

WorkSafeBC

Occupational First Aid

Level 1

Participant Guide

Level 1 Participant Guide

Occupational First Aid – Level 1 is a 7 hour program (excluding breaks) designed to provide lifesaving first aid skills to workers in industry.

Prerequisites

Candidates must be at least 16 years of age and be able to understand and perform the first aid skills required to complete the learning tasks. No previous first aid training is required.

Certification

To qualify for certification the candidate must participate in a minimum of seven hours of training and successfully complete the course objectives as taught and evaluated by a person authorized by the Workers' Compensation (WorkSafeBC). Certification is valid for three years from the date of completion of the Level 1 training course.

To renew a Level 1 certificate a candidate must successfully retake the Level 1 course.

Intention

Instructors and course participants are encouraged to assist in improving pre-hospital care of injured workers by promoting:

- Workplace compliance with the Occupational First Aid (OFA) Regulation
- Effective interaction between attendants, employers, and workers
- Efficient co-operation with higher levels of medical care, such as the Level 3 OFA Attendant, BC Ambulance Service, and hospital emergency personnel

Certification of Occupational First Aid attendants

1. Training and examination

To qualify for an OFA 1 certificate or a certificate endorsement a candidate must successfully complete the training course as taught and evaluated by a person authorized by WorkSafeBC. The OFA 1 and the Transportation Endorsement courses are each 7 hours in length, excluding breaks.

Candidates that fail to complete a full course of instruction when required to must, without undue delay and at the discretion of the training agency, complete all missed components of the course prior to being eligible for an examination. Eligible candidates that fail any part of the written, oral, or practical examination must redo the failed portion of the examination again in its entirety (written, oral, and/or practical).

Failure of the written, oral, or practical examination may be remediated at the discretion of an approved training agency. Candidates will be required to repeat the failed segment of the examination in its entirety (written, oral, and/or practical). Passing grades obtained in various segments of the first examination may be carried forward to the second examination.

Candidates may attempt a second examination no sooner than 24 hours after the first failed examination. Candidates that choose not to attempt a second examination within 6 months of the first examination, will be required to repeat the entire course of instruction prior to being eligible for another examination. Should the second examination also result in failure, the candidate must undergo a full course of instruction to be eligible for another examination.

2. Duration of certificates

OFA certificates and certificate endorsements are valid for three years from the date of completion of a training course and/or examination.

- Extensions of the duration of certificates are not permitted.

3. Renewal of certificates

Except as stated below, to renew a certificate or certificate endorsement, a candidate must meet the same training and examination requirements as for initial certificates.

A candidate for renewal of an OFA 2 or OFA 3 certificate may challenge the examination without retaking the initial certification course provided the candidate possesses a valid (unexpired) OFA 2 or OFA 3 certificate and a CPR/AED certificate that was issued not more than 6 months prior to the examination date. An OFA 2 or OFA 3 examination leading to a certification decision consists of the final 14 hours of the OFA 2 or OFA 3 course. Another option for OFA 3 attendants is to take a 35-hour refresher course.

4. Terms and Conditions of Certification

The attendant must

- a) follow the principles of first aid treatment as outlined in WorkSafeBC's Occupational First Aid training programs that are provided to the attendant when he or she participates in the training program,
- b) comply with the *Occupational Health and Safety Regulation (OHSR)*, and the other responsibilities of attendants in this training program, 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.

5. Inappropriate conduct

A first aid certificate issued to a first aid attendant may be suspended, cancelled or have conditions placed upon its use where the first aid attendant engages in inappropriate conduct, including:

- smoking while assessing or treating an injured or ill worker and/or while handling oxygen therapy equipment, or permitting others to do so;
- failure to use the assessment and injury treatment techniques outlined in first aid training courses unless conditions precluded them;
- conduct that poses an unreasonable threat to the safety and well-being of other workers or the public;
- removing themselves from being able to see or hear any summons for first aid at a workplace;
- abandonment of an injured worker after beginning assessment or treatment;
- refusal to treat an injured worker when acting as the designated attendant; or
- treating or transporting an injured worker while impaired or under the influence of drugs or alcohol.

6. Failure to Comply with Requirements

If WorkSafeBC has reasonable grounds for believing that a person who holds a first aid certificate has breached a term or condition of the certificate or has otherwise contravened a

provision of the *Workers Compensation Act* or the OHSR, WorkSafeBC may, under section 195 of the *Workers Compensation Act*,

- a) cancel or suspend the certificate, or
- b) place a condition on the use of that certificate that WorkSafeBC considers is necessary in the circumstances.

WorkSafeBC will consider the nature of the violation, the circumstances surrounding the incident, and the past history of the attendant in determining the action to be taken. In order of severity, the possible actions that may be taken are:

- a) a warning is issued,
- b) a condition is placed on the use of the certificate,
- c) the certificate is suspended for a period that ends before the normal expiry of the certificate, or
- d) the certificate is cancelled.

In addition to or instead of these actions, WorkSafeBC may direct that applications of the attendant to renew the existing certificate or obtain a different certificate be subject to a condition or be denied for a period of time.

7. Reviews and Appeals

An order to cancel or suspend a certificate may be appealed. Section 96.2(1)(c) of the *Workers Compensation Act* provides that a person may request a review officer to review “a Board order, a refusal to make a Board order, a variation of a Board order or a cancellation of a Board order respecting an occupational health or safety matter under Part 3.”

An attendant may, within 90 calendar days of the order issue date, in writing, request the Review Division of the WCB to conduct a review of the order.

A final decision made by a review officer in a review under section 96.2, pertaining to an order made under section 195 to cancel or suspend a certificate, may be appealed to the Workers' Compensation Appeal Tribunal.

An attendant may, within 30 calendar days of the final decision of the Review Division, in writing, request the Workers' Compensation Appeal Tribunal to conduct a review.

Identification

Candidates for Level 1 certification will be required to produce one piece of acceptable, valid, photographic identification to the instructor at the time of the course.

Acceptable valid 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, they must provide the following. The candidate must present one primary and two secondary pieces of identification.

The following will be considered acceptable:

Primary identification	Secondary identification
Birth certificate	Naturalization certificate
Canadian citizenship I.D.	Marriage certificate
Canadian record of landing	Change of name certificate
Canadian student visa	Parole certificate
Canadian work visa	Correctional service conditional release card
Returning resident permit	Valid credit card (if name is on card)
Canadian Armed forces I.D. (no photo) - with a photo it's a Canadian government I.D.	Bank card (if name is on card)
Nexus	Vehicle registration
	Firearms acquisition certificate
	Social insurance card (if offered by the candidate)
	B.C. Care Card (if offered by the candidate)
	Occupational First Aid Certificate Level 1, 2, or 3, or Transportation Endorsement

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.

Safety

Agencies are required to maintain a safe work environment. Instructors need to be responsible for safety in the classroom. All instructors are required to perform a simple risk assessment of the classroom.

- Risk assessment – (some obvious risks)
 - patient movement (lifting, rolling etc.) – this will include asking regarding any pre-existing conditions of students that could be impacted by activities in class (in Level 2 & 3 this means medicals prior to starting class)

- tripping hazards (i.e., equipment or students)
- training facility housekeeping and emergency procedures

Safety alerts are included in the introduction to all OFA courses with further reminders where required by lesson in both Instructor Guides and student guides.

Instructors are expected to discuss safety issues with the class and provide reminders throughout the course. Instructors must monitor all students and immediately stop and correct any unsafe behaviour in the classroom. In the event of an incident it is important that the instructor follow agency policy and ensure accurate documentation of the occurrence.

Accommodation

If a student requires accommodation it is important to document:

- Why does the student require accommodation?
- What did the accommodation consist of?
- How long was accommodation necessary?

Accommodation for all students and conditions is not always possible in occupational first aid classes. These courses are physically demanding and will require prolonged kneeling, working in stooped positions, and rolling patients. Each class participant is required to function as attendant, helper and patient. Depending on the level and length of the course these physical demands can become rigorous.

Accommodation may be made for participants that indicate a problem with some of the aforementioned activities. Having a participant excused from being a patient in some practice sessions may be possible. Participants may be permitted to adopt “comfort” positions on the floor to avoid kneeling or stooping for prolonged periods, even though the positions may not facilitate optimum patient care.

Regardless of accommodation made during the class, participants will be required to demonstrate specific skills according to an accepted standard before certification is required. It is essential for the instructor to document any accommodation.

OFA Level 1 course outline

Module 1

A competent Level 1 first aid attendant will be able to:

- Apply the Priority Action Approach
- Reposition an injured worker
- Describe the roles and responsibilities of a designated first aid attendant
- Conduct a modified primary survey
- Assess soft tissue injuries
- Make appropriate medical referral decisions
- Explain the WorkSafeBC regulatory requirement for first aid record keeping

The procedures will follow the guidelines described in the Occupational First Aid Level 1 Participant Guide.

Learning tasks:

Priority Action Approach

Role and responsibilities of the Occupational First Aid Attendant

Scene assessment

- Scene assessment
- Hazard considerations
- Mechanism of injury (what happened)
- Number of injured workers (victims)

Primary survey

- The purpose of the primary survey
- The components of the primary survey
- Critical interventions

Transport decision

- Information required by ambulance dispatch

ABC reassessments

Conduct a priority action approach

- A responsive worker
- An unresponsive worker

Repositioning a worker

- Face down (Prone) to face up (supine) roll
- Face up (Supine) to recovery ($\frac{3}{4}$ -prone) position

Priority Action Approach for the walking worker

- Modified Primary Survey

Wound assessment and treatment

- Examining wounds
- Cleansing wounds
- Dressing and bandaging
- Worker handout sheets
- Discuss the First Aid Record

Decisions on referral to medical aid

- Wounds that must be referred to medical aid
- Workers who must be transported by ambulance

Module 2

A competent Level 1 first aid attendant will be able to:

- Identify Breathing emergencies

- Identify a mild (partial) obstructed airway
- Identify a severe (complete) obstructed airway
- Clearing of an obstructed airway
- Use of a pocket mask
- Perform CPR and the use of an AED

The procedures will follow the guidelines described in the Occupational First Aid Level 1 Participant Guide.

Learning tasks:

The respiratory and circulatory system

Airway obstruction management

- A responsive worker with a mild (partial) airway obstruction
- A responsive worker with a severe (complete) airway obstruction

CPR and AEDs

- Chest pain
- An unresponsive worker in cardiac arrest

Respiratory/cardiac arrest management

Module 3

A competent Level 1 first aid attendant will be able to:

- Manage bleeding
- Identify the signs of Anaphylactic shock
- Reposition an injured worker
- Identify common medical emergencies
- Manage common medical emergencies

The procedures will follow the guidelines described in the Occupational First Aid Level 1 Participant Guide.

Learning tasks:

Shock

- Identification
- Management

Position a worker from sitting to lying (supine) position

Severe bleeding management

Identification and management of medical conditions

- Stroke
- Diabetes
- Seizures
- Fainting

Burns

- Degrees of burns
- Thermal-burn management

Module 4

Practical scenarios

If time is left over on completion of the material review lessons can be conducted to assist in competency decision.

Module 5

Completion of the written examination, check I.D.

Course schedule and timing

Activity	Topic
Course registration	Not included in class time
Module 1	
Discussion	Classroom introduction and management
Discussion	Roles and Responsibility
Discussion	Barriers to communication
Intro / video	How the body works
Discussion / video	Priority Action Approach (PAA)
Video / demo 1-01	Primary Survey responsive worker
Practice 1-01	Primary Survey responsive worker
Video / demo 1-02	Reposition an injured worker
Practice 1-02	Reposition an injured worker
Demo 1-03	Primary Survey unresponsive worker
Practice 1-03	Primary Survey unresponsive worker
Video / demo 1-04	Reposition an injured worker
Practice 1-04	Reposition an injured worker
Discussion	Priority Action Approach walk in worker
Video / demo 1-05	Priority Action Approach to the walking worker
Practice 1-05	Priority Action Approach to the walking worker
Demo 1-06	Priority Action Approach walk in worker laceration
Practice 1-06	Priority Action Approach walk in worker laceration
Discussion	Wounds referred to medical aid
Video	Shoulder strain
Video	Back Strain
Module 2	
Discussion	Airway & Breathing Emergencies
Instructor demo 2-01	Partial airway obstruction - responsive worker
Practice 2-01	Partial airway obstruction - responsive worker

Activity	Topic
Instructor demo 2-02	Complete airway obstruction - responsive worker
Practice 2-02	Complete airway obstruction - responsive worker
Discussion	Circulation system
Video	Chest pain
Discussion	Unresponsive worker
Skill only practice 2-03	Ventilating a mannequin with a pocket mask
Instructor demo 2-04	CPR. Respiratory/Cardiac arrest
Practice 2-04	CPR Respiratory/Cardiac arrest
Instructor demo 2-05	CPR Respiratory/Cardiac Arrest with AED
Practice 2-05	CPR Respiratory/Cardiac Arrest with AED
Discussion	Medical conditions
Video	Asthma
Video	Anaphylaxis
Video	Epinephrine
Module 3	
Lecture / discussion	Shock and bleeding
Instructor demo 3-01	Internal bleeding – unresponsive laying face up
Practice 3-01	Internal bleeding – unresponsive laying face up
Guided practice 3-02	Loop tie / pressure bandage / Elastic Velcro strap
Instructor demo 3-03	External bleeding – responsive sitting
Practice 3-03	External bleeding – responsive sitting
Guided practice 3-04	Tourniquet
Lecture / Discussion	Medical Conditions
Module 4	
Review lesson	Practical scenarios
Module 5	
Written test	25 multiple choice questions
Wrap up	Issue certificates to successful students

Evaluation information

Determining Competency for the OFA Level 1 Candidate

The Level 1 Instructor is solely responsible to ensure that only reasonably competent candidates are certified as Occupational First Aid (OFA) Level 1 attendants. These certified attendants may be responsible for the lives of the injured workers at their worksite.

To achieve this, the Instructor must compare the candidates' performance against a standard. The standard the Instructor uses to determine competency is described in the steps listed in the Occupational First Aid Level 1 Instructor and Participant Guides.

The purpose of the practical evaluation component of the Level 1 course is to determine the extent the candidate meets each objective as outlined in the Instructor Guide for each module. Competency must be achieved in any objective defined as lifesaving. There is no time available in the Level 1 course for the Instructor to administer a one-on-one practice session to determine competency for each candidate.

Module 1 consists of all new skills that are practiced in the Military Drill format where the Instructor tells the participants the next step in the procedure and ensures correctness at each step. This method does not afford the Instructor an opportunity to judge if the candidate is competent in the protocol or skill without the candidate having outside influence.

This leaves Modules 2 and 3, where numerous lifesaving skills are practiced more independently (Participant Practice) and time is allotted for participants to practice skills more than once, as the primary portion of the course for the Instructor to determine the competency of the candidates.

Module 4 consists of time for additional participant practice.

If doubt exists as to the competency of a particular candidate the Instructor may repeat the appropriate practical exercise or run the appropriate Priority Action Drill. Priority Action Drills are located in the end of Module 4 in the Instructor Guide.

The answers to the following questions, while observing the candidate practicing the protocols, should help the Instructor judge the candidate’s level of competency and determine if the candidate warrants certification:

- Is the candidate able to determine the next step in the protocol without prompting from the instructor in situations where the procedure was practiced earlier?
- Does the candidate look around the room at other groups for confirmation before performing the skill?
- How hesitant is the candidate in performing the skill?
- Does the candidate perform each task in the sequence demonstrated or if the tasks are performed out of demonstrated order, would the objective still be achieved?

The following is a list of the lifesaving skills in which the candidate must demonstrate a reasonable level of competency before certification is issued:

- Conduct a scene assessment
- Activate the worksite emergency plan (send for an ambulance)
- Maintain support of the head and neck – initially and with a co-worker
- Open the airway with a head-tilt chin-lift
- Maintain an open airway by having a co-worker hold the head-tilt chin-lift
- Assess for breathing
- Clear an obstructed airway
- Breathe for a worker with a pocket mask
- Perform CPR and AED
- Assess skin condition – recognize shock
- Conduct an RBS
- Control bleeding with direct pressure
- Control bleeding with dressings and bandages

Skill #	Skill	Performance measures
1	Conduct a Scene Assessment	Candidate assesses: <ul style="list-style-type: none"> • Danger to self and worker

Skill #	Skill	Performance measures
		<ul style="list-style-type: none"> • What happened • How many injured
2	Activate worksite emergency response plan	Candidate sends someone to call an ambulance with general details of incident and tells them to report back
3	Maintain support of the head and neck – initially and with a co-worker	For the responsive worker, the candidate: <ul style="list-style-type: none"> • Supports the head and neck with elbows secured • Hands off support to a co-worker with a minimal movement of the head and neck
4	Open the airway with a head-tilt chin-lift	Candidate performs a head-tilt chin-lift for an unresponsive worker <ul style="list-style-type: none"> • Hands are in the correct position • Head-tilt chin-lift is sufficient to open the airway
5	Maintain an open airway by having a co-worker hold the head-tilt chin-lift	Candidate instructs a co-worker to kneel on the opposite side of the worker and hold the head-tilt chin-lift
6	Assess for breathing	Candidate checks for breathing for 5 to 10 seconds
7	Clear an obstructed airway	<p>Candidate administers up to 5 back blows and abdominal thrusts for the responsive worker with a severe (complete) obstruction and repeats as necessary</p> <ul style="list-style-type: none"> • Hand position is midline on the abdomen just above the navel and below the ribs <p>Candidate administers 30 chest compressions</p> <ul style="list-style-type: none"> • Hand position is in the centre of the chest between the nipples • Chest is compressed at least 5 cm • Chest compressions are at a rate of at least 100 per minute <p>Candidate looks in the mouth, removes any object with a finger sweep</p> <p>Candidate attempts to breath for the worker</p>
8	Breath for a worker with a pocket mask	<p>Candidate holds the pocket mask on the mannequin's face while maintaining the head-tilt and achieves a good seal against the face</p> <p>The mannequin's chest wall rises with each breath</p>
9	Perform CPR	<p>Candidate administers 30 chest compressions and 2 breaths (ventilations)</p> <ul style="list-style-type: none"> • Hand position is in the centre of the chest between the nipples • Chest is compressed at least 5 cm • Chest compressions are at a rate of at least 100 per minute • Chest wall rises with each ventilation

Skill #	Skill	Performance measures
10	Deploy an AED	Candidate uses the AED as soon as it is available Candidate follows the AED voice prompts AED pads are generally in the correct position
11	Assess skin condition – recognize shock	Candidate assesses the skin for colour, temperature and moisture as part of the primary survey Candidate recognizes that a worker in shock requires urgent medical care and keeps the worker warm
12	Conduct an RBS	Candidate conducts a thorough rapid body survey for severe bleeding and major injuries
13	Control bleeding with direct pressure	Candidate applies direct pressure to severe bleeding during the primary survey Candidate directs a helper to maintain direct pressure
14	Control bleeding with dressing and bandages	Candidate applies dressings and bandages to severe bleeding at the end of the primary survey <ul style="list-style-type: none"> Bandages are tight enough to control the bleeding

The following lists the specific skills that the Instructor has an opportunity to assess for candidate competency during the practice sessions in Modules 2 and 3.

Practice session #	Practice session name	Skills eligible for assessment
2-01	Mild (partial) airway obstruction conscious worker	Skill # 1, 2, 6
2-02	Severe (complete) airway obstruction conscious worker	Skill # 1, 2, 6, 7
2-04	Respiratory/cardiac arrest	Skill # 1, 2, 4, 6, 8, 9
2-05	Respiratory/cardiac arrest - AED	Skill # 1, 2, 4, 6, 8, 9, 10
3-01	Internal bleeding – unresponsive laying face up	Skill # 1, 2, 3, 4, 5, 6, 11, 12,
3-02	External bleeding – responsive sitting	Skill # 1, 2, 3, 6, 11, 12, 13, 14

For the written portion of the competency evaluation, each candidate must achieve 70% or 18 questions correct out of 25. If a candidate has performed well in the practical aspect of the course but does not achieve 70% on the written examination because of a learning disability, English as a second language or low levels of literacy, refer to the Training Agency policy for Oral Written Exams for instructions on how to proceed.

WorkSafeBC

Occupational First Aid

Module 1

Participant Guide

Module 1

Objective

A competent Level 1 first aid attendant will be able to:

- Apply the Priority Action Approach
- Reposition an injured worker
- Describe the roles and responsibilities of a designated first aid attendant
- Conduct a modified primary survey
- Assess soft tissue injuries
- Make appropriate medical referral decisions
- Explain the WorkSafeBC regulatory requirement for first aid record keeping

The procedures will follow the guidelines described in the Occupational First Aid Level 1 Participant Guide.

Module outline

Assess	Activity
Discussion	Classroom introduction and management
Discussion	Roles and Responsibility
Discussion	Barriers to communication
Intro / video	How the body works
Discussion / video	Priority Action Approach (PAA)
Video / demo 1-01	Primary Survey responsive worker
Practice 1-01	Primary Survey responsive worker
Demo 1-02	Reposition an injured worker
Practice 1-02	Reposition an injured worker
Demo 1-03	Primary Survey unresponsive worker
Practice 1-03	Primary Survey unresponsive worker
Video / demo 1-04	Reposition an injured worker
Practice 1-04	Reposition an injured worker
Discussion	Priority Action Approach walk in worker
Video / demo 1-05	Priority Action Approach to the walking worker
Practice 1-05	Priority Action Approach to the walking worker
Demo 1-06	Priority Action Approach walk in worker laceration
Practice 1-06	Priority Action Approach walk in worker laceration
Discussion	Wounds referred to medical aid
Video	Shoulder strain
Video	Back Strain

Materials and equipment

- Presentation equipment
- First aid training equipment
- Samples of SDS Instructor Materials and Appendix D of Participant Guide

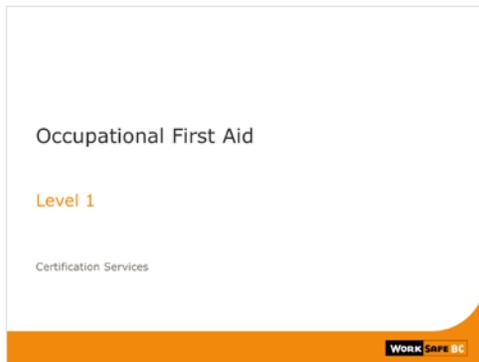
References

Occupational First Aid Level 1 Participant Guide
Occupational Health & Safety Regulation

Module 1

Introduction – discussion

We will discuss some of the physical aspects of the course, what is expected of you and how the day will unfold.



Slide 1

Instructor and participant introductions:
Participant name tags

The course format:

- 7 hours class time
- Demonstrations with class practical sessions
- The OFA Level 1 Participant Guide (PG):
 - will be referred to throughout the class
 - is a reference guide to review during the 3 years of certification

Classroom management:

- Break schedule (coffee, lunch)
- Parking, washrooms, exits, etc.

Expectations: participant and instructor

- Full participation in all practical sessions
- During practical sessions I will be asking questions
 - it's best if you do not call out any answers as I will call on people for the answer, which helps me keep track of how you are doing
- The first time a new skill is practiced, it is very important every step is practiced correctly. To help with this I will be asking everyone to stop and freeze during the first practice. Please wait and do not get ahead of the class while I check to see if everyone is correct
- Participants must show competency in the practical exercises for each objective that involves a "lifesaving" skill in order to be certified
- For the closed book written exam a pass mark of 70% (18/25) must be achieved
- Upon successful completion, a certificate is issued that is valid for 3 years

Evaluation (practical & written assessment)

- Agency evaluations to be completed

Safety alert

This course is physically demanding. It will require prolonged kneeling, working in stooped positions, and repositioning other participants. Each participant is required to function as attendant, co-worker, and injured worker.

Accommodation may be made for participants that indicate a problem with some of these activities. Participants may be permitted to adopt "comfort" positions on the floor to avoid kneeling or stooping for prolonged periods, even though the positions may not facilitate optimum care. However, regardless of accommodation made during class, participants will be required to demonstrate specific skills according to an accepted standard before certification is issued.

Medical exam gloves are used during all practice sessions. Participants need to be aware of possible allergic reactions to latex gloves and powder used in some brands.

Personal Protective Equipment (PPE) – kneepads are recommended.



Slide 2

Someone has just been seriously injured at your workplace and is lying on the ground not moving with blood on their face.

What do you do? - Call an ambulance?

This course will teach you what to do during those crucial first minutes before the ambulance arrives

In Module 1 we will cover:

Module 1

- Roles and responsibilities
 - Your responsibilities to the worker and employer
- Priority Action Approach
 - Scene assessment
 - Primary survey of the injured worker
 - Critical interventions and transport decisions

Slide 3

- Roles and Responsibilities

- Your responsibilities to the worker and employer
- Priority Action Approach to an incident or injury which includes:
 - Scene assessment
 - Primary survey of the injured worker
 - Critical interventions and transport decisions

Role and responsibilities – lecture/discussion

First Aid is a vital part of the workplace on any jobsite.

Occupational First Aid Attendants have an obligation to provide first aid in the workplace as per the WorksafeBC Occupational Health and Safety Regulations.

The following is an excerpt from the Occupation health and safety regulations

3.21 First aid attendant responsibilities

1. The first aid attendant must:
 - a. promptly provide injured workers with a level of care within the scope of the attendant's training and this Part,
 - b. objectively record observed or reported signs and symptoms of injuries and exposures to contaminants covered by this Regulation, and
 - c. refer for medical treatment workers with injuries considered by the first aid attendant as being serious or beyond the scope of the attendant's training.
2. A first aid attendant must be physically and mentally capable of safely and effectively performing the required duties, and the Board may at any time require the attendant to provide a medical certificate.
3. The first aid attendant is responsible, and has full authority, for all first aid treatment of an injured worker until responsibility for treatment is accepted
 - a. at a place of medical treatment,
 - b. by an ambulance service acceptable to the Board , or
 - c. by a person with higher or equivalent first aid certification.
4. The first aid attendant does not have authority to overrule a worker's decision to seek medical treatment or the worker's choice of medical treatment.

Enacted by B.C. Reg. 348/2003, effective March 30, 2004.

There may be serious consequences if an attendant abandons an injured worker or is guilty of gross negligence towards an injured worker.

Knowing the role and responsibility as a First Aid Attendant, will help to make decisions to do the job effectively.

When you assume the job of an Occupational First Aid Attendant you take on many responsibilities.

The Attendant role starts well before an accident or injury even happens.

further information can be found on the WorkSafeBC web site

It is the Attendant's responsibility to be familiar with all aspects of the workplace including:

Role and responsibilities of the OFAA

Know your workplace

- Specific location names
- Location of first aid room and equipment
- Entry and exit routes to all areas
- Emergency procedures
- Number of workers in each area
- Identify supervisors for each area
- Method of summoning first aid attendant
- Location and method of summoning alternate first aid personnel
- Location and method of summoning specialized help

Slide 4

- Specific location names (including jargon) for all areas of the worksite
- Location of first aid room, rescue vehicles, and first aid equipment
- Entry and exit to and from all areas of the worksite
- Provision for emergency procedures under the listed Regulation numbers
- Determining the approximate number of workers usually expected to be in each general area of the worksite
- Identifying supervisors in each area (how each can be reached)
- Method of summoning First Aid Attendant
- Location and method of summoning other first aid personnel
- Location and method of summoning workers with specialized training (welders, heavy equipment operators, millwrights, company fire crew, etc.)

The Attendant must know where to access information on specific hazards.

The employer must keep, and conspicuously post, up-to-date written procedures for providing first aid at the worksite including:

Employer responsibilities listed on posted written procedures

- First aid services available
- Location of first aid
- How to call for first aid
- First aid response
- Authority of the attendant
- Transportation
- Pre-arranged routes in and out



Slide 5

- The equipment, supplies, facilities, First Aid Attendants, and services available
- The location of, and how to call for, first aid
- How the First Aid Attendant is to respond to a call for first aid

- The authority of the First Aid Attendant over the treatment of injured workers and the responsibility of the employer to report injuries to WorkSafeBC
- Who is to call for transportation for the injured worker, and the method of transportation and communication
- Prearranged routes in and out of the workplace and to medical treatment
- Use of an AED (if available) and other specialized equipment

More information and samples of the Written Procedures for Providing First Aid can be found on the WorkSafeBC web site

A list of emergency numbers must be maintained for use in an emergency.

The Attendant should confirm that the employer has provided all minimum first aid supplies and services as required by the regulation.

Employer responsibilities regarding required first aid services

- Workplace minimum requirements
- Maintenance of stock and equipment
- Training and availability of helpers
- SDS and PPE available
- Ordering of supplies



Slide 6

Example

Level 1 first aid kit

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 check the first aid equipment and supplies at the start of every shift. A full list of all kits can be found on the WorkSafeBC web site

#	Item
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

- The First Aid Attendant should check the first aid equipment and supplies at the start of every shift (Appendix A-)
- The First Aid Attendant should check the First Aid Record for workers requiring follow-up care for previous injuries:
 - who is available to use as helpers in case of an injury
 - are SDS and PPE available
 - who is in charge of ordering supplies

More information about the employer's responsibilities to provide first aid services can be found in Appendices A and B of this guide.



Slide 7

A First Aid Attendant:

- Must ensure OFA 3-year certification remains valid — know the expiry date
- Must be physically and mentally capable of safely and effectively performing the required duties, and the Board may at any time require the attendant to provide a medical certificate

- Is responsible, and has full authority, for all first aid treatment of an injured worker until the worker returns to work or responsibility for treatment is accepted by:
 - a place of medical treatment
 - an ambulance service acceptable to the Board
 - a person with higher or equivalent first aid certification accepts responsibility

OFAA responsibilities
Con't

- No authority to overrule worker
- Act professional and respectful
- Remain calm
 - take charge of scene and patient
 - direct helpers
- Maintain confidentiality
- Relate worker limitations due to injury to supervisor
- Ensure cleanliness of equipment and facilities
- Keep skills current



Slide 8

- Does not have authority to overrule a worker's decision to seek medical treatment or the workers' choice of medical treatment
- Must act professionally; treat all workers respectfully and expediently
- Must maintain a pleasant personality and remain calm under pressure which can lessen the anxiety of the injured worker and co-workers
 - take charge of the scene and injured worker
 - direct co-workers to assist when required
- Must maintain confidentiality of things that a worker may convey; whether it be a medical condition, or something else relating to the injury
- Can recommend to the supervisor that there may be alternative duties that the worker could do
- The supervisor needs to know the limitations that the injured worker can work under without aggravating the injury
- Must ensure all first aid equipment is clean and well organized
- Should review the reference manual to keep current in the first aid procedures

Barriers to effective communication discussion

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

Barriers to effective communication

- Language
- Listening
- Poor performance
- Noise
- Misinterpretation
- Lack clarity
- Jumping to conclusion

Slide 9

Barriers

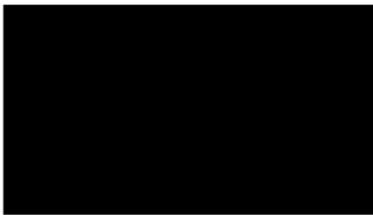
- Language there may be language barriers to work around during an incident. If there is difficulty communicating with a worker or the bystanders, find someone who can communicate with the worker or bystanders, this may help work through the barriers.
- Not listening you must show **enthusiasm** when 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".
- Don't jump to conclusions People often hear what they expect to hear rather than what is actually said and jump to incorrect conclusions.

The Level 1 First Aid Attendant also needs to know the basic actions to keep the injured worker alive until help arrives.

To understand the effects of first aid, a basic knowledge of how the body works is essential.

How the body works

How the body works



Slide 10

How the body works

- Cells require constant oxygen
- Respiratory control center causes chest to rise and fall and lungs to expand and contract
- Air is drawn into the lungs
- Oxygen enters bloodstream in lungs
- Heart pumps to all parts of body
- Cells use oxygen
- Carbon dioxide is waste from cells

Slide 11

- The cells of the body require a constant supply of oxygen, especially the vital organs such as the brain, heart, lungs, kidneys and liver
- The respiratory control centre, located in the brain, causes the chest to rise and fall causing the lungs to expand and contract
- This draws air in through the nose and mouth to the lungs via the airway
- In the lungs oxygen enters the bloodstream and is pumped to every part of the body by the heart
- Oxygen is used by the body cells leaving carbon dioxide waste that is circulated back to the lungs and expelled when we breathe out

Cells in our vital organs start dying in as little as 4 minutes if the supply of oxygen is stopped.

Level 1 First Aid is about maintaining the supply of life-sustaining oxygen until the worker is in more qualified hands.

Priority Action Approach

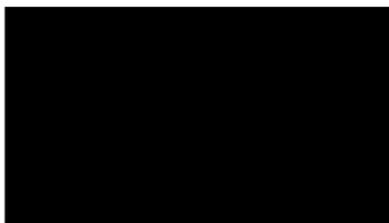
- Scene survey
- Assessing responsiveness
- Primary survey
 - Airway assessment
 - Breathing check
 - Circulation assessment
- Critical interventions

Transport decision

NOTE: If the above video is not available then provide the lecture content below

Priority Action Approach – discussion

Priority Action Approach



Slide 12

During the critical period after an injury, we follow the sequence of steps of the Priority Action Approach to ensure nothing is missed.

Priority Action Approach

- Scene assessment
 - confirm no danger
 - what happened?
 - how many injured?
- Assess responsiveness
 - AVPU
- Primary survey
 - ensure ABCs
 - C-spine control if responsive and evidence of trauma

Slide 13

Priority Action Approach is first things first.

- Scene assessment
 - no further danger to yourself or workers
 - what happened?
 - how many people were hurt?
- Assess responsiveness (AVPU)
 - A - is the worker alert
 - V - does the worker respond to voice
 - P - does the worker respond to pain
 - U - is the worker unresponsive
- Primary survey
 - ensure ABC's
 - stabilize the head and neck if the worker is responsive and the history indicates trauma
 - a. Consider the possibility of a head neck and back injury based on the type of force applied to the body
 - i. Numbness and tingling
 - ii. Loss of feeling in an extremity
 - iii. Pain on the spinal column
 - iv. Significant head injury

Airway Breathing Circulation (ABCs)

- **A – Airway**
 - Open and clear
- **B – Breathing**
 - Lungs must be working
- **C – Circulation**
 - Adequate blood supply
 - Heart beating
 - No bleeding
 - Rapid body survey (RBS)

Slide 14

- A (Airway)
 - must be open and clear
- B (Breathing)
 - lungs must be working
- C (Circulation)
 - must be an adequate blood supply
 - heart must be beating
 - no bleeding – checked by doing a Rapid Body Survey (RBS)

Priority Action Approach

Con't

- Critical interventions
 - cardiopulmonary resuscitation (CPR)
 - clear airway
 - stop bleeding
- Transport decisions
 - ambulance
 - company vehicle or taxi
 - returning to work?

Slide 15

- Critical interventions
 - may require an intervention such as providing CPR, clearing an airway, or stopping bleeding
- Transport decision
 - does the worker require an ambulance?
 - can a company vehicle or taxi be used?
 - can the worker return to work?
- Reassess the ABC,s every five minutes while waiting for the ambulance. if the worker's condition changes those changes must update the ambulance dispatch, when the ambulance arrives provide a verbal report to include
 - Name, age, gender of the worker
 - Mechanism of injury
 - worker's chief complaint(s)
 - Medications
 - Treatment rendered
 - Injuries found

Safety alert

Medical examination gloves are used during all practice sessions. Students need to be aware of possible allergic reactions to latex gloves and powder used in some brands.

Participant Practice 1-01

Materials required

- Gloves
- First aid kit
- Blankets
- Sand Bags (leg support)

Conduct the primary survey Face up (supine), responsive worker

Assess		Response
1.	Scene assessment (gloves on) <ul style="list-style-type: none"> • Ensure no danger • What happened? • How many injured? 	<ul style="list-style-type: none"> • No danger • The worker fell off a 2-metre stepladder • One worker
2.	Approach the worker from the line of sight, with a first aid kit and blanket, identify yourself and attempt to talk to the worker	The worker says they fell off a ladder; This worker has a clear airway and is breathing normally.
3.	Activate the worksite emergency response procedures <ul style="list-style-type: none"> • Instruct the co-worker calling the ambulance to say there is a responsive adult who has fallen 2 meters off a ladder and to report back 	The worker is in great pain and is unable to get up; <ul style="list-style-type: none"> • In rural worksites this may be a company ETV
4.	Assess responsiveness AVPU	The workers eyes are open and is aware of you as you approach, worker is alert
5.	Tell the worker not to move and with your elbows on the ground, stabilize their head and neck by placing your hands on either side of the head, and hold the head still in the position found	Worker allows the attendant to support their head
6.	Hand off the support of the head to a co-worker by giving clear directions <ul style="list-style-type: none"> • The co-worker's elbows must be braced prior to placing hands on the head • Direct the co-worker to place one hand over yours, hold the head still while you slide your hand out and repeat with the other hand • Direct the co-worker not to move and to hold the head still in the position found 	
7.	Primary survey	

Assess		Response
	<ul style="list-style-type: none"> • Ensure the worker has a clear airway and is breathing, by asking a question • Ask the worker where they are hurt • Assess circulation <ul style="list-style-type: none"> ○ look for obvious signs of shock by observing skin colour and feeling for temperature and condition ○ conduct a rapid body survey to check for massive external hemorrhage and obvious fractures 	<ul style="list-style-type: none"> • the worker is speaking and the breathing is normal • the worker is complaining of pain in the right leg <ul style="list-style-type: none"> ○ skin colour appears normal and is warm and dry to the touch ○ RBS – significant pain and obvious deformity in right knee
	<p>Note: If wounds or bleeding are discovered on the chest area during the RBS, the chest must be exposed, and any chest wounds must be covered with gauze if bleeding, stabilized if the history indicates trauma to the chest, or pain,</p>	No chest injuries, bleeding on the chest or chest pain were discovered or reported during the RBS
8.	Direct a co-worker to support the leg to prevent movement, reassure, and keep the worker warm	Relate that: if there are no co-workers available, the use of any readily available material to prevent movement of the injured leg is appropriate. Remind the worker to remain calm and to try not to move.
9.	Reassess the ABC, s every five minutes while waiting for the ambulance. if the worker's condition changes those changes must be update relayed to the ambulance dispatch	
<p>NOTE: At the conclusion of the practice, each participant will practice proper glove removal</p>		

Participant Practice 1-02

Materials required

- Gloves
- Blankets

Skill only:

- Face down (Prone) to face up (supine) roll

Face down (prone) to face up (supine) roll	
Assess	Response
<p>Relate that: The Primary Survey is best conducted in the supine position. Supine is the best position to open the airway, assess level of responsiveness, airway, and breathing as well as to perform most Critical Interventions.</p>	
1.	Kneel beside and behind the worker

Face down (prone) to face up (supine) roll		
Assess		Response
2.	Direct co-workers to support the legs and hips and help with the roll	
3.	Cradle the injured worker's head and neck in the hand closest to the injured worker's head, and with the other hand grasp the clothing at the hip and pull the injured worker	toward you and over into the face up (supine) position

Participant Practice 1-03

Materials required

- Gloves
- First aid kit
- Blankets

Conduct the primary survey (unresponsive worker face down)

The site first aid attendant is called to an incident in a building under construction.

Assess		Response
1.	Scene assessment (gloves on) <ul style="list-style-type: none"> • Ensure no danger • What happened? • How many injured 	<ul style="list-style-type: none"> • No danger • The site supervisor explains the worker fell through the uncovered opening in the floor • One worker
2.	Assess responsiveness AVPU	The workers eyes are closed and is unaware of you as you approach, worker does not respond
3.	Approach the worker from the front, with first aid kit and blanket, identify yourself and attempt to talk to the worker <ul style="list-style-type: none"> • apply a pain stimuli to one of the workers fingers 	The worker does not respond to your voice or to pain This worker requires urgent medical attention
4.	Activate the worksite emergency response procedures <ul style="list-style-type: none"> • Instruct the co-worker calling the ambulance to say there is an unresponsive adult with a head injury and to report back 	<ul style="list-style-type: none"> • In rural worksites this may be a company ETV or helicopter
5.	Position the worker on their back (supine)	
6.	Primary survey <ul style="list-style-type: none"> • From the side of the worker, open the airway using a head-tilt chin-lift, keeping the head in line with the body • Assess breathing for 5 to 10 seconds 	<ul style="list-style-type: none"> • Air is moving in and out quietly – airway is clear

Assess		Response
	<ul style="list-style-type: none"> • Direct a co-worker to kneel on the opposite side of the worker and hold the head in the head-tilt chin-lift position • Assess circulation <ul style="list-style-type: none"> ○ look for obvious signs of shock by observing skin colour and feeling for temperature and condition ○ conduct a rapid body survey to check for massive external hemorrhage and obvious fractures 	<ul style="list-style-type: none"> ○ skin is normal, warm and dry ○ RBS – nothing obvious
7.	Keep the worker warm	Apply blanket
8.	Reassess the ABC, s every five minutes while waiting for the ambulance. if the worker's condition changes those changes must be update relayed to the ambulance dispatch	

Face up to recovery roll



Slide 16

Participant Practice 1-04

Materials required

- Gloves
- Blankets

Skill only:

- Face up (supine) to recovery (3/4 prone) roll

Face up (Supine) to Recovery position (¾-prone)	
Assess	Response
<p>Relate that: there are times when the First Aid Attendant must leave an unresponsive worker to go get help</p> <p>It is important not to leave an unresponsive worker lying on their back (supine), they must be put in the recovery position (¾-prone)</p>	

Face up (Supine) to Recovery position (¾-prone)		
Assess		Response
1.	Kneel beside the worker, ensure the arm closest to you is extended out to the side	
2.	Cradle the worker's head and neck in the hand closest to the worker's head and with the other hand grasp the clothing at the hip and pull the worker up on their side(lateral) – resting against your body	
3.	Ensure the worker's head is resting on the upper arm, the upper leg is bent to prevent the worker from settling on the abdomen and the other arm is in a comfortable position in front of the worker	
4.	A folded blanket may be placed under the worker's upper leg and or upper shoulder to help maintain the position	
5.	Ensure the worker's airway is open and the head is in a drainage position	
6.	Move away from the worker and ensure the worker is still in good position	Relate that: the ABC's should be reassessed now the worker is in the recovery (¾-prone) position

PAA for the walk-in worker - Discussion

Most injuries the Level 1 Attendant will treat are the day-to-day minor wounds and cuts.

The Attendant is responsible for:

Priority Action Approach for a walk-in worker

- Assessment and treatment of injuries
 - examining, cleansing, dressing, and bandaging wounds
- Review a First Aid Record
- Providing follow-up care
- Decisions for referral to medical aid
- Back strains, burns, and eye injuries
- Safety Data Sheets (SDS – WHMIS 2015)

Slide 17

- Assessing these injuries
- Treating the injury
- Documentation (first aid record)
- Referring workers to medical aid when the injury is beyond the scope of the Level 1 training

- Priority Action Approach for a walk-in worker (minor injury)
- Assessment and treatment of injuries:
 - examining wounds
 - cleansing, dressing, and bandaging wounds
- Completing the First Aid Record
- Providing follow-up care
- Decisions for referral to medical aid
- Back strains, eye injuries and burns
- SDS (WHMIS 2015)

When the injured worker is walking and talking, the Priority Action Approach can be modified depending on information gathered during the initial management.

During the scene assessment, information gathered will help the Attendant make decisions.

Scene assessment

Walk-in patient

- Initial appearance, treat worker sitting or laying down
 - look for airway or breathing distress
 - look for severe bleeding, pale skin
 - look for anxiety or dizziness
 - look for unusual posture or movement
- Hazards
 - is the area safe back at incident site?
- What happened?
 - is head neck or back injury suspected?
- Is anyone else injured?

Slide 18

- worker's initial appearance helps us decide if the worker can be treated sitting or must be lying down if any of the following are present:
 - airway distress
 - breathing distress
 - severe bleeding
 - pale skin colour
 - anxiety or dizziness
 - unusual posture and movement
- Hazards
 - is it safe back at incident site?
- Mechanism of injury
 - what happened?
 - force involved and to what part of the body?
 - is head and neck support (C-spine control) required?
 - number of victims – is anyone else injured?

A primary survey involves assessing a worker's airway, breathing, and circulation. The ABC assessments were done thoroughly and carefully because those injured workers were not walking and/or talking. For the worker that walks in to see the first aid attendant, we can usually modify this survey.

Modified primary survey

Modified primary survey

- Airway
 - worker talking in a clear voice?
- Breathing
 - worker talking normally?
- Circulatory
 - skin colour
 - look for colour
 - RBS
 - ask if hurt anywhere else
- If all is normal, you may position worker sitting up
- Support injured area

Slide 19

- Airway assessment
 - is the worker talking in a clear voice
- Breathing assessment
 - is the worker talking normally
- Circulatory assessment:
 - look to see if the skin colour is normal
 - RBS – ask if the worker hurts anywhere else

If everything looks normal, the worker may be positioned sitting, with support for the injured area.

Now the injured area must be fully assessed to decide on treatment and if referral to medical aid is required:

Wound assessment and treatment

- Examine the entire limb or injury area
 - expose, look, feel
 - check circulation and nerve function
 - ask if/when they had a tetanus immunization
 - a tetanus booster should be administered within 36 hours
- Decide if referral needed to medical aid.
- Treat the injury
- Discuss Patient Handout Sheets
- Complete the First Aid Record

Slide 20

- Expose the limb or injured area
- Look at the entire limb or area for wounds, discolouration, swelling, or deformities
- Feel the entire limb or area to determine extent of injury
- Check circulation and nerve function
- Tetanus injections should be administered within 36 hours of the injury even if the injury seems insignificant
- A tetanus booster shot should be recommended if the wound is very dirty at 5 years after the last injection and at 10 years if it is a clean wound
- Once a tetanus infection is established, there is about a 40% mortality rate even with appropriate therapy

Decide if the worker can be treated and returned to work or must be referred to medical aid

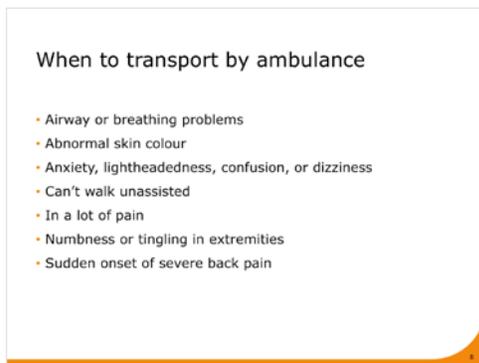
Treat the wound – cleanse, dress, and bandage

If the worker is being treated and returned to work, a worker handout sheet must be given out and discussed

- worker handout sheets are included in Appendix C in this Guide

An ambulance will be required if the worker is not responsive or is unwilling or unable to get up.

In addition, workers who display any of the following signs or symptoms must be transported to medical aid by ambulance.



Slide 21

- Airway or breathing problems
- Abnormal skin colour
- Anxiety, light-headedness, confusion, or dizziness
- Worker cannot walk unassisted
- Worker is in great pain
- Injury has resulted in ongoing numbness or tingling in an extremity
- Weakness, numbness, or tingling in the extremities
- Sudden onset of severe pain in the spinal area

If none of the above are present, and the worker needs to be referred to medical aid, the worker may be transported in a company vehicle or taxi.

The worksite's emergency response procedures are activated as outlined in the Written Procedures for providing First Aid required for every worksite under The Occupational Health & Safety Regulation (OHSR) Section 3.17.

Worksite emergency response procedures

- Written procedures for providing first aid required under Occupational Health and Safety Regulation (OHSR) 3.17
- Ambulance required if patient not responsive or unable to get up
- Information required for person calling ambulance:
 - number of patients
 - precise location of patients
 - basic nature of injuries
- Must report back to Attendant
- Must update ambulance dispatch if condition changes

Slide 22

When a co-worker is designated to call for an ambulance and must have information to be given to the ambulance dispatcher:

- Number of injured workers
- Precise location of the injured workers
- Basic nature of the injuries

The co-worker must report back to the attendant to confirm an ambulance has been called.

The ABC's must be reassessed every five minutes

- A – airway is still clear and open
- B – the worker is still breathing
- C – there are no signs of shock and any bleeding is still controlled

While a designated first aid attendant is considered to have authority to provide first aid in the workplace, all workers have the right not to be touched by anyone.

In order to help someone we must have their consent.

There are two types of consent, actual consent and implied consent:

Types of consent

- Actual consent
 - Verbal
- Implied consent
 - Patient unable to answer

Slide 23

- **Actual consent** refers to a worker making an informed decision and allowing you to help them
- **Implied consent** refers to a situation where a worker is unable to respond and the law assumes that, if able, the worker would give consent in an emergency situation



Ankle strain video

Participant Practice 1-05

Materials required

- Gloves
- Cold pack
- Blanket

Assess, treat a sprained ankle

(Ankle Sprain)

Assess		Response
1.	<p>Scene assessment – modified</p> <ul style="list-style-type: none"> • Assess initial appearance • What happened? • Did you fall or hit your head? • Is it safe back at injury site? • Was anyone else hurt? 	<ul style="list-style-type: none"> • The worker’s appearance is normal • While going up the stairs twisted my ankle • No trauma to head or neck • No hazards • No other workers hurt
2.	<p>Primary survey – modified</p>	<p>The modified primary actually begins as the worker enters the first aid room as you question the worker</p>
	<ul style="list-style-type: none"> • Airway 	<ul style="list-style-type: none"> • The worker is talking in a clear voice and the mechanism does not indicate major trauma
	<ul style="list-style-type: none"> • Breathing 	<ul style="list-style-type: none"> • Breathing is adequate as the worker is talking normally
	<ul style="list-style-type: none"> • Circulation <ul style="list-style-type: none"> ○ skin colour ○ RBS – ask the worker “Did you hurt yourself anywhere else?” 	<ul style="list-style-type: none"> ○ you can see the skin colour is normal ○ “No, only my ankle hurts” <p>The modified primary survey is complete</p>

Assess		Response
	Provide immediate care by elevating the injured leg	Based on information gathered, the worker can be treated sitting in the treatment chair
3.	Wash hands and put on gloves	
4.	Examination and assessment (modified head to toe) <ul style="list-style-type: none"> • Thoroughly examine the leg from the knee to the toes for other injuries • Examine around the injury site for damage to underlying structures • Feel the foot for warmth (circulation) • Ask if the worker can feel touch on the toes and if the worker can move the toes • Assess range of motion. 	<ul style="list-style-type: none"> • There is no redness • There is no swelling • foot is warm to the touch • The worker can feel and move the injured limb • Worker can move there foot but there is a slight increase in pain on movement
5.	Decide or confirm the need to refer the worker to medical aid	There is nothing to indicate this injury will require medical aid
6.	If the foot has normal colour and is warm apply ice for 20 minutes on and 5 off.	<ul style="list-style-type: none"> • Foot is warm • Normal colour
7.	Talk to supervisor if the worker cannot return to their normal duties.	
8.	Discuss sprain care and follow-up treatment <ul style="list-style-type: none"> • Continue Applying ice for 24 to 48 hours • Advise the worker to report to first aid in 24 hours or at the start of their next shift for follow up care 	A handout on sprains care should be given to the worker (in Appendix C)
9.	Complete the First Aid Record	Verbalize FAR completion

Participant Practice 1-06

Materials required

- Gloves
- Clean water or saline
- Sterile gauze
- Absorbent dressing
- Adhesive tape
- Blanket
- Skin closures or band aid
- Worker Handout Sheet
- Gauze roller and crepe roller

Assess, cleanse, and dress an open wound (cut to the inner arm)

Assess		Response
1.	<p>Scene assessment – modified</p> <ul style="list-style-type: none"> Assess initial appearance What happened? Did you fall or hit your head? Is it safe back at injury site? Was anyone else hurt? 	<ul style="list-style-type: none"> The worker’s appearance is normal While working on an automobile motor, the worker was cut on the arm by a piece of metal No trauma to head or neck Motor is shut off No other workers hurt
2.	<p>Primary survey – modified</p>	<p>The modified primary actually begins as the worker enters the first aid room as you question the worker</p>
	<ul style="list-style-type: none"> Airway 	<ul style="list-style-type: none"> The worker is talking in a clear voice and the mechanism does not indicate major trauma
	<ul style="list-style-type: none"> Breathing 	<ul style="list-style-type: none"> Breathing is adequate as the worker is talking normally
	<ul style="list-style-type: none"> Circulation <ul style="list-style-type: none"> skin colour RBS – ask the worker “Did you hurt yourself anywhere else?” 	<ul style="list-style-type: none"> you can see the skin colour is normal “No, only my arm hurts” <p>The modified primary survey is complete</p>
	<p>Provide immediate care by supporting the injured arm and covering the wound with sterile gauze</p>	<p>Based on information gathered, the worker can be treated sitting in the treatment chair</p>
3.	<p>Wash hands and put on gloves</p>	
4.	<p>Examination and assessment (modified head to toe)</p> <ul style="list-style-type: none"> Thoroughly examine the arm from the shoulder to fingertips for other injuries Examine around the wound for damage to underlying structures Examine inside the wound for extent of damage, contamination, or material Feel the hand for warmth (circulation) Ask if the worker can feel touch on the hand and fingers and if the worker can move the hand and fingers 	<ul style="list-style-type: none"> The cut is 2 cm long It is not deep or jagged There is minimal bleeding There is no swelling The cut appears clean No other injuries on the arm Hand is warm The worker can feel and move the injured limb
5.	<p>Decide or confirm the need to refer the worker to medical aid</p>	<p>There is nothing to indicate this injury will require medical aid</p>

Assess		Response
6.	Clean by prolonged flushing of the wound with tap water.	
7.	Dry around the wound with sterile gauze	
8.	Because this wound is open slightly (gapes), apply skin closures to bring the edges of the wound together to close it (an adhesive strip can be used to make wound closures)	Advise the worker the closures are to remain in place for 7-10 days
9.	Dress and bandage – apply: <ul style="list-style-type: none"> • Sterile gauze • Extra layers of gauze or an absorbent dressing • A crepe roller bandage or roller gauze if available 	
10.	Discuss wound care and follow-up treatment <ul style="list-style-type: none"> • 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 and in 24 hours or at the start of their next shift for follow up care 	A handout on minor wound care should be given to the worker (in Appendix C)
11.	Complete the First Aid Record	Verbalize FAR completion

Discussion

Wounds that should be referred to medical aid

Wounds to refer to medical aid

- Wounds
 - longer than 3 cm through full thickness of skin
 - to hands near joints or tendons
- Require sutures if:
 - jagged edges,
 - flap of full thickness skin
 - gaping
 - skin under pressure
 - facial wounds

Slide 25

- Wound longer than 3 cm through the full skin thickness
- Wounds to hands in areas of joints or tendons
- Wounds that require sutures
 - jagged edges

- flap of full thickness skin
- gaping or difficulty closing
- areas where the skin is under pressure
- facial wounds

Wounds to refer to medical aid

Con't

- Burns
 - significant partial thickness (2nd degree)
 - any full thickness (3rd degree)
 - chemical burns
 - electrical burns

Slide 26

- Burns
 - significant partial thickness (second degree)
 - any full thickness (third degree)
 - chemical burns
 - electrical burns

Wounds to refer to medical aid

Con't

- Very dirty wound area including human or animal bites
- Embedded materials in the wound area
- Shows signs of infection
- Soft tissue strains (sprains/strains)

Slide 27

- Wounds that are very dirty including human or animal bites
- Wounds with embedded materials
- Any sign of infection
- Soft tissue strains i.e., sprains or strains

Soft tissue strains refer to a group of disorders affecting muscles, tendons, bursae, nerves, and blood vessels, if no improvement with treatment and altered activity or underlying problem.

Shoulder strain video

Shoulder strain



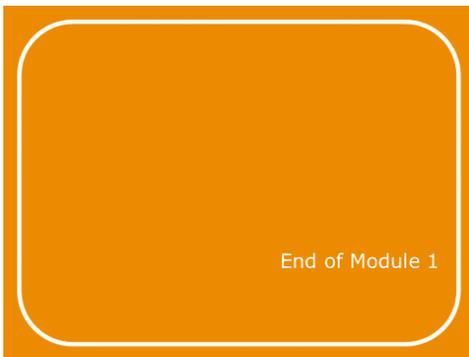
Slide 28

Back strain video

Back strain



Slide 29



Slide 30

WorkSafeBC

Occupational First Aid

Module 2

Participant Guide

Module 2

Objective

A competent Level 1 first aid attendant will be able to:

- Identify Breathing emergencies
- Identify a mild (partial) obstructed airway
- Identify a severe (complete) obstructed airway
- Clearing of an obstructed airway
- Use of a pocket mask
- Perform CPR and the use of an AED

The procedures will follow the guidelines described in the Occupational First Aid Level 1 Participant Guide.

Module outline

Module 2	Airway, Breathing & Emergencies
Discussion	Airway & Breathing Emergencies
Instructor demo 2-01	Partial airway obstruction - responsive worker
Practice 2-01	Partial airway obstruction - responsive worker
Instructor demo 2-02	Complete airway obstruction - responsive worker
Practice 2-02	Complete airway obstruction - responsive worker
Discussion	Circulation system
Video	Chest pain
Discussion	Unresponsive worker
Skill only practice 2-03	Ventilating a mannequin with a pocket mask
Instructor demo 2-04	CPR. Respiratory/Cardiac arrest
Practice 2-04	CPR Respiratory/Cardiac arrest
Instructor demo 2-05	CPR Respiratory/Cardiac Arrest with AED
Practice 2-05	CPR Respiratory/Cardiac Arrest with AED
Discussion	Medical conditions
Video	Asthma
Video	Anaphylaxis
Video	Epinephrine

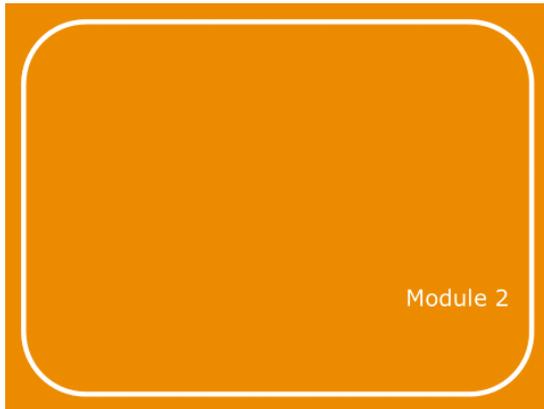
Materials and equipment

- Presentation equipment
- First aid training equipment

References

Occupational First Aid Level 1 Participant Guide

Airway and breathing emergencies – discussion



Slide 31

Of all the procedures a First Aid Attendant can perform, clearing an airway and maintaining oxygen to the body's vital organs are truly life-saving.

In Module 2 we will cover:

Module 2

- Airway emergencies
 - responsive mild (partial) and severe (complete) obstruction
- Breathing and circulation emergencies
 - cardiopulmonary resuscitation (CPR)
 - automated external defibrillators (AED)
- Identification and management of medical emergencies

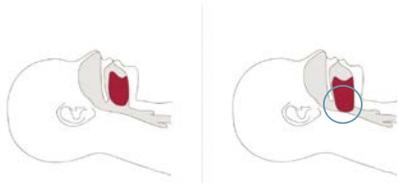
Slide 32

- Managing airway emergencies by clearing an obstructed airway:
 - responsive worker with mild or severe (partial or complete obstruction)
- Managing breathing and circulation emergencies:
 - cardiopulmonary resuscitation (CPR)
 - automated external defibrillators (AED)

Air is delivered to the body through the respiratory system, and oxygen is transferred from the air to the bloodstream in the lungs and carbon dioxide is removed.

At the top end of the airway is the nose, mouth, and throat which, when obstructed is most often by the tongue.

Tongue obstructing the airway



Slide 33

An unresponsive worker lying on their back, the tongue can fall backward and obstruct the airway.

The tongue is lifted upward when a head-tilt chin-lift is performed.

Loose objects can also cause an obstruction and must be removed quickly:

Airway Obstructions

- Here are some common airway obstructions:
 - food
 - dentures
 - teeth
 - blood
 - vomit
 - swelling
 - other objects

Slide 34

- Food
- Dentures
- Teeth
- Blood
- Vomit
- Swelling
- Other objects

The universal sign of distress (or choking) is a person holding their throat.

The obstruction may be:

- Mild (partial): some air is getting past the obstruction
- Severe (complete): the airway is essentially blocked

When there is a mild (partial) obstruction caused by food, fluid or a loose object:

- Reassure the worker and encourage them to cough
- Back blows and abdominal thrusts, or chest compression are **not** given as they may make the obstruction worse

If the worker can't speak or cough it is a severe (complete) obstruction:

- Back blows and abdominal thrusts, or chest compressions are given to dislodge the object
- When a worker with a severely (completely) obstructed airway goes from responsive to unresponsive, the Attendant lays the worker on their back and starts CPR
- After 30 chest compressions, the Attendant looks in the mouth as the object may have been moved
- If an object is seen in the mouth, remove it before giving breaths and resume CPR

Participant practice 2-01

Materials required

- Gloves

Manage a mild (partial) airway obstruction (responsive, standing worker)

The attendant hears a call for first aid needed in the lunchroom

Assess		Response
1.	Scene assessment	No danger, one worker, the worker was eating
2.	Assess responsiveness AVPU	worker is aware of you as you approach worker is alert
3.	Identify yourself and talk to the worker asking, "Are you choking?" and assess for blueness around the lips, ears and finger nails	The worker answers hoarsely, "I'm choking, help me!" There is no blueness (cyanosis) of the skin
4.	Place the worker in a position of most comfort, reassure them and encourage them to cough	The worker continues to cough effectively (signs of a mild airway obstruction)
5.	Complete the primary survey	
6.	Transport decision, decide or confirm the need to refer the worker to medical aid	The obstruction is not clearing and the worker is becoming more anxious with obvious distress This worker requires urgent medical attention
7.	Activate the worksite emergency response procedures <ul style="list-style-type: none"> • Instruct the co-worker calling the ambulance to say there is a responsive adult with a partial (mild) airway obstruction and to report back 	
8.	Continue to monitor the worker and if their condition worsens, instruct someone to call the ambulance back with this new information	

Assess		Response
	and follow the procedures for a severe (complete) airway obstruction	

Participant practice 2-02

Materials required

- Gloves

Manage a severe (complete) airway obstruction (responsive, standing worker)

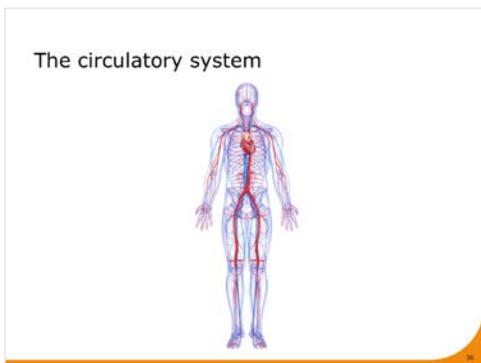
The attendant responds to a call for first aid needed in the lunchroom

Assess		Response
1.	Scene assessment	No danger, one worker, the worker was eating
2.	Assess responsiveness AVPU	worker is aware of you as you approach worker is alert
3.	Identify yourself and talk with the worker asking, "Are you choking?" and assess for blueness around the lips, ears and finger nails	<ul style="list-style-type: none"> • The worker is unable to speak or cough • The worker nods yes and is very anxious • The worker is pale
4.	Transport decision	Because the obstruction is not clearing and the worker is becoming more anxious with obvious distress you decide that this worker requires urgent medical attention
5.	Activate the worksite emergency response procedures <ul style="list-style-type: none"> • Instruct the co-worker calling the ambulance to say there is a responsive adult with a complete (severe) airway obstruction and to report back 	
6.	Explain to the worker in a brief and calm manner what will be done Warning: Abdominal thrusts and back blows must be simulated in the classroom	
7.	Give up to five back blows, Maintain contact with the worker and move around to the side, while supporting the worker with an arm across the upper body deliver up to five back blows between the shoulder blades	The airway does not clear
8.	Give up to five abdominal thrusts Standing behind and providing support to the worker, wrap your arms around the worker's	The airway does not clear

Assess		Response
	waist, make a fist and place it thumb side against the abdomen in the midline just above the navel, but below the ribs	
9.	Repeat the sequence of five back blows and five abdominal thrusts until the object clears or the worker collapses	The airway clears during the second set of abdominal thrusts
10.	Complete the primary survey	
11.	Reassess the need for urgent medical attention based on: <ul style="list-style-type: none"> • Worker anxiety • Primary survey findings • Signs of oxygen deficiency • Abdominal pain 	<ul style="list-style-type: none"> • No anxiety • ABC's all normal • No blueness • No abdominal pain
12.	Reassess the ABC, s every five minutes while waiting for the ambulance. if the worker's condition changes those changes must be update relayed to the ambulance dispatch	

Circulation emergencies – discussion

The circulatory system is an arrangement of blood vessels that, under pressure from the heart, channel blood throughout the body.



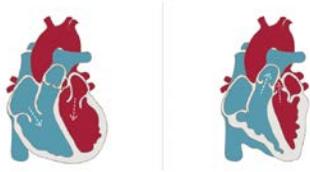
Slide35

Blood, moving constantly, transports life-giving oxygen and other nutrients to the body cells and removes waste.

The heart is a four-chambered, muscular organ, slightly larger than a fist, located just left of the centre of the chest behind the breast bone.

60 to 80 times a minute, the heart's ventricles pump blood into the arteries.

Pumping of the heart



Slide 36

The body cannot store oxygen and cells in vital organ's like the brain will begin to die in as little as four minutes if the supply of oxygen is interrupted.

Chest pain

Chest pain



Slide 37

A worker with chest pain may come to first aid.

Chest pain

- Chest pain may indicate heart problems
- May carry medication in form of Nitroglycerin tablets or spray
- Offer Aspirin (ASA) – if not allergic
- If first time for chest pain requires **urgent medical attention**
- If pain has lasted longer than 15 minutes despite rest and medication, requires **urgent medical attention**



Slide 38

Chest pain may indicate heart problems.

If the worker has a history of chest pain and has medication, the Attendant can assist the worker in taking nitroglycerin medication:

- Pills are placed under the tongue and allowed to dissolve – follow instructions
- Spray is also used orally according to instructions
- If available, workers with suspected heart attacks can be offered two 80 mg chewable ASA or one regular adult strength 325 mg ASA tablet to chew and swallow
 - **it must be ASA not Acetaminophen or Ibuprofen**
 - ensure the worker does not have an allergy to ASA

If this is the first time the worker has experienced chest pain follow the Priority Action Approach – worker requires **urgent medical attention**.

If pain has lasted longer than 15 minutes despite rest and medication, the worker requires **urgent medical attention**.

Unresponsive – discussion

An unresponsive worker who is not breathing or is not breathing normally must be:

An unresponsive worker who is not breathing or is not breathing normally must be:

- Assumed to have no heart beat (cardiac arrest) by a level 1 attendant
- Assisted with an automated external defibrillator
- Assisted with cardiopulmonary resuscitation

Slide 39

- Assumed to have no heart beat (cardiac arrest) by a level one attendant (lay rescuer)
- Assisted with an automated external defibrillator (AED) if available
- Assisted with cardiopulmonary resuscitation (CPR)

The Chain of Survival is a series of steps aimed at decreasing death and disability due to cardiac or respiratory arrest.

Chain of survival

- Early recognition
- Early access to emergency care
- Early CPR
- Early defibrillation
- Early advanced care

Slide 40

- Early recognition of warning signs
- Early access to emergency care
- Early CPR
- Early defibrillation
- Early advanced care

An AED is a machine that sends an electrical shock through the heart when certain lethal heart rhythms are detected, that:

AEDs

- What is an AED?
 - automated external defibrillators
- Differences exist between models
 - operational controls
 - protocols in programming may not be current
 - visual or audio capabilities
 - battery replacement
 - data collection method
- You **must** have training for your specific model



Slide 41

- Stops all electrical activity
- Allows the heart to regain its normal pumping action

There are many models of AEDs available on the market.

The operation of each is basically the same but there are some differences:

- Operational controls
- Protocols in programming may not be current
- Visual and audio capabilities
- Battery replacement
- Data collection method

Data collection is the electronic recording of arrest information while protocols are performed when the AED is attached to the worker.

AEDs are not on the list of equipment required to be supplied by the employer for B.C. workplaces, however an employer, in consultation with the Joint OH&S Committee or Worker Representative, may decide to supply one.

If an AED is supplied at your workplace, the employer MUST ensure you receive training in the operation of that specific model.

In addition to the AED itself, an AED unit should consist of:

Components of an AED unit

- Protective case – weather proof
- Extra battery
- Two sets of pads
- Disposable razor
- Cloth or towel
- User manual
- Scissors



Slide 42

- Protective case
 - weather proof if the AED is to be exposed to an outside environment

- if it's to be used in a cold environment (approaching freezing), a heated case may be a way of warming the AED
- Extra unexpired, unused battery
- Two sets of AED pad electrodes
- Disposable razor
- A cloth or towel
- User or instruction manual
- Scissors

Considerations when using an AED include:

Considerations for AED use

- Inspection and maintenance protocols and logs
- It is safe to use on pregnant patients and children
- Carefully remove any patch medications
- Place pads 1 inch away from implanted devices
- Pads must be well secured to chest
- Shave chest if hairy
- Wipe chest dry if wet
- Move worker if in standing water

Slide 43

- Establish inspection and maintenance protocols and logs as required by manufacturer's directions
- AED use is safe for pregnant workers and children
- Carefully remove any patch medications with gloves and wipe any excess medication from the chest with a clean cloth or gauze pad
- Place AED pad electrodes 1 inch away from implanted pacemakers or implanted defibrillators
- Ensure AED pad electrodes are well applied to the chest
- Shave pad area if chest is very hairy
- Wipe the chest with towel or cloth before applying AED pad electrodes if the chest is wet
- If attendant or worker is in standing water move to an area with no standing water

The injured worker's best chance for survival is the delivery of good quality CPR until an AED is available.

- When it is available, the AED is used immediately
- If the worker shows any signs of life, stop resuscitation efforts and assess airway and breathing
- Signs of life include:
 - normal breathing resumes (occasional gasps are not considered to be normal breathing)
 - worker moves or coughs

- worker becomes responsive
- **When an AED is not available, CPR is performed**
- The AED is used as soon as it is brought to the scene

Guided practice 2-03

Materials required

- Gloves
- Mannequin
- Pocket mask c/w one-way valve

Skill only guided practice of:

- Holding a pocket mask on the face and breath into the mannequin
-

Assess		Response
1.	Place the mask in the proper position over the worker's nose and mouth and establish a good seal	
2.	Breath into the worker ensuring the chest wall rises	

Safety alert

Students are required to perform CPR compressions during this course. Performing CPR compressions on a classmate for real could result in discomfort or injury.

Students must only simulate compressions if practicing on a classmate.

Materials required

- Gloves
- Pocket mask
- Mannequin

Manage a worker in respiratory/cardiac arrest

The attendant is called to the workplace shipping and receiving area for an unresponsive worker.

Assess		Response
1.	Scene assessment The first aid attendant is called to a lounge area by a co-worker.	<ul style="list-style-type: none"> ● No danger machines are all stopped and area secured ● One worker ● co-workers in the area report one worker was found slumped over in a chair and was carefully placed on floor

Assess		Response
2.	Assess responsiveness AVPU	worker does not respond to your voice or pain
3.	Approach the worker from the front, identify yourself, and attempt to talk with the worker <ul style="list-style-type: none"> Pinch the finger on the workers hand closest to you 	The worker does not respond to pain
4.	Transport decision	Because this worker is unresponsive, you decide that this worker requires urgent medical attention
5.	Activate the worksite emergency response procedures <ul style="list-style-type: none"> Instruct the co-worker calling the ambulance to say there is an unresponsive adult worker and to report back 	
6.	Primary survey <ul style="list-style-type: none"> From the side of the worker, open the airway using a head-tilt chin-lift Assess breathing for 5 to 10 seconds 	<ul style="list-style-type: none"> There is no breathing
7.	Request any other OFA attendants or co-workers trained in CPR to assist <ul style="list-style-type: none"> Designate co-worker to go get the AED if one is available at the worksite update the ambulance that you are starting CPR (the worker is in cardiac arrest) Ensure the worker is on a hard surface 	<ul style="list-style-type: none"> An AED is not available <p>Relate that: CPR should be initiated for all unresponsive workers who are not breathing normally or who are only breathing with occasional gasps</p>
8.	Start CPR <ul style="list-style-type: none"> Expose the chest as necessary Place hands in the centre of the chest, between the nipples Perform 30 chest compressions 	<ul style="list-style-type: none"> Compress the chest at least 5 cm (2 inches) at a rate of at least 100 per minute <p>Push hard, push fast</p> <ul style="list-style-type: none"> Allow the chest to recoil after each compression
9.	After each set of 30 chest compressions, using a pocket mask, give the worker two breaths.	One second per breath, just enough to see the chest rise <ul style="list-style-type: none"> Air goes in and the chest rises

Assess		Response
10.	Repeat the sequence of 30 compressions and two breaths until: <ul style="list-style-type: none"> • The AED arrives • A physician assumes responsibility • Worker is transferred to ambulance personnel • The attendant is physically exhausted and unable to continue • Spontaneous breathing and circulation are restored 	If possible, switch off with another trained rescuer every two minutes An AED is not available on this worksite
<p>Note: All workers who are in cardiac arrest must receive CPR unless there is clear evidence that death has occurred, for example, if there is decapitation, transection, decomposition, an adult who has been submerged in water for over 60 minutes or in certain triage situations</p> <p>If available, have helper take over compressions. Switch roles every 2 minutes or 5 cycles of 30:2.</p>		

Safety alert

Students are required to perform CPR compressions during this course. Performing CPR compressions on a classmate for real could result in discomfort or injury.
Students must only simulate compressions if practicing on a classmate.

Participant practice 2-05

Materials required

- Gloves
- Pocket mask c/w one-way valve
- Mannequin
- AED

The attendant is called to the rest room for an unresponsive worker.

Assess		Response
1.	Scene assessment The First Aid Attendant is alerted about a medical situation in one of the restrooms	<ul style="list-style-type: none"> • No danger • One worker • Co-workers in the area report one worker suddenly felt ill and was helped to the floor • No trauma
2.	Assess responsiveness AVPU	<ul style="list-style-type: none"> • worker does not respond to your voice or pain
3.	Approach the worker from the front, identify yourself, and attempt to talk with the worker	The worker does not respond to pain

Assess		Response
	<ul style="list-style-type: none"> Pinch the finger on the workers hand closest to you 	
4.	Transport decision	Because this worker is not responsive, this worker requires urgent medical attention
5.	Activate the worksite emergency response procedures <ul style="list-style-type: none"> Instruct the co-worker calling the ambulance to say there is an unresponsive adult worker and to report back 	
6.	Primary survey <ul style="list-style-type: none"> From the side of the worker, open the airway using a head-tilt chin-lift Assess breathing for 5 to 10 seconds 	<ul style="list-style-type: none"> There is no breathing
7.	Request any other OFA attendants or workers trained in CPR to assist <ul style="list-style-type: none"> Designate a co-worker to update the ambulance that you are starting CPR/AED 	An AED is readily available at the scene
8.	Prepare the AED: <ul style="list-style-type: none"> Position the AED so it is located on the side of the worker closest to the operator Open and turn on the AED Follow voice prompts Ensure the AED pads are not expired or torn and are connected to the AED 	<p>Relate that: The AED model at the workplace may operate differently</p> <p>The employer must ensure that the Attendant is trained on the specific model used at the workplace</p>
9.	Attach the AED: <ul style="list-style-type: none"> Prepare the worker's chest for the AED pads Remove the backing from the pads and place one pad below the worker's right collar bone and the other pad on the left side of the chest, just below to nipple level 	<ul style="list-style-type: none"> worker's chest is dry There is no chest hair There are no medication patches or any implanted medical devices
10.	Analyze the heart rhythm: <ul style="list-style-type: none"> Ensure no one is touching the worker and everyone is standing clear Continue following voice prompts 	<ul style="list-style-type: none"> The AED gives a "Shock Advised" prompt

11.	<p>Deliver a shock:</p> <ul style="list-style-type: none"> • Ensure no one is touching the worker and everyone is standing clear • State "I'm clear, everyone is clear, do not touch the worker" • Press the shock button if the AED advises 	<p>Relate that: if a "No Shock" prompt was given, then two minutes of CPR is administered before the heart rhythm is re-analyzed</p>
12.	<p>Administer two minutes of CPR:</p> <ul style="list-style-type: none"> • Repeat 30 compressions to two breaths four a total of five cycles 	
13.	<p>Repeat cycles of analyze/shock or no shock and two minutes of CPR until:</p> <ul style="list-style-type: none"> • A physician assumes responsibility • The worker is transferred to ambulance personnel • The attendant is physically exhausted and unable to continue • Spontaneous breathing and circulation are restored 	<p>If possible, switch off with another trained rescuer every two minutes</p>

Medical conditions

There are a number of medical conditions that commonly occur in the workplace that the Attendant may have to deal with.

In some cases these are pre-identified conditions that the worker is aware of and may have medication for.

These conditions may vary from minor discomfort to life-threatening depending on the circumstances.

General treatment for all medical conditions follows the Priority Action Approach specifically the ABC's.

Treatment of medical conditions

- Follow the Priority Action Approach
- Maintain an open airway
- Perform critical interventions
- Calm and reassure the worker
- Call an ambulance
- Follow directions on any medication
- Update the ambulance if worker's condition changes

Slide 44

- Follow the Priority Action Approach
- Maintain an open airway
- Perform any critical interventions required

- Calm and reassure the worker
- Call for an ambulance
- Follow directions on any medication the worker may have
- Update the ambulance if the worker's condition gets worse

Asthma

Asthma

- Narrowing of air passages caused by allergic reaction, infection, or irritants
- Signs or symptoms include:
 - whistling or high-pitched wheezing
 - medic Alert bracelet, necklace, or card
- Usually will carry medication in form of an inhaler
- Requires urgent medical attention



Slide 45

Asthma may be caused by:

- An allergic reaction
- A respiratory infection
- Exposure to irritants

Main signs and symptoms of asthma are:

- Whistling or high pitched wheezing during respiration
- Medic Alert bracelet or necklace indicating asthma

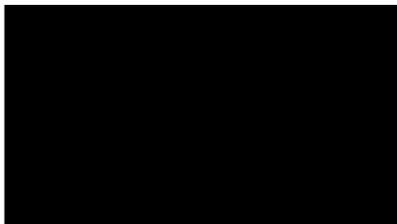
Most people who have asthma will carry some form of medication with them in the form of:

- An oral medication (tablets) **or**
Some type of inhaler that releases a mist for the worker to breathe in

Anyone having an asthma attack requires **urgent medical attention**.

Anaphylaxis

Anaphylaxis



Slide 46

Anaphylactic shock

Anaphylactic shock

- Allergic reaction from insect bites or food
- Signs or symptoms include:
 - swelling of tongue, face, and neck
 - difficulty breathing, rapid breathing, wheezing
 - medic Alert bracelet, necklace, or card
- May carry medication in the form of an EpiPen®, a spring-loaded syringe with epinephrine
- Requires urgent medical attention



Slide 47

Anaphylactic shock is a condition associated with allergic reactions that can happen quickly and can be severe enough to kill.

Common causes include reactions to insect bites and certain foods.

Main signs and symptoms of anaphylactic shock are:

- Swelling of the tongue, face, and neck area
- Difficulty breathing or rapid breathing - wheezing
- Medic Alert bracelet or necklace indicating an allergy

Most people who know they have a serious allergy will carry a device called an EpiPen® – a spring loaded syringe that will administer a premeasured dose of epinephrine to counteract the allergic reaction.

- Assist the worker with the EpiPen® if available:
 - help them to hold the injector at a 90-degree angle to the skin and press against the thigh muscle
 - once the “click” is heard hold the pen in place for a full 10 seconds
 - massage the area to aid in quicker dispersal
 - if no improvement in 5 minutes assist with a second dose

An attendant may administer an EpiPen® to an unresponsive worker if the following three criteria are met:

- There is history of exposure to an allergen
- The worker shows signs of anaphylactic shock
- There is no known reason not to give the EpiPen® for example, if the worker has a known heart condition.

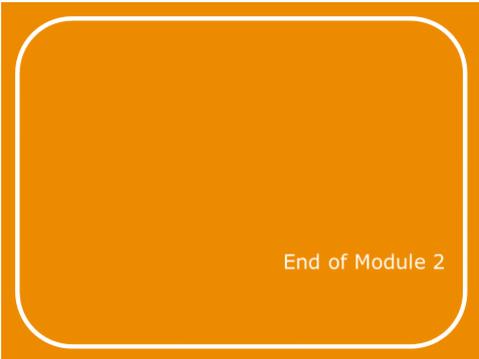
Anyone in anaphylactic shock requires **urgent medical attention**.

Epinephrine Auto-Injector

Epinephrine Auto-Injector



Slide 48



Slide 49

WorkSafeBC

Occupational First Aid

Module 3

Participant Guide

Module 3

Objective

A competent Level 1 first aid attendant will be able to:

- Manage bleeding
- Identify the signs of shock
- Reposition an injured worker
- Identify common medical emergencies
- Manage common medical emergencies

The procedures will follow the guidelines described in the Occupational First Aid Level 1 Participant Guide.

Module 3	
Lecture / discussion	Shock and bleeding
Instructor demo 3-01	Internal bleeding – sitting worker
Practice 3-01	Internal bleeding – sitting worker
Guided practice 3-02	Loop tie / pressure bandage / Elastic Velcro strap
Instructor demo 3-03	External bleeding – standing face up
Practice 3-03	External bleeding – standing face up
Guided practice 3-04	Tourniquet
Lecture / Discussion	Medical Conditions

Materials and equipment

- Presentation equipment
- First aid training equipment

References

Occupational First Aid Level 1 Participant Guide

Shock and bleeding – discussion

Recognition of shock and the control of bleeding are essential to the survival of the injured worker.



Slide 50

In Module 3 we will cover:

Module 3

- What is shock?
- How to recognize it
- The control of bleeding
- Identification and management of medical emergencies

Slide 51

- What is shock
- How do we recognize it
- The control of bleeding
- The identification and management of various medical emergencies

We've seen that blood, in the circulatory system, transports oxygen and nutrients to all the body cells and removes wastes.

If for some reason something interferes with this transportation system, the cells are no longer adequately supplied with oxygen and start dying.

This state of oxygen starvation is called shock.

Shock

- State of oxygen starvation of the cells
- Progressive condition – can become irreversible
- Injured workers in shock require urgent medical attention
- Recognizing shock is most important

Slide 52

Shock is a progressive condition and can quickly become irreversible.

Workers in shock require urgent medical aid.

Recognizing shock early is one of the most important functions of the First Aid Attendant.

A person is in shock if:

Signs of shock

- Skin is **pale** and **cool** and history of major external bleeding or internal injury
- Skin is **pale, cool, and clammy**

Slide 53

- The skin is pale and cool **and** there is a history of major external bleeding or internal injury
- The skin is pale, cool, and clammy

Recognizing shock is critical unless this is done quickly, the person may die.

Treatment for shock

- Call an ambulance
- Stop any external bleeding
- Avoid unnecessary movements
- Place worker on their back
- Protect the worker from the elements
- Keep the worker comfortably warm
- Give nothing to drink

Slide 54

- Call an ambulance
- Stop any external bleeding
- Avoid unnecessary movements

- Place worker on their back
- Protect the worker from the elements
- Keep the worker comfortably warm
- Give nothing to drink

For the control of **external bleeding**

Critical interventions for bleeding control

- **Position the patient**
 - laying down
- **Pressure – Direct or Indirect**
 - directly over the wound after exposing
 - helper hold for completing the Primary survey
 - apply dressing and bandage for even pressure
 - check for rebleed in ABC reassessment
 - update the ambulance if patient's condition changes
- If blood soaked apply another dressing and bandage overtop

Slide 56

- Position the worker laying down
 - with worker at rest, heart rate slows – this slows bleeding
- Pressure – directly over the wound after exposing the area
 - compresses the blood vessels, stopping the bleeding
 - helper holds for completing the Primary Survey
 - apply dressings and a bandage that will maintain even pressure over the wound area
 - check for re-bleeding during ABC reassessment
 - update the ambulance if the worker's condition changes

If dressing and bandage become soaked with blood, add a second dressing and bandage but do not remove the first bandage because it would disturb the clotting process.

A tourniquet is applied if direct pressure is not controlling the bleed or the limb is entrapped and you do not have access to the bleed. In these circumstances a tourniquet may be used to control the bleed.

Tourniquet application

- **For a partial amputation/severe bleed**
 - In the upper part of the limb
- **For a complete amputation**
 - As close to the amputation as possible while controlling the bleed
- **Marking**

Slide 56

- Application, for a partial amputation, severe bleed
 - Apply the tourniquet to the middle of the upper limb
 - Do not place over a joint
 - Tighten till the bleeding stops
 - Lock the tourniquet in the tightened position

- Application, for a complete amputation
 - Apply the tourniquet just above the amputated part
 - Tighten till the bleeding stops
 - Lock the tourniquet in the tightened position
- Tourniquet application marking
 - Mark the worker in some way that will be seen easily that a tourniquet has been applied. The time it was applied

Participant practice 3-01

Materials required

- Gloves
- First aid kit
- Blanket

Manage internal bleeding (responsive, sitting on ground/floor)

- A responsive sitting worker with suspected internal bleeding

The first aid attendant responds to a call for first aid in the warehouse, a worker was struck by a moving forklift.

Assess		Response
1.	Scene assessment First Aid Attendant is called to the warehouse	<ul style="list-style-type: none"> • No danger • One worker • Knocked down by a moving forklift
2.	Assess responsiveness AVPU	The workers eyes are open and is aware of you as you approach, worker is alert
3.	Approach the worker, from the front, with a first aid kit and blanket, identify yourself and attempt to talk with the worker	The worker responds with clear speech and is very anxious, complaining of pain in the upper abdomen, the skin looks pale
4.	Transport decision	This worker requires urgent medical attention (mechanism and cool, pale skin)
5.	Activate the worksite emergency response procedures <ul style="list-style-type: none"> • Instruct the co-worker calling the ambulance to say there is a conscious adult hit by a forklift who may be in shock and to report back 	

6.	With support of the head, neck and upper body lay the worker face up with a co-worker's assistance <ul style="list-style-type: none"> • Tell the worker not to move their head and explain what you are going to do • Kneel beside the worker steady and support the head and neck • Direct a co-worker go to the opposite side and assist laying the worker onto their back • Direct the helper to support the head 	
7.	Assess the breathing	Breathing is shallow, but effective
8.	Assess the skin	The skin is cool, pale, and clammy, the worker is irritable and anxious
9.	Conduct a rapid body survey <ul style="list-style-type: none"> • Expose the chest (using scissors in kit) 	<ul style="list-style-type: none"> • No major external bleeding or gross deformity • worker complains of pain in right upper abdomen
10.	Cover the worker with a blanket and reassure the worker	
11.	Reassess the ABC, s every five minutes while waiting for the ambulance. if the worker's condition changes those changes must be update relayed to the ambulance dispatch	

Participant practice 3-02

Materials required

- Gloves
- First aid supplies

Skill only guided practice of:

- The application of a loop tie
- The application of a pressure dressing
- The application of a quick strap

Assess	Response
The application of a loop tie on the upper leg	
The application of a pressure dressing on the upper leg	
The application of a quick strap on the upper leg	

Participant practice 3-03

Materials required

- Gloves
- Triangular bandage
- Elastic Velcro strap
- Blanket
- First aid kit with supplies

Manage external bleeding (responsive, face up)

- External arterial bleeding from the thigh of a responsive standing worker. The worker was cut by a circular saw

The attendant has been called to the fabrication area for an injured worker

Assess		Response
1.	Scene assessment	<ul style="list-style-type: none"> • No danger, scene is safe the circular saw is unplugged • One worker • There is large bleed in the thigh area • The worker is anxious • Colour appears normal
2.	Assess responsiveness AVPU	The workers eyes are open and is aware of you as you approach, worker is alert
3.	Approach the worker from the front, identify yourself, and talk to the worker and put on medical gloves	Worker responds with clear speech
4.	Transport decision	Because this worker has a large bleed, this worker requires urgent medical attention
5.	Activate the worksite emergency response procedures <ul style="list-style-type: none"> • Instruct the co-worker calling the ambulance to say there is a responsive adult who cut his leg with a circular saw and to report back 	
6.	Go straight to the bleed, expose the area using the scissors in the kit and apply pin point direct pressure over the wound site (use bulky dressings)	The bleeding stops with direct pressure
7.	Direct the co-worker to put gloves on and maintain direct pressure on the dressings	
8.	Assess the airway and breathing	The breathing is normal
9.	Look for signs of shock	Skin is normal colour, warm and dry
10.	Complete the rapid body survey	Nothing else found

Assess		Response
11.	Apply an additional dressing over the first one if blood has soaked through the original dressing, and apply a bandage	Bandage must be tight enough to control bleeding without cutting off circulation. All dressing must be covered with the bandage.
12.	Cover worker with a blanket and reassure the worker	
13.	Reassess ABC's including a check of the bandaged area for re-bleeding	The bandage is becoming blood soaked
14.	Apply an additional dressing and another bandage over the original bandage – update the ambulance if there are any changes	Note: have students use a different bandage style as the first one applied.

Participant practice 3-04

Materials required

- Gloves
- First aid supplies
- Commercial Tourniquet
- The application of a Tourniquet

Assess		Response
	The application of a tourniquet to the upper leg	

Medical conditions Con't– discussion

Treatment of medical conditions

- Follow the Priority Action Approach
- Maintain an open airway
- Perform critical interventions
- Calm and reassure the worker
- Call an ambulance
- Follow directions on any medication
- Update the ambulance if worker's condition changes

Slide 57

- Follow the Priority Action Approach
- Maintain an open airway
- Perform any critical interventions required
- Calm and reassure the worker
- Call for an ambulance
- Follow directions on any medication the worker may have
- Update the ambulance if the worker's condition gets worse

Stroke

Stroke



Slide 58

Stroke

- Brain damage caused by blocked or ruptured blood vessel
- Signs or symptoms include:
 - change in mental ability, decreased responsiveness
 - severe headache
 - weakness or paralysis of face, arm, or leg
 - drooping mouth and/or eyelids
 - trouble understanding speech and/or inability to speak
- Position unresponsive worker in the recovery position
- Be careful of what is said around the worker



Slide 59

A stroke is sudden brain damage caused by a blocked or ruptured blood vessel in the brain. The worker requires **urgent medical attention**.

A severe stroke may cause death, and a less severe one may cause impairment of certain body functions.

Signs and symptoms of a stroke May be identified with the FAST mnemonic

FAST

Facial drooping

Arm weakness

Speech difficulty

Time

Slide 60

- **F**acial drooping, ask them to smile
- **A**rm weakness, have them lift both arms straight in front of them
- **S**peech difficulty
- **T**ime to call 9-1-1

If the worker is unresponsive, position the worker in the recovery (3/4 prone) position due to a high probability of vomiting.

A person suffering from a stroke may be unable to speak but will probably be able to hear and understand what is being said, be careful of what is said.

Diabetes

Diabetes

- Body is not able to regulate the level of blood sugar
- Signs or symptoms include:
 - Decreasing level of consciousness
 - Pale, clammy, or warm, dry skin
 - Confusion, restlessness, irrational behaviour (may appear intoxicated)
 - Medic Alert bracelet, necklace, or card
- If unresponsive position $\frac{3}{4}$ -prone
- If fully responsive give sugar or sugar containing substance
- If no improvement, patient requires **urgent medical attention**



Slide 61

Diabetes is a disease that affects the body's ability to regulate the level of blood sugar.

Signs and symptoms may vary significantly depending on the sugar and insulin levels in the blood and could include:

- Decreasing level of consciousness
- Pale clammy or warm dry skin
- Confusion, restlessness, irrational behavior, may appear intoxicated
- Medic Alert bracelet or necklace indicating Diabetes

If unresponsive, position the worker in the recovery (3/4 prone) position, reassess the ABC's and update the ambulance of any changes.

If fully responsive give sugar, honey, syrup, fruit juice, pop (not diet pop), and/or candy bars.

If condition does not improve immediately or worker has a decreasing level of consciousness they require **urgent medical attention**.

Seizures

Seizures

- Generalized body convulsions caused by epilepsy, alcohol or drugs, or neurological conditions
- Attempt to place in the recovery position to drain fluids from the airway
- While seizure is ongoing, protect from further injury and **maintain an open airway**
- After a seizure, a worker is often unresponsive, reassess the ABCs every five minutes
- Update the ambulance

Slide 62

Generalized body convulsions which can be caused by epilepsy, alcohol or drugs, or neurological conditions, requires **urgent medical attention**.

Attempt to position the worker in the recovery position to help drain fluids from the airway.

While the seizure is ongoing, protect the worker from further injury and **maintain an open airway**.

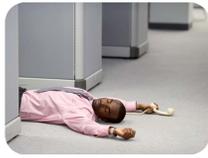
After a seizure a worker is often unresponsive – reassess the ABC's every five minutes.

Update the ambulance if there are any changes in the worker's condition.

Fainting

Fainting

- Loss of consciousness not associated with trauma
- Signs or symptoms include:
 - brief loss of consciousness
 - feeling weak and/or dizzy
- Keep the worker laying down
- Transport to medical aid for the cause to be investigated



Slide 63

Fainting is a loss of responsiveness not usually associated with trauma.

People may faint for a wide variety of reasons, but it is usually of a short duration and the worker becomes responsive quickly.

Signs and symptoms of fainting include:

- A loss of responsiveness usually for a brief period
- The worker may feel weak, and/or dizzy

Even if the worker becomes responsive quickly, it is best to keep them laying down – allowing them to sit or stand up too soon may result in the worker fainting again.

It is important the worker is transported to medical aid for the cause to be investigated.

If the worker does not become responsive quickly, they require **urgent medical attention**. Reassess ABC's every 5 minutes and update the ambulance if the worker's condition changes.

Burns

Burns

- Superficial (1st degree)
 - outer layer of skin
 - redness and pain
- Partial thickness (2nd degree)
 - second layer of skin
 - blisters and pain
 - medical aid if large or in sensitive areas
- Full thickness (3rd degree)
 - full thickness of skin and tissues, less pain
 - requires immediate cooling and medical aid
- Cool the burn for 10 minutes minimum

Slide 64

Burns require careful assessment.

Excessive external heat causes damage to the skin and possibly the underlying structures.

The extent of damage from a burn depends on the size of the area affected and the depth of the tissue involved.

When discussing depth, burns are described as first, second, and third degree.

Superficial burn (first degree)

- Involve outer layer of skin causing redness and pain
- Do not require medical aid unless large areas of the body are involved

Partial Thickness burn (second degree)

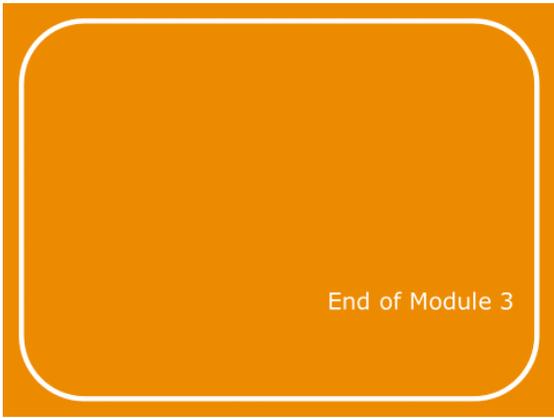
- Involve the second layer of skin causing blisters and pain
- Fluid loss into the blisters can be a complication
- Require medical aid if significant or in sensitive areas

Full Thickness burn (third degree)

- Involve full thickness of skin and underlying tissues
- Damage to nerve endings so may be less pain
- May appear charred or dry and pale
- Fluid can be lost into tissue spaces
- Require immediate cooling and urgent medical aid

Management of burns involves immediate cooling after the Primary Survey (cool for 10 minutes minimum)

- If worker is walking use sink or tap
- Use wet dressings on larger burns
- Cool until worker feels relief
- Take off rings, watches or clothing
- Dress and bandage as for any open wound



Slide 65

WorkSafeBC

Occupational First Aid

Module 4

Participant Guide

Module 4

Objective

Lesson 4 is a review lesson. Use this time to cycle through class and assess student competency and reinforce skills learned.

Module 4	Participant Practice
Participant Practice	

Materials and equipment

- First aid training equipment

Rotation 1-1

Objective

To recognize and manage an unresponsive worker found on their side.

A food services worker slipped on a wet floor and fell backward, striking their head on the tile floor. The worker is on the left side, eyes closed, not moving. The skin is a normal colour and there is no obvious bleeding or deformity.

A ladder collapsed and a painter fell four metres to the ground. The worker is on their right side, eyes closed, not moving. The skin is a normal colour and there is no obvious bleeding or deformity.

A stunt-person in a movie fell five metres from a window and landed on the ground, rather than the designated landing area. The worker is on their left side, eyes closed, not moving. The skin is a normal colour and there is no obvious bleeding or deformity.

- One worker, danger – not safe, wet floor/ladder/movie set still a hazard
- Have workers secure the area - wet floor/ladder/movie set
- Worker does not respond to voice or pain to the finger
- Activate worksite emergency response procedures – send for an ambulance
- Roll the worker onto their back
- Open airway using a head-tilt chin-lift
- Assess breathing – airway is clear, worker is breathing normally
- Pass off head-tilt chin-lift to a co-worker
- Assess skin - skin is normal colour, warm, dry
- RBS – no obvious bleeding or gross deformity
- Cover worker with a blanket and reassure
- Reassess ABCs every five minutes – update ambulance

Rotation 1-2

Objective

To recognize and manage a responsive worker with a severe (complete) airway obstruction who becomes unresponsive.

A co-worker stands up from the table in the lunchroom and clutches her throat. The worker is unable to speak or cough. Workers face is red (flushed).

At a health and safety meeting, the secretary stands up and clutches his throat. The worker is unable to speak or cough. His face is red (flushed).

You receive a telephone call and are summoned to the vice-president's office because they are choking. When you arrive in the office, the VP is unable to speak or cough. Thier face is red (flushed).

- One worker, no further dangers
- Worker is not speaking or coughing
- Activate worksite emergency response procedures – send for an ambulance – worker requires urgent medical attention
- Identify yourself and explain what you are going to do
- Give 5 back blows and 5 abdominal thrusts until airway clears
- Worker collapses
- Lay worker on their back, protecting their head
- Send co-workers to get the AED and update the ambulance
- Give 30 chest compressions
- Look in mouth and remove any object seen – nothing seen
- Attempt to breath into the worker – no air goes in (chest does not rise)
- Reposition the head and breathe again(chest does not rise)
- Give 30 chest compressions
- Look in mouth and remove any object seen – food is removed
- Attempt to breath – air goes in – second breath – worker starts to breath
- Ask co-worker to maintain open airway using the head tilt chin lift
- Assess breathing – breathing is normal
- Assess skin is normal colour, warm, and dry
- RBS – nothing else found
- Place worker in the recovery position
- Cover worker with a blanket and reassure
- Reassess ABCs every five minutes – update ambulance

Rotation 1-3

Objective

To recognize and manage an unresponsive, non-breathing worker found face down.

A dock worker fell seven metres and struck a log before entering the water. Bystanders tell you the worker was face down in the water for five minutes. Worker was placed face down on the dock, not moving, blue (cyanotic), and wet.

While cutting grass on a steep slope, a maintenance worker was thrown from the riding lawnmower as it rolled into a water-filled ditch. The worker was face-down in the water. Bystanders pulled the worker out of the ditch and placed worker face down on the grass. Worker is not moving, blue (cyanotic), and wet.

A fisherman was struck in the head and fell overboard. It took co-workers about five minutes to pull worker back onto the boat. The worker is face down, not moving, blue (cyanotic), and wet.

- One worker, no further hazards
- Worker does not respond to shouting or pain to the finger
- Activate worksite emergency response procedures – send for an ambulance – worker requires urgent medical attention
- Roll worker onto their back
- Open airway using head-tilt chin-lift
- Assess airway and breathing – not breathing
- Send co-worker to get the AED and update the ambulance
- Start CPR – apply 30 chest compressions
- Breathe into the worker twice – air goes in (chest rises)
- Continue with cycles of 30 compression and two breaths until ambulance or AED arrives (use AED right away if it arrives)
- If possible, switch compressors every two minutes

Rotation 1-4

Objective

To recognize and manage arterial bleeding on a responsive worker.

A mill worker was struck on the back of the left knee by a log and knocked to the ground. The worker is laying on their right side, calling for help. Skin is pale, left pant leg is soaked with blood, and there is a large pool of blood on the ground.

A warehouse worker was struck in the back of the left knee by a forklift and knocked to the ground. The worker is on his right side, calling for help. Skin is pale, left pant leg soaked with blood, and a large pool of blood is noted.

A construction worker was struck in the left knee and knocked to the ground when her nail gun misfired. The worker is on her right side, calling for help. Skin is pale, left pant leg is soaked with blood, and a large pool of blood is noted.

- One worker, no further hazards
- Activate worksite emergency response procedures – send for an ambulance – worker requires urgent medical attention – massive bleed, trauma and pale skin on approach
- Tell worker to lie still
- Tell a helper to put on gloves and apply pressure to the bleed
- Roll worker onto their back with helpers
- Have co-workers take over support of the workers head
- Assess airway and breathing – worker is breathing and talking clearly
- Expose left knee – massive arterial bleeding present
- Apply pin point direct pressure with bulky dressings – bleeding slows
- Another co-worker to helper take over direct pressure
- Assess skin – cool, pale and dry
- RBS – nothing else found
- Dress and bandage the wound
- Cover patient with a blanket and reassure
- Reassess ABCs every five minutes and recheck that the bandages are not blood soaked – apply additional dressing and bandages if needed – update ambulance

Rotation 2-1

Objective

To recognize and manage a severe (complete) airway obstruction.

A worker is found unresponsive in a chair. Worker is unresponsive and not moving. Skin is pale.

You are called to the lunchroom. A worker is found unresponsive in a chair. Worker is not moving and their skin is pale.

You are called to the parking lot. A worker is found unresponsive in a car. Worker is unresponsive and their skin is pale.

- One patient, no further dangers
- Lay patient on their back (supine)
- Patient does not respond to shouting or a gentle tap on the shoulder
- Activate worksite emergency response procedures – send for an ambulance – patient requires urgent medical attention
- Open airway using a head-tilt chin-lift
- Assess breathing – no breathing
- Send bystanders to get the AED and update the ambulance
- With helpers, move the patient from sitting to a firm surface
- Apply 30 chest compressions
- Attempt to ventilate – air does not go in (no visible chest rise)
- Look in mouth and remove any object seen - nothing is seen
- Ensure airway is open (confirm adequate head tilt, chin lift) and attempt to ventilate the patient again - air does not go in (no visible chest rise again)
- Apply 30 chest compressions
- Look in mouth and remove any object seen – a piece of apple is removed
- Attempt to ventilate - air goes in – two breaths – patient begins to breathe
- Assess airway and breathing – breathing is quiet, normal chest rise/fall
- Pass off head-tilt chin-lift to a helper (patient still unresponsive)
- Assess skin – cool, pale, and dry
- RBS – nothing found
- Place worker in the recovery position
- Cover patient with a blanket and reassure
- Reassess ABCs every five minutes – update ambulance

Rotation 2-2

Objective

To recognize and manage a patient in respiratory/cardiac arrest who vomits.

Co-workers inform you this worker has been complaining of severe chest pain moments before appearing faint and had to be helped to the floor. Worker is now on their back, not moving, and blue (cyanotic). No blood is visible.

You are called to the boardroom for a worker who is having chest pain. When you arrive, worker is unresponsive in a chair and co-workers are laying the worker onto their back on the floor. Worker is cyanotic (blue). No blood is noted.

A co-worker reports to the first aid room complaining of severe chest pain. Worker appears cyanotic (blue), and dizzy and is helped to the floor. As you are helping the worker to the floor, they becomes unresponsive.

- One patient, no further hazards
- Patient does not respond to shouting or a pain to the finger
- Activate worksite emergency response procedures – send for an ambulance – patient requires urgent medical attention
- Open airway using head tilt chin lift
- Assess breathing – no breathing
- Send bystanders to get the AED and update the ambulance
- Apply 30 chest compressions
- Ventilate with two breaths – patient vomits
- Support head and roll lateral – finger sweep the mouth, assess airway is clear of vomit – no breathing
- Roll patient on their back
- Apply 30 chest compressions
- Ventilate with two breaths – air goes in – no spontaneous breathing
- Continue with cycles of 30 compression and two ventilations until ambulance or AED arrives or the patient starts breathing
- If possible, switch compressors every two minutes
- If the patient's condition changes, update ambulance

Rotation 2-3

Objective

To recognize and manage a responsive patient with back pain.

A roofer fell nine metres from the roof and landed supine in the mud. Worker is complaining of back pain. Their skin is pale and there is no visible blood.

A tree pruner fell eight metres from a tree and landed on their back. Worker is complaining of back pain. Skin is pale and there is no blood visible.

A retail worker fell down a flight of stairs and landed on their back. Worker is complaining of back pain. Skin is pale and there is no blood visible.

- One patient, no further dangers
- Patient is talking clearly
- Activate worksite emergency response procedures – send for an ambulance – patient requires urgent medical attention – trauma and pale skin on approach
- Assume C-spine control – remind patient to lay still
- Assess airway and breathing – patient is breathing and talking clearly
- Assess skin – cool, pale, and dry
- RBS – no blood is discovered and nothing else was found
- Cover the patient with a blanket and reassure
- Reassess ABCs every five minutes – update ambulance

Rotation 2-4

Objective

To recognize and manage a responsive patient with a mild (partially) obstructed airway with good air exchange.

A co-worker stands up at the table in the lunchroom, clutching their throat and starts to cough. The patient hoarsely asks for help. Their skin is flushed (red).

You are called to the meeting room to attend to a fellow worker who is choking. As you approach, the worker is coughing effectively and asking for help. Their skin is flushed (red).

While eating lunch with a co-worker, another worker stands up at the table, clutching their throat and coughing. The patient hoarsely asks for help. His skin is flushed (red).

- One patient, no further dangers
- Assess airway – patient is coughing effectively, speaking hoarsely
- Assess breathing – good air exchange
- Assess skin – flushed and dry
- Patient's airway clears by coughing after a few moments
- Monitor and reassure patient
- If the patient's condition gets worse, update ambulance

Rotation 3-1

Objective

To recognize and manage a worker laying on their back with blood obstructing the airway.

A landscaper was using a come-a-long to pull out an old tree stump. A section of rotten wood broke free and struck the worker in the face. The worker is lying supine. Blood can be seen on face and bubbles near the nose and mouth. His skin is pale and cyanotic (blue). As you get closer you hear a noisy, gurgling sound.

A sawmill worker was struck in the face by a log. Worker is laying their back and blood can be seen on face with bubbles near the nose and mouth. Skin is pale, cyanotic (blue), and you hear a noisy, gurgling sound as you approach.

A steelworker was struck in the face by a beam as it broke from a cable. The worker is laying on their back and blood is seen on his face with bubbles near the nose and mouth. Workers skin is pale, cyanotic (blue), and you hear gurgling as you approach.

- One patient, no further hazards
- Patient does not respond to shouting or to pain to the finger
- Activate worksite emergency response procedures – send for an ambulance – patient requires urgent medical attention
- Roll the patient onto their side
- Finger sweep to clear the airway – blood and teeth are swept out
- Assess the airway – airway is clear – breathing is present
- Roll patient on their back
- Open airway using a head-tilt chin-lift
- Assess airway and breathing – breathing is quiet, normal
- Hand off head-tilt chin-lift to a helper
- Assess skin – cool, pale, cyanotic and dry
- RBS – nothing else found
- Cover the patient with a blanket
- Reassess ABCs every five minutes – update ambulance

Rotation 3-2

Objective

To recognize and manage an unresponsive patient with arterial bleeding.

A forklift driver is thrown out of the vehicle when it tips over. Worker laying on their back, not moving. Skin is pale, pants on the left thigh are soaked with blood, and there's a large pool of blood in that area.

A logging truck driver is thrown out of the vehicle as it rolls over. Worker laying on their back, not moving, and his eyes are closed. Skin is pale, pants on the left thigh are soaked with blood and there is a pool of blood in that area.

A tree planter is thrown off the ATV when it rolls over a steep hill. Worker is on their back, not moving, and eyes are closed. Skin is pale, pants on the left thigh are soaked with blood, and there is a large pool of blood in that area.

- One patient, no further danger
- Patient does not respond to shouting or pain to the finger
- Tell a helper to glove up and apply direct pressure to the bleed
- Activate worksite emergency response procedures – send for an ambulance – patient requires urgent medical attention
- Open the airway using a head-tilt chin-lift
- Assess breathing – breathing is quiet, normal
- Hand off head-tilt chin-lift to a helper
- Expose left thigh area – arterial bleeding present
- Apply direct pressure with bulky dressings
- Helper to maintain direct pressure
- Assess skin – cool, pale, and dry
- RBS – nothing else found
- Dress and bandage wound
- Cover the patient with a blanket
- Reassess ABCs every five minutes – update ambulance
- Recheck bandages and re-bandage if needed

Rotation 3-3

Objective

To recognize and manage an unresponsive patient who vomits.

A drywaller fell three metres from a ladder and struck his head on the way down. The patient is laying on their stomach, unresponsive, and eyes are closed. Skin is normal and no blood is visible.

A logger was struck in the head by a branch from a falling tree. The patient is laying on their stomach, unresponsive, and eyes are closed. His skin is normal, and no blood is visible.

A roofer fell four metres to the ground. The patient is laying on the ground, unresponsive, and eyes are closed. Her skin is normal, and no blood is visible.

- One patient, no further dangers
- Patient does not respond to shouting or a pinch to the finger
- Activate worksite emergency response procedures – send for an ambulance – patient requires urgent medical attention
- Roll patient onto their back
- Open airway using a head-tilt chin-lift
- Assess breathing – breathing is quiet normal
- Hand off head-tilt chin-lift to helper
- Patient vomits
- Roll patient onto their side
- Finger sweep to clear the airway – vomit is swept out
- Assess airway – airway is clear patient is breathing
- Roll patient onto their back
- Open airway using a head-tilt chin-lift
- Assess airway and breathing – breathing is quiet, normal
- Hand off head-tilt chin-lift to helper
- Assess skin – normal, warm, and dry
- RBS – nothing else found
- Cover the patient with a blanket
- Reassess ABCs every five minutes – update ambulance

Rotation 3-4

Objective

To recognize and manage a responsive patient suffering from smoke inhalation.

There has been a fire in the shipper's office. The shipper, in an effort to put the fire out, was overcome by smoke and had to be helped from the office. The patient is standing, coughing vigorously, and his skin color is normal.

You have been told there is a fire in the lunchroom. When you arrive at the scene, you are informed that a worker extinguished the fire, was overcome by smoke, and was helped from the room. The worker is standing, coughing, and her skin is a normal color.

There has been a fire in the stock room. The worker, in an effort to put the fire out, was overcome by smoke, and helped from the room. The worker is standing, coughing, and his skin is a normal color.

- One patient, no further dangers
- The patient did not fall and was not struck
- Activate worksite emergency response procedures – send for an ambulance – patient requires urgent medical attention
- Assess airway – clear, patient coughing effectively
- Position patient for ease of breathing – patient prefers semi-sitting
- Fully support patient
- Assess breathing – patient is coughing but breathing effective
- Assess skin – normal, warm, and dry
- RBS – modified, patient does not hurt anywhere else
- Cover the patient with a blanket and reassure
- Reassess ABCs every five minutes – update ambulance

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Occupational First Aid

Module 5

Participant Guide

Module 5

Objective

- Completion of written closed book examination

Module 5	
Written test	25 multiple choice questions
Administration	Check ID complete documentation

Materials and equipment

- Exams
- Answer sheet
- Answer key
- Certificates

This is a closed book written examination

If a participant has performed well in the practical aspect of the course but does not achieve 70% on the written examination, refer to the Training Agency policy for Oral Written Exams for instructions on how to proceed.

Any accommodation given to a participant, regarding the written examination, must be well documented and forwarded to the Training Agency for inclusion in the training records.

Refer to the Training Agency policy on violence in the workplace for procedures to follow when discussing the certification decision with each participant.

Class activity

- Distribute written exam to each participant
- Allow 30 minutes for the written exam – 25 multiple choice questions
- Ensure pencils are available, explain multiple choice exam format
- One correct answer per question

Instructor administration

- Ensure all photo ID is checked
- Ensure all student application forms have been completed
- Ensure the Student Checklist has been completed and ready to forward to the training agency
- Ensure participants complete class evaluation
- Ensure exams are marked and student checklist completed
- Ensure certificate numbers are recorded
- Issue certification to those participants who have qualified

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Occupational First Aid

Appendix A
Participant Guide

Appendix A

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Occupational First Aid

Appendix B
Participant Guide

Appendix B

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Occupational First Aid

Appendix C
Participant Guide

Appendix C

Sections

- Small wounds and cuts Page C-2
- Sprains Page C-3
- Tendonitis Page C-4
- Flash burns Page C-5
- Minor burns Page C-6
- Back strain Page C-7

Small wounds and cuts

You have an open wound.

With proper care it should start to feel better in about three to four 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 to 48 hours after the injury
- 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, a 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 three to four days.

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

- Whenever possible, elevate the limb
- Continue to apply cold for 20 minute on 5 minutes off
- Remove the crepe bandage for sleeping
- You may notice some pain the following day when bearing weight, with the crepe removed you may notice some increased swelling when the limb is not elevated
- Report to first aid 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 three to four 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 the splint for sleeping
- Continue to apply cold for 20 minute on 5 minutes off
- Alternating cold and heat may also assist in healing
- You may notice minor pain the following day
- Report to first aid 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 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 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 for 20 minutes on 5 minutes off for the first 24 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 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.

WorkSafeBC

Occupational First Aid

Appendix D
Participant Guide

Appendix D

Sections

- Sample of completed First Aid Record for arm laceration (Participant Practice 4-01) Page D-2
- Completed First Aid Record for arm laceration follow-up (Participant Practice 4-02) Page D-3
- Blank First Aid Record Page D-4

First Aid Record

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

Sequence number 20160016

Name Mary George	Occupation Millwright
Date of injury or illness 2016-02-01	Time of injury or illness 2:35 PM
Initial reporting date and time 2016-02-01 at 2:40 PM	Follow-up report date and time <input type="checkbox"/>
Initial report sequence #	Subsequent report sequence number(s)

A description of how the injury, exposure, or illness occurred (What happened?)

Worker was reaching down into the motor on power unit 16, tightening the exhaust manifold. She cut her left arm on a sharp piece of heat-shielding metal when she pulled her arms out of the power unit.
--

A description of the nature of the injury, exposure, or illness (What you see - signs and symptoms)

ABC's all normal; no allergies; 2 cm long laceration to the upper inside area of the left forearm.
Laceration is just through the thickness of the skin. Minimal bleeding and pain; no swelling; wound appears clean; normal circulation and nerve function beyond the injury.

A description of the treatment given (What did you do?)

Assessed ABC's; supported arm and covered wound with sterile gauze. Examined arm from shoulder to fingertips. Clean the wound by prolonged flushing of the wound with tap water. Applied skin closures. Dressed with 4 layers of sterile gauze and absorbent dressing; bandaged with crepe roller.
--

Name of witnesses

1. Anna Prentice was working with Mary George	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 gets wet or dirty or pain increases. Must return at start of next shift (Feb 2, 2016) for redressing.
--

Provided worker handout	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate duty options were discussed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A form to assist in return to work and follow-up was sent with the worker to medical aid	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
First aid attendants name (please print) Lee Lewis	First aid attendants signature <i>Lee Lewis</i>	
Patient's signature <i>Mary George</i>		

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

First Aid Record

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

Sequence number 20160018

Name Mary George	Occupation Millwright
Date of injury or illness 2016-02-01	Time of injury or illness 10:02 AM
Initial reporting date and time 2012-02-01 at 10:05 AM	Follow-up report date and time <input checked="" type="checkbox"/> 2016-02-02 at 8:10 AM
Initial report sequence # 20160016	Subsequent report sequence number(s)

A description of how the injury, exposure, or illness occurred (What happened?)

See report on Sequence #20160016

A description of the nature of the injury, exposure, or illness (What you see - signs and symptoms)

ABCs all normal; 2 cm long laceration to the upper inside area of the left forearm. Laceration is beginning to heal. Skin closures still in place. Minimal redness and pain; no swelling or pus; normal circulation and nerve function beyond the injury.

A description of the treatment given (What did you do?)

Assessed ABC's; supported arm and removed old bandage and dressing. Examined arm from elbow to fingertips. Cleansed around wound with water or sterile saline, cleaned over wound with sterile saline. Left skin closures in place. Dressed with 4 layers of sterile gauze and absorbent dressing; bandaged with crepe roller.

Name of witnesses

1. Anna Prentice was working with Mary George	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 gets wet or dirty or pain increases. Must return at start of shift in two days (Feb 4, 2016) for redressing.

Provided worker handout	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate duty options were discussed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A form to assist in return to work and follow-up was sent with the worker to medical aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No

First aid attendants name (please print) Lee Lewis	First aid attendants signature Lee Lewis
Patient's signature Mary George	

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

First Aid Record

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

Sequence number

Name	Occupation
Date of injury or illness	Time of injury or illness
Initial reporting date and time	Follow-up report date and time <input type="checkbox"/>
Initial report sequence #	Subsequent report sequence number(s)

A description of how the injury, exposure, or illness occurred (What happened?)

A description of the nature of the 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate duty options were discussed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A form to assist in return to work and follow-up was sent with the worker to medical aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No

First aid attendants name (please print)	First aid attendants signature
Patient's signature	

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

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Occupational First Aid

Appendix E

Participant Guide

Mental Health and 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

1. P.T.S.D. – Post Traumatic Stress Disorder

Posttraumatic stress disorder (PTSD) Critical Incident Stress

Management 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. (PTSD association of Canada)

Critical incident stress management (CISM) 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 well-being 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.

Reference-(Critical Incident Stress Management, CSC)

Anxiety 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.

Reference-(HealthLink BC)

Signs of Stress

Physical

Shock

Palpitations

Jumpiness

Fatigue

Digestive or intestinal problems

Dizziness

Headache

Aches and pains

Cognitive

Poor judgement

Trouble concentrating

Negative thinking

Interpersonal

Withdrawal

Isolation

Emotional

Anxiety

Helplessness

Moodiness

Feeling overwhelmed

Anger

Hypersensitivity or insensitivity

Behavioural

Irritable or short tempered

Sleep disturbances

Using alcohol/drugs to cope

Spiritual

Questioning life's purpose/meaning

Shifts in faith practices/rituals

Increased dependence on others Questioning of basic beliefs
(Responders Stress and Self-care During a Disaster or Emergency,
2016)

Self Care

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

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