St. John Ambulance

SAVING LIVES
at work, home and play

sja.ca

EMERGENCY FIRST AID FOR INDUSTRY

ABOUT ST. JOHN AMBULANCE

WHO WE ARE

The Order of St. John is a 900-year-old humanitarian organization and has operated in Canada since 1883. St. John Ambulance partners with individuals and organizations to provide first aid and CPR training, as well as safety products. Our mission is to get everyone in the community prepared for emergencies at work, home and play.

The revenue from training and product purchases, as well as donations we receive, goes to support our volunteer-based community service programs. With hundreds of thousands of volunteer hours dedicated to our charitable community programs, St. John Ambulance is the leader in saving lives and positively impacting the community.

To learn more about us, or to donate to our charity, visit **www.supportsja.ca** or call **1-866-321-2651.**

COMMUNITY PROGRAMS

Community Transfer Program - The St. John Ambulance Community Transfer Program provides comfortable, door-to-point-of-care transfers for people of all ages. We assist people who are in a wheelchair or require a stretcher, and have non-life threatening medical conditions that make regular vehicle travel challenging. Our vehicles are fully equipped with stair chairs, stretchers, and emergency medical response equipment to meet the unique needs of those we transfer.

Therapy Dog Program - The St. John Ambulance Therapy Dog Program builds on our proud tradition of community service by bringing the benefits of a dog's companionship to people of all ages in care homes, hospitals, schools and universities across British Columbia and Yukon Territory.

Youth Leadership (Cadet Program) - The Cadet Program is a great way for young people aged 11-19 years to take part in community service and learn valuable life skills. Our cadets can participate in overnight stays and camps, gain high school credits, volunteer within the community by providing first aid service at public events, and have the opportunity to compete in first aid competitions.

Medical First Responders - The Medical First Responders (MFR) Program services our communities by providing emergency response at all kinds of competitions and events. From music festivals to community celebrations, soccer tournaments to marathons and bike races, our MFR volunteers are there to support the participants and bring certified emergency medical response in case of an emergency.

INTERESTED IN VOLUNTEERING?

Register at **www.sja.ca** or contact your local St. John Ambulance branch. Together, let's build healthy and safe communities.

TERMS AND CONDITIONS OF CERTIFICATION

THE ATTENDANT MUST:

a. Follow the principles of first aid treatment as outlined in the WorkSafeBC Occupational First Aid training programs that are provided to the attendant when he or she participates in the training program,

b. Comply with the OHSR, and the other responsibilities of attendants in this standard, and

c. Comply with any other terms and conditions provided to the attendant by the training agency when granted certification, or provided to the attendant by WorkSafeBC at any other time.

WCB Standard OFA1: Certification of Occupational First Aid Attendants

URL https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/wcb-standards/wcb-standards#SectionNumber:StandardOFA1

FOURTH EDITION - JUNE 2018

Emergency First Aid for Industry: Student Supplement, formally published as the following:

- First Aid: Emergency First Aid for Industry: Student Supplement - 3rd Edition
- First on the Scene: Student Supplement: Emergency First Aid for Industry - 2nd

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These resources were developed in accordance with the International Liaison Committee on Resuscitation (ILCOR) Consensus on Science, Canadian Consensus First Aid and CPR Guidelines, CSA Standards and WorksafeBC Occupational First Aid Training and Certification Standards. Materials from the 2018 WorksafeBC Occupational First Aid Level 1 course were referenced to create the St. John Ambulance Emergency First Aid for Industry course. This supplement, together with the St. John Ambulance First Aid Reference Guide, cover the equivalent material to the WorksafeBC Occupational First Aid Level 1 Participant Guide.

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ACCEPTABLE VALID PHOTOGRAPHIC IDENTIFICATION

Candidates for Emergency First Aid for Industry (OFA 1 Equivalency) certification will be required to produce one piece of acceptable, valid, photographic identification to the instructor at the time of the course.

ACCEPTABLE PHOTOGRAPHIC IDENTIFICATION

- Valid Canadian or U.S. driver's license
- Valid passport
- Valid B.C. student identification card issued for the current school year
- Employee picture identification card
- Native status picture identification card
- B.C. photo identification (digital) issued November 1996 or after
- Canadian government-issued photo identification

If a candidate does not possess valid photographic identification as listed above, they must provide *one primary* ***and*** *two secondary* pieces of identification from the following list:

PRIMARY IDENTIFICATION

- Birth certificate
- Canadian citizenship I.D.
- Canadian record of landing
- Canadian student visa
- Returning resident permit
- Canadian Armed Forces I.D. (no photo). ***NOTE:*** *With a photo, it's a CanadianGovernment I.D.*
- Nexus

SECONDARY IDENTIFICATION

- Naturalization certificate
- Marriage certificate
- Change of name certificate
- Parole certificate
- Corrections service conditional release card
- Valid credit card (if name is on card)
- Bank card (if name is on card)
- Occupational First Aid Certificate Level 1, 2 or 3, or Transportation Endorsement
- Vehicle registration
- Firearms acquisition certificate
- Social insurance card
- B.C. Care Card

If a candidate cannot produce appropriate identification, compliance may be achieved if they produce one of the following:

- A letter from the candidate's employer typed on the firm's letterhead and signed by an official of the company. This letter must state that the employee is who they claim to be.
- If the candidate is not employed and is being sponsored by a government or other agency the same would apply, only the letter must be from the sponsoring agency.

Candidates have the right to refuse to disclose any identification information, however, candidates refusing or failing to provide appropriate identification will not be issued certification.

COURSE CONTENT

AT THE START OF EACH SHIFT

The First Aid Attendant should check the first aid equipment and supplies at the start of every shift, including the AED if one is available and other specialized equipment at your workplace. The following is an example of a Level 1 First Aid Kit:

3 Blankets
24 14 cm x 19 cm Wound cleaning towelettes, individually packaged
60 Hand cleansing towelettes, individually packaged
100 Sterile adhesive dressings, assorted sizes, individually packaged
12 10 cm x 10 cm Sterile gauze dressings, individually packaged
4 10 cm x 16.5 cm Sterile pressure dressings with crepe ties
2 7.5 cm x 4.5 m Crepe roller bandages
1 2.5 cm x 4.5 m Adhesive tape
4 20 cm x 25 cm Sterile abdominal dressings, individually packaged
6 Cotton triangular bandages, minimum length of base 1.25 m
4 safety pins
1 14 cm Stainless steel bandage scissors or universal scissors
1 11.5 cm Stainless steel sliver forceps
12 Cotton tip applicators
1 Pocket mask with a one-way valve and oxygen inlet
6 Pairs of medical gloves (preferably non-latex)
First aid records and pen

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended for all items except the blankets. Blankets should be readily available to the first aid attendant.

The First Aid Attendant should also check the following:

- First Aid Record of workers requiring follow-up care for previous injuries
- Who is available to use as helpers in case of an injury
- What Safety Data Sheets (SDS) and Personal Protective Equipment (PPE) are available
- Who is in charge of ordering supplies
- Confirm that the employer has provided all minimum first aid supplies and services as required by the regulation

BARRIERS TO EFFECTIVE COMMUNICATION

Effective communication is critical during an accident. Here are some barriers to effective communication:

LANGUAGE:
There may be language barriers to work around during an incident. If there is difficulty communicating with a worker or the bystanders, find someone who can communicate with the worker or bystanders, this may help work through the barriers.

NOT LISTENING:
You must show enthusiasm when communicating with others. Pay attention to what the individual is saying.

POOR PERFORMANCE OF EQUIPMENT:
There may be technical problems with the equipment (radios, pagers) on a worksite. Check your equipment at the start of each shift to ensure the equipment is working properly.

NOISE:
There may be no way of stopping noise during an incident. Get close and listen, pay attention to body language, gestures and facial expressions.

MISINTERPRETATION:
There may be confusion if the information is misinterpreted. Repeat or paraphrase the individual's response to confirm understanding.

LACKING CLARITY:
Confusion can be created by the words you have chosen, the tone of your voice or your body language. Keep it simple. "Say what you mean. Mean what you say."

JUMPING TO CONCLUSIONS:
People often hear what they expect to hear rather that what is actually said and jump to incorrect conclusions.

ASSESSING LEVEL OF RESPONSIVENESS: AVPU

AVPU is an assessment tool that provides more in depth information about the casualty's level of responsiveness.

ALERT When you approach a casualty and their eyes are open, they score an A for alert. The casualty will be able to answer simples questions and will know their name, where they are and the approximate time of day.

VERBAL If the casualty's eyes are not open but they respond when spoken to they score a V (Voice) for responding to your voice. This person may not be able to communicate effectively or know where they are or the approximate time of day.

PAIN If the casualty does not respond to your voice but does respond when you apply a painful stimulus such as pinching them on the finger, they score a P (for PAIN). This person may move or make noise in response to pain but they will not communicate.

UNRESPONSIVE If the casualty does not respond to voice or pain, they score a U (Unresponsive).

FIRST AID FOR A SMALL ARM LACERATION

SCENARIO. A worker has a 2cm (1 inch) cut their arm while attempting to clear a jam in a photocopier. The worker is able to walk unassisted to the first aid room.

SCENE SURVEY

- Find out what happened and how many people are injured?
- Ensure safety.

> *Because you are not responding to the scene of the incident, you may need to ask additional questions about scene safety and task others with ensuring that safety. For example, ensure any machinery has been shut down, initiate the biohazard clean up procedure from written procedures and the supervisor has been notified regarding the blood spill.*

- Assess appearance.

PRIMARY SURVEY (MODIFIED)

- Check the ABC's.

  Airway: *if the worker is speaking clearly, the airway is open.*
  Breathing: *if the worker is talking normally, the breathing is adequate.*
  Circulation: *if the skin appears normal, the circulation is adequate. Ask the worker if they are hurt anywhere else instead of performing a full Rapid Body Survey.*

- If the worker is alert, their skin colour is normal and they are not anxious or dizzy...

  Sit the worker down and support the arm on a clean surface.
  Position a sterile pad on a clean surface and rest the arm on the pad.
  Expose the injury and cover the wound with a sterile dressing.
  Wash hands and apply gloves.

SECONDARY SURVEY (MODIFIED)

- Perform a modified Head to Toe Examination
- Examine the entire limb from top to bottom
- Check circulation and nerve function
- Remove the gauze and check inside the wound.

FIRST AID FOR A SMALL ARM LACERATION (CONTINUED)

TRANSPORT DECISION

- Determine the need for medical referral

> *If the wound is small, circulation and nerve function normal, no foreign matter is present in the wound and no underlying structures are involved, medical aid is not required at this time.*

ONGOING CARE

- Treat the wound

  Gently wash loose material from the surface of the wound.

  Flush with tap water or use saline to irrigate the wound.

  Dry around the wound with sterile gauze

  Apply wound closures as necessary for wounds that are slightly open

> *Skin closures bring the edges of the wound together. An adhesive strip bandage can be used to make wound closures.*

  Dress and bandage the wound. Apply a sterile dressing.

> In some cases, extra layers of gauze may be required for padding and secured with a crepe or gauze roller bandage.

  Reassess circulation below the injury

- Provide wound care advice by reviewing the "wound care" handout with the worker and provide them with a copy of the handout. Advise the worker to...

  Keep the bandage clean and dry and to report back to first aid if the bandage gets wet or dirty or starts to come off.

  Ensure any applied wound closures for 7 to 10 days.

  Return to first aid in 24 hours or at the start of their next shift for follow up care.

- Compete a First Aid Record

MEDICAL REFERRAL

The following are some examples of injuries that require medical referral:

WOUNDS

- Longer than 3 cm through the full thickness of the skin.
- Located to hands in areas of joints or tendons.
- If they require sutures:
  - Jagged edges
  - Flap of full thickness skin
  - Gaping or difficulty closing
  - Areas where skin is under pressure
  - Facial wounds
- If they are very dirty, including animal and human bites
- With any sign of infection

BURNS

- Significant partial thickness burns (2nd degree)
- Any full thickness burns (3rd degree)
- Chemical burns
- Electrical burns

SOFT TISSUE INJURIES

> *Soft tissue injuries refer to a group of disorders affecting muscles, tendons, bursae, nerves and blood vessels, such as sprains and strains.*

- If no improvement with treatment or altered activity
- An underlying problem exists

FIRST AID FOR A MILD SPRAIN OR STRAIN

SCENARIO. A worker twisted a joint or pulled a muscle while performing their regular duties

SCENE SURVEY

- Find out what happened and how many people are injured?
- Ensure safety.
- Assess appearance.

PRIMARY SURVEY (MODIFIED)

- Check the ABC's.

  Airway: *if the worker is speaking clearly, the airway is open.*

  Breathing: *if the worker is talking normally, the breathing is adequate.*

  Circulation: *if the skin appears normal, the circulation is adequate. Ask the worker if they are hurt anywhere else instead of performing a full Rapid Body Survey.*

- If the worker is alert, their skin colour is normal and they are not anxious or dizzy...

  Sit the worker down

  If the injury is to an leg, support the leg in an elevated position.

  Expose the injury

  Wash hands and apply gloves.

SECONDARY SURVEY (MODIFIED)

- Perform a modified Head to Toe Examination
- Examine the injured area
- Examine around the injury site for damage to underlying structures
- Check circulation and nerve function
- Assess range of motion

FIRST AID FOR A MILD SPRAIN OR STRAIN (CONTINUED)

TRANSPORT DECISION

- Determine the need for medical referral

> *If the pain is mild on movement, the injury improves with treatment or altered activity and there does not appear to be in underlying problem, medical aid is not required at this time.*

ONGOING CARE

- Treat the injury

  Apply ice for 15 minutes and then remove for 15 minutes.

> *Only apply ice if the injured part shows signs of good circulation, such as good normal colour and warm in temperature.*

- Provide wound care advice by reviewing the "sprain care" or "strain care" handout with the worker and provide them with a copy of the handout. Advise the worker to...

  Continue to apply ice for 24 to 48 hours.

  Report to first aid in 24 hours or at the start of their next shift for follow up care.
- Compete a First Aid Record

REPOSITIONING A SEATED TRAUMA CASUALTY

FIRST AID ATTENDANT

- Tell the worker not to move their head and explain what you are going to do
- Kneel beside the casualty
- Position a forearm along the spine with the fingers supporting the head and neck.
- Use the other arm to help support the weight of the worker

HELPER (DIRECTED BY FIRST AID ATTENDANT)

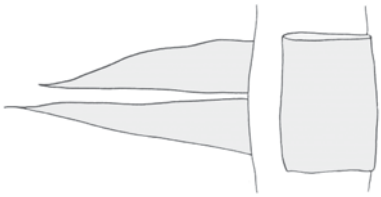
- Supports the casualty's back, usually on the opposite side of the casualty and helps lay the casualty on their back.
- When the casualty is on their back, place their elbows on the ground and take over support of the head and neck.

Once the casualty is repositioned and the helper is supporting the head and neck, the First Aid Attendant will continue with the Primary Survey.

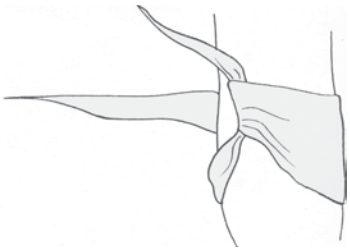
TYING A LOOP-TIE BANDAGE

A triangular loop bandage may be used to secure dressings to a limb and provide pressure in order to control a major bleed. To make a loop bandage:

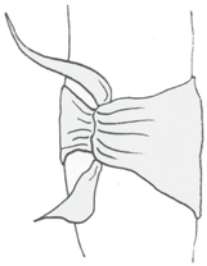
- Fold a wide triangular in half so both ends are pointing in the same direction,



- Place the folded end on top of the limb (covering the dressings),
- Pass the ends under the limb,
- Pass the ends through the loop in opposite directions,



- Secure the ends of the bandage by tying a knot.

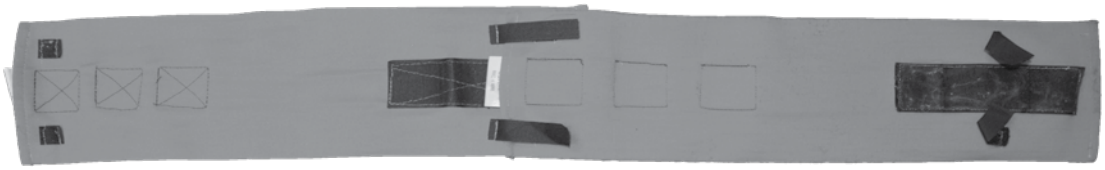


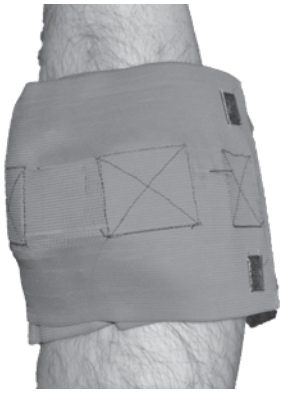
ADDITIONAL BANDAGES AND DRESSINGS

QUICK STRAPS

A quick strap, also known as elastic or zap straps can be used in place of a triangular or roller bandage when quick control of bleeding is required.

1. Dress the wound and maintain pressure
2. Attach as many straps together as needed to encircle the limb



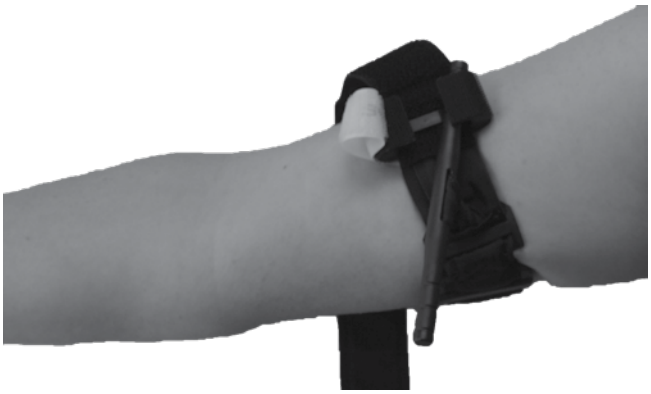


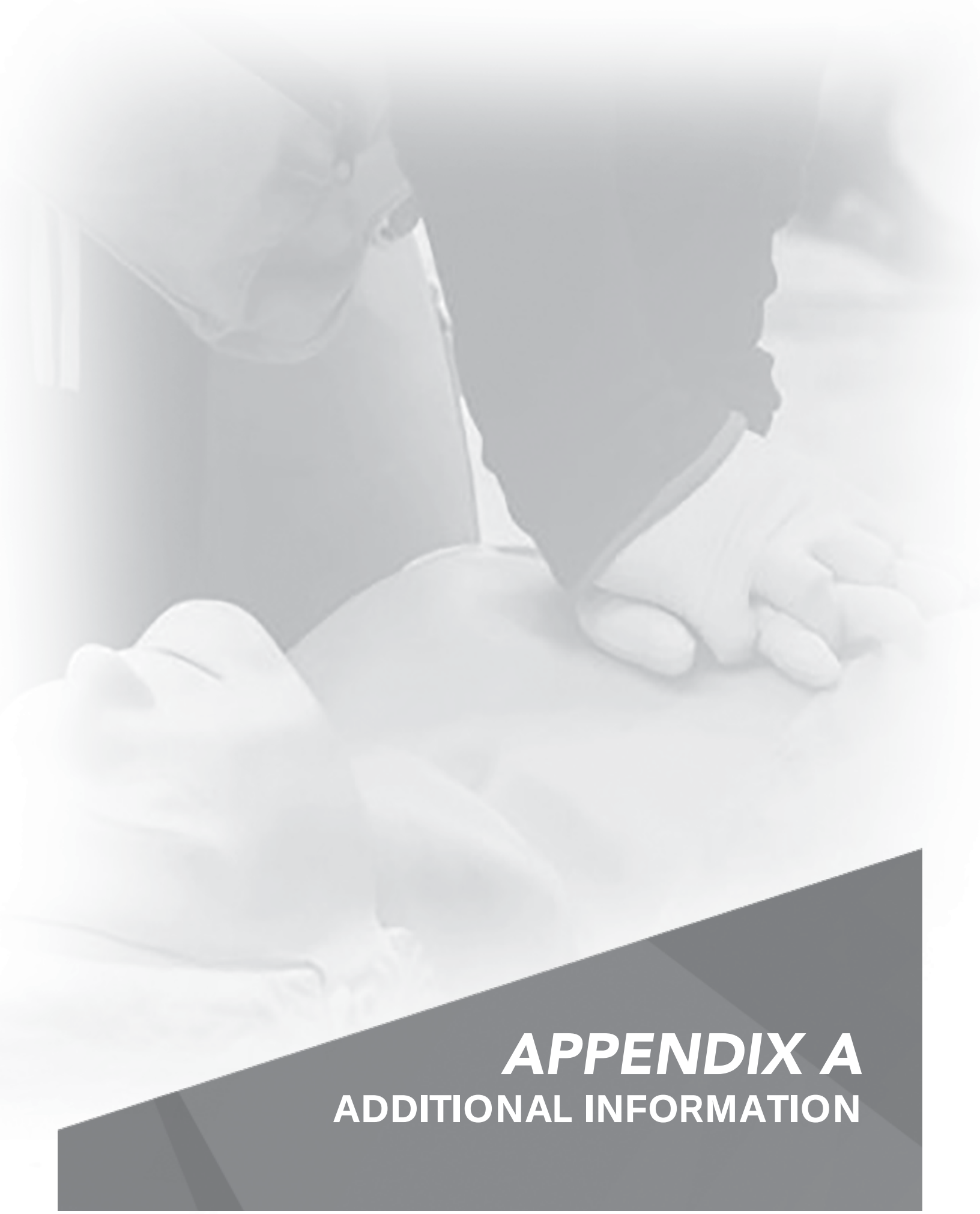
3. Apply the quick strap around the limb to control severe bleeding.
4. Reassess circulation.

TOURNIQUETS

The first step when treating a severe bleed is always starts with direct pressure; it is likely to be the first and only solution needed. However, if direct pressure fails after two attempts, apply a commercial tourniquet. The following is how to apply a windlass tourniquet:

1. Apply the tourniquet strap around the limb above the injury, ideally around the middle of the upper arm or leg.
2. Tighten the strap to remove any slack.
3. Twist the tourniquet handle until all bleeding from the wound stops.
4. Place the tourniquet handle inside the rod clip to secure.
5. Document the date and time of application.





APPENDIX A
ADDITIONAL INFORMATION

REGULATIONS: OCCUPATIONAL FIRST AID

URL https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities

DEFINITIONS	Section 3.14
FIRST AID ATTENDANT QUALIFICATIONS	Section 3.15
BASIC REQUIREMENTS	Section 3.16
FIRST AID PROCEDURES	Section 3.17
AIR TRANSPORTATION	Section 3.17.1
COMMUNICATION AND AVAILABILITY	Section 3.18
FIRST AID RECORDS	Section 3.19
MULTIPLE EMPLOYER WORKPLACES	Section 3.20
FIRST AID ATTENDANT RESPONSIBILITIES	Section 3.21

SCHEDULE 3A - MINIMAL FIRST AID REQUIREMENTS

WCB STANDARD OFA1:
CERTIFICATION OF OCCUPATIONAL FIRST AID ATTENDANTS

URL https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/wcb-standards/wcb-standards#SectionNumber:StandardOFA1

SCOPE Section 1

REQUIREMENTS FOR CERTIFICATION Section 2
- Age Section 2.1
- Training and Examination Section 2.2
  - Health Care Facilities Section 2.2.1
  - Municipal Fire Department Section 2.2.2
- Duration of Certification Section 2.3
- Renewal of Certificates Section 2.4
- Restriction or Denial of Certification Section 2.5

TERMS AND CONDITIONS OF CERTIFICATION Section 3

RESPONSIBILITIES OF ATTENDANTS Section 4
- Proof of Certification Section 4.1
- Communication and availability Section 4.2
- Medical Prerequisites Section 4.3
  - Drug and Alcohol Addiction Section 4.3.1
  - Epilepsy Section 4.3.2
  - Multiple Sclerosis Section 4.3.3
  - Communicable Diseases Section 4.3.4
- Control of Treatment Section 4.4
- Inappropriate Conduct Section 4.5

FAILURE TO COMPLY WITH REQUIREMENTS Section 5

REVIEWS AND APPEALS Section 6

GUIDELINES: OCCUPATIONAL FIRST AID

URL https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-03

FIRST AID GUIDELINES FOR EMPLOYERS	Section G3.14 to G3.21
FIRST AID ATTENDANT CERTIFICATION, QUALIFICATIONS AND GENERAL RESPONSIBILITIES	Section G3.14
FIRST AID ASSESSMENT	Section G3.16
ACCEPTABLE FIRST AID FACILITY	Section G3.16 (1.2)
DEVELOPING AND IMPLEMENTING FIRST AID PROCEDURES	Section G3.17
COMMUNICATIONS	Section G3.18 (1)
AVAILABILITY OF FIRST AID ATTENDANT	Section G3.18 (2)
FIRST AID RECORDS	Section G3.19
MULTIPLE EMPLOYER WORKPLACES	Section G3.20
SUSPENSION AND CANCELLATION OF FIRST AID CERTIFICATES	Section G3.21

GUIDELINES: OCCUPATIONAL FIRST AID FIRST AID SUPPLEMENTARY MATERIALS

URL https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-03

ASSIGNED HAZARD RATING LIST

RECOMMENDED MINIMUM LEVELS OF FIRST AID

TYPES OF FIRST AID ATTENDANTS AND TRAINING PROGRAMS

FIRST AID KITS: RECOMMENDED MINIMUM CONTENTS

FIRST AID FACILITIES: RECOMMENDED MINIMUM CRITERIA

General Recommendations for all First Aid Facilities
Additional Recommendations for Dressing Stations
Additional Recommendations for First Aid Rooms
Portable Oxygen Therapy Equipment
Oxygen Powered Resuscitators
Drugs and Medicine

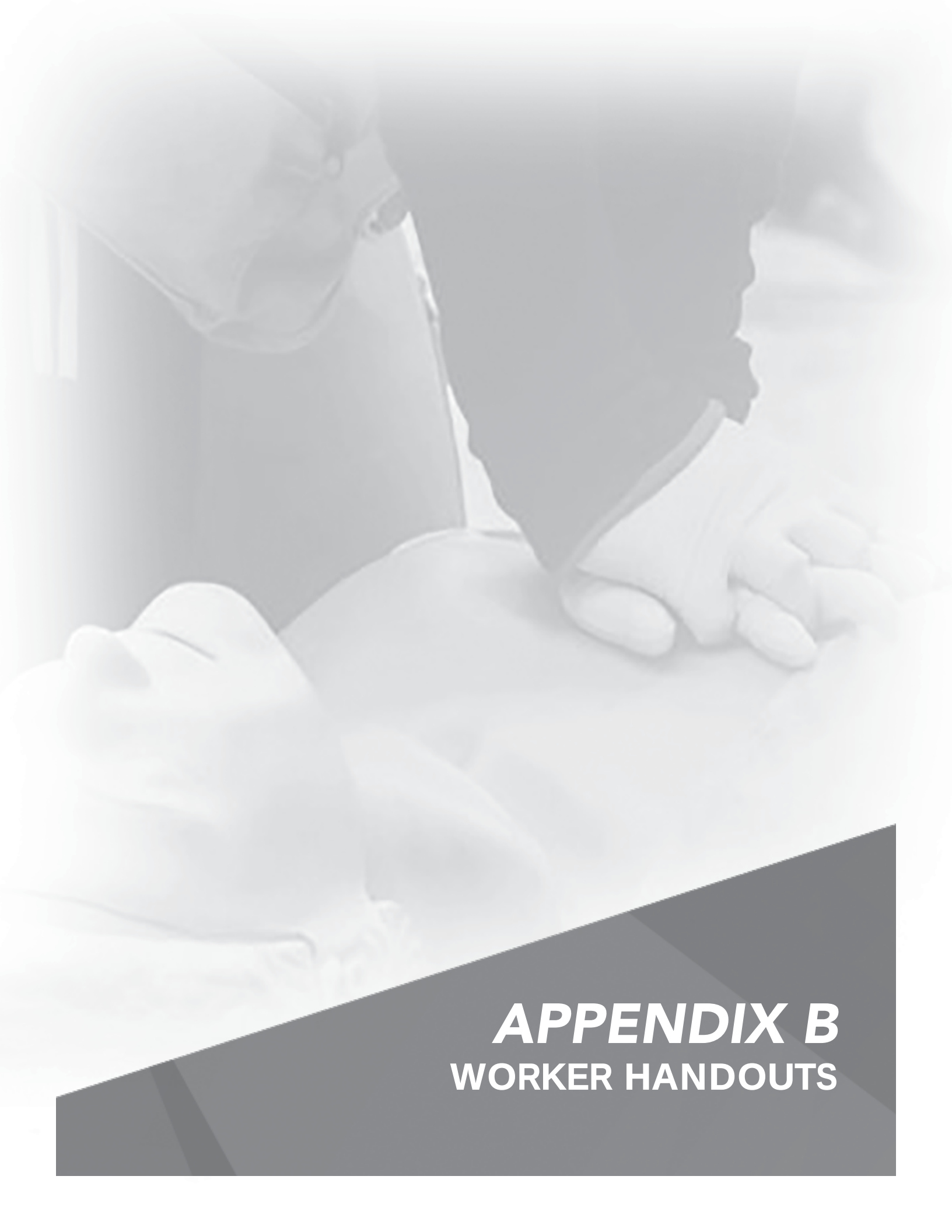
EMERGENCY VEHICLES AND EQUIPMENT

AUTOMATED EXTERNAL DEFIBRILLATORS IN THE WORKPLACE

URL https://www.worksafebc.com/en/resources/health-safety/information-sheets/automated-external-defibrillators-in-the-workplace

FIRST AID ADVISORY: NALOXONE

URL https://www.worksafebc.com/en/resources/health-safety/information-sheets/naloxone-first-aid-advisory



APPENDIX B
WORKER HANDOUTS

WORKER HANDOUTS

SMALL WOUNDS AND CUTS	B-3
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MINOR BURNS	B-7
BACK STRAIN	B-8

URL https://www.worksafebc.com/en/resources/health-safety/information-sheets/worker-handouts-minor-wound-care

SMALL WOUNDS AND CUTS

You have an open wound.

With proper care it should start to feel better in about 3 to 4 days.

The healing process will be more effective by following this advice:

- Keep dressing clean and dry
- If skin closures have been applied, they are to remain in place for 7 to 10 days
- When bathing or showering, cover dressings to prevent moisture from entering
- You should notice some redness around the wound, which is the natural healing process
- You may also notice slight pain the day following the injury, this is also part of the natural healing process
- Report to first aid within 24 hours or at the start of your next shift.
- First aid will reassess and re-bandage

If at any time you notice that pain, redness, and swelling increase significantly or if there is pus or red streaks from the wound, report to first aid, who may refer you to medical aid. If the condition becomes significantly worse while you are not at work and you decide to seek medical aid, notify the attendant as soon as possible.

SPRAINS

A sprain is stretching, partial or complete tear of a ligament at a joint.

You have suffered a mild sprain involving a stretching of the ligaments.

With proper care it should start to feel better in about 3- 4 days.

The healing process will be more effective by following this advice:

- Whenever possible, elevate the limb
- Continue to apply cold for 15 minute intervals (on for 15 minutes, off for 15 minutes)
- Remove the crepe bandage for sleeping
- You may notice some pain the following day when bearing weight, with the crepe re moved you may notice some increased swelling when the limb is not elevated
- Report to first aid after 24 hours or at the start of your next shift. The first aid attendant will reassess and re-bandage if necessary

You may need to discuss altering work activity with your supervisor.

If at any time you become unable to bear weight or the pain and swelling increase significantly, report to first aid, who may refer you to medical aid. If the condition becomes significantly worse while you are not at work and you decide to seek medical aid, notify the attendant as soon as possible.

TENDONITIS

Tendonitis is the inflammation of the tendon.

You have tendonitis (also called RSI, repetitive strain injury) from excessive, unaccustomed activity.

With proper care it should start to feel better in about 3 to 4 days.

The healing process will be more effective by following this advice:

- Avoid motion that aggravates the tendons
- If a small working splint was applied, keep it in place as much as possible; remove it for sleeping
- Continue to apply cold for 15 minute periods (on for 15 minutes; off for 15 minutes)
- Alternating cold and heat may also assist in healing
- You may notice minor pain the following day
- Report to first aid after 24 hours or at the start of your next shift. The first aid attendant will reassess and reapply the splint if necessary

You may need to discuss altering work activity with your supervisor.

If at any time pain and swelling increase significantly, report to first aid, who may refer you to medical aid. If the condition becomes significantly worse while you are not at work and you decide to seek medical aid, notify the attendant as soon as possible.

FLASH BURNS

Flash burns are burns to the surface of the cornea.

Direct or reflected ultraviolet light from an electric arc or welding torch may cause a flash burn. Corneal burns become more painful after some hours, depending on the severity and length of exposure.

Although flash burns are very uncomfortable, they are not serious and usually heal in 12 to 24 hours.

The healing process will be more effective by following this advice:

- Cold compresses at night for pain
- Avoid bright lights as this may aggravate the flash burns
- Wearing dark glasses may relieve some of the pain
- Mild pain medication (ASA or acetaminophen) may help to sleep at night
- You may notice minor pain the following day – this is normal
- Report to first aid after 24 hours or at the start of your next shift
- First aid will reassess and document any symptoms you are experiencing

You may need to discuss altering work activity with your supervisor.

If at any time the pain increases significantly, report to first aid, who may refer you to medical aid. If the condition becomes significantly worse while you are not at work and you decide to seek medical aid, notify the attendant as soon as possible.

MINOR BURNS

You have a minor burn.

The reddening of your skin indicates a first degree burn and if there are small blisters, that indicates a second degree burn.

The healing process will be more effective by following this advice:

- Keep the burned area covered
- Ensure the dressings stay dry and clean
- You may notice minor pain the following day – this is normal
- Report to first aid after 24 hours or at the start of your next shift
- First aid will reassess and document any symptoms you are experiencing

You may need to discuss altering work activity with your supervisor.

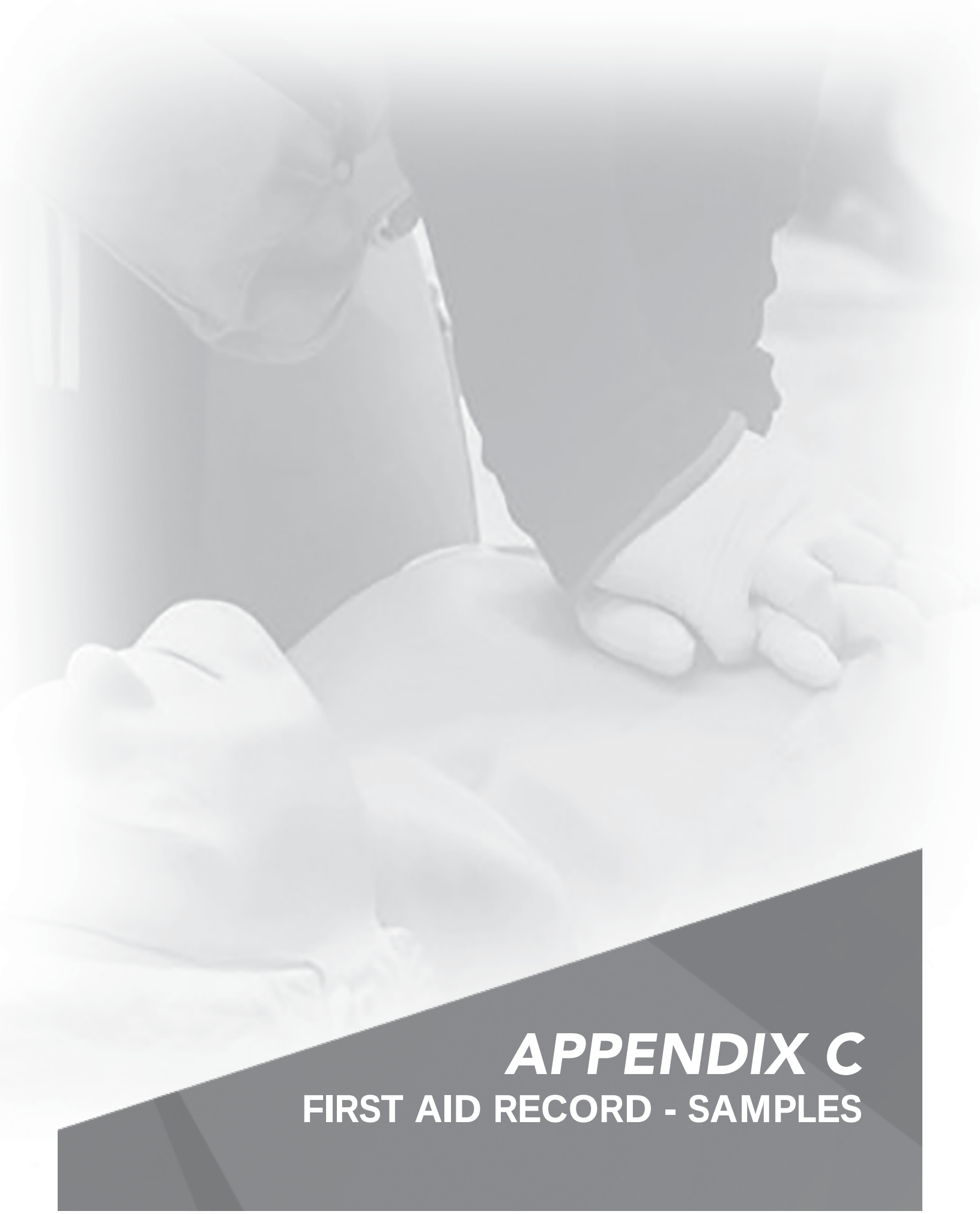
If at any time the pain increases significantly, report to first aid, who may refer you to medical aid. If the condition becomes significantly worse while you are not at work and you decide to seek medical aid, notify the attendant as soon as possible.

BACK STRAIN

You have strained the muscles and/or tendons in your back. With proper care it should start to feel better in a few days to a week. The healing process will be more effective by following this advice:

- Avoid motion that aggravates the muscles and tendons.
- Continue to apply cold at 15 minute intervals (on for 15 minutes, off for 15 minutes) for the first 24 to 48 hours.
- After 24 hours, the application of heat may also assist in healing
- You may notice minor pain the following day
- Report to first aid in 24 hours or at the start of your next shift. The first aid attendant will reassess your back which will include a range of motion check and will document any symptoms you are experiencing
- You may need to discuss altering work activity with your supervisor.
- Although moving around may be uncomfortable, it is important to keep active without aggravating the injury. This will help relieve muscle spasms and help strengthen the back muscles.

If at any time the pain increases significantly, report to first aid, who may refer you to medical aid. If the condition becomes significantly worse while you are not at work and you decide to seek medical aid, notify the attendant as soon as possible.



APPENDIX C

FIRST AID RECORD - SAMPLES

FIRST AID RECORD - SAMPLES

INITIAL VISIT SAMPLE C-3

FOLLOW-UP VISIT SAMPLE C-4

BLANK FIRST AID RECORD C-5

URL https://www.worksafebc.com/en/resources/health-care-providers/forms/first-aid-record-external-form-55b23

ADDITIONAL FORMS

FORM 6 **APPLICATION FOR COMPENSATION AND REPORT OF INJURY OR OCCUPATIONAL DISEASE**

URL https://www.worksafebc.com/en/resources/claims/forms/application-for-compensation-and-report-of-injury-or-occupational-disease-form-6?lang=en

FORM 7 **EMPLOYER'S REPORT OF INJURY OR OCCUPATIONAL DISEASE**

URL https://www.worksafebc.com/en/resources/claims/forms/employers-report-of-injury-or-occupational-disease-form-7

FIRST AID RECORD - INITIAL VISIT SAMPLE

St. John Ambulance
SAVING LIVES
at work, home and play

This record must be kept by the employer for 3 years.

Sequence number 20180016

Name	Leslie Brown	Occupation	Accountant
Date of injury or illness (yyyy-mm-dd)	2018-02-21	Time of injury or illness	11:00 AM
Initial reporting date/time (yyyy-mm-dd)	2018-02-21@11:05 AM	Follow-up report date/time (yyyy-mm-dd)	
Initial report sequence number		Subsequent report sequence number(s)	

DESCRIPTION OF HOW THE INJURY, EXPOSURE, OR ILLNESS OCCURRED (WHAT HAPPENED?)

Employee cut his right forearm on a sharp piece of metal while attempting to clear a jam inside the photocopier.

DESCRIPTION OF THE NATURE OF INJURY, EXPOSURE, OR ILLNESS *(What you see - signs and symptoms)*

ABC's normal; 2 cm. long cut to the right forearm located midway between the elbow and wrist. Cut is just through the thickness of the skin. Minimal bleeding and pain; no swelling; wound appears clean; normal circulation and nerve function below the injury. No allergies.

A DESCRIPTION OF THE TREATMENT GIVEN *(What did you do?)*

Assessed ABC's; sat the worker down; supported arm and covered wound with sterile gauze. Examined the arm from shoulder to fingertips. Clean the wound by prolonged flushing of the wound with tap water. Applied 3 skin closures. Dressed with 4 layers of sterile gauze and an absorbent pad. Secured dressings with a crepe roller bandage.

NAME OF WITNESSES

1. Chris Batalli working in copy room	**2.**

ARRANGEMENTS MADE RELATING TO THE WORKER *(Return to work / medical aid / ambulance / follow-up)*

Return to work. Discussed worker handout sheet. Advised to keep dressing clean and dry and to return to first aid immediately if dressing gets wet or dirty or if pain increases. Must return to first aid at start of next shift (Feb 22nd, 2018) for redressing.

Provided worker handout	Yes ■	No □
Alternate duty options were discussed	Yes □	No ■
A form to assist in return to work and follow-up was sent with the worker to medical aid	Yes □	No ■

First Aid Attendant Name	Aaron Graham	First Aid Attendant Signature	*Aaron Graham*
Patient Signature	*Leslie Brown*		

This form must be kept at the employer's workplace and is not to be submitted to WorkSafeBC

FIRST AID RECORD - FOLLOW-UP VISIT SAMPLE

St. John Ambulance SAVING LIVES at work, home and play

This record must be kept by the employer for 3 years.

Sequence number 20180018

Name	Leslie Brown	Occupation	Accountant
Date of injury or illness (yyyy-mm-dd)	2018-02-21	Time of injury or illness	11:00 AM
Initial reporting date/time (yyyy-mm-dd)	2018-02-21@11:05 AM	Follow-up report date/time (yyyy-mm-dd)	2018-02-22@8:10 AM
Initial report sequence number	20180016	Subsequent report sequence number(s)	

DESCRIPTION OF HOW THE INJURY, EXPOSURE, OR ILLNESS OCCURRED (WHAT HAPPENED?)

See report sequence # 20180016

DESCRIPTION OF THE NATURE OF INJURY, EXPOSURE, OR ILLNESS *(What you see - signs and symptoms)*

ABC's normal; superficial 2 cm. cut midway between right elbow and wrist. Cut is beginning to heal. Skin closures are in place. Minimal redness and pain; no swelling or pus; normal circulation and nerve function in limb below the injury.

A DESCRIPTION OF THE TREATMENT GIVEN *(What did you do?)*

Assessed ABC's; sat worker down and supported limb. Removed old bandage and dressings. Examined arm from elbow to fingertips. Cleaned around the wound with sterile saline; cleaned the wound surface with sterile saline. Left skin closures in place. Dressed with 4 layers of sterile gauze and an absorbent dressing; bandaged with a crepe roller bandage.

NAME OF WITNESSES

1. Chris Batalli working in copy room	**2.**

ARRANGEMENTS MADE RELATING TO THE WORKER *(Return to work / medical aid / ambulance / follow-up)*

Return to work. Discussed patient handout sheet. Advised to keep dressing clean and dry and to return to first aid immediately if dressings get wet or dirty or if pain increases. Must return at start of shift in two days (Feb 24th 2018) for re-assessment and re-dressing.

Provided worker handout		Yes ■	No □
Alternate duty options were discussed		Yes □	No ■
A form to assist in return to work and follow-up was sent with the worker to medical aid		Yes □	No ■
First Aid Attendant Name	Colin Jacob	First Aid Attendant Signature	Colin Jacob
Patient Signature	Leslie Brown		

This form must be kept at the employer's workplace and is not to be submitted to WorkSafeBC

FIRST AID RECORD

St. John Ambulance
SAVING LIVES
at work, home and play

This record must be kept by the employer for 3 years. Sequence number

Name	Occupation
Date of injury or illness (yyyy-mm-dd)	Time of injury or illness
Initial reporting date/time (yyyy-mm-dd)	Follow-up report date/time (yyyy-mm-dd)
Initial report sequence number	Subsequent report sequence number(s)

DESCRIPTION OF HOW THE INJURY, EXPOSURE, OR ILLNESS OCCURRED (WHAT HAPPENED?)

DESCRIPTION OF THE NATURE OF INJURY, EXPOSURE, OR ILLNESS *(What you see - signs and symptoms)*

A DESCRIPTION OF THE TREATMENT GIVEN *(What did you do?)*

NAME OF WITNESSES

1.	**2.**

ARRANGEMENTS MADE RELATING TO THE WORKER *(Return to work / medical aid / ambulance / follow-up)*

Provided worker handout Yes ☐ No ☐

Alternate duty options were discussed Yes ☐ No ☐

A form to assist in return to work and follow-up was sent with the worker to medical aid Yes ☐ No ☐

First Aid Attendant Name	First Aid Attendant Signature
Patient Signature	

This form must be kept at the employer's workplace and is not to be submitted to WorkSafeBC

APPENDIX D

MENTAL HEALTH SELF CARE

MENTAL HEALTH AND SELF CARE

PTSD, critical incident stress and anxiety are mental health issues that can develop in a first aid attendant during the undertaking of their role. Mental health and self care are important aspects of the first aid attendant role.

DEFINITIONS

P.T.S.D. – POST TRAUMATIC STRESS DISORDER

Excerpt taken from the PTSD Association of Canada found at http://www.ptsdassociation.com/about-ptsd

Post-traumatic stress disorder (PTSD) can develop after a person has experienced or witnessed a traumatic or terrifying event. PTSD is a lasting consequence of traumatic ordeals that cause intense fear, helplessness or horror, such as a sexual or physical assault, the unexpected death of a loved one, an accident, war, or natural disaster and more. Families of victims can also develop PTSD, as can military personnel, emergency personnel and rescue workers, first responders, journalists.....to name a few.

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

Excerpt taken from Correctional Service Canada: Critical Incident Stress Management Guidelines found at http://www.csc-scc.gc.ca/politiques-et-lois/253-2-gl-eng.shtml#definitions

Critical Incident Stress Management (CISM) is a program designed primarily for employees of the Service as they are likely to be involved in critical incidents because of the nature of their work. The first element is preventive, aimed at educating and preparing employees to deal with potential hazards of being exposed to very stressful events, and second, it focuses on providing support, assistance and follow-up services to individuals who have been involved in critical incidents. Some support, assistance and follow-up services may also be available for people who could be affected by the events, including employees, their families, visitors, etc., based on an evaluation of the situation, observed needs and/or requests brought forward....

A critical incident is a traumatic event, outside the usual range of human experience, which could happen in an institution or in the community, which can cause a strong emotional reaction with the potential to affect one's ability to cope with the after effects. CISM services shall be available in such circumstances as:

- death of a colleague in the line of duty;
- hostage taking;
- death or injury of any person during use of force in the conduct of duties;
- witnessing of another person being mutilated or dying;
- being the victim of physical violence;
- receipt by an employee of any serious threat to his or her physical wellbeing or that of his or her family, arising from the employee's employment with CSC;
- having to work in an area where a critical incident is occurring, even though not directly exposed to this situation;
- suicide of a colleague;
- suicide of an offender;
- any incident where there is intensive or negative media coverage; and
- any other incident deemed critical by management in joint consultation with the Regional EAP Coordinator and a CISM mental health professional.

ANXIETY

Excerpt taken from HealthLinkBC found at https://www.healthlinkbc.ca/health-topics/anxty

Feeling worried or nervous is a normal part of everyday life. Everyone frets or feels anxious from time to time. Mild to moderate anxiety can help you focus your attention, energy, and motivation. If anxiety is severe, you may have feelings of helplessness, confusion, and extreme worry that are out of proportion with the actual seriousness or likelihood of the feared event. Overwhelming anxiety that interferes with daily life is not normal. This type of anxiety may be a symptom of generalized anxiety disorder, or it may be a symptom of another problem, such as depression. Anxiety can cause physical and emotional symptoms. A specific situation or fear can cause some or all of these symptoms for a short time. When the situation passes, the symptoms usually go away.

Physical symptoms of anxiety include:

- Trembling, twitching, or shaking.
- Feeling of fullness in the throat or chest.
- Breathlessness or rapid heartbeat.
- Light-headedness or dizziness.
- Sweating or cold, clammy hands.
- Feeling jumpy.
- Muscle tension, aches, or soreness (myalgias).
- Extreme tiredness.
- Sleep problems, such as the inability to fall asleep or stay asleep, early waking, or restlessness (not feeling rested when you wake up).

Anxiety affects the part of the brain that helps control how you communicate. This makes it harder to express yourself creatively or function effectively in relationships. Emotional symptoms of anxiety include:

- Restlessness, irritability, or feeling on edge or keyed up.
- Worrying too much.
- Fearing that something bad is going to happen; feeling doomed.
- Inability to concentrate; feeling like your mind goes blank.

SIGNS OF STRESS

Excerpt taken from Alberta Health Services: Responders Stress and Self-care During a Disaster or Emergency found at https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-prov-mhpip-disaster-responders-stress-and-self-care.pdf

PHYSICAL

- Shock
- Palpitations
- Jumpiness
- Fatigue
- Digestive or intestinal problems
- Dizziness
- Headache
- Aches and pains

EMOTIONAL

- Anxiety
- Helplessness
- Moodiness
- Feeling overwhelmed
- Anger
- Hypersensitivity or insensitivity

COGNITIVE

- Poor judgement
- Trouble concentrating
- Negative thinking

BEHAVIOURAL

- Irritable or short tempered
- Sleep disturbances
- Using alcohol/drugs to cope

INTERPERSONAL

- Withdrawal
- Isolation
- Increased dependence on others

SPIRITUAL

- Questioning life's purpose/meaning
- Shifts in faith practices/rituals
- Questioning of basic beliefs

SELF CARE

- Pace yourself; strive for a work–life balance.
- Make time for yourself
- Maintain your health
    - Get enough sleep
    - Eat properly
    - Be active
    - Stress management/ relaxation techniques
- Find support ahead of time
    - Co-worker
    - Supervisor
    - Friend
    - Peer 'buddy' support system
    - Social connections
    - Family
- Use humour
- Recognize successes

If you find yourself experiencing stress or anxiety; ***reach out, talk to someone, and ask for support.***

CRITICAL INCIDENT RESPONSE (WORKSAFEBC)

Phone (Toll-Free Answering Service): 1-888-922-3700

RECOMMENDED SAFETY TRAINING BY INDUSTRY

Course Name	Course Code	Aviation	Construction	Forestry & Silviculture	Hospitality & Food Service	Marine, Fishers & Aquaculture	Mining & Exploration	Oil & Gas	Healthcare & Emergency Response	Retail & Warehouse	Transportation & Logistics
Confined Space Entry	BC-CSE	✓	✓			✓	✓	✓			
Emergency Medical Responder - Blended	BC-EMR								✓		
CPR C with AED	BC-CPRC-AED								✓	✓	
Emergency Community Care	BC-ECC								✓		
Fall Protection	BC-FALL	✓	✓	✓		✓	✓	✓			✓
Ground Disturbance	BC-GTD						✓	✓			
H2S Alive	BC-H2S		✓				✓	✓			
Marine Basic First Aid	BC-MBFA					✓					
Mental Health First Aid	BC-MHFA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard First Aid - Industry (OFA Level 1)	BC-SSOC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard First Aid - CPR C with AED	BC-SFC-AED	✓			✓			✓	✓		
Standard First Aid - CPR C with AED Recert	BC-SFC-AED-R				✓			✓	✓		
Standard for Mines (WorkSafeBC Level 1)	BC-SSOM						✓				
WorkSafeBC Level 1 Equivalent	BC-ESO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WorkSafeBC Occupational First Aid Level 2	BC-OF2		✓		✓	✓			✓	✓	✓
WorkSafeBC Occupational First Aid Level 3	BC-OF3	✓	✓	✓		✓	✓	✓	✓		
Transportation Endorsement	BC-TE		✓		✓	✓			✓	✓	✓
Bear Aware	ONLINE			✓		✓	✓	✓			
Confined Space Awareness	ONLINE		✓			✓	✓	✓			✓
Gas Detection	ONLINE							✓			
Construction Safety Training System (CSTS)	ONLINE		✓					✓			
Fire Safety	ONLINE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
H2S Awareness	ONLINE		✓				✓	✓			
Infection Control and Prevention Basics	ONLINE				✓				✓		
Food Safety Basics.fst®	ONLINE (in-branch exam)				✓	✓			✓	✓	
Food Safety Advanced.fst®					✓	✓			✓	✓	
Medical Terminology	ONLINE								✓		
Transportation of Dangerous Goods	ONLINE	✓	✓	✓	✓	✓	✓	✓		✓	✓
WHMIS	ONLINE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Working Alone Safely in British Columbia	ONLINE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Workplace Bullying and Harassment	ONLINE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

GET YOUR FIRST AID KIT AND TRAINING TODAY.

St John

Charitable Registration No:
89903 4730 RR0001

WorkSafeBC Level 2 / Federal Level C Kit