  Yes  No
- 17. Are there any precautions for vectors?  Yes  No
- 18. If yes, what precautions? .....

**IV- PERSONNEL:**

- 1. Does kitchen personnel have health record?  Yes  No
- 2. Does the service personnel have health record?  Yes  No
- 3. Do the housekeepers have health record?  Yes  No
- 4. Does the laundry personnel have health record?  Yes  No
- 5. Have the three-month periodical examinations been performed?  
 Yes, Complete       Yes, Imperfect       No
- 6. Does the personnel have business attire?  Yes  No
- 7. Are there locker rooms for the personnel?  Yes  No
- 8. Is there a personnel toilet?  Yes  No
- 9. If yes, does it open directly to the kitchen?  Yes  No

10. Are there liquid soap, portable drying devices/  
paper towel in general toilets?  Yes  No
11. Is there a periodic training schedule for the personnel?  Yes  No
12. Does the dormitory of the personnel conform  
to general hygienic conditions?  Yes  No
13. Does the cafeteria of the personnel conform to  
general hygienic conditions?  Yes  No

### V-LIQUID AND SOLID WASTES:

#### Liquid Waste

1. How are the liquid wastes disposed?

(Please answer the following questions by the type of disposal)

- a) With public treatment (sewage + treatment plant)
- b) With package treatment
- c) Dumped to cesspool
- d) Dumped to public sewerage
- e) Discharged into the sea
- f) Discharged into the stream
- g) Other: (Describe) .....

.....

#### General Treatment

1. Is there a permission to connect to the Public Treatment?  Yes  No

#### Package Treatment Plant

2. Is there a discharge permit?
3. Is the treatment plant operated?  Yes  No
4. Is there a chart/ checkbook for  
the operation of treatment plant?  Yes  No
5. If yes, are the periodic analyzes processed?  Yes  No
6. Are all the waste waters poured to the treatment plant?  Yes  No
7. If no, where are they poured?
- a) Cesspool
  - b) Public sewerage
  - c) Sea
  - d) Stream
  - e) Other: (Describe) .....

.....

**Cesspool**

- 8. Is there a vacuum truck discharge contract or certificate?  Yes  No
- 9. What is the frequency of discharge? .....

**Solid Wastes**

- 10. Are solid wastes discharged every day?  Yes  No
- 11. If no, how often is it emptied?.....
- 12. Is there a waste disposal contract or certificate?  Yes  No
- 13. Are there enough closed, cleanable garbage containers which do not flow?  Yes  No
- 14. Who collects solid waste?
  - a. Garbage collectors of the municipality
  - b. Directorate of the business
  - c. Other: (Describe) .....
- 15. Which way is followed to eliminate solid waste?
  - a. Controlled discharge
  - b. Incineration
  - c. Other: (Describe) .....

**VI-HEALTH UNIT**

- 1. What is the name of the health unit used by the facility?
  - a. Infirmary
  - b. Fitness Center
  - c. Polyclinic
  - d. Doctor's room
  - e. Other: (Describe) .....

- 2. What is available for basic and emergency interventions in the health unit?

Write in items

.....

.....

.....

.....

- 3. Who is in charge of the health unit? (More than one answer can be marked)

.....

- a. Doctor
- b. Nurse

- c. Health officer
- d. Hotel staff
- e. Other: (Describe) .....
- 4. Is there a record book in the health unit?  Yes  No
- 5. If yes, what is the first and last registration date?  
 First registration date: .....  
 Last registration: .....
- 6. If yes, how many people are recorded in the registry? .....
- 7. Is there a registered ambulance in the enterprise?  Yes  No
- 8. If yes, please write the characteristics of the ambulance.
  - a. Model of the vehicle: .....
  - b. The age of the vehicle: .....
  - c. Mileage: .....
  - d. Internal hardware: .....
  - e. Periodic maintenance: .....
- 9. If no, does the business procure ambulance service when required?  Yes  No
- 10. Is there a doctor(s) contracted by the facility?  Yes  No
- 11. If yes, what is the specialization of the doctor? .....
- 12. Are there any hospitals that the business has contracted?  Yes  No
- 13. Is there a health insurance company contracted by the facility?  Yes  No

**VII-BEACHES**

- 1.Specify the characteristic of the beach.
  - a. Sandy
  - b. Stony
  - c. Rocky
  - d. Concrete
  - e. Other: (Describe) .....
- 2.Write the dimensions of the beach. Length: ..... Width: .....
- 3. To whom the beach give service?
  - a. Customers only
  - b. Customers of the facility and day trippers
- 4. How many umbrellas are there at the beach? .....
- 5. How many sunbeds are there on the beach? .....
- 6. Are there warning signs at the entrance of the beach?  Yes  No
- 7. Is there a lifeguard tower on the beach?  Yes  No
- 8. Is there a certified lifeguard in charge?  Yes  No

9. Are there trash cans on the beach?  Yes  No
10. If yes, please specify the number. ....
11. How many restrooms are there in the beach? .....
12. Is there a toilet for people with disabled people on the beach?  Yes  No
13. How many dressing cabins are available on the beach? .....
14. How many showers are there on the beach? Open: ..... Closed: .....

## VIII-POOL

(It will be replicated and used separately for each swimming pool in the facility) .

### Swimming Pool

1. Please indicate the type of pool:
- a) Public pool
  - b) Site pool used by multiple families
  - c) Pool of a tourist facility
  - d) Other (Describe) .....
2. Is there a logbook for the control of water?  Yes  No
- If yes, is it filled properly?  Yes  No
3. Is the pool water checked?  Yes  No
4. If yes, how often is the control of the pool water made? .....
5. Are there any personnel who have received first aid and rescue training?  Yes  No
6. Is there a separate staff responsible only for the control and maintenance of pool water?  Yes  No
7. Are there necessary supplies for first aid?  Yes  No
8. Is there an accessible phone near the pool?  Yes  No
9. Are there phone and services in a visible place which will provide access to the nearest ambulance system?  Yes  No
10. Is there a public toilet?  Yes  No
11. Is there a public shower?  Yes  No
12. Are there public dressing cabins?  Yes  No
13. Is there liquid soap in the toilets?  Yes  No
14. Is there running water in the toilets?  Yes  No
15. Are there toilet paper holders and toilet papers?  Yes  No
16. Do the toilet flushes work?  Yes  No
17. Are there closed trash cans in the toilets?  Yes  No
18. Are there deodorizer hooks and deodorizers in the toilets?  Yes  No

19. Are there hand dryers or paper towels in the toilets?  Yes  No
20. Is there any roughness on the surfaces that would lead to accumulation of deposits?  Yes  No
21. Has the entire facility been disinfected before the start of the season?  Yes  No
22. If the pool is for multipurpose use (jumping, swimming, competition), are there appropriate signs for each of them?  Yes  No
23. Are the slope areas of the pool marked?  Yes  No
24. Are there signs showing minimum and maximum depths?  Yes  No
25. Is the discharge system protected by a constant strainer?  Yes  No
26. Is the walking platform around the pool at least 1.2m wide?  Yes  No
27. Does the pool have a slope that would prevent the water around it from flowing in?  Yes  No
28. Is there a shower with fresh water quality to go through before entering the pool?  Yes  No
29. Is there a system containing disinfectant to clean the pillar?  Yes  No
30. Does the water treatment system have a capacity sufficient for the treatment of pool water?  Yes  No
31. Does the water circulation cycle exceed 8 hours?  Yes  No
32. Is the pool water disinfection system automatic?  Yes  No
33. Is the purified water measured by appropriate meters?  Yes  No
34. Is the amount of renewed water measured properly?  Yes  No
35. Can the swimming area be reached by shoes or dress?  Yes  No
36. Is it possible for animals to reach the pool?  Yes  No
37. Is there secchi disc for measuring turbidity?  Yes  No
38. Is the logbook filled in properly?  Yes  No
39. Which parameters were viewed in the check report of the pool?  
(More than one answer can be marked)
- a. Free chlorine levels
- b. pH
- c. Turbidity
- d. Water level of the pool
- e. Heat
- f. Other (Describe).....
40. How often were these parameters checked?
- a. Level of chlorine .....
- b. pH .....
- c. Turbidity .....
- d. Water level of the pool .....

e. Temperature .....

f. Other (Explain) .....

41. How often is the pool water changed?.....

42. Is any chemical used to prevent algae from water?  Yes  No

43. Have security measures been taken for the lighting system of the pool?  Yes  No

### Health Personnel

1. Which health personnel is available at the facility (more than one answer can be given)?

a) Medical ecology and hydro climatology specialist or another specialist physician trained in this field

b) Physical therapy and rehabilitation specialist

c) Physiotherapists

d) Laboratory technician or health officer

e) Nurse

f) Other (Describe) .....

### X-WINTER TOURISM

(If the facilities include the units listed above, the appropriate form section will be used. In addition, the following qualifications will be sought.)

1. Are there any mechanical arrangements for the skiers to move between different points for skiing?  Yes  No

2. Are there eating and drinking places at the lower, upper or intermediate stations?  Yes  No

3. Are there sunbathing/viewing points in the lower, upper or intermediate stations?  Yes  No

4. Are there public toilets at the lower, upper or intermediate stations?  Yes  No

5. Are there shelters at the lower, upper or intermediate stations?  Yes  No

6. Have the necessary measures been taken ensure the safety of users against the dangers that may arise from mechanical arrangements?  Yes  No

7. Is there health and first aid service for users?  Yes  No

8. Are there additional buildings associated with the hotel?  Yes  No

9. Are there any eating and drinking places associated with the hotel?  Yes  No

## ANNEX-2

### RULES INVOLVING HEALTH AND SAFETY OF CHILDREN IN TOURISM

#### **Baby & Child Care Services**

- Opportunity to order special childcare by hour
- Private or collective childcare
- Baby/child care services in the restaurant
- Personnel trained in childcare
- Baby care rooms/sleeping rooms

#### **Open Spaces in Tourist Facilities and Nature of the Business**

- Planting free of toxic, thorny plants;
- Rat poison and pest control
- Artificial hills, shaded seating areas, sun umbrellas
- Covered playgrounds
- Technical inspections of the outdoor areas at regular intervals (at least twice a year) must be conducted by the management or authorized personnel at the beginning of and after each season (e.g. wear and tear, wood splinters). Unknown dangers for children should be clearly indicated (cliffs, etc.)
- Marking of the outdoor area must be done appropriate to the age group. For example, with the help of symbols/Children warning signs (traffic lights, colored animal figures), Information about being away from traffic, for example, walking speed, ground elevations
- Free movement area facilities,
- Woodland and lawn (walkable),
- The presence of children playgrounds (within the range of vision and hearing, with a distance of maximum 200 m from home)

#### **Environmental Protection:**

Children's awareness on issues such as segregation of wastes, recycling, energy saving (green tourism) should be raised; opportunities should be provided for active participation of children customers to environmental protection. Based on the philosophy of learning life through the tourism opportunities, the children should be included in environmental activities.



## Non-Smoking Areas

Smoking should be prohibited in playgrounds.

Non-smoking sections in restaurants and breakfast areas

## Nutrition and Restaurant Services for Children's Health

- Baby menus consisting of ready-prepared or mashed food for infants older than four months
- Menu cards prepared for children's restaurants and children or a separate child page on the menu cards
- Children's buffet and special section for children in the main restaurant
- Small charms such as fruit ice cream and free or paid drink bar for children
- Use of fresh products from the country where the hotel is located and a menu consisting of delicious and healthy dishes, fresh salads, variety of vegetables and fruits
- Healthy, non-nicotine and non-alcoholic menus according to requests of each age group
- Children should be offered at least two choices. Healthy menus with a taste of fast food should be presented every other day. Portions should be prepared according to the wishes of children's.
- Menus which allow children to choose, for example, egg options (soft-boiled and fried egg, omelet etc.) for breakfast
- Required features in healthy menus for children; mainly vegetables, temperate animal food, sweet foods with low fat. On holiday, children also like candies, chips, French fries, pasta, hamburgers and ketchup. Taste also depends on whether they like the atmosphere. The password here is; to make changes according to the needs and desires of children and parents. Every child has a different taste and it can change depending on age, body structure, tiredness, pleasure of the day. Children's menus at buffets should be visible and accessible to children.
- 24-hour kitchen and washing facilities (Children may want to eat or drink milk before going to bed at night).
- Height adjustable chairs for small children, sufficient number of children's tables and chairs,
- Highchairs for small children,
- A large number of children's furniture available in the restaurant / the customer should be kept waiting in the restaurant due to the lack of children's table.

- Fulfilling the orders of children first,
- Special unbreakable glasses, service and dinner sets, food aprons for children
- Affordable non-alcoholic children's drinks
- Free drinks for children at dinners or free juice every other day

### **Cleaning and Hygiene**

- Solid, clean toys free from harmful substances in Children's Clubs or on playgrounds, rust-free and clean equipment
- Clean and antibacterial surfaces on the playground
- Attention to the hygiene of the children's pool, frequent change (or chlorination) of the water
- Tight cleaning plans, general hygienic areas. Frequent replacement of towels.
- Kitchen and places associated to the kitchen should be kept clean.
- Clothing and kitchen towels that come into contact with food, dishes and utensils should be changed daily.
- The time, temperature and technique of the dishwashing should be checked.
- Kitchen and restaurant staff should know the hygiene rules and pay attention to the rules.
- Kitchen and storages must be protected from flies and other pests.
- Pets should not be allowed in the kitchen.
- Cleaning and disinfection tools should be stored in closed and labeled sections outside the kitchen
- Hotel staff should be trained in hygiene, health, food safety and general security measures.
- Hygiene of the food offered, hygiene of the personnel, attention to cleaning rules in the rooms, and hygienic cleaning of every area assuming that children can touch anything.

#### **Availability of Washing Units:**

The 5-6 age group is a restless age group and they prefer games that require more movement and played outdoors. Hence, their clothing can get dirty more frequently. Washing facilities for families with children may be one of the reasons for their hotel preference.

### **Dangerous Situations or Emergencies, Accidents**

- Access to pharmacies, access to pediatrician or nurse

- Health personnel service at the hotel
- Trained first aid specialists must be available.
- First aid tools should be available and their usage areas should be introduced to the personnel.
- First aid and first aid specialists
- Hygienic products for dangerous situations (wrapping materials, wound ointment, etc.)

### **Shopping and Other Products and Services**

- Hygienic materials
- Child cradle
- Opportunity to order diapers, ready-prepared baby foods, etc.
- Rental baby carriages, strollers or infant carriers,
- Attention to interior and exterior decoration of the business (children's furniture)
- Extra activity opportunities for rainy days
- Priority to families with children, taking them to their room without making them wait too much.

### **Room Facilities and Child / Baby Extras**

- Rooms for families with children should have a door to the children's room from the parents' room, rooms with children's beds and separate bedrooms (two separate rooms with connecting doors) are suitable for families.
- Children rooms should be spacious, suitable, temperature adjustable and easy to clean.
- Diaper changing units, buckets and tubs for families with baby and small children
- Heating pots and coffee pots to warm babies' milk and tea (small plate)
- Microwave ovens may be available
- Disinfecting equipment for baby bottles or jars,
- Sufficient number of closets, wardrobes and wardrobe hangers and towel hangers also usable by children,
- No decorative objects that children can swallow or break in rooms
- Bathrooms larger than normal baths so that children can move freely and avoid slipping.
- No lock on the doors,
- Children's toilet/toilet seat, washbasin, children's mirror and towel hanger

- Baby radio in rooms for children's safety
- Laundry service
- Adequate lighting in rooms
- Night Light / Lighting
- Children/baby baths, thermometers in the bathrooms
- Easy opening faucets
- Kid toilet seat cover for minors
- In the rooms also sound sofa groups decorated properly for children and a large table for playing.
- Baby cot, baby blanket (cover), crib
- Mosquito screen net mesh for window
- Soundproof rooms
- Child safety lock for sockets
- Outward opening doors
- Lockable balcony and terrace doors
- Glasses and windows made of unbreakable material
- Wall-mounted diaper changing unit

## **Playgrounds**

There should be playgrounds arranged as approximately three square meters per child, with clean toys supported by pedagogues, containing no harmful substances and prepared with social responsibility.

### **Game possibilities for children in the nature or outdoors:**

In the business, there should be areas dedicated to children to play. A space of at least 300 square meters for each group (groups of 20 people) suitable for their ages. Children should be able to play safely without their parents or caregivers.

- Camera system for indoor and outdoor playgrounds,
- Sleeping room in kids' club
- Antibacterial floor in the kids' club
- Dark and very full play rooms filled with fixed toys on the floor prevent the development of creativity and imagination. Walls filled with children's paintings, wood, movable furniture or playgrounds with sand and water, moving toys are more suitable.
- Children's rooms/Kids Club with game cabinet, cushions, toys
- Gardens with playgrounds away from road / sports-game materials, grass areas with seating facilities.

### Children's Playground/Kid's Club Safety

- Playgrounds should be located away from potential dangers and surrounded by a fence or barrier (Equipped and safe playgrounds)
- All equipment must be rust-free and in good working condition and tightly connected to the ground.
- There must be a distance of at least 1.7 meters between each piece of equipment.
- Soft impact surfaces
- Signs saying "Please Do Not Leave Your Children Unattended" and places should be available where parents can sit.
- Private pools in small sizes designed for children
- The non-slip area around the pool
- Swimming pool and similar equipment in the pool

### Safety Measures in the Facility and Rooms

- Lifts with child-sized buttons, on/off buttons etc.
- Lifts should have signs outside should indicate, no unaccompanied children, no smoking
- Lighting, acoustics, air conditioning in rooms
- Child safety in equipment that can create danger (e.g. in the furnaces in rooms)
- Child safety in sockets
- Banisters for children on stairs
- Non-hazard areas, bathrooms, elevators and stairs
- Protection against falls, child-size banisters
- Guiding symbols to help orientation
- Clear and understandable signs
- Equipment, arrangement (colors, pictures, etc.) appropriate for the age group
- Precautions against noise
- Avoiding using game rooms-kids club for different purposes, such as storage.
- Buffets that should not create fire danger,
- Water tanks
- Secure car parking areas
- Continuous supervision of children

### Security Criteria in Various Areas

#### Balcony Security

- Balcony banisters should be at least 1.1 meters in height

- Children should not be placed in rooms where the balcony design is climbable (step-up allurement or ladder style) possible. The distance between the horizontal and vertical bars must not exceed 10 cm
- If structural improvements cannot be made on the balcony, it is recommended to provide rooms on the ground floor rooms should be offered for families with children.
- Children should not be left alone on balconies and that they should remove balcony furniture away from the balcony walls to discourage children from climbing

### Window Safety

- Anti-collision identification stickers should be placed on glass/patio doors available at the levels of 1 m and 1.5 m and large expanses of glass where there is the risk of collision

### Swimming Pool Safety

- Depth markers must be noticeable, particularly at sudden depth changes, and at least 10 cm high.
- There must be "Diving is Prohibited" sign in pools with a depth of less than 1.5 meters and enforce "no diving" rules.
- Lifeguard equipment should always be available at the edge of the pool.
- The child pool should be properly separated from the adult pool.
- All surfaces around the pool should be non-slip and smooth, there should not be broken or loose tiles.
- Pools must be equipped with underwater lighting fixtures.
- All pool rules should be hung in a visible place.
- If there is no lifeguard, there should be a sign indicating this.
- "Please Do Not Leave Your Children Unattended" sign must be in a visible place

### Kids Club Security

- At least 35 square meters should be allocated to kids' club. A ventilation system should be placed so it can certainly help to purify the air inside. The risk of injury from electricity and balcony collapse should be minimized.
- Doors in the space should have slow down and stopper mechanism.
- A telephone, first aid supplies and a fire extinguisher should be available.
- Improve slip resistance with surface treatments if required.
- There should be a child restroom in or near the club.



## ANNEX-3

### Cases



#### CASE-1

13-year-old Ayşe suddenly falls from the sunlounger while she is reading at the beach, she begins to tremble with her eyes closed, she loses consciousness.



#### CASE-2

8-year-old Mustafa has a nosebleed when he is painting at the children's club, and his whole face is covered with blood. Other children who see him start to cry. A chaos occurs in the room.



#### CASE-3

6-year-old, Fulya lies motionless her face down in the pool.



#### CASE-4

17-year-old Mehmet is attacked by three bees at the restaurant while having his lunch.

---

By using a flipchart please write step by step which kind of actions a tourism professional can take in emergency situations.

---



## TRANSPORTATION OF PATIENT AND INJURED IN CHILD-FRIENDLY TOURISM

### What are the general rules for patient transport?

The tourism employee should not put his/her own health at risk when the patient is transported.

They must comply with the following rules to avoid unnecessary coercion and injury:

1. Work close to the patient/injured,
2. Use longer and stronger muscle groups,
3. Bend the knees and hips to maintain back tension (Reduces the risk of spinal cord injuries),
4. Place one leg slightly forward from the other by using both legs taking support from the floor,
5. When getting up, give the weight to the hip muscles and straight the knees in the most appropriate way,
6. Keep the head always straight, move it homogeneously and smoothly,
7. Walk slowly and smoothly, and keep the steps not wider than the shoulder,
8. When lifting the weight, hold the abdomen firmly and flex the hips,
9. Keep shoulders at the level of the pelvis and spinal cord,
10. When changing direction avoid sudden spinning and twisting,
11. Move the patient/injured as little as possible,
12. Grasp the patient/ injured from at least 6 support points by taking the head-neck-body axis as basis,
13. There should be a responsible person to direct all movements, this person must give the necessary commands (attention, lift) for the actions. This person must be the person who holds the head and neck part which is the most weighted part that attention should be paid. A perfect team work is necessary when transporting the patient.

### What are the emergency transport techniques?

1. As a general rule, the patient/injured should not be relocated or touched. If there is an extraordinary danger, emergency transport is mandatory despite all risks.
2. The injured should be transported to a safe place as soon as possible.

---

### **What are the techniques of rapid transportation in short distance?**

1. **Carrying on the lap:** A useful method for children who are conscious. Applied by a first aider.
  - Take support holding the injured from under the knees with one hand
  - Grasp the back with the other hand by weighing the body
  - An injured person may be asked to wrap his/her arms around the neck of the person carrying him/her. This makes the injured feel safe,
  - Stand up by giving the weight to the knees.



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