



Regional Update 2024 Content

This document must be used along with the Regional Update 2024 Delivery Guide and the existing first aid course materials.

Workplace First Aid

According to the Canada Labour Code, a workplace is any place where an employee is engaged in work for the employee's employer.

The Canadian Centre for Occupational Health and Safety (CCOHS) states that all Canadians have a fundamental right to a healthy and safe working environment. It explains that a health and safety program:

- Is a plan of action that is designed to prevent injuries and illness at work.
- Is required under Occupational Health & Safety (OH&S) legislation in most Canadian jurisdictions.
- Outlines the first aid requirements on a work site.

Each province and territory in Canada interprets workplace health and safety regulations differently, and there are some regulations that apply specifically to the federal government and other national organizations.

Employers and employees are responsible for ensuring that care is provided in a timely manner in an emergency.

Everyone on the work site should know how to access first aid assistance, including how to:

- Activate your workplace emergency response system.
- Call EMS/9-1-1.
- Locate the first aid room.
- Summon the first aid attendant.
- Locate first aid kits and other equipment (such as AEDs).
- Understand the workplace protocol for the transport of ill or injured people.



Your workplace will consider certain injuries “rapid transport criteria,” based on your regional legislative requirements. This means that you must call EMS/9-1-1 for these injuries. You cannot transport the person yourself for these injuries; they must be transported by ambulance.

To prepare for emergencies and disasters in the workplace, follow your employer’s protocol.



To better understand the regulations about training levels, medication administration, and mandatory first aid equipment, contact or refer to the website of your legislative workers’ compensation body or visit the Canadian Red Cross’s website.

Workplace First Aid Attendants

Employers must have a certain number of first aid attendants on the work site at all times. The size and type of workplace generally determines:

- The level of first aid training that workplace first aid attendants need.
- How many first aid attendants there must be.

First aid in the workplace can be governed by both national and provincial or territorial legislation. Workplace first aid attendants must be familiar with the legislation for the region that they work in.



If you are employed as a workplace first aid attendant, you have the duty to act. Regulations require you to provide care to the level of your training and to document all incidents appropriately.

Requirements and Responsibilities for Workplace First Aid Attendants

A first aid attendant of a workplace must:

- Have current first aid certification at the required level.
 - Maintain their knowledge and skills.
 - Be prepared to respond both alone and as part of a first aid team.
 - Provide all care in a professional manner.
 - Thoroughly document any first aid-related actions.
 - Process paperwork according to the legislative requirements for their region and workplace.
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- Report to their supervisor and joint health and safety committee as required.
- Follow up with the ill or injured person approximately 3 days after the person returns to work.
- Be familiar with specific elements of their work site.
- Be physically and mentally able to provide care for ill or injured workers.
- Provide any ill or injured workers with care that is within the scope of their training.
- Refer ill or injured workers to advanced care if the illness or injury is beyond the scope of their training.
- Record the ill or injured person's signs or symptoms.
- Record any time that a worker is exposed to a contaminant.
- Be responsible for ill or injured workers' care until:
 - The worker reaches a care facility.
 - Emergency personnel take over.
 - Someone with the same or a higher level of first aid training takes over.

Workplace first aid attendants must accept ill or injured workers' decisions about their care. As a workplace first aid attendant, you cannot overrule an ill or injured worker's decisions about their care or treatments.

Workplace first aid attendants may also need to know other information, including:

- Where emergency equipment is located.
- How to properly complete documentation after a workplace incident.
- What their workplace's specific emergency procedures are.
- How to call for help in an emergency.

Hazards

The Canadian Centre for Occupational Health and Safety (2024) defines a hazard as “any source of potential damage, harm or adverse health effects on something or someone.”

A risk is a measure of how likely the hazard is to cause damage or harm.

In workplaces, there are practices to identify hazards and their levels of risk in the work environment. These practices are called hazard identification and risk assessment. They help workplaces find ways to remove or reduce potential harms before they happen.

You can apply these practices at home by:

- Getting training.
- Having plans and supplies ready for emergency and first aid situations.

Refer to the legislation that governs your workplace or the Canadian Centre for Occupational Health and Safety (CCOHS) for more information.

Face Masks

Wearing a face mask help can help protect you and others from infections. In order to work properly, masks should cover your mouth and nose.

There are different types of face masks that offer different amounts of protection.

You may choose to wear a mask if:

- You are sick.
- You have a medical condition that weakens your immune system.
- There is a pandemic.
- You are doing first aid.
- There is a hazard in your workplace, such as in a construction site.



Your workplace may have masking processes in place, depending on your regional legislative requirements. See the [Government of Canada's website](#) or the [Canadian Centre for Occupational Health and Safety website](#) for more information.

Cloth Masks

Cloth masks, also called non-medical masks, are usually made of fabric and fit loosely on the face. They are reusable and washable.

Medical-Grade Masks

Medical-grade masks are also known as “medical masks” or “surgical medical masks.” They provide more protection than cloth masks. Medical-grade masks are disposable and should only be used once. They do not form a seal with the face.

Respirators

Respirators are a very protective type of mask. They are tested and certified by approval agencies, such as Health Canada. Respirators form a tight seal against the face and offer the highest level of protection against infection. They are disposable and should only be used once. N95 masks are an example of one type of respirator.

Types of Shock

There are different types of shock, depending on what caused it. Regardless of which type of shock a person is experiencing, First Aiders should provide the same care.

These types of shock include:

- Hypovolemic shock, which happens with significant fluid loss (such as severe blood loss, burns, vomiting, or diarrhea).
- Cardiogenic shock, which happens with heart damage.
- Distributive shock, which happens with abnormal blood flow. Sub-types include:
 - Septic shock, which happens with infection.
 - Anaphylactic shock, which happens with severe allergic reactions.
 - Neurogenic shock, which happens with spinal cord injuries.
- Obstructive (mechanical) shock, which happens when a physical block does not allow the heart to fill or empty properly.

Arteriosclerosis

Arteriosclerosis is a cardiovascular disease in which the arteries become hardened and narrowed. The most common type of arteriosclerosis is called atherosclerosis. This damage occurs gradually, as cholesterol and fatty deposits called plaque build up on the inner artery walls. As this buildup worsens, the arteries become narrower, reducing the amount of blood that can flow through them. The narrowing of arteries increases the risk of artery blockages, which can cause angina, heart attacks, transient ischemic attacks (TIAs), and strokes.

Two-Person CPR

If you have another first aider to help you, you can work as a team to provide care. One option is to have each first aider do 5 whole cycles of 30 compressions and 2 breaths before switching places. Another option is outlined in the steps below.

Any time you do CPR, you must call EMS/9-1-1 or your local emergency number and get an AED and first aid kit.

1. Person 1 begins compressions, counting out loud.
 - Do between 100 and 120 chest compressions per minute (roughly 2 compressions per second).
 - Let the chest rise after each compression.
2. Meanwhile, Person 2 calls 911 or the local emergency number and gets an AED and a first aid kit.
3. Person 2 attaches the AED pads, if available.
4. Person 2 opens the airway with a head-tilt/chin-lift (for an adult or child) or by putting them in the sniffing position (for a baby).

5. Every 30 compressions, Person 1 pauses compressions and Person 2 gives 2 breaths.
 - Interrupting chest compressions to deliver 2 rescue breaths should take less than 10 seconds.
 - Breathe with just enough air to cause the chest to rise.
6. Person 1 and Person 2 should switch places after every 5 cycles of 30 compressions and 2 breaths, when they are tired, or when the AED re-analyzes.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a condition of the airways that causes a loss of lung function. The average Canadian with COPD is 65 years old or older and has a long history of smoking. However, the disease has been diagnosed in people who are as young as 40 years old.

Pelvis Injuries

The pelvis is the part of a person's body between their abdomen and legs. It contains the intestines, bladder, and reproductive organs. The only accurate way to diagnose a fracture is with an X-ray. Because a First Aider cannot diagnose what type of injury someone has, you should provide care for a suspected pelvis injury as if it is a fracture.

What to Look For

Check

Pelvis injuries can occur in many ways, including from:

- Falls.
- Sudden or awkward movements.
- Direct hits or blows to a person's body.
- Repetitive actions, such as jogging, typing, or lifting.
- Twisting a limb.

The signs and symptoms of a pelvis injury include:

- Deformity.
- Swelling, which could be due to internal bleeding.
- A pool of blood under the skin (hematoma) or bruising at the site of the injury.
- Pain, difficulty, or both in moving the injured body part.
- An inability to walk or stand.

- A leg that looks shorter, twisted, or bent.
- A broken bone or bone fragments sticking out of the skin.
- A snapping or popping sound at the time of the injury.
- A feeling or sound like the bones in the injured area are grating.
- A limited ability or no ability to use the injured body part.
- Muscle cramps.
- Numbness or tingling.
- Signs of shock.

What to Do

Call

Always call EMS/9-1-1 and get an AED and a first aid kit if the person's pelvis is injured.

Care

If the person has been hit hard enough that they have a pelvis injury, their spine may also be damaged. Encourage the person to stay as still as possible until emergency personnel arrive.

If you must move the person to get medical help or if the EMS response will be delayed, you can keep their legs still by placing padding between their legs and tying them together.

1. Help the person to lie down on their back. Ask them to stay as still as possible and keep their legs straight.
2. Check the person's circulation below the injured area.
3. Using the natural gap behind the knees or ankles, carefully slide at least three pieces of wide fabric under both legs. Avoid moving the injured person's pelvis.
4. Fold a soft, thick object, such as a blanket, into a shape long enough to go from the person's groin to their ankles.
5. Place the soft object between the person's legs.
6. Attach the fabric. Avoid tying any fabric directly on top of joints.
 - a. Attach the piece of fabric closest to the pelvis.
 - b. Attach the fabric closest to the knee.
 - c. Attach the fabric nearest the ankle, in a figure eight around the sole of both feet.
7. Check the person's circulation below the injured area again.
8. Check the person's ABCs and watch for signs of shock.

Cuts and Scrapes

When to Call

Cuts and scrapes do not usually need emergency care.

You should advise the person to contact their care provider for cuts and scrapes if:

- The person is not protected against tetanus.
- You suspect the wound requires stitches (see the Stitches section below).
- You suspect the wound is infected.

Stitches

Wounds that need stitches should be stitched in the first few hours after the person was injured. Stitches should be done by a trained medical professional.

A wound may need stitches if:

- The edges of the skin do not touch.
- The wound is more than 2.5 cm (1 in.) long.
- The wound is near a joint.
- The wound is on a hand or foot.
- The wound is on the person's face.

Stitches will help to:

- speed up healing
- reduce the chance of infection
- leave a less noticeable scar

Flash Eye

Thank you to the International Federation of Red Cross and Red Crescent Societies (IFRC) for their permission to refer to the International First Aid, Resuscitation, and Education Guidelines 2020 to inform the Flash Eye section. That document is the main reference for this section, except for the points noted by asterisks (*).

Flash eye is like an eye sunburn that can happen if a person's eyes get exposed to too much UV (ultraviolet) light. This can happen from the sun or other sources of UV light, such as welder's torches or tanning beds. Flash eye is also sometimes called snow blindness, arc eye, or flash burn.

Prevention

To help prevent flash eye, people can:

- Wear the appropriate protective equipment for their workplace (such as safety glasses or welding gear).*
- Wear protective eye gear when their eyes will be exposed to UV light, such as when they are in the sun (including in the winter).
- Wear eye protection that protects their eyes from direct or indirect radiation that might reach them from above, below, or sideways.

What to Look For

Check

A person with flash eye might have:

- A feeling that something is in their eyes.
- A burning sensation in their eyes.
- Pain that gets worse after a few hours.*
- Blurred vision or loss of vision.
- Red and watery eyes.
- Light sensitivity.
- Headaches.
- Swelling around their eyes.

What to Do

Call

Flash eye usually passes on its own in 12 to 24 hours, but advise the person to contact their care provider if the symptoms get worse or last longer than a day.

Care

1. Move the person away from the source of UV light and reassure them.
2. If they are wearing contact lenses, advise them to remove them.

3. Look at the person's eyes to check that they do not have a foreign object in their eye.*
4. Encourage the person to protect and let their eyes rest as much as possible by:
 - Staying indoors.
 - Wearing sunglasses to relieve pain or discomfort.
 - Keeping their eyes closed as much as possible.
 - Covering their closed eyelids with a cool, damp cloth.
 - Putting saline solution or eye drops in their eyes to keep them moist.

Recovery

Advise the person to:

- Wear sunglasses when they are outside.
- Avoid wearing contact lenses until their eyes have healed.
- Follow their care provider's recommendations.*

Trench Foot (Immersion Foot)

Trench (immersion) foot can happen when a person's lower limbs are exposed to water that is above freezing temperatures for more than 12 hours, but usually happens in water that is below 10° C (50° F). Trench foot typically occurs in construction workers and sailors who have survived shipwrecks in lifeboats or rafts with wet and constrictive clothing during adverse weather conditions. It is particularly likely if they are also surviving on a poor diet.

Prevention

To prevent trench foot, people can:

- Keep their feet clean and dry.
- Wear proper-fitting boots.
- Wear wool or synthetic socks.
- Sleep in dry socks or barefoot.
- Dry and massage their feet twice a day.

What to Look For

Check

A person with trench foot may initially have:

- Swollen, cold, and waxy feet.
- Peeling skin.
- Reduced sensitivity to touch.
- A wooden feeling in their feet.
- Delayed capillary refill time (their nail beds stay white after being squeezed).

After the person's foot warms up, they might have:

- warm, dry, red skin
- blisters
- pain
- tingling or itching
- increased sensitivity to cold

What to Do

Call

If a person's feet have redness, red streaks, blisters, or cracks that do not go away after basic foot care, advise them to contact their care provider.

Care

1. Get the person's foot warm, clean, and dry.
 - Handle the area gently and warm it slowly.
2. Elevate the injured foot or feet.
3. Continue to monitor the person and the affected area.

Recovery

If the person's skin is broken, advise them to watch for signs of infection.

References

Canadian Centre for Occupational Health and Safety. (2024, May 10). Hazard and Risk - General. https://www.ccohs.ca/oshanswers/hsprograms/hazard/hazard_risk.html

International Federation of Red Cross and Red Crescent Societies. (2020). International First Aid, Resuscitation, and Education Guidelines 2020. https://www.ifrc.org/sites/default/files/2022-02/EN_GFARC_GUIDELINES_2020.pdf