**Appendix 1**

**HISTORICAL PERSPECTIVE**

**1.1 Origins of St. John Ambulance**

**A Thousand Years of History**

When you think of today’s St. John Ambulance volunteers, as instructors, Brigade members or committee members, it is difficult to realize that they belong to an Order that is approximately a thousand years old.

Yet for hundreds of years, the Knights of St. John looked after the sick and were also one of the foremost Orders of chivalry in Christendom. The beginnings of the ancient Order ring with the clash of sword on mail and armour, the swift flight of deadly arrows, and crusaders galloping in armour full tilt at Saracen and Turk, with troubadour tales of reckless courage and gallant chivalry.

Members of the Order managed to combine a tradition of tirelessly waiting on the sick with romantic and bloody tales of derring-do that have earned them a secure niche in history.

Early in Christian times, pilgrims came from all over Europe to visit the Holy Places in Jerusalem. In 600 A.D., to house them, Pope Gregory the Great asked Abbot Probus to set up a hostel for pilgrims. Soon after, the city was overrun by the followers of Mahomet but the hostel was allowed to stay open. In about 800 A.D., the Emperor Charlemagne was permitted by Haroun al Raschid, the legendary Caliph of the Arabian Nights, to rebuild and enlarge the building, while adding a library.

**Reign of Terror**

This situation lasted for some 200 years, until a fanatical Caliph, El Hakim, despite the fact that his mother was a Christian, inaugurated a reign of ruthless terror and persecution. All Christian buildings were razed to the ground, among them the Church of the Holy Sepulchre and Charlemagne’s hospital and library, so that, for a time, Christians had no place in which to shelter.

Trade, however, still continued between the Western Mediterranean and the Saracens. After El Hakim’s death, the merchants of Amalfi, a small republic on the Italian coast south of Naples, were permitted to buy the site of Charlemagne’s hostel. There they built a new church and hospital for Christian pilgrims.

The Republic of Amalfi’s emblem was an eight pointed cross and the Benedictine monks who served in this new hospital adopted it. It is an emblem that the Order of St. John still uses today.
Although more friendly relations were established, the persecution of pilgrims never ceased, varying in severity according to what Caliph was in power. Their journey to Jerusalem was also threatened by pirates at sea and robbers on land and many never reached there.

**Legendary First Crusade**
These events led to the legendary First Crusade in 1099, when an army of crusaders captured Jerusalem after a six-week siege. At that time, the Warden of the hospital was Gerard, from Martigues in Provence, whose saintly life and selfless care of the sick and wounded earned him the title of the Blessed Gerard. After they entered Jerusalem victorious, he nursed back to life many of the badly wounded knights.

The Christian army was made up of contingents from many different countries, led by many valiant leaders. It was, however, Godfrey of Bouillon, Duke of Lorraine, a tall red-bearded knight, who distinguished himself the most. He was elected to be ruler of the city and "Defender of the Holy Sepulchre." One of his first actions was to visit Gerard and the wounded Knights Gerard was caring for. He was so impressed that he endowed the hospital with more land and buildings, an example followed by many other crusaders.

This allowed the blessed Gerard to reorganize the Brotherhood of the Hospital and to found a new Order of Hospitallers. The brethren continued to be monks who took the vows of chastity, obedience, and poverty but the Order was now based more on the teachings of the Augustines which were less strict than those of the Benedictines.
They wore a long black sleeveless coat with a slit on each side for their arms, and on their breast was the eight pointed white cross of Amalfi. They acquired the ancient monastery of St. John the Baptist and the Baptist became their patron saint. They were recognized by the Pope and allowed to elect their own Superior who took the title of Master and later Grand Master.

Class of Military Brethren
While it was the Blessed Gerard who organized the new Order’s role in looking after the sick, it was Raymond du Puy who succeeded him, and who introduced a new class of military brethren.

Despite the Christian conquest of Jerusalem, Moslem brigands continued to molest pilgrims on their way there. To protect them, a group of knights had banded together. These became known as the Order of Templars, deriving their name from the Temple of Solomon which was beside the quarters that King Baldwin II of Jerusalem had given them in the royal palace. It was to help the Templars that du Puy founded the military branch of the Hospitallers. Soon after they were formed, they helped defeat an invasion of Palestine from Egypt.

The membership of the Military Order (Hospitallers) was divided into three main classes; the Knights, the Chaplains, and the Serving Brothers. The banner of the Knights bore a plain white cross on a red background, and over their mail and later armour they wore a red tunic or “supra vest”, with a plain white cross on the front. In the Convent, as their monastery with its church and hospital were called, they wore a black robe with the eight pointed white cross on the left breast. The four arms of the white cross represented the Christian virtues of prudence, justice, temperance, and fortitude, and the points the eight beatitudes which spring from these virtues. Its whiteness was the symbol of the purity of the life required of those who fought for the defence of the faith and lived for the service of the poor and suffering.

Growth in Numbers, Wealth, and Power
The numbers, wealth and power of the Hospitallers and Templars grew rapidly. They built and garrisoned numerous castles to guard the borders of the Holy Land and the main routes of pilgrimage and trade. Benefactors left them money and estates. Among these bequests, about the middle of the twelfth century, was a gift of land to the Hospitallers of Clerkenwell, Suffolk, in England, by Jordan of Bricett. There the great Priory was built, the gatehouse of which is still the headquarters of the Order, now known as St. John’s Gate. In England the Order grew in wealth and power until Henry
VIII dissolved the Order and annexed its land and buildings together with that of the monasteries.

Some eighty years after the first Crusade, Saladin, celebrated in Sir Walter Scott’s novel "The Talisman", succeeded in uniting Syria and Egypt. He thus encircled the Kingdom of Jerusalem and eventually drove the outnumbered Christians from it. The second Crusade, in which the kings of both France and England took part, failed to take back Jerusalem, although the Crusaders did capture the important port of Acre.

Here the Hospitallers founded a new convent and so great was the fame of its hospital that the city became known as St. Jean d’Acre. The Saracens, however, did not let up and after many of the Christian castles had methodically been laid siege to and taken, Acre again fell to the Saracens who outnumbered the Christians about ten to one. Its defeat was the end of the Kingdom of Jerusalem, where for nearly two centuries the Hospitallers had proudly raised the banner of the white cross.

It was, perhaps, because the Hospitallers had a purpose that they did not suffer the same fate as the Templars. The Templars, after the fall of Acre, had lost purpose as a fighting force in the Holy Land. The knights returned to their Order’s estates in Europe and became stagnant. Finally, in 1312, Pope Clement IV dissolved the Order of the Templars and endowed their lands and their possessions to their counterparts, the Order of the Hospitallers.

**Successful Invasion of Rhodes**

After a short stay in Cyprus, the remnants of the knights invaded the island of Rhodes, then held by pirates, and took it without serious loss of life. Here they remained for some 200 years, where they became a major sea power whose primary aim was to keep the major trade routes free of pirates.

In Rhodes, the knights from different countries were divided into different langues, each of which had their own responsibility and was run by a Bailiff. While in the Holy Land the Order had owned several castles as well as the hospital in Jerusalem and subsequently Acre; it was simply a powerful monastic order with many fighting members. In Rhodes it became a sovereign power, ruling over its own country. The Grand Master ranked as the equal of the kings and princes of Europe.

![A Knight of St. John at Rhodes](In Armour)
The knights not only made the city the strongest fortress in existence at that time, but also built many fine buildings. The Grand Master's palace, the churches and the hospital won the admiration of Europe. In the Street of the Knights several of the Auberges are still standing. The Auberge of England was bought by a Knight of St. John in 1919 and carefully restored.

During this time the strength of the Ottoman Turks was still growing and they soon replaced the Saracens as the principle Moslem power. In 1453 they captured Constantinople, finally destroying the Byzantine empire. They then turned their attention to Rhodes.

Famous Sieges of Rhodes
There were two great sieges of Rhodes, the first of which the Hospitallers won and the second of which they lost. In the first, Sultan Mahomet The Great brought 160 ships and many smaller craft to the island where he landed 70,000 men. Against these, Grand Master Peter D'Aubusson mustered 450 men of the Order, 4,000 mercenaries and a few companies of armed citizens.

Turkish guns managed to breach a hole in the outer wall through which the Grand Master led a charge. The Hospitallers killed 3,500 Turks in the ensuing battle. The siege had lasted three months and cost the Turks 9,000 dead and three times the number in sick and wounded. When a few days later, Spanish ships managed to run the blockade and bring fresh stores to the garrison the Turks sailed away.
In 1522 Sultan Suleiman I the Magnificent brought 140,000 troops and 60,000 pioneers to construct siege works. Later he was sent 15,000 reinforcements. Although the knights killed over 18,000 Turks they were gradually worn down by hunger and disease and in order to save the civilian population from massacre they surrendered. Suleiman chivalrously granted them honourable terms. They were given 12 days to leave the island with their arms and property, in their own galleys.
New Home in Malta
For seven years they had no settled home, and then Emperor Charles V of Austria, Spain and Sicily gave Malta to the Order, as long as they would guard the port of Tripoli in North Africa. Here they remained for two and a half centuries.

As at Rhodes, they made the island as impregnable as they could and again began to sweep the seas of pirates. They also built many fine buildings on the island. They withstood another great Turkish siege, and chronicles of the Order are full with tales of their courage and derring-do.

Gradually the Order outlived its purpose. Increasing luxury and the absence of any real need for arduous duties led to a slackening of discipline. Then in 1798, the French fleet under Napoleon anchored off Malta and the island surrendered to him. Napoleon looted the island to pay his soldiers.

Many of the knights abandoned their vows and returned to their own countries. Some sought refuge in Russia under the protection of the tzars. Over the next few years, they established homes, a mere shadow of their former grandeur, in several Italian towns, before settling in Rome in 1834. They have remained there, and are now called the Sovereign Military Order of Malta.

The Order in England
The Order in England was revived through the efforts of French Knights. In 1831, after a lapse of nearly three centuries, from the time that Henry VIII had dissolved the order in England and taken its property, an English Prior was once again appointed.

A new problem now faced the Order in Malta. Could a Roman Catholic Order accept into its ranks a Protestant branch? The answer came from the Lieutenant Master in Rome, and it was “no.” The English knights then proclaimed the existence of a new Order.

This was the time when the public first became interested in first aid. It was due to the influences of Florence Nightingale who treated the wounded in the Crimean War, that England was drawn to first aid. In 1872, the first ambulance service was started by the Order. In 1876, the Order drew up a list of volunteers that would work in the hospitals during a time of war.

The St. John Ambulance Association was founded in 1877. At the same time, the Venerable Order had begun negotiating with the Turks to start a new hospital in Jerusalem. In 1882, this goal was achieved as the Ophthalmic Hospital in Jerusalem opened. As the name suggests, the hospital deals only with injuries and diseases related to the eye.

The St. John Ambulance Brigade formed in 1887. A year later, in 1888, Queen Victoria granted the Order a Royal Charter. "The Most Venerable Order of the Hospital of St.
John of Jerusalem" was now an order of chivalry established in the United Kingdom for charitable purposes with the reigning monarch as the Sovereign Head, and the Grand Prior a member of the Royal Family.

The Alliance
The Alliance consists of the four Protestant Orders of St. John which are internationally recognized, and include the Most Venerable Order of the Hospital of St. John of Jerusalem (referred to as the Order of St. John), the Johanniterorden (Germany), the Johanniterorden i Sverige (Sweden), and the Johanniter Orde in Nederland (Netherlands). The Alliance Order enjoys cordial relations with the Sovereign Military and Hospitaller Order of St. John of Jerusalem, of Rhodes and Malta (Sovereign Military Order of Malta, or SMOM), which is the Catholic Order of St. John. In 1963 at St. John’s Gate in London, the Hospital of the Most Venerable Order of St. John of Jerusalem and the Sovereign Military Order of Malta signed a joint Declaration according each other full recognition and defining their relationship in pursuit of a common purpose.

Unrecognized Orders
A Declaration defining orders other than the Alliance Order and SMOM as “unrecognized” was signed by the Royal representatives of each of the five Orders on October 14, 1987. The five recognized Orders have a common devotion to a historical tradition and a unique vocation: the caring of the sick and the poor. They strive to realize their aim by mutual collaboration as well as by their own works. They are the only Orders of St. John of Jerusalem which can legitimately use the name of The Order of St. John of Jerusalem.

Unrecognized Orders, also referred to as False Orders or Bogus Orders, misuse the name and emblems of the five recognized orders. While some do good and charitable works, others are little more than collections of harmless cranks, and others engage in fraudulent or other criminal activities on a substantial scale. Action against unrecognized Orders can be taken only at the highest level of authority. StJCI 1-6 outlines reporting procedures that should be followed if confronted with an unrecognized Order.

The Present
The Order is subdivided geographically, principally within the Commonwealth of Nations or former Commonwealth of Nations countries in organizational structures of Priories, Commanderies and St. John Councils. Grand Priory currently resides in England. The Order exists in over forty countries, and has Priories in Canada, Australia, New Zealand, Scotland, Wales, South Africa and the United States.

Priories are established in independent countries, and have the widest practicable degree of autonomy. Commanderies are dependent on either Grand Priory or a Priory
1.2 The Relationship Between the Order and its Foundations

The Foundations, which are maintained by The Order are:

a. The St. John Ophthalmic Hospital in Jerusalem; and
b. the St. John Ambulance Association and Brigade ("St. John Ambulance").

The following diagram outlines the hierarchical structure of the Order and the relationship of its components one to another.

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THE ORDER
    | Sovereign Head (Reigning Sovereign)
    | The Grand Prior
    | The Lord Prior
    | Chapter - General
    | Council
    | The Two Foundations
    | The St. John Ophthalmic Hospital in Jerusalem (1882)
    | The St. John Ambulance Association and Brigade (1877) (1887)
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1.3 Mottoes of the Order

a. The encouragement of all that makes for the moral and spiritual strengthening of mankind in accordance with the first great principle of the Order embodied in the motto

"Pro Fide - For the Faith"

b. The encouragement and promotion of all works of humanity and charity for the relief of persons in sickness, distress, suffering, and danger without distinction of race, class or creed and the extension of the second great principle of the Order, embodied in the motto

"Pro Utilitate Hominum - For the Service of Mankind"
1.4 The Order in Canada

Canada has been designated a Priory of The Order. The Prior is the head of the Order in Canada, is appointed by the Grand Prior, and is normally the Governor General. The Prior’s duties and responsibilities are limited to ceremonial functions.

The Lieutenant Governors of the Provinces and the Commissioners of the Territories are normally appointed by the Grand Prior on the recommendation of the Prior, to be Vice-Priors. The Vice-Priors’ duties are ceremonial within their respective jurisdictions.

The Chancellor of the Priory is the senior volunteer officer of The Order in Canada and as chair of Priory Chapter and Priory Council is responsible to the Prior for the general operations of the Foundations in Canada.

The St. John Ambulance Association is one of the two arms of the St. John Ambulance Association and Brigade. The Association is responsible for the instruction of members of the public in first aid, CPR, health promotion, and related subjects. The Association is also responsible for the preparation, publication, and distribution of instructional material and the organization of examinations and tests for the purpose of issuing certificates of proficiency in such subjects.

St. John Ambulance Brigade is the other arm of the St. John Ambulance Association and Brigade. The Brigade is composed of organized units, the members of which are trained volunteers who are enrolled for service to the public.

St. John Ambulance Relationships - External. St. John Ambulance in Canada is autonomous and is responsible for the management of the Association and the Brigade to the Priory of Canada. By tradition, St. John Ambulance is responsive to and supports the endeavours of The Order wherever it is established.

St. John Ambulance Relationships - Internal. The Priory has established a National Headquarters in Ottawa that is responsible for the general management of the affairs of The Order and its Foundations.

Provincial and Territorial Councils are responsible to Priory for promoting, supervising, controlling and co-ordinating the affairs and work of the Priory within their own geographical areas. In like manner, Branches are responsible to their Councils.
1.5 Important Dates for the Order - 1877 Onwards

1877 - Association Founded in England
1882 - Ophthalmic Hospital established in Jerusalem
1883 - First class taught and examined in Canada
1884 - Association founded in Canada at Montreal
1887 - Formation of the St. John Ambulance Brigade (England)
1888 - The first Royal Charter granted to the Order
1909 - First Canadian Ambulance Division formed, London, Ontario
1912 - First Canadian Nursing Division formed, Toronto
1914 - Canadian Headquarters moved from Toronto to Ottawa
1922 - Formation of St. John Ambulance Brigade Cadets (England)
1926 - First Canadian Cadet Ambulance Division formed, Montreal
1933 - Commandery formed in Canada
1935 - First Canadian Cadet Nursing Division formed (B.C.)
1946 - Priory formed in Canada
1955 - New Charter granted by Queen Elizabeth II
1963 - Concordat signed with the Sovereign and Military Order of Malta
1983 - Canada Post mints commemorative stamp for St. John Centenary in Canada
1992 - St. John Canada Plan implemented nationally to effectively coordinate all activities
1992 - Accord signed with Canadian representatives of the Sovereign and Military Order of Malta and Johanniterorden
1994 - Incorporation as The Priory of Canada of the Most Venerable Order of the Hospital of St. John of Jerusalem
1997 - 75th Anniversary of Cadets worldwide
1999 - 900th Anniversary of The Order of St. John Ambulance worldwide
1.6 **Badge of the Order**

- Cross of Amalfi (Maltese Cross) in white
- Royal Beasts (Lion and Unicorn)

**Arms signify:**
- Prudence
- Temperance
- Justice
- Fortitude

**Points signify:**
- Humility
- Compassion
- Courtesy
- Devotion
- Mercy
- Purity
- Peace
- Endurance

1.7 **Mandate**

The Order is an ancient Christian brotherhood and its objects and purposes are:

a. The encouragement of all that makes for the moral and spiritual strengthening of mankind in accordance with the first great principles of the Order embodied in its motto *Pro Fide - For the Faith*;

b. The encouragement and promotion of all works of humanity and charity and for the relief of persons in sickness, distress, suffering and danger without distinction or race, class or creed and the extension of the second great principle of the Order in its motto *Pro Utilitate Hominum - For the Service of Mankind*;

c. Rendering of aid to the sick, wounded, disabled or suffering and the promotion of such permanent organization during times of peace as may be at once available in times of civil emergencies or war, including the training and provision of technical reserves for the medical services of the Armed Forces or any Civil Defence Organizations;

d. The award of medals, badges or certificates of honour for special services in the cause of humanity, especially for saving life at imminent personal risk;
e. The maintenance and development of the St. John Ophthalmic Hospital in Jerusalem and the clinics and research projects connected therewith;

f. The maintenance and development of the St. John Ambulance, the objects and purposes of which are:

   i. The instruction of members of the public in the principles and practices of first aid, nursing, hygiene and other allied or ancillary subjects;

   ii. The preparation, publication and distribution of text-books and other training aids to facilitate such instruction and the organization of examinations and tests for the purpose of issuing certificates for proficiency in such subjects;

   iii. The organization, training and equipment of men, women and young persons to undertake, on a voluntary basis either as individuals or as organized groups, first aid, nursing and allied activities, in the streets, public places, hospitals, homes, places of work or elsewhere as occasion may be required for the relief, transport, comfort or welfare of those in need;

   iv. The instruction of boys and girls in first aid, nursing and other subjects conducive to the education of good citizens;

   v. The provision of trained personnel to give assistance to Central or local Government Departments or to the Armed Forces at times of emergency in peace or in war;

   g. The formation of ambulance and medical comfort depots and the organization and administration of transport by ambulance;

h. The formation and administration of establishments, councils, associations, centres or other subordinate bodies to facilitate the work of the Order in local geographic areas;

i. The maintenance of contact and the development of collaboration with kindred Orders and bodies;

j. The manufacture and distribution by sale or presentation of publications, equipment or materials useful for or connected with furthering the objects and purposes of the Order;

k. The receipt and acceptance of donations, endowments and gifts or money, lands, hereditament, stocks, funds, shares, securities or other assets whatsoever, and the borrowing, investing or raising of money with or without security of any objects or
purposes of the Order and either subject to or free from any special trusts or conditions;

1. The maintenance, administration or development of all real and personal property vested in or under control of the Order, and the sale, lease, mortgage, loan, exchange, gift, or any other disposition of the same as circumstances may arise or permit; and

m. The establishment and maintenance of libraries and museums and the collection of works of art and objects of historical interest relating to the Order.
For each historical event, write 5 or more questions on an index card (preferably 1 question for each player).

In order of historical occurrence, place each drawing on the board. Add brief description of the event under each drawing. Players roll the die and land on certain pictures. A question is read from the index card. Players who answer their question correctly, can roll the die again. If they answer incorrectly, they lose a turn. First to get across the board wins.

**Materials needed:**
- large cardboard/Bristol board
- paper
- coloured markers
- glue sticks
- scissors
- index/cue cards
- die (to play the game)

**Suggested ages: 6-20**

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**Sample**

**Card # 1**

1. Who did Pope Gregory the Great ask to set up a hostel for pilgrims?  A) Abbot Probus
2. Who did Haroun al Raschid, the legendary Caliph of the Arabian Nights permit to enlarge the hostel?  A) Emperor Charlemagne
3. Who burned to the ground all Christian buildings during his reign of terror?  A) El Hakim
4. Who bought the site of the hostel and built a new church and hospital for pilgrims?  A) merchants of Almalfi
5. What did the Benedictine monks who served in the new hospital wear as their symbol?  A) the eight pointed cross
Appendix 7  PHYSICAL AND PSYCHOLOGICAL INDICATORS OF ABUSE

The following indicators may help alert you to the possibility of abuse:

PHYSICAL INDICATORS:
- unexplained bruises, welts, and cuts, not on the usual places like the knees, shins or elbows
- presence of several injuries that are in various stages of healing, unusual or difficulty in walking or sitting
- repeated injuries over a period of time
- bald patches on child’s head where hair may have been torn out
- unexplained burns (from cigarettes) or rope burns on arms, legs, neck or body
- sudden weight change
- broken bones
- cuts or sores made by child on the arm (self-mutilation)
- sexually transmitted diseases
- itching, pain, swelling or bleeding in the genital area, bloody underwear
- fatigue due to sleep disturbance
- bed-wetting,
- inappropriate dress (to cover injuries)
- pregnancy
- consistent hunger, poor personal hygiene, inappropriate dress
- unattended physical or medical problems
- suicide attempts
- running away from home, refusal to go home
PSYCHOLOGICAL INDICATORS:

- unusual or sudden fear of adults, excessive fear of men or women, a particular individual, or authority figures
- fearful, startled or pulling away when touched unexpectedly
- age-inappropriate knowledge of sexual behaviour, bizarre, sophisticated or unusual sexual knowledge, sexually explicit play or drawings
- regressive communication patterns (eg. speaking childishly), dramatic behavioral changes, sudden non-participation in activities
- excessive eagerness to please
- severe depression, withdrawal from others, rejection of friends, sad, cries often
- stilted conversation, vacant stares or frozen watchfulness, no attempt to seek comfort when hurt
- a lack of trust in others
- constant anxiety, fear of home or a specific place
- low self-esteem, excessively dependent
- anger and anxiety
- attention-seeking behaviour
- sexual aggression with others; sexualized expression of love
- tantrums
- fear of being left alone.

EARLY IDENTIFICATION, REPORTING AND INTERVENTION ARE VITAL
ABUSE AND NEGLECT
CHILD PROTECTION ACTS

The Role of Provincial and Territorial Authorities in Cases of Child Abuse
Child Welfare in Canada

Province: British Columbia

Ministry for Children and Families
http://www.mcf.gov.bc.ca/


Definition of a child: any person under 19 years of age

Part 3, Division 1
When protection is needed:

(1) A Child needs protection in the following circumstances:
(a) if the child has been, or is likely to be, physically harmed by the child’s parent;
(b) if the child has been, or is likely to be, sexually abused or exploited by the child’s parent;
(c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child’s parent is unwilling or unable to protect the child;
(d) if the child has been, or is likely to be, physically harmed because of neglect by the child’s parent;
(e) if the child is emotionally harmed by the parent’s conduct;
(f) if the child is deprived of necessary health care;
(g) if the child’s development is likely to be seriously impaired by a treatable condition and the child’s parent refuses to provide or consent to treatment;
(h) if the child’s parent is unable or unwilling to care for the child and has not made adequate provision for the child’s care;
(i) if the child is or has been absent from home in circumstances that endanger the child’s safety or well being;
(j) if the child’s parent is dead and adequate provision has not been made for the child’s care;
(k) if the child has been abandoned and adequate provision has not been made
for the child’s care;

(i) if the child is in the care of a director or another person by agreement and the child’s parent is unwilling or unable to resume care when the agreement is no longer in force.

(2) For the purpose of subsection (1)(e), a child is emotionally harmed if the child demonstrates severe:

(a) anxiety
(b) depression
(c) withdrawal, or
(d) self-destructive or aggressive behaviour.

Province: Alberta

Children’s Services
http://www.gov.ab.ca/cs/index.html

Act: Child Welfare Act

Definition of a child: any person under the age of 18 years.

Subsection 1(2):
A child is in need of protective services if there are reasonable and probable grounds to believe that the survival, security or development of a child is endangered because

(a) the child has been abandoned or lost;
(b) the child’s guardian is dead and the child has no other guardian; c) the child’s guardian is unable or unwilling to provide the child with necessities of life;
(c) the child has been or there is risk that the child will be physically injured or sexually abused by the guardian;
(d) the guardian is unable or unwilling to protect the child from physical injury or sexual abuse;
(e) the child has been emotionally injured by the guardian;
(f) the child’s guardian is unable or unwilling to protect the child from emotional injury;
(g) the child’s guardian has subjected the child to or is unable or unwilling to protect the child from cruel and unusual treatment or punishment;
(h) the condition or behaviour of the child prevents the guardian from providing the child with adequate care appropriate to meet the child’s needs.

Sub-section 1(3):
(a) a child is **emotionally injured**
   i. if there is substantial and observable impairment of the child’s mental or emotional functioning that is evidenced by a mental or behavioural disorder, including anxiety, depression, withdrawal, aggression or delayed development, and
   ii. if there are reasonable and probable grounds to believe that the emotional injury is the result of
      − rejection,
      − deprivation of affection or cognitive stimulation,
      − exposure to domestic violence or severe domestic disharmony,
      − inappropriate criticism, threats, humiliation, accusations or expectations of or towards the child, or
      − the mental or emotional condition of the guardian of the child or chronic alcohol or drug abuse by anyone living in the same residence as the child;

(b) a child is **physically injured** if there is substantial and observable injury to any part of the child’s body as a result of the non-accidental application of force or an agent to the child’s body that is evidenced by a laceration, a contusion, an abrasion, a scar, a fracture or other bony injury, a dislocation, a sprain, haemorrhaging, the rupture of viscus, a bum, a scald, frostbite, the loss of alteration of consciousness or physiological functioning or the loss of hair or teeth;

(c) a child is sexually **abused** if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour.

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**Province:** Saskatchewan  
http://www.gov.sk.ca/  
**Act:** The Child and Family Services Act
**Definition of a child:** any unmarried person under 16 years of age. Section 18 provides for the apprehension of a 16 or 17 year old, in exceptional circumstances, who is in need of protection and is unable to protect himself/herself from a dangerous situation.

Section 11:  
**A child is in need of protection where:**

(a) as a result of action or omission by the child’s parent:

   i. the child has suffered or is likely to suffer physical harm;

   ii. the child has suffered or is likely to suffer a serious impairment of mental or emotional functioning;

   iii. the child has been or is likely to be exposed to harmful interaction for a sexual purpose, including conduct that may amount to an offence within the meaning of the Criminal Code;

   iv. medical, surgical or other recognized remedial care or treatment that is considered essential by a duly qualified medical practitioner has not been or is not likely to be provided to the child;

   v. the child’s development is likely to be seriously impaired by failure to remedy a mental, emotional or development condition; or

   vi. the child has been exposed to domestic violence or severe domestic disharmony that is likely to result in physical or emotional harm to the child;

(b) there is no adult person who is able and willing to provide for the child’s needs, and physical or emotional harm to the child has occurred or is likely to occur; or

(c) the child is less than 12 years of age and:

   i. there are reasonable and probable grounds to believe that: a) the child has committed an act that, if the child were 12 years of age or more, would constitute an offence under the Criminal Code, the Narcotic Control Act (Canada) or Part III or Part IV of the Food and Drug Act (Canada); and b) family services are necessary to prevent a recurrence; and

   ii. the child’s parent is unable or unwilling to provide for the child’s needs.

For child protection purposes, a definition of abuse has been omitted from The Child and Family Services Act. The concern is that the decision as to what constitutes abuse is left to the judge’s discretion.
Appendix 8

Province: Manitoba

Department of Family Services
114 Garry St., 2nd Floor
Winnipeg, Manitoba R3C 1G1
Fax: (204) 945-6717
http://www.gov.mb.ca/fs/

Act: The Child and Family Services Act

Definition of a child: any person under 18 years of age.

Section 17

A child is in need of protection “where the life, health or emotional well-being of the child is endangered by the act or omission of a person.” This may occur “where the child

(a) is without adequate care, supervision or control;

(b) is in the care, custody, control or charge of a person

i. who is unable or unwilling to provide adequate care, supervision or control of the child, or

ii. whose conduct endangers or might endanger the life, health or emotional well-being of the child, or

iii. who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;

(c) is abused or is in danger of being abused;

(d) is beyond the control of a person who has the care, custody, control or charge of the child;

(e) is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child;

(f) is subjected to aggression or sexual harassment that endangers the life, health or emotional well-being of the child;

(g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child; or

(h) is the subject, or is about to become the subject, of an unlawful adoption
Under Section 1, abuse means “an act or omission of a parent or guardian of a child or of a person having care, custody, control or charge of a child, where the act or omission results in

(a) physical injury to the child,
(b) emotional disability of a permanent nature in the child or is likely to result in such a disability, or
(c) sexual exploitation of the child with or without the child’s consent.”

Province: Ontario

Ministry of Community and Social Services
80 Grosvenor Street, Hepburn Block
Toronto, Ontario M7A 1E9
Fax: (416) 325-5349
http://www.childsec.gov.on.ca/

Act: the Child and Family Services Act

Definition of a child for child protection purposes: any person under 18 years of age

Sub-section 37(2): A child is in need of protection where:

(a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by that person’s failure to care and provide for or supervise and protect the child adequately;
(b) there is substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);
(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
(d) there is a substantial risk that the child will be sexually molested or sexually exploited as described in clause (c);
(e) the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child’s parent or the person having charge of the
child does not provide, or refuses or is unavailable or unable to consent to, the treatment;

(f) the child has suffered emotional harm, demonstrated by severe,
   i) anxiety,
   ii) depression,
   iii) withdrawal, or
   iv) self-destructive or aggressive behaviour, and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm;

(h) the child suffers from a mental, emotional or developmental condition that, if not-remedied, could seriously impair the child’s development and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition;

(i) the child has been abandoned, the child’s parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child’s care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child’s care and custody;

(j) the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person or caused serious damage to another person’s property, services or treatment are necessary to prevent a recurrence and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment;

(k) the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person’s property, with the encouragement of the person having charge of the child or because of that person’s failure or inability to supervise the child adequately; or

(l) the child’s parent is unable to care for the child and the child is brought before the court with the parent’s consent and, where the child is twelve years of age or older, with the child’s consent, to be dealt with under this Part."
Province: Québec

Ministère de la famille et de l’enfance
http://www.famille-enfance.gouv.qc.ca/

Act: Youth Protection Act/ Loi sur la protection de la jeunesse

Definition of a child: any person under eighteen years of age.

Section 38:
"the security or development of a child is considered to be in danger where:
   (a) his parents are dead, no longer take care of him or seek to be rid of him;
   (b) his mental or affective development is threatened by the lack of appropriate care or by the isolation in which he is maintained or by serious and continuous emotional rejection by his parents;
   (c) his physical health is threatened by the lack of appropriate care;
   (d) he is deprived of the material conditions of life appropriate to his needs and to the resources of his parents or of the persons having custody of him;
   (e) he is in the custody of a person whose behaviour or way of life creates a risk of moral or physical danger for the child;
   (f) he is forced or induced to beg, to do work disproportionate to his capacity or to perform for the public in a manner that is unacceptable for his age;
   (g) he is the victim of sexual abuse or he is subject to physical ill-treatment through violence or neglect;
   (h) he has serious behavioural disturbances and his parents fail to take the measures necessary to remedy the situation or the remedial measures taken by them fail."

Section 38.1
“The security or development of a child may be considered to be in danger where:
   (a) he leaves his own home, a foster family, a reception centre or a hospital centre without authorization while his situation is not under the responsibility of the director of youth protection;
   (b) he is of school age and does not attend school, or is frequently absent without reason;
   (c) his parents do not carry out their obligations to provide him with care, maintenance and education or do not exercise stable supervision over him, while he has been entrusted to the care of an establishment or foster family for two years”.

Sexual abuse and physical ill treatment are the result of an action or failure to act
which leads to trauma or physical injury, or which involves exploitation of the child for sexual purposes.

**Sexual abuse** means actions involving sexual stimulation or attempted sexual stimulation, which may or may not lead to injury or trauma.

**Physical ill treatment** includes any act committed in such a way as to provoke physical injury or trauma. These actions are unreasonable and excessive in nature and have serious consequences on the child’s health, development or survival. They go beyond the limitations or parental corporal punishment as defined in Section 651 of the Civil Code of Québec. Blows causing bodily harm and intoxication of the child through medication, drugs or alcoholic beverages are examples of excessive physical force.

The notion of negligence in Sub-section 38(g) of the Youth Protection Act refers to situations in which the parent or guardian does not take the necessary steps to prevent sexual or physical ill treatment.

The legal definition of **neglect** is primarily any act of omission on the part of the parent in meeting the basic needs of a child or in sparing a child from suffering. Neglect also includes active and deliberate behaviour to deprive a child of care

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**Province:** New Brunswick

**Office for Family and Prevention Services**

[http://gov.nb.ca/acts/acts/f%2D02%2D2.htm](http://gov.nb.ca/acts/acts/f%2D02%2D2.htm) (english)  
Family Services Act

Loi sur les services à la famille

**Act:** Family Services Act, delivered by the 12 regional offices. Ten of the province’s fifteen Indian Nations have signed agreements that establish social service agencies within individual native communities to deliver their own child and family services.

**Definition of a child:** any person under the age of under 19 years. However, regulations stipulate that for child protection purposes a child means a person actually or apparently under the age of 16 and includes a disabled person actually or apparently under the age of 19.
Under Section 31:

A child's security of development may be considered to be in danger (i.e. a child in need of protection) when:

(a) the child is without adequate care, supervision or control;
(b) the child is living in unfit or improper circumstances;
(c) the child is in the care of a person who is unable or unwilling to provide adequate care, supervision or control of the child;
(d) the child is in the care of a person whose conduct endangers the life, health or emotional well-being of the child;
(e) the child is physically or sexually abused, physically or emotionally neglected, sexually exploited or in danger of such treatment;
(f) the child is living in a situation where there is severe domestic violence;
(g) the child is in the care of a person who neglects or refuses to provide or obtain proper medical, surgical or other remedial care or treatment necessary for the health or well-being of the child or refuses to permit such care or treatment to be supplied to the child;
(h) the child is beyond the control of the person caring for him;
(i) the child by his behaviour, condition, environment or association, is likely to injure himself or others;
(j) the child is in the care of a person who does not have a right to custody of the child, without the consent of a person having such right;
(k) the child is in the care of a person who neglects or refuses to ensure that the child attends school; or
(l) the child has committed an offence or, if the child is under the age of twelve years, has committed an act or omission that would constitute an offence for which the child could be convicted if the child were twelve years of age or older.

Definitions of abuse and neglect:

a) Physical Abuse
Physical abuse refers to all actions resulting in non-accidental physical injury, from bruises and cuts to bums, fractures and internal injuries. Such abuse is distinguished from acceptable or reasonable use of force by its severity, its inappropriateness for the age of the child, and its lack of a healthy corrective purpose regarding the child’s behaviour.

b) Sexual Abuse
Sexual abuse refers to any sexual acts involving a child and a parent/caretaker, any person in a position of trust, and any other adult. Sexual abuse can range from a parent/caretaker permitting or exposing a child to sexual acts, to actual molestation of the child by an adult. Molestation includes acts of exposure, fondling or masturbation, and intercourse, including incest.

c) Physical Neglect
Physical neglect covers acts of omission on the part of the parent/caretaker.

d) Emotional Maltreatment
Emotional maltreatment is the most difficult form of abuse and neglect to define and identify. Emotional abuse includes overt rejection, criticism and excessive demands of performance for a child's age and ability. Emotional abuse refers to the failure of the parent/caretaker to provide adequate psychological nurturance necessary for a child's growth and development.

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Province: Nova Scotia

Department of Community Services
P.O. Box 696
Halifax, Nova Scotia B3J 2T7
Fax: (902) 424-0708
http://www.gov.ns.ca/coms/a-index.htm

Act: Children and Family Services Act

Definition of a child: any person under sixteen years of age.

Subsection 22(2):
A child is defined to be in need of protective services where:
(a) the child has suffered physical harm, inflicted by a parent or guardian of the child or caused by the failure of a parent of guardian to supervise and protect the child adequately;
(b) there is a substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);
(c) the child has been sexually abused by a parent of guardian of the child, or by another person where a parent or guardian of the child knows or should know of the possibility of sexual abuse and fails to protect the child;
(d) there is substantial risk that the child will be sexually abused as described in clause (c);
(e) a child requires medical treatment to cure, prevent or alleviate physical
harm or suffering, and the child’s parent or guardian does not provide, or refuses or is unavailable or is unable to consent to, the treatment;

(f) the child has suffered emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour and the child’s parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child’s development and the child’s parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(i) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent or guardian of the child, and the child’s parent or guardian fails or refuses to obtain services or treatment to remedy or alleviate the violence;

(j) the child has suffered physical harm caused by chronic and serious neglect by a parent or guardian of the child, and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(k) the child has been abandoned, the child’s only parent or guardian has died or is unavailable to exercise custodial rights over the child and has not made adequate provisions for the child’s care and custody, or the child is in the care of an agency or another person and the parent or guardian to the child refuses or is unable or unwilling to resume the child’s care and custody;

(l) the child is under twelve years of age and has killed or seriously injured another person or caused serious damage to another person’s property, and services or treatment are necessary to prevent a recurrence and a parent or guardian of the child does not provide, or refuses or is unavailable or unable to consent to, the necessary services or treatment;

(m) the child is under twelve years of age and has on more than one occasion injured another person or caused loss or damage to another person’s property, with the encouragement of a parent or guardian of the child or because of the parent or guardian’s failure or inability to supervise the child adequately.

Section 62 defines abuse of a child to mean that the child:

(a) has suffered physical harm, inflicted by the person or caused by the person’s failure to supervise and protect the child adequately;

(b) has been sexually abused by the person or by another person where the person,
having the care of the child, knows or should know of the possibility of sexual abuse and fails to protect the child; or
(c) has suffered serious emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, caused by the intentional conduct of the person.

Province: Prince Edward Island

Health and Social Services, Child Welfare
http://www.gov.pe.ca/

Act: Family and Child Services Act

Definition of a child: any person under the age of 18.

A child in need of protection refers to a child:

(a) who is not receiving proper care, education, supervision, guidance or control;
(b) whose parents are unable or unwilling to care for the child, or whose behaviour or way of life creates a danger for the child;
(c) who has been physically abused, neglected or sexually exploited or is in danger of consistently threatening behaviour;
(d) who is forced or induced to do work disproportionate to his strength or to perform for the public in a manner that is unacceptable for his age;
(e) whose behaviour, condition, environment or associations is injurious or threatens to be injurious to himself or others;
(f) for whom the parent or person in whose custody he is neglects or refuses to provide or obtain proper medical or surgical care or treatment necessary for his health and well-being where it is recommended by a duly qualified medical practitioner;
(g) whose emotional or mental health and development is endangered;
(h) for whom the parent or person in whose custody he is neglects, refuses or is unable to provide the services and assistance needed by the child because of the child's physical, mental or emotional handicap or disability;
(i) who is living in a situation where there is severe domestic violence;
(j) who is beyond the control of the person caring for him;
(k) who is living apart from his parents without their consent; or
(l) who is pregnant and refuses or is unable to provide properly and adequately for the health and welfare needs of herself and her child both before and after the birth of her child.

**Abuse** in relation to a child is defined as "physical, mental, emotional or sexual mistreatment of the child by a person responsible for his care and well-being."

**Sexual abuse** as “any sexual activity (intercourse, molestation, fondling, exhibitionism, sexual exploitation, harassment) that involves a child.”

Indicators of abuse:
- "where a non-accidental injury or condition is identified which requires immediate medical attention;
- whenever non-accidental injuries or conditions result in hospitalization of the child;
- when a child has been subjected or exposed to unusual or inappropriate sexual activity, or harassment
- when a child's life has been endangered by being abandoned."

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**Province:** Newfoundland and Labrador

**Department of Health and Community Services, Child Welfare**
P.O. Box 8700, Confederation Bldg.
St. John’s Newfoundland  A1B 4J6
Fax: (709) 729-6382
http://www.gov.nf.ca/

**Act:** Child Welfare Act

**Definition of a child:** any unmarried person under the age of 16. Under Paragraph 19(13) (a) a child who is in the Director's care at age 16 may have wardship extended to age 19.

**Sub-section 2(b):**

**A child in need of protection to mean:**
(a) a child who is without adequate care or supervision;
(b) a child who is without necessary food, clothing or shelter;
(c) a child who is living in circumstances that are unfit or improper for the child;
(d) a child in the care or custody of a person who is unfit, unable or unwilling to provide adequate care for the child;

(e) a child who is living in a situation where there is severe domestic violence;

(f) a child who is physically or sexually abused, physically or emotionally neglected, sexually exploited or in danger of that treatment;

(g) a child who is in the care and custody of a person who fails to provide adequately for the child’s education or attendance at school;

(h) a child who has no living parents and who has no person willing to assume responsibility or with a legal responsibility for the child’s maintenance;

(i) a child who is in the care or custody of a person who refuses or fails:
   i) to provide or obtain proper medical or other recognized remedial care or treatment necessary for the health or well-being of the child, or
   ii) to permit such care and treatment to be supplied to the child when it is considered essential by a qualified medical practitioner;

(j) a child who is brought before the court with the consent of the parent, guardian or person with actual control for the purpose of transferring the guardianship of the child to the director;

(k) a child who is beyond the control of the person caring for the child;

(l) a child who by his or her behaviour, condition, environment or association, is likely to injure himself or herself or others;

(m) a child taken into a home or otherwise in the care and custody of a person contrary to subsection 3(3) or (5) of the Adoption of Children Act (i.e., without the written approval of the Director of Child Welfare); and

(n) a child actually or apparently under the age of 12 who performs an action that contravenes a provision of an Act or a regulation made under that Act or a municipal regulation or by-law or an Act of the Parliament of Canada."

Paragraph 2(b)(vi) provides the definition of child abuse and neglect:

"A child who is physically or sexually abused, physically or emotionally neglected, sexually exploited or in danger of that treatment. Such situations as lack of supervision or control and failure to provide the basic necessities of life constitute neglect..." A child who is living in a situation where there is severe domestic violence is included in the definition of a child in need of protection.

**Territory:** Northwest Territories
Department of Health and Social Services
http://www.gov.nt.ca/

**Act**: Child Welfare Act

**Definition of a child**: any person under 18 years of age, including a person under the guardianship of the Superintendent of Child Welfare who is over 18 years of age. Under Subsection 25(1), guardianship may be extended to age 19.

**Sub-section 12(2)**

**A child is deemed to be in need of protection when:**

(a) the child is an orphan who is not being properly cared for or is brought, with the consent of the person in whose charge the child is, before a justice to be dealt with under this Part;

(b) the person in whose charge the child is, has delivered the child to the Superintendent for adoption;

(c) the child is deserted by the person in whose charge the child is, or that person has died or is unable to care properly for the child;

(d) the person in whose charge the child is cannot by reason of disease, infirmity, misfortune, incompetence or imprisonment, care properly for the child;

(e) the home of the child, by reason of neglect, cruelty or depravity on the part of the person in whose charge of the child is, is an unfit and improper place for the child;

(f) the child is found associating with an unfit or improper person;

(g) the child is found begging in a public place;

(h) the child is or, in the absence of evidence to the contrary, appears to be under the age of 12 years and behaves in a way that, in the case of any other person, would be an offence created by an Act of Canada or by any regulation, rule, order, by-law or ordinance made under an Act of Canada or an enactment or municipal by-law;

(i) the child habitually absents himself or herself from the home of the person in whose charge the child is without sufficient cause;

(j) the person in whose charge the child is neglects or refuses to provide or secure proper medical, surgical or other remedial care or treatment necessary for the health or well-being of the child, or refuses to permit this care or treatment to be supplied to the child when it is recommended by a medical practitioner; or

(k) the child is deprived of affection by the person in whose charge the child is to a degree that, on the evidence of a psychiatrist, is sufficient to endanger
For the purposes of reporting child abuse, Sub-section 30(1) of the Child Welfare Act defines child abuse to be a condition of

(a) physical harm in respect of which a child suffers physical injury but does not include reasonable punishment administered by a parent or guardian;

(b) malnutrition or mental ill-health of degree that if not immediately remedied could seriously impair growth and development or result in permanent injury or death; or

(c) sexual molestation.

Physical abuse is "any non-accidental infliction of physical injury on a child by a caretaker (guardian, foster parent, etc.). Non-accidental injury includes carelessness and intentional harm."

Emotional abuse means “injury to the emotional or intellectual capacity of a child.”

Sexual abuse is "exposure of the child to sexual stimulation inappropriate for his age and role; the sexual exploitation of a child who is not developed mentally or capable of understanding or resisting the contact, or a child or adolescent who may be psychologically or socially dependant upon the perpetrator.”

Neglect is “failing to give a child what he/she needs... A lack of attention to the physical and/or emotional needs of a child, and a failure to use available resources to meet those needs.”

Emotional neglect is “A lack of attention to the emotional and social needs of a child to the extent he/she is not able to see himself as a person of worth, dignity and value.”

Although a condition of malnutrition is defined in the Act as possible child abuse, it is noted in policy that malnutrition may have causes other than abuse and neglect. A medical opinion is recommended.

 Territory: Yukon
Family and Children’s Services
Department of Health and Social Services
Box 2703
Whitehorse, Yukon Y1A 2C6
Fax: (867) 393-6204

Act: Children’s Act

**Definition of a child:** any person under 18 years of age. Under Subsection 137(1), the Director of Family and Children’s Services may extend care and custody to age 19.

Subsection 116(1)
**A child is in need of protection when**

(a) he is abandoned,

(b) he is in the care of a parent or other person who is unable to provide proper or competent care, supervision or control over him,

(c) he is in the care of a parent or other person who is unwilling to provide proper or competent care, supervision or control over him,

(d) he is in probable danger of physical or psychological harm,

(e) the parent or other person in whose care he is neglects or refuses to provide or obtain proper medical care or treatment necessary for his health or well-being or normal development,

(f) he is staying away from his home in circumstances that endanger his safety or well-being,

(g) The parent or other person in whose care he is fails to provide the child with reasonable protection from physical or psychological harm,

(h) the parent or person in whose care he is involves the child in sexual activity,

(i) subject to subsection 2, (reference to use of reasonable or aggressive force) the parent or person in whose care he is beats, cuts, bums or physically abuses him in any other way,

(j) the parent or person in whose care he is deprives the child of reasonable necessities of life or health,

(k) the parent or person in whose custody he is harasses the child with threats to do or procures any other person to do any act referred to in paragraphs (a) to (j), or

(l) the parent or person in whose care he is fails to take reasonable precautions to prevent any other person from doing any act referred to in paragraphs (a) to (j).
In the "Interdepartmental Protocol on Teacher/Principal Guidelines for Identifying and Reporting Child Abuse and Neglect" (see section on Child Abuse and Neglect Protocols), abuse includes "both familial and non-familial as well as neglect". In addition, the following definitions are included:

**Physical abuse:**
Any act or omission which results in or may potentially result in a non-accidental injury to a child and which exceeds that which could be considered reasonable discipline. It includes, but is not restricted to, physical beating and failure to provide reasonable protection for a child from physical harm.

**Sexual abuse:**
Any sexual activity involving a child that could be a violation of the Criminal Code, the Young Offenders Act, or render a child in need of protection under the Children's Act. Sexual abuse may include intercourse, molestation, fondling, exhibitionism, sexual assault, harassment, and exploitation of a child for the purpose of pornography or prostitution.

**Emotional abuse:**
Acts or omissions on the part of the parent or caregiver that results in or may potentially result in psychological harm to the child. The results of emotional abuse may include non-organic failure to thrive, developmental retardation, serious anxiety, depression or withdrawal, and serious behavioural disturbances.

**Neglect:**
The failure of those responsible for the care of a child to provide proper or competent care, supervision or control resulting in failure to meet the physical, emotional or medical needs of the child to the extent that the child's health, development or safety is endangered.

Under the Children's Act, a child is accorded the following rights:
the right to apply to vary or end a custody order; the right to be informed of any protection investigation involving him or her and to be given reasons if he/she is deemed able to understand; and the right for the child's official guardian to determine if the child needs a lawyer at the public's expense. In addition, the child has a right to be in a family.

**Territory:** Nunavut

**Department of Health and Social Services**
http://www.gov.nu.ca/

Government of Nunavut
Bag 800
Iqaluit, Nunavut X0A 0H0
Fax: (867) 979-5250
## Appendix 2  
### CADET PROFICIENCY SUBJECTS

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<td>Public Speaking</td>
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<td>Radio Communications</td>
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</tbody>
</table>
## Appendix 3

### THE DUKE OF EDINBURGH’S AWARD IN CANADA

#### Summary of Conditions

<table>
<thead>
<tr>
<th>Award Level</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Over 14 Years. Qualify in four sections as indicated.</td>
<td>Over 15 years. Qualify in four sections as indicated. Direct entrants (minimum 15 years).</td>
<td>Over 16 years. Qualify in four sections as indicated and complete a Residential Project.* Direct entrants (minimum 16 years).</td>
</tr>
</tbody>
</table>

#### Section 1

**SERVICE**

Choose one or more forms of service and undertake training and practical service to others. Examples:
- First Aid, lifesaving, community service, child care, care for the blind, voluntary service in hospitals, home nursing, pollution probe, and many others.

#### Section 2

**EXPEDITIONS AND EXPLORATIONS**

Participants take on the elements in a demanding team venture. It develops a spirit of adventure, project management skills, and a sense of achievement through shared responsibility. Participants plan expedition ranging from relatively simple hikes in a Provincial Park, to retracing the routes of the voyageur, to major trips to Baffin Island.

**Expedition and exploration**

- Undertake basic training, carry out a practice journey and then complete an Expedition. Minimum of two days out required including one night camping and an average of 6 hours a day OR an Exploration with emphasis on approved investigations or other specified activities.
- Undertake basic training, carry out a practice journey and then complete an Expedition. Minimum of three days out required including two nights camping and an average of 7 hours a day OR an Exploration with emphasis on approved investigations or other specified activities OR an Adventurous Project.
- Undertake basic training, a practice journey and then complete an Expedition. For an Expedition, minimum of four days out required including 3 nights camping, an average of 8 hours a day OR an Exploration with emphasis on approved investigations or other specified activities, OR an Adventurous Project.

#### Section 3

**SKILLS**

Designed to enrich personal interests and broaden horizons. The idea is to choose a course of study, to work at it and to get better at it. Participants must develop their skill over a minimum of 6 months for Bronze and up to a minimum of 18 months for Gold. Examples:
- Music, computer programming, crafts, graphic arts, life skills, collections and model building.

**Skills**

- Follow a Skills program for a minimum of six months. Activity may be changed once during this period.
- Follow a Skills program for a minimum of 6 months for those who have earned their Bronze Award, 12 months for direct Silver entrants.
- Follow a Skills program for a minimum of 12 months for those who have earned Silver or 18 months for Gold Direct Entrants. Activity may be changed once during this period.

#### Section 4

**PHYSICAL FITNESS**

This section involves participation in some form of sport or physical recreation and requires individual progress. It is intended to encourage participants to appreciate physical fitness as an important component of a healthy lifestyle. Participants must pursue a particular activity for a minimum of 15 weeks for Bronze to a minimum of 25 weeks for Gold.

**Physical fitness**

- 30 hours. Take part in physical activities (games or sports, individual or team) and benefit from participation, effort and improvement.
- 40 hours. Take part in physical activities (games or sports, individual or team) and benefit from participation, effort and improvement.
- 50 hours. Take part in physical activities (games or sports, individual or team) and benefit from participation, effort and improvement.

*Residential Project*

To undertake some shared activity, either through voluntary service or training away from home for a period of not less than 5 consecutive days (4 nights away). Examples: Youth leadership training courses; outward bound & similar courses; voluntary help at homes, centres, or camps; work with disadvantaged children or the elderly; school exchanges, church courses etc.
AWARD OFFICE LOCATIONS

**National Office**
THE DUKE OF EDINBURGH’S AWARD
207 Queen’s Quay West, P.O. Box 124, Suite 406
Toronto, Ontario
MSJ 1A7
(416) 203-0674 (o)
(416) 203-0676 (f)

**Nova Scotia**
THE DUKE OF EDINBURGH’S AWARD
P.O. Box 3010 South, 5516 Spring Garden Road,
Halifax, Nova Scotia
B3J 3G6
(902) 425-5450 Ext. 325 (o)
(902) 425-5606 (f)

**Ontario**
THE DUKE OF EDINBURGH’S AWARD
207 Queen’s Quay West, P.O. Box 124, Suite 406
Toronto, Ontario
MSJ 1A7
(416) 203-0674 (o)
(416) 203-0676 (f)

**BC/Yukon**
THE DUKE OF EDINBURGH’S AWARD
212 - 633 Courtney Street
Victoria, British Columbia
V8W 1B8
(604) 385-4232 (o)
(604) 385-1433 (f)

**Québec**
PRIX DU DUC D’ÉDIMBOURG
100 - 50 rue Est
Charlesbourg, Québec
J1H 2L1
(418) 623-0634 or 623-0187 (o)
(418) 622-8166 (f)

**Manitoba**
THE DUKE OF EDINBURGH’S AWARD
Suite 2308, 7 Evergreen Place
Winnipeg, Manitoba
R3L 2T3
(204) 475-0297 (o)
(204) 475 0365 (f)

**Saskatchewan**
THE DUKE OF EDINBURGH’S AWARD
1870 Lorne Street
Regina, Saskatchewan
S4P 2L7
(306) 780-9278 (o)
(306) 781-6021 (f)

**New Brunswick**
THE DUKE OF EDINBURGH’S AWARD
c/o Department of Municipalities, Culture & Housing
Marysville Place, Box 6000
Fredericton, New Brunswick
E3B 5H1
(506) 453-3662 (o)
(506) 457-4991 (f)

**Prince Edward Island**
THE DUKE OF EDINBURGH’S AWARD
109 Water Street, Box 2063
Summerside, Prince Edward Island
C1N 5L2
(902) 368-6024 (o)
(902) 368-0266 (f)

**WEB SITE:**
http://home.inforamp.net/~duke/

1-800-872-DUKE (3853)

The prescribed standards are to be used as a guide for both sexes and participants must qualify in all sections, one level at a time. Participants with disabilities should attempt as much of the program requirements as possible under normal conditions. When necessary, variations will be considered by the Award Office.

Participation in the Award Program requires that a young person be registered with an Award Office. The Group Leader must fully and accurately complete The Duke of Edinburgh’s Award Young Canadians Challenge Registration form.

When a group is registered for the first time, each member of the leadership team will receive a copy of the Award Handbook.
## Appendix 4

**ENROLMENT CEREMONIES**

### Where:
Since an enrolment ceremony is to recognize achievement, it should be staged in a public area where relatives, friends and members of the community can attend.

**Factors**
- seating
- parking
- indoors/outdoors (weather)
- refreshments
- washrooms
- cloakrooms
- accessibility for the physically handicapped
- lighting
- P. A. system

### Who:
In addition to a broad St. John Ambulance membership attending, consider the following:
- Provincial/Area level officers or staff
- Divisional President (if applicable)
- family members
- civic dignitaries
  - mayor
  - members of council
  - police and fire chiefs
- users of Brigade service
- general public
- past members - reunion
- media

### Decide how it will be conducted
- sequence of events
- music
- who will give the address
- Enrolling Officer

**Note:** The Order of St. John in Canada is non-denominational. Any prayers used should reflect the ecumenical nature of the local membership.

**Note:** The Enrolling Officer may be the Divisional Superintendent or another officer designated by a senior authority, preferably a Brigade Officer with Junior, Cadet or Crusader responsibility.

### Decide how it will be advertised
- invitations to members, family, special guests
- pre-ceremony press coverage
- media coverage during the event
Administrative elements

- practice rehearsal

Note: A rehearsal may assist youth to understand what will happen and what is expected of them. You may wish to spend some time during the previous meeting explaining the ceremony.

- ensure first aid coverage is available
- organize Badges and/or Enrolment Certificates to present
- prepare and have an event budget approved
- arrange catering and/or refreshments
- arrange photographer

- design and print programs
  - general program for guests
  - detailed program for organizers
- distribution of programs
- arrange P.A. system, lighting etc.
- prepare seating plan for VIPs/room layout

Cadet Enrolment Ceremony

See StJCI 2-3-1 on Membership

The Cadet Enrolment Ceremony is an important event for individual Cadets/Crusaders who qualify for their certificate of membership.

See Sample 6 Consent Form for Membership

Eligibility for Enrolment

Youth aged 11 to 15 years of age, who hold a valid Emergency First Aid Certificate and have written consent of their parent or guardian.

When:
The ceremony should be held no later than six months after members’ qualifying dates.

CEREMONY

Introduction
The Enrolling Officer welcomes the parents and friends of the new Cadets, and any other guests and invites guests to take pictures if they so desire. Cadets to be enrolled are drawn up in a line and the Enrolling Officer explains the Enrolment procedure and talks about membership.
Example:
Today you are being enrolled as members of The St. John Ambulance Brigade. This is an important day in your lives because you have decided to give part of your time to the service of others. Those of you who are to be enrolled today will wear on your uniform a White Cross. The White Cross you will wear is the symbol of those virtues which are represented in the four arms: Prudence, Justice, Temperance and Fortitude. This cross has been the badge of the members of The Order of St. John for hundreds of years and is worn today by people in many different countries. When you receive your Badge you will become part of a world-wide family that stretches back into history. Wear it with pride, and never do anything that will cause people to think badly of it.

The Enrolling Officer will enroll the cadets by asking:

Do you promise, to be loyal to your country, to live honorably, to be honest in all you say and do, to help others in need, and to do your duty as a member of the St. John Ambulance Brigade?

To which the cadets reply:

I promise

If there is an official, they can reach over and shake hands with the new member, congratulate them and present them with their Badge/Enrolment Certificate.

The Enrolling Officer will then welcome the Cadets as members of St. John Ambulance and will ask them to repeat the Code of Chivalry:

THE CODE OF CHIVALRY IS:
I Promise:
To Serve God.
To be loyal to the Queen and to my Officers.
To observe the Mottoes of the Order which are:
Pro Fide - For the Faith; and
Pro Utilitate Hominum - For the Service of Mankind.
To be thorough in work and play.
To be truthful and just in all things.
To be cheerful and prompt in all that I do.
To help the suffering and the needy; and
To be kind to all animals.

Finally the Enrolling Officer will conclude the proceedings.

Example:
As a member of the _________________ Cadet Division, you will find a spirit of friendship, which will help you carry out your duties and to enjoy them as part of a team. You have become part of a great tradition today. Enjoy being a member of the St. John Family: make friends, work hard to learn new skills, discover the joy of helping others. Take pride in the Division to which you belong, and in the uniform and badge which is your right to wear. I invite everyone to stand and give a round of applause to congratulate the new Cadets.

**JUNIOR ENROLMENT CEREMONY**


The Junior Enrolment Ceremony is a good opportunity to “show off” to parents what the Juniors have been doing and present Juniors with their Junior Level Badges and Certificates for levels completed and Enrolment Certificates for Juniors who have joined since the previous award ceremony.

The Junior Enrolment Ceremony can be a Divisional event attached to a Cadet/Crusader awards ceremony.

**Eligibility for Enrolment**

Youth aged 6 to 10 years of age, who have written consent of their parent or guardian.

**When:**
The ceremony should be held no less than annually. Consider holding a weekend event to accommodate the needs of the Junior members and their parents attending.

**CEREMONY**

*Introduction*
The Enrolling Officer welcomes the parents and friends of the new Juniors, and any other guests and invites guests to take pictures if they so desire. Juniors to be enrolled are drawn up in a line close to and facing the parents and invited guests. The Enrolling Officer explains the Enrolment procedure.

**Example:**
Today you are being enrolled as members of The St. John Ambulance Brigade. As Juniors, you will make new friends, and you will learn to work with others through participation in the Junior Program. This program consists of a number of levels, with awards being given as each level is completed.

The Enrolling Officer will enroll the children by asking all Juniors to repeat after him/her the St. John Junior Promise.

To which they repeat:

\[
I promise:
To be thorough in work and play
To help my family and friends
To be kind to all animals
To be cheerful and prompt in all that I do
To be truthful and fair in all things
\]

If there is an official, they can reach over and shake hands with the new member, congratulate them and present them with their Badge/Enrolment Certificate.

The Enrolling Officer will then welcome the Juniors as members of St. John Ambulance:

**Example:**

We welcome you into the great St. John Ambulance Family, and we are proud to have each and every one of you join us as St. John Juniors, and learn what St. John is all about.

Finally the Enrolling Officer will conclude the proceedings.

**Example:**

You have become part of a great tradition today. Enjoy being a member of the St. John Family: make friends, have fun, discover the joy of helping others. Take pride in the sash and badges which are your right to wear. I invite everyone to stand and give a round of applause to congratulate the new Juniors. Congratulations to each of you!
LIST OF GREAT PROGRAM IDEAS

ANNUAL BANNER/POSTER

Involve youth members in creating an annual banner or poster for the Division. Invite members to contribute drawings and paste them together on a large roll of paper to display. Add more drawings throughout the year as the banner permits. Be sure to draw and paint on your Division name.

Suggested Ages: 6-16

ANNUAL YEARBOOK

St. John Ambulance youth programs build great memories. A great way to preserve those memories is to create an annual group yearbook. In the fall involve youth members in the planning process, set out a budget, decide what activities to focus on, determine a layout strategy, and the number of pages.

At the end of the year, youth members can buy a copy of the yearbook for a nominal amount. If you can obtain subsidization for the printing and binding, you can give the yearbooks away. Try asking local businesses to contribute a small set fee per business card reproduced on the back page. Ten cards can easily fit the back of an 8”x11” yearbook and may cover most expenses.

GUIDELINES:
- Be sure to include the youth members in the planning and design.
- Focus on the youth and their activities.
- Include lots of illustrations and pictures.
- Choose the highlights.
- Encourage the older Crusaders to include younger members of the St. John Ambulance community to participate.

Suggested ages: 16-20
A MEDIEVAL THEME

A great theme that can be shared by all age groups as part of teaching St. John Ambulance history.

For the castle you will need:
- various shoe-size boxes
- coloured markers
- glue sticks
- scissors
- straws
- string
- pipe cleaners
- coloured construction paper
- cardboard tubes (from paper towels and toilet paper rolls)

Wrap the construction paper around each Box, leaving about 2 cm above the box to form the “outer wall.” Have participants draw brick on the construction paper and glue cardboard tubes to make “towers.” Use pipe cleaners to make people; straws to make flags; and string to make a drawbridge.

Younger members may also enjoy making crowns, bright coloured shields and swords. Have a dress up day and at the end of the session, “knight” all those present.

This activity can include all levels as older Cadets or Crusaders gain leadership experience in guiding younger Cadets or Juniors.

Suggested ages: All levels

CASUALTY SIMULATION

Invite a trained casualty simulator (possibly from an adult division) or a make-up artist to paint realistic gashes and bruises on members. Youth of all ages can become fascinated victims. Graphic wounds help renew interest and spark attention. This is also a non-threatening way to introduce a sense of realism into teaching first aid. Try not to make the wounds look too gruesome for the younger members. You can also apply make-up before testing first aid knowledge - to help make the scenario realistic.

Suggested ages: All levels
LISTENING GAME

This game helps build trust and improves listening skills.

Materials needed:
• chalk or tape to mark two lines on the floor.

Divide members into groups of two; one member wears a blindfold and their partner stands behind a line about 15-20 feet in front of them. Line up the blindfolded youth at a starting point. Their unmasked partners stand behind the line to the left or to the right of the blindfolded friend and yell instructions to reach the line. They are, however, only allowed to yell out two words: “left” or “right.” Their blindfolded partners must identify the correct voice and then follow it to the exact person behind the line. Chaos!

Suggested ages: 11-16

TOWERING CARDS

This game helps build coordination, concentration and team building skills.

Materials needed:
Decks of playing cards or index cards

Ask youth members to build a tower made from playing cards. Break youth into groups of three to six. Watch how elaborate they can make their creations. This game requires a steady hand. For an older group - break into groups, and see which one can build a tower to hold an object (book, glass of water) with the fewest cards. Or which group can build the tallest free-standing tower. As a variation, use index cards and masking tape.

Suggested ages: 11-16

BEE STING TAG

This is a good game to play before or after teaching how to give first aid for bee stings.

Outline a “lawn” area clearly. Choose one “bee”; all other players are people running from the “bee.” All people who get tagged leave the “lawn” area and
run around outside the “lawn” area. The last person stung is the bee for the next game.

Suggested ages: 6-10

**QUESTION AND ANSWER QUIZ**

Make a question and answer quiz. Questions can include things like:
- fill in the blanks (ie: list four types of burns)
- “yes” or “no” questions (ie: you should put butter on a burn)
- explanation questions (ie: why shouldn’t you cover a burn with cotton wool or other fluffy material?)

Pick a topic/theme (First Aid, History of the Order, the local community, riddles, etc.) and allow the members to create individual quizzes with a maximum and minimum number of questions (ten questions are usually good). Ask each member to share their quiz with the group, or create one quiz and solicit questions from the group. Try mixing and matching various themes. Other ideas are to ask the older youth members to write quizzes for the younger students or to turn the game into a variation of popular television game shows (eg. “Jeopardy”) or trivia board games.

Suggested ages: 11-20.

**SCENARIOS**

Realistic scenarios capture youthful imaginations and help the learning process. Ask members to “spin a story” and then ask students to describe how they would respond. Ask members what they need to do first. After they have practised responding to the problem, offer alternatives. Emphasize how to do each one safely.

Variation: Break into groups, and have each group spin a story, in writing. Then collect and redistribute the stories. Each group would then role play the scenario and their response.

**Example:**
We are at the beach playing volleyball when suddenly, Jason lands on the sand and drops to the ground in pain. As we approach, we find him grasping his left ankle and grimacing with pain.

Suggested ages: 11-20
ROLE-PLAYING

Once members feel comfortable with a certain first aid topic, challenge each of them to role-play an injury (may be done in conjunction with the Scenarios). Monitor each group and then discuss what they did and how they could improve their future performance. You may wish to use make-up and draw cuts for wounds and then ask youth to bandage the casualty.

Examples:
• Severe nose bleed
• Burns from a stove top or bad sunburn
• Cuts
• Broken arm

Suggested ages: 11-20

RESCUE RELAY

Two exercises to use after teaching about lifting techniques and transportation. Don’t forget to emphasize safety.

1. Divide your first aiders into teams. Each team must move its players from one end of the room then back using a different lifting technique each time. As they transport their friends, ask them to describe their lifting technique and the circumstances under which each would be used. Some techniques may be too difficult for younger members.

2. Divide your first aiders into teams. Each team must make improvised stretchers with material close at hand. Let them experiment with jackets (sturdy ones only!) or blankets for support between two flag poles or broom handles. After each team has made a safe improvised stretcher, get them to manoeuvre through an obstacle course (one or two teams at a time) carrying an “injured” friend on the stretcher. Award points to teams who properly care for their casualty. If a team drops a “casualty” they must return to the starting point or lose five points.

Suggested ages: 11-20
HOME SAFETY

Get youth to inspect their homes for dangerous situations or conditions: toxic chemicals, matches, lighters within easy reach of children, poisons that are not properly labeled, oily rags in the basement, etc. Have them identify where the first aid kit is kept.

Suggested ages: 6-16

FIRST AID KIT GAMES

Review the contents of a first aid kit and explain the purpose of each object.

• Taking turns, have each member pretend to be an item in the first aid kit through mime or charades. The rest of the class must guess what the object is.

• Blindfold youth members and get them to identify items in the first aid kit by touch.

• “Kim’s Game” - Play this memory game using first aid kit contents. Place all contents of a first aid kit on a tray. Have members look at the tray and ask them to remember as many objects as they can. Cover the tray with a towel or cloth and ask members to list as many of the items as they can remember.

Suggested ages: 6-10.

FREEZING

Try the following game in conjunction with studying about hypothermia.

Youth run around the room or field. When the leader blows the whistle, all kids must “freeze” where they stand. Those who move after the whistle blows are “out” and can help identify members moving the next time the whistle blows. Finish the game with two “winners.”

Suggested ages: 6-10
PANEL DISCUSSIONS

Set up a pro/con style debate over a specific topic. Youth may wish to choose the topics, pick a side and research the topic.

Suggested ages: 16-20

SKELETON

Play this game before or after reviewing the skeletal structure.

Materials needed:
- One set of skeleton pieces per player
- Die

Divide members, preferably into groups of four.

Copy the large skeleton on the following page for each player and cut into pieces.

Begin by throwing the die. Players must throw a six before continuing. They must then throw the appropriate numbers needed to create a skeleton. The winner is the first to complete their skeleton.

<table>
<thead>
<tr>
<th>One</th>
<th>Hand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two</td>
<td>Head</td>
</tr>
<tr>
<td>Three</td>
<td>Arm</td>
</tr>
<tr>
<td>Four</td>
<td>Leg</td>
</tr>
<tr>
<td>Five</td>
<td>Skull</td>
</tr>
<tr>
<td>Six</td>
<td>Body</td>
</tr>
</tbody>
</table>

Suggested ages: 6-10
**ANNUAL MASCOT**

As part of a meeting, have a “BRAINSTORMING” session whose purpose is to select an annual mascot for the Division.

1. Generate all the possible ideas from the members without evaluating and write them where everyone can see them.

   Avoid attaching ideas to people. Don’t be judgmental of any ideas - sometimes the most off-the-wall suggestions lead other members of the group to more creative ideas.

2. Set the criteria for a successful mascot. Identify acceptable and unacceptable qualities/criteria. Ensure you have agreement (at least in theory).

3. Rank the brainstorming ideas according to anticipated success.

4. Review all possible suggestions and select a mascot that will best satisfy all concerned. Avoid “straw” voting.

5. Develop an action plan. Ensure that each member has the responsibility at some time for the “maintenance” of the mascot.

   Suggested ages: 6-16

---

**SPECIAL NEEDS**


To help your group appreciate the problems faced by those who struggle with special needs, the following are ideas to help youth learn the value of what makes each of us unique.

Be sure to use discretion when running activities which might spotlight the special needs of a child in your group.

---

**Ophthalmic Challenge**

To stimulate awareness on the challenges faced by people who are visually impaired, prepare four sets of eye glasses and set up an easy obstacle course for youth to negotiate while wearing the glasses. After everyone has had an opportunity to try out all four pairs of glasses, ask the participants how they felt during and after wearing the glasses.
Using old goggles or glasses, prepare the following:

To demonstrate poor overall vision:
Rub slightly grimy fingers, or gel over both lenses.

To demonstrate vision impaired by cataracts:
Use old scratched up glasses or rub sandpaper over both lenses.

To demonstrate tunnel vision:
Apply black paint or tape around the circumference of both lenses.

To demonstrate what a person who has suffered a stroke might see:
Apply black paint or tape to only one side of each of the lenses.

Hand-Eye Challenge
To stimulate awareness on the challenges faced by people who have difficulty with their hands and fingers, have youth wear oven mitts while trying to:
- thread a needle
- tie their shoe laces
- button their shirt/coat
- pick up a piece of string
- put a puzzle together.

Have youth speak about their experiences and how someone with such a challenge could make an interesting friend.

One Hand Challenge
To stimulate awareness on the challenges faced by people who can only use one hand due to muscle problems, amputation, arthritis or paralysis, ask youth to try doing the following using only one hand:
- tie and untie a shoe
- button a shirt or jacket
- pick up a pamphlet, a pencil, or a piece of string
- thread a needle

Tongue Challenge
To stimulate awareness on the challenges faced by people who have a significant speech impediment.
Ask youth to say the following phrases as fast as they can:

- real rear
- wheel drive
- yellow leather, red weather
- several selfish shellfish

Ask youth to place the word “ah” between each word (e.g. she ah sells ah sea ah shells ah on ah the ah sea ah shore). Do they find it frustrating?
Discuss if speech impediments make people appear bright or incompetent.

Depending on the availability of resources, try wheelchair basketball, soccer on crutches, or walking with improvised splints.

To demonstrate balance, have youth balance on masking tape along the floor after turning around in circles five times. Explain how people with cerebral palsy or muscular dystrophy find it hard to keep their balance.

Suggested ages: 6-20

**HISTORY BOARD GAME**

This game helps members learn the history of the Order. Involve youth members in creating a board game from St. John Ambulance’s history. This game also offers a great opportunity for leadership/guidance by Crusaders or older Cadets.

Determine the size of the board. Select a number of historical events; each event will require a drawing that would be pasted onto a large cardboard. Ask youth members to contribute a drawing for the board. For each historical event, write 5 or more questions on an index card (preferably 1 question for each player).

In order of historical occurrence, place each drawing on the board. Add brief description of the event under each drawing. Players roll the die and land on certain pictures. A question is read from the index card. Players who answer their question correctly, can roll the die again. If they answer incorrectly, they lose a turn. First to get across the board wins.
Materials needed:
• large cardboard/Bristol board
• paper
• coloured markers
• glue sticks
• scissors
• index/cue cards
• die (to play the game)

Suggested ages: 6-20

Card # 1
1. Who did Pope Gregory the Great ask to set up a hostel for pilgrims? A) Abbot Probus
2. Who did Haroun al Raschid, the legendary Caliph of the Arabian Nights permit to enlarge the hostel? A) Emperor Charlemagne
3. Who burned to the ground all Christian buildings during his reign of terror? A) El Hakim
4. Who bought the site of the hostel and built a new church and hospital for pilgrims? A) merchants of Almalfi
5. What did the Benedictine monks who served in the new hospital wear as their symbol? A) the eight pointed cross

Sample
APPENDIX 6

ST. JOHN AMBULANCE

NATIONAL CAMP ACCREDITATION CERTIFICATE PROGRAM

National Headquarters
312 Laurier Avenue East
Ottawa, Ontario
K1N 6P6

NATIONAL CAMP ACCREDITATION CERTIFICATE PROGRAM
GENERAL

1. Cadets enjoy camping and throughout this country many St. John Ambulance Cadet Camps take place. To ensure proper training standards for our youth leaders, the National Camp Accreditation Course is designed to train competent leaders who will operate a successful, safe camp for their members.

GENERAL INSTRUCTIONS

2. **Age requirements**: Youth leaders or adult members 18 years of age or over, may run a cadet camp where cadets or crusaders are attending.

1. **Standards**: As of 1 January, 1999, all youth leaders wishing to conduct a cadet camp require national accreditation.

4. **Testing**: Testing to the standard of this course will be the responsibility of the Provincial/Territorial Cadet Officer or their designate.

5. **Time requirements**: The time requirement for accreditation is 18 hours, as outlined in paragraph 8.

6. **Certificate**: Upon successful completion provinces/territories may apply for the National Camping Accreditation Certificate. (See Annex D)

7. **References**
   i. St. John Ambulance Camping Manual
   ii. Boy Scout Camping Manual
   iv. Armed Forces Cadet Camping Manual

TIME AND EXPECTATIONS OUTLINE

8. The following indicates the topics and time expectations for the Camp Accreditation Course. Course details can be found in paragraph 9. See Annex A for a detailed sample time outline for the course.

   a) **Introduction**
      Describe the purpose and functions of a Cadet Division and how camping can become an integral part of any Divisional program.
b) **Administration - 2½ hours**
Discuss the Provincial Commissioner’s directives that apply to camping. Instruct the participants on the correct procedures for generating forms, and the required paperwork for camping. Discuss available resource information.

c) **Program Planning - 6 hours**
Instruct the participants on how to set up a camp program. Give sample program outlines. Do exercises on designing and running specific program items.

d) **Kitchen, Food and Menu Planning - 2 hours**
Instruct the participants on the different considerations for preparing a camp menu. Supply resource information on acquiring food for camp. Demonstrate the different forms of kitchen layouts. Supply information on sanitary concerns, hygiene, and washing procedures.

e) **Equipment Planning - 6 hours**
Show the participants different forms of camp sites and facilities. Teach the practical skills on a variety of types of equipment. Discuss and demonstrate various pieces of other training and recreational equipment.

f) **Emergency and Medical Procedures - 1 hour**
Discuss and instruct participants on proper medical procedures and other emergency procedures and considerations for camps. Discuss personnel considerations, vehicles and equipment.

g) **Transportation - ½ hour**
Discuss different forms of transportation to get to and from camp, as well as forms of transportation while at camp. Special consideration (watercraft).

**GENERAL OUTLINE**

9. The following indicates the general outline and course details for the Camp Accreditation Course. Time expectations are given in paragraph 8.

a) **Introduction**
- Course overview and introductions
- Purposes and functions of a Cadet Camp
- Provincial Commissioner’s directives
b) *Administration*

- St. John Ambulance regulations for camping within Canada
- Resources
  - facilities
  - people
  - camping manual
- Choosing and booking a campsite
  - time requirements
  - program considerations
  - associated costs

- Paperwork (see Annexes B and C)
  - provincial application to hold a camp
  - participant permission forms
  - participant medical information forms
  - sample kit lists
  - sample covering letters
  - general rules for campers

- Budgeting for a camp
  - capital equipment planning and budgets
  - cost recovery and capital equipment increases
  - donations, fund raising, other sources of revenue

- Camping Committees
  - forming a Camp Committee
  - positions and responsibilities
  - time lines and communications

- Camp Staff
  - briefing and debriefing
  - communications and problem solving
  - decision making process

c) *Program Planning*

- How to design a program
  - training
  - flexibility
  - proficiencies
  - free time
  - camp fires
  - water program; special considerations
  - other activities
  - age of camper considerations
• Alternate programs for different weather conditions

• Resources
  - printed materials: Scouts, Guides, Outward Bound, etc.
  - personnel: St. John and non-St. John staff
  - equipment: purchase, borrow, rent

• Religious obligations

d) **Kitchen, Food and Menu Planning**

• Creating a menu
  - Canada’s Food Guide
  - special dietary requirements/allergies
  - quantity and variety

• Program and weather considerations affecting menu, group outings

• Purchasing and storage of food
  - guide to food storage
  - animals and your camp site

• Setting up the kitchen area
  - physical set-up
  - access
  - clean-up patrols and scheduling

• Food preparation; patrol cooking versus group cooking
  - staff rotation
  - full time staff

• Sanitation
  - garbage disposal
  - grease and solid food disposal
  - water purification, testing procedures

• Dishes
  - washing, drying and storage
  - posting rosters, ensuring proper clean-up
e) **Equipment Planning**

- Accommodation
  - permanent, temporary or mobile
  - type, size, quantity, suitability and location
  - gender and number of occupants
  - pitching and striking a tent

- Cooking
  - types of stoves, fuels and fires for cooking
  - filling, lighting, extinguishing and maintenance of stoves

- Lighting
  - lanterns, types, fuels, storage
  - filling, lighting, extinguishing and maintenance of lanterns

- Personal hygiene
  - washrooms (temporary or fixed)
  - washing facilities and frequency, natural soaps

- Training equipment
  - planning, purchase, borrow, rent, different types

- Recreational equipment
  - types

- Equipment resources
  - rent, purchase, borrow
  - tents, stoves, lanterns, clothes lines, crafts
  - wood collection and storage; wet weather
  - dining flies, overhead tarps, canopies
  - swimming equipment, area and rules

f) **Emergency and Medical procedures**

- Fire drills
  - water bucket and fire extinguisher types
  - location of extinguishers, charging, discharging
  - evacuation procedures and routes

- Finding the nearest hospital, phone number and best route

- Nearest ambulance station, phone number and response time
- Medical staff
  - positions and roles
  - locations of medical kits and contents
  - medication dispensing and charting

- Camp emergency procedures
  - missing child, resources, time, other campers
  - criminal offenses, calling the authorities
  - broken camp rules, discretion and reporting

- Short term versus long term camp consideration
- Number of campers; program and logistics considerations
- Getting special medical training to meet the needs of special campers

g) Transportation
- Types and routes
- Booking and paperwork
- Procedures and other considerations; emergency contact person with list
- Modes of transportation while at camp; canoes, row boats, motor boats, etc.
- Rent, borrow, acquire services
### Camp Leadership Course Time Outline

<table>
<thead>
<tr>
<th>Time</th>
<th>Item Description</th>
<th>Responsibility</th>
<th>Method of instruction</th>
<th>Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Friday</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2000</td>
<td>Registration</td>
<td>DTM</td>
<td>informal lecture</td>
<td>overheads</td>
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<tr>
<td>2030</td>
<td>Introduction</td>
<td>DTM</td>
<td>Lecture</td>
<td>flip chart</td>
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<tr>
<td>2100-2130</td>
<td>Camp fires</td>
<td>JDW</td>
<td>instruct and participate</td>
<td>camp fire</td>
</tr>
<tr>
<td>2130-2230</td>
<td>Formal Camp Fire</td>
<td>JDW/DTM/JT</td>
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<tr>
<td>2230-2300</td>
<td>Light Snack</td>
<td>JT</td>
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<tr>
<td>2330</td>
<td>Lights Out</td>
<td>All</td>
<td></td>
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<tr>
<td><strong>Saturday</strong></td>
<td></td>
<td></td>
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<tr>
<td>0700</td>
<td>Rise and Shine</td>
<td>All</td>
<td></td>
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<td>0730-0800</td>
<td>Breakfast</td>
<td>DTM/JDW</td>
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<td></td>
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<tr>
<td>0800-0845</td>
<td>Camp Sites and Facilities</td>
<td>JT</td>
<td>morning walk</td>
<td>camp grounds</td>
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<tr>
<td>0845-1015</td>
<td>Program Planning 1</td>
<td>JDW</td>
<td>lecture/brain storm</td>
<td>overheads</td>
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<td>1015-1030</td>
<td>Nutrition break</td>
<td>All</td>
<td></td>
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<td>1030-1145</td>
<td>Administration 1</td>
<td>BA</td>
<td>lecture</td>
<td>overheads</td>
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<td>1145-1200</td>
<td>Break</td>
<td>All</td>
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<tr>
<td>1200-1245</td>
<td>Lunch</td>
<td>JT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1245-1345</td>
<td>Administration 2</td>
<td>BA</td>
<td>lecture/brain storm</td>
<td>flip chart/overheads</td>
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<td>1345-1445</td>
<td>Equipment 1 (tents)</td>
<td>JT</td>
<td>demonstration</td>
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<td>1445-1500</td>
<td>Break</td>
<td>All</td>
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<td>1500-1700</td>
<td>Program Planning 2</td>
<td>JDW</td>
<td>lecture and group work</td>
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<td>1700-1800</td>
<td>Emergency Procedures</td>
<td>DTM</td>
<td>lecture discussion</td>
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<tr>
<td>1800-1900</td>
<td>Dinner</td>
<td>JT</td>
<td></td>
<td></td>
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<td>1900-2100</td>
<td>Program Planning 3</td>
<td>JDW</td>
<td>presentations and discussion</td>
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<tr>
<td>2100-2130</td>
<td>Camp Fire Preparation</td>
<td>2 groups</td>
<td>fire preparation/program</td>
<td></td>
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<tr>
<td>2130-2230</td>
<td>Camp Fire</td>
<td>All</td>
<td></td>
<td></td>
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<tr>
<td>2230-2300</td>
<td>Transportation</td>
<td>DTM</td>
<td>discussion</td>
<td>flip chart</td>
</tr>
<tr>
<td>2300-2330</td>
<td>Free time</td>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2330</td>
<td>Lights out</td>
<td>All</td>
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</table>
### Camp Leadership Course Time Outline

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<tr>
<td><strong>Sunday</strong></td>
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<tr>
<td>0800</td>
<td>Wake up</td>
<td>All</td>
<td></td>
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<tr>
<td>0830</td>
<td>Breakfast</td>
<td>JT/DTM</td>
<td></td>
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<tr>
<td>0900-1030</td>
<td>Equipment 2 (Stoves and Lanterns)</td>
<td>JT</td>
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<tr>
<td>1030-1130</td>
<td>Kitchen Food and Menu 1</td>
<td>DTM</td>
<td>lecture/discussion</td>
<td>flip chart and handouts</td>
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<tr>
<td>1130-1145</td>
<td>Nutrition break</td>
<td>All</td>
<td></td>
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<tr>
<td>1145-1300</td>
<td>Fire Starting exercise</td>
<td>JT</td>
<td>all participants demonstrate</td>
<td>fire pit</td>
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<tr>
<td>1300-1345</td>
<td>Lunch</td>
<td>All</td>
<td>cook on fires</td>
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<tr>
<td>1345-1445</td>
<td>Equipment 3 (other equipment)</td>
<td>JT</td>
<td>demonstration/participation</td>
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<td>1445-1530</td>
<td>Closing Remarks</td>
<td>DTM</td>
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<tr>
<td>1530</td>
<td>Depart Camp</td>
<td>All</td>
<td></td>
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</tr>
</tbody>
</table>
To: **Youth Leaders and Cadet Divisions**  
Subject: **Camp Accreditation Certificate Course**  

A Camp leadership Accreditation Course is planned for the weekend commencing Friday evening, __________(date)_________ and running through to Sunday afternoon, __________(date)_________________

While the Course is designed primarily for those who have not previously organized Cadet Camps, remember that even experienced camp leaders derive benefit from the course. The course objectives are simple - to teach our youth leaders the necessary skills to operate successful, safe and enjoyable camps.

The weekend is run on a "cost-recovery" basis. Cost per attendee is $ ______ which covers food, accommodation (camp cabin style!) and course materials. Transportation to and from the course venue is the individual attendee's responsibility. The proposed course location is ______________________situated ______________________.

The minimum age for Camp leadership Certification is 18 years of age or older. Superintendents are asked to consider this course as a potential development tool for officers and crusaders who meet the age criteria.

Please forward course applications on the attached form, together with course fees, no later than __________(date)___________ to:

(Staff, Provincial/Territorial Headquarters)

(name)  
Provincial/Territorial Cadet Officer

Note: Confirmation and final course information will be mailed to attendees by ____________

c.c. Provincial/Territorial Staff  
Area Commissioners
APPLICATION TO ATTEND  
CAMPO LEADERSHIP CERTIFICATE COURSE

Course Location: __________________________________________________________

Dates: _________________________________________________________________

To: (Staff, Provincial/Territorial Headquarters)

Please register the following person(s) for the above course:

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Position: ___________________________</th>
</tr>
</thead>
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<tr>
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<td>Postal Code: ________________________</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Telephone: ( ) __________________</td>
<td>Date of Birth: ______________________</td>
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<tr>
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</tr>
</tbody>
</table>

I enclose the course registration fee of $ _________ per candidate for a TOTAL of $ __________

Submitted by:
  Name:__________________________________________________________

  Division:__________________________________
CAMP CERTIFICATE PROGRAM
NATIONAL CAMP ACCREDITATION

St. John Ambulance
has successfully completed the

THIS IS TO CERTIFY THAT

Date

Provincial/territorial Commissioner

St. John Ambulance

ANNEX C
Appendix 8

ST. JOHN AMBULANCE

NATIONAL CAMP ACCREDITATION CERTIFICATE PROGRAM

National Headquarters
312 Laurier Avenue East
Ottawa, Ontario
K1N 6P6
NATIONAL CAMP ACCREDITATION
CERTIFICATE PROGRAM

GENERAL

1. Cadets enjoy camping and throughout this country many St. John Ambulance Cadet Camps take place. To ensure proper training standards for our youth leaders, the National Camp Accreditation Course is designed to train competent leaders who will operate a successful, safe camp for their members.

GENERAL INSTRUCTIONS

2. **Age requirements**: Youth leaders or adult members 18 years of age or over, may run a cadet camp where cadets or crusaders are attending.

3. **Standards**: As of 1 January, 1999, all youth leaders wishing to conduct a cadet camp will require national accreditation. Provinces/territories that have a program now in place may continue to use it. However, it must meet or exceed minimum standards.

4. **Testing**: Testing to the standard of this course will be the responsibility of the provincial/territorial Cadet Officer or their designate.

5. **Time requirements**: The time requirement for accreditation is 18 hours, as outlined in paragraph 8 of this document.

6. **Certificate**: Upon successful completion provinces/territories may apply for the National Camping Accreditation Certificate. See Annex D for a sample certificate.

7. **References**
   i. St. John Ambulance Camping Manual
   ii. Boy Scout Camping Manual
   iv. Armed Forces Cadet Camping Manual

TIME AND EXPECTATIONS OUTLINE

8. The following indicates the topics and time expectations for the Camp Accreditation Course. Course details can be found in paragraph 9. See Annex A for a detailed sample time outline for the course.

   a) **Introduction**
      Describe the purpose and functions of a Cadet Division and how camping can become an integral part of any Divisional program.
b) **Administration - 2½ hours**
Discuss the Provincial Commissioner's directives that apply to camping. Instruct the participants on the correct procedures for generating forms, and the required paperwork for camping. Discuss available resource information.

c) **Program Planning - 6 hours**
Instruct the participants on how to set up a camp program. Give sample program outlines. Do exercises on designing and running specific program items.

d) **Kitchen, Food and Menu Planning - 2 hours**
Instruct the participants on the different considerations for preparing a camp menu. Supply resource information on acquiring food for camp. Demonstrate the different forms of kitchen layouts. Supply information on sanitary concerns, hygiene, and washing procedures.

e) **Equipment Planning - 6 hours**
Show the participants different forms of camp sites and facilities. Teach the practical skills on a variety of types of equipment. Discuss and demonstrate various pieces of other training and recreational equipment.

f) **Emergency and Medical Procedures - 1 hour**
Discuss and instruct participants on proper medical procedures and other emergency procedures and considerations for camps. Discuss personnel considerations, vehicles and equipment.

g) **Transportation - ½ hour**
Discuss different forms of transportation to get to and from camp, as well as forms of transportation while at camp. Special consideration (watercraft).

**GENERAL OUTLINE**

9. The following indicates the general outline and course details for the Camp Accreditation Course. Time expectations are given in paragraph 8.

a) **Introduction**
- Course overview and introductions
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- Provincial Commissioner’s directives

b) **Administration**
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- Resources
  - facilities
  - people
  - camping manual
• Choosing and booking a campsite
  - time requirements
  - program considerations
  - associated costs

• Paperwork (see Annexes B and C)
  - provincial application to hold a camp
  - participant permission forms
  - participant medical information forms
  - sample kit lists
  - sample covering letters
  - general rules for campers

• Budgeting for a camp
  - capital equipment planning and budgets
  - cost recovery and capital equipment increases
  - donations, fund raising, other sources of revenue

• Camping Committees
  - forming a Camp Committee
  - positions and responsibilities
  - time lines and communications

• Camp Staff
  - briefing and debriefing
  - communications and problem solving
  - decision making process

c) Program Planning
• How to design a program
  - training
  - flexibility
  - proficiencies
  - free time
  - camp fires
  - water program; special considerations
  - other activities
  - age of camper considerations

• Alternate programs for different weather conditions

• Resources
  - printed materials: Scouts, Guides, Outward Bound, etc.
  - personnel: St. John and non-St. John staff
  - equipment: purchase, borrow, rent
• Religious obligations
d) **Kitchen, Food and Menu Planning**

- Creating a menu
  - Canada’s Food Guide
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- Program and weather considerations affecting menu, group outings

- Purchasing and storage of food
  - guide to food storage
  - animals and your camp site

- Setting up the kitchen area
  - physical set-up
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  - clean-up patrols and scheduling

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- Sanitation
  - garbage disposal
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  - water purification, testing procedures

- Dishes
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e) **Equipment Planning**

- Accommodation
  - permanent, temporary or mobile
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  - gender and number of occupants
  - pitching and striking a tent

- Cooking
  - types of stoves, fuels and fires for cooking
  - filling, lighting, extinguishing and maintenance

- Lighting
  - lanterns, types, fuels, storage
  - filling, lighting, extinguishing and maintenance
• Personal hygiene
  - washrooms (temporary or fixed)
  - washing facilities and frequency, natural soaps

• Training equipment
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  - types

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  - wood collection and storage; wet weather
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  - swimming equipment, area and rules

f) Emergency and Medical procedures
• Fire drills
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  - location of extinguishers, charging, discharging
  - evacuation procedures and routes

• Finding the nearest hospital, phone number and best route

• Nearest ambulance station, phone number and response time

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• Number of campers; program and logistics considerations
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g) Transportation
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• Booking and paperwork
• Procedures and other considerations; emergency contact person with list
• Modes of transportation while at camp; canoes, row boats, motor boats, etc.
• Rent, borrow, acquire services