

Occupational First Aid Out of Jurisdiction Jurisprudence Package

June 2018

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Introduction

Recognition of out of Jurisdiction Certificates

In order to comply with the New West Partnership Trade Agreement (NWPTA) and the Agreement on Internal Trade (AIT) WorkSafeBC has implemented a process for accepting the credentials of workers trained or certified in Canadian jurisdictions to meet regulatory compliance in British Columbia (BC).

Agreement on Internal Trade (AIT)

One of the purposes of the Agreement is to eliminate or reduce measures that restrict labour mobility in Canada. To that end, the BC Government agreed to recognize workers already certified in another province/territory (i.e. certified, licensed, or registered by a workplace health and safety regulatory authority) as eligible for certification in BC.

Labour mobility occurs when certified workers from other jurisdictions are recognized without any additional training, experience, examinations or assessments.

New West Partnership Trade Agreement (NWPTA)

Under the NWPTA, British Columbia, Alberta, Saskatchewan and Manitoba are the first jurisdictions in Canada to commit to full mutual recognition or reconciliation of their rules affecting trade, investment or labour mobility so as to remove barriers to the free movement of goods, services, investment, and people within and between the four provinces.

Labour mobility occurs when certified workers from other jurisdictions are recognized without any material examinations or training to practice their chosen occupation.

Workers compensation law in British Columbia is set by the *Workers Compensation Act* ("Act") and its related regulations. WorkSafeBC administers the [Act](#) for the Ministry of Labour. In accordance with the labour mobility requirements in the Agreements, WorkSafeBC will recognize any worker who has current certification in an occupation from a Canadian workplace health and safety regulatory authority as qualified to work in BC provided:

- The certificate is a condition of employment under the *Act* and/or the Occupational Health and Safety Regulation;
- The competencies related to the out-of-jurisdiction certification applies to competencies required for the same work in BC; and
- The worker complies with the WorkSafeBC out of jurisdiction registration application process for the occupation.

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Jurisprudence Package for Out of Jurisdiction First Aid Certificates

PART 1

OBJECTIVE

You will be able to:

- list the general duties of employers
- list the general duties of workers
- list the general duties of supervisors
- describe the requirements for OFA certification
- describe the maintenance of OFA certification
- describe conditions under which an OFA certificate may be suspended or cancelled

The information is outlined in the *Workers Compensation Act*.

Reference and Reading Assignment

WorkSafeBC.com

Workers Compensation Act

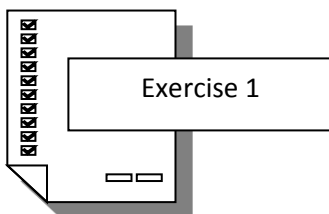
Part 3 Division 3 Section 115 to 118

Part 3 Division 8 Section 159, 160 & 195

WorkSafeBC.com

To access the *Workers Compensation Act*, Occupational Health & Safety Regulation (OHSR), Policies, and Guidelines go to worksafebc.com. – click on "[Law and Policy](#)" then click on "[Search OHS Regulations, Policy, and Standards & Guidelines](#)"

- for the *Workers Compensation Act* – click on "[Workers Compensation Act](#)"
- for the OHS Regulations – click on "OHS Regulation"
- for the OHS Policies – click on "OHS Policies"
- for the OHS Guidelines – click on "OHS Guidelines"



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The following questions are intended to give you an opportunity to review the key points from the previous section and to provide you with an indication of your progress.

1. Under the *Workers Compensation Act Part 3 Division 3 Section 115(2)*, in order to ensure the health and safety of all workers, the employer must:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

2. Under the *Workers Compensation Act Part 3 Division 3 Section 116(2)*, in order to take reasonable care to protect the worker's health and safety and the health and safety of other persons, every worker must:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

3. The prime contractor or owner of a multiple-employer workplace must:

- _____
- _____

4. Regarding the certification and training of first aid attendants and instructors, WorkSafeBC may:

- _____
- _____
- _____
- _____

5. If an employer fails, neglects or refuses to install or maintain first aid equipment or service, WorkSafeBC may:

- _____
- _____
- _____

6. WorkSafeBC has the authority to cancel or suspend a certificate or place a condition on its use if the person who holds the certificate has:

- _____
- _____

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PART 2

OBJECTIVE

You will be able to:

- describe an OFA attendant's regulatory authority and responsibilities
- determine the first aid service required for various worksites
- explain the WorkSafeBC standard governing occupational first aid attendants
- describe emergency preparedness and response for worksites
- describe a biological agent exposure control plan for first aid attendants
- describe the OHSR governing occupational exposure to heat and cold
- describe evacuation and rescue regulations for worksites

The information is outlined in the Occupational Health & Safety Regulation (OHSR), Policy, Guideline, Certification of Occupational First Aid Attendants and Appendix A and B of this Jurisprudence Package.

Reference and Reading Assignment

[WorkSafeBC.com](http://www.worksafebc.com)

Occupational Health & Safety Regulation

Part 3 Section 3.14 to 3.21 & 3.27 to 3.28 and Schedule 3-A

Part 4 Section 4.13 to 4.16

Part 5 Section 5.54 & 5.97 to 5.102

Part 6 Section 6.33 to 6.40

Part 7 Section 7.32 to 7.38

Part 32

Occupational Health & Safety Policies

D12-195-1 – Orders- Cancellation & Suspension of Certificates

R3.19-1 – Occupational First Aid – First Aid Records

Occupational Health & Safety Guidelines

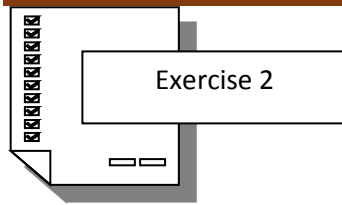
Guidelines G3.14 to G3.21

Supplementary Materials

Jurisprudence Package

Appendix B - Exposure Control Plan for Biological Agents, page 31

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The following questions are intended to give you an opportunity to review the key points from the previous section and to provide you with an indication of your progress.

1. **The _____ is responsible for ensuring each workplace has equipment, supplies, facilities, first aid attendants and services**

2. **The employer must conduct an annual assessment of the circumstances of the workplace, including:**
 - _____
 - _____
 - _____
 - _____
 - _____

3. **A First Aid Assessment has been conducted indicating that a high hazard workplace with 31 workers is 30 minutes from medical aid. What is required under the OHSR for first aid service, supplies and equipment?**
 - (a) Level 2 first aid kit, dressing station and equipment, and a Level 2 First Aid Attendant

 - (b) Level 3 first aid kit, dressing station and equipment, Emergency Transport Vehicle and equipment, and a Level 3 First Aid Attendant

 - (c) Level 1 first aid kit, Emergency Transport Vehicle and equipment, and a Level 1 First Aid Attendant with a Transportation Endorsement

 - (d) Level 3 first aid kit, first aid room and equipment, Emergency Transport Vehicle and equipment, and a Level 3 First Aid Attendant

4. **List what must be included in the Written Procedures for Providing First Aid required for every workplace in BC.**
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

5. **The employer must provide an effective means of communication between the First Aid Attendant and:**
 - _____
 - _____

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6. Access to the First Aid Records may be required for the following reason(s):

1. medical referral and treatment
2. workplace inspections
3. accident investigations
4. claims processing and appeals
5. gathering of statistics for the workplace health and safety program

- (a) 1 and 3
- (b) 2 and 4
- (c) 3 and 5
- (d) all of the above

7. 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:

- _____
- _____
- _____

8. A first aid facility may be used for purposes other than first aid if:

- _____
- _____
- _____
- _____

9. List the First Aid Attendant inappropriate conduct which may warrant suspension of certification under Policy D12-195.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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10. In order to comply with the requirements of "prompt care," first aid attendants must be able to:

- _____
- _____
- _____

Mark each statement "T" for true or "F" for false

	11. The employer must not assign, and the First Aid Attendant must not undertake, employment activities that will interfere with the Attendant's ability to receive and respond to a request for first aid.
	12. With regard to unplanned absences of the First Aid Attendant, an absence of up to approximately one shift is permissible until a replacement Attendant is in place.
	13. An attendant must have his or her certificate at the workplace and must produce the certificate for inspection at the request of an Officer of the Board.
	14. A photocopy of the certificate is acceptable as proof of certification.
	15. A worker's direct supervisor cannot overrule an Attendant's decision regarding when, or if an injured worker is transported to medical aid.
	16. The First Aid Attendant has the authority to overrule a worker's decision to seek medical treatment.
	17. If a worker has or may have occupational exposure, the employer must develop and implement an exposure control plan
	18. Upon request, the employer must offer First Aid Attendants Hepatitis B vaccination at no cost to them.

19. Under OHSR Section 4.13, if a risk assessment for a workplace shows a need for evacuation or rescue, what is required?

- _____
- _____

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20. Under OHSR Section 5.100, written evacuation procedures appropriate to the risk must be developed and implemented to:

- _____
 - _____
 - _____
 - _____
 - _____
-
-

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PART 3

OBJECTIVE

You will be able to:

- explain the components of a first aid program
- describe how a first aid attendant can maintain knowledge and skills
- describe the elements of worksite preparedness for a first aid attendant
- describe first aid attendant professional conduct on a worksite
- explain the scope of occupational first aid training
- explain the advantages of the First Aid Record (FAR) for the worker, employer and first aid attendant
- describe when a FAR is required
- describe the rules governing confidentiality for the FAR
- describe the interaction between a first aid attendant and a supervisor as related to the first aid program
- describe the interaction between a first aid attendant and the Joint Health and Safety Committee

The information is outlined on page 14 to 21 of this jurisprudence package.

Reference and Reading Assignment

Jurisprudence Package

Jurisprudence Package, page 14 to 21

Appendix A - Preparing for an OFA Job

Appendix E - First Aid Report to Health & Safety Committee

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Introduction to Occupational First Aid

Occupational first aid attendants perform a unique service in industry. They alleviate suffering and on occasion save lives through their skills at an accident scene. Furthermore, effective injury management can often shorten the healing time of the injury, allowing the worker to resume normal activities sooner.

Attendants in industry must be well trained in all aspects of emergency care, from minor injury management to the most serious trauma care involving airway, breathing, and circulatory emergencies. Consequently, attendants in industry are required to take on more responsibility than some of the public first aid courses prepare students for. Frequently, the attendant must decide when to refer the injured worker to medical attention. Many minor injuries can be properly treated by the well-trained attendant without referral to a physician. In isolated work locations, because of weather conditions or transportation restrictions the attendant may be required to provide care to the injured for long hours or even overnight. This puts an added burden on the attendant and emphasizes the need for a well-rounded first aid course.

First Aid Program

A first aid program is more than a sum of its parts.

- Occupational Health and Safety Regulation Section 3.16 requires employers to conduct a first aid assessment to determine "... *such equipment, supplies, facilities, attendants and services as are adequate and appropriate for promptly rendering first aid to workers and transporting injured workers to medical aid*".
- Even if an employer complies with OHSR section 3.16, it does not mean that an effective first aid program is assured.

An effective first aid program:

- keeps injured workers at work when appropriate
- promptly refers those who must be seen by a doctor
- yields documentation that directly contributes to:
 - ♦ prevention activity at the shop floor
 - ♦ patient follow-up care

Support for the First Aid Program

The effectiveness of a first aid program in the workplace is dependent on the cooperation the attendant, the employer and the workers.

All workplace parties have a role to play in contributing to the effectiveness of the first aid program.

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Role of the Employer

Employers, in particular, play a critical role. In order for a first aid program to succeed, employers must provide support by ensuring that the following conditions are fulfilled:

- the attendants must be given the facilities, equipment and supplies necessary to perform their duties
- workers must be directed to report to first aid
- the employer must allow attendants adequate time and support to perform their duties
- the employer must not overrule the attendant's decisions regarding the worker's injuries

Role of the Worker

In order to benefit from the protection offered by the first aid program, the end users, namely the workers, must know how and when to utilize the program. For their own safety, all workers at the workplace must make a point of knowing:

- who the attendant is
- where the attendant and first aid room are located
- how to summon the first aid attendant to each work location

Furthermore, workers must be clear on their responsibility to take the following actions once an injury has occurred:

- report all injuries to the first aid attendant as soon as possible
- provide the attendant with all the information required and allow the attendant to conduct assessments and render treatments
- follow the attendant's instructions regarding injury care, for example:
 - ◆ keep dressings clean and dry
 - ◆ apply cold as directed
 - ◆ avoid certain activities if directed
- engage in alternative duties that are suggested by the attendant and/or supervisor and provided by the employer
- report back to first aid for reassessment and redressing as instructed
- report to medical aid as directed

Role of the Joint Health and Safety Committee

The joint health and safety committee plays an important role in the oversight and maintenance of the first aid program. The committee should establish a systematic review process including:

- analyzing the monthly injury report taken from the first aid record
- making informed recommendations for change if necessary
- ensuring workers are provided with follow-up care
- ensuring the reporting system contributes to, or initiates accident investigations
- ensuring the accident investigation evaluates the first aid response
- identifying and promoting alternative duties
- championing workers' right to be cared for at work if injured at work

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Role of the Attendant in a First Aid Program.

The attendant must:

- maintain knowledge and skills
- be prepared
- conduct themselves professionally
- stay within the scope of training
- document thoroughly
- report to supervisor and joint health and safety committee as necessary

Maintain Knowledge and Skills

All attendants must maintain current certification

- all BC first aid certificates are valid for a maximum of 3 years
- no extensions are granted
- protocols overseen by a medical director (i.e. AED) may differ in duration
- out of jurisdiction first aid certificates may have up to a 3 year duration

Attendants must be trained in the use of employer supplied equipment that is beyond the level of their previous training.

- **When a first aid attendant is expected to use a piece of first aid related equipment, that the employer is obligated to supply, and that is not covered in the first aid training the attendant received, it is the employer's responsibility to ensure training related to that piece of equipment is provided. The length of the course or training session should be adequate to cover all the elements required to integrate its use into OFA protocols and ensure safe use in the workplace. Assessment may include a written test that assesses knowledge of the subject matter, but must include evaluation of practical competencies.**
- **Attendance and achievement must be documented, indicating the competencies on which the worker was assessed, by the training provider.**
- **To ensure the effectiveness of the employer's first aid procedures, a drill should be held at least once a year.**

Attendants should review & practice procedures to stay ready and sharp to be able to react quickly and efficiently in an emergency

- encourage employer to permit monthly practice sessions
- attend workshops offered by training agencies
- review first aid course reference manual

Attendants should reflect or follow up on injured workers

- discuss treatments with another attendant
- follow up on medically referred injured workers to the extent permitted

Be Prepared

The attendant role starts well before an accident or injury even happens

Review the (OFA) job checklist in Appendix A

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This checklist should be reviewed and completed before someone starts work as the designated attendant

This is also required under sections 3.22 to 3.25 of the OHSR – Training and orientation for young and new workers.

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

- 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
- who the supervisors are in each area and 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)
- carrying personal protective equipment (PPE) – pocket mask and gloves

The attendant must know where to access information on specific hazards

- review OHSR. Parts 5 and 32, to identify hazards and requirements specific to the worksite (i.e. lockout, confined space)

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

The attendant must be aware of any Exposure Control Plan required under OHSR Part 5 Section 5.54 & Part 6 Section 6.3

- review the sample of one for OFA attendants for biological agent in Appendix B

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

- required minimum supplies, equipment and facility
- by whom and how supplies are ordered
- a schedule for maintaining, restocking, and cleaning equipment, supplies, rescue vehicle, and first aid room
- SDS/MSDS for all controlled products, ensuring information on first aid procedures and personal protective equipment is available
- written procedures for specific workplace poisons

Regarding the training of helpers, the attendant should determine:

- the policy regarding releasing workers from regular duties for training
- the level of training that the company endorses on a site-wide basis, and on a situation specific basis (i.e. rescue vehicle drivers, OFA Level 1 training, rescue teams, back-up assistants for attendant, etc.), and
- who is expected to conduct the training.

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Act Professionally

Keep the first aid room, supplies and equipment clean and well organized

Treat injured workers respectfully and efficiently

- remain calm under pressure
- maintain a pleasant personality
- listen to the injured worker
- ask questions to reveal all signs and symptoms

Treat the patient not just the injury

Ask for help if not sure

- senior attendant if available
- company physician or medical advisor
- WorkSafeBC – Certification Services
- Nurses Line or local doctor

Notify supervisor promptly if:

- a work station was left unattended
- hazards exist at site of incident
- a worker must be sent to medical aid
- a worker requires alternative duties

Maintain confidentially

- do not discuss injured workers with other workers except for supervisor or fellow attendants for follow-up care
- First Aid Record must be kept in a secure location to protect workers' privacy

Stay within the Scope of Training

Attendants must be able to determine the types of injuries which fall within the stay at work category, and provide ongoing at work care for these injured workers

Attendants have the option of transporting injured workers to medical aid by:

- company vehicle
- taxi
- ambulance

Injured workers who display any of the following signs or symptoms must be transported to medical aid by ambulance:

- the injured worker is in the Rapid Transport Category
- airway or breathing problems
- abnormal skin colour
- anxiety, light-headedness, confusion or dizziness
- worker cannot walk unassisted
- worker is in great pain
- weakness, numbness or tingling in the extremities except where caused by injury such as carpal tunnel syndrome
- sudden onset of severe pain in spinal area

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If none of the above are present, the injured worker may be transported in a company vehicle or taxi

The attendant must accompany the injured worker to medical aid if:

- the injured worker is being transported by company ambulance
- the injured worker requires ongoing treatment/monitoring and is not being transported by BC EHS resources

Arrangements should be considered to:

- return worker to jobsite
- transport worker home & retrieve vehicle if unable to return to work

Document Thoroughly

The First Aid Record

For the attendant, the First Aid Record:

- provides a history of the injury when follow-up treatment is necessary
- provides information for injury and patient follow-up about injuries that have occurred on previous shifts or when other attendants were on duty
- provides a picture of the improvement or deterioration of the injury while it is under the attendant's care
 - ◆ this is essential to help decide on the need for medical aid after the initial treatment
- documents an attendant's actions and conduct related to patient contact

For the employer, the First Aid Record:

- provides information essential to the company's health and safety program
- identifies trends in the types and severity of injuries so action can be taken to prevent similar injuries
- identifies work areas and practices that may be causing injuries so actions can be taken
- provides information for comparison to claims statistics when assessing the effectiveness of the company's first aid and health and safety programs
- provides a record of occurrences and evidence of injuries in case a claim results in the future

For the injured worker, the First Aid Record:

- ensures proper follow-up care and treatments because any attendant will be fully aware of previous assessments, conditions and treatment
- provides a written record of occurrences and evidence of injuries in case a claim results in the future

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The First Aid Record must be complete, thorough and factual

Under OHSR Guideline G3.19, acceptable record keeping must contain the following:

- the full name and occupation of the worker
- the date and time of injury or report of exposure or illness
- the date and time the injury, exposure, disease, or illness was reported to the employer or employer's representative
- the name of witnesses
- a description of how the injury, exposure, disease, or illness occurred
- a description of the nature of the injury, exposure, disease, or illness
- a description of the treatment given and any arrangements made relating to the worker
- a description of any subsequent treatment given for the same injury, exposure, disease, or illness
- the signature of the attendant or person giving first aid, and if possible, the signature of the worker receiving treatment

All subsequent or follow-up treatments must be recorded in the First Aid Record

An inadequate First Aid Record may have a negative impact on:

- a worker's continuum of care as misinformation or incomplete information could:
 - ◆ affect an injured worker's follow-up treatment
 - ◆ delay the timely referral to medical aid
- a worker's compensation claim
- injury prevention efforts at the workplace

Therefore, the First Aid Record:

- is a very important document for the first aid attendant, the employer, and the injured worker
- is filled out every time an attendant sees a worker
- must be clear, concise and correct

In Appendix D, there is a sample of a completed First Aid Record for an injury where the worker received a cut to the forearm which required transport to medical aid as well as a copy of a blank First Aid Record

Report to Supervisor and/or Joint Health and Safety Committee

Report to the Supervisor

In the event a worker receives an injury that can be safely treated at work, it must be determined if returning to regular duties will have a negative impact on recovery

- it is up to the supervisor to assign alternative work
- the attendant should make recommendations regarding alternative duties to the worker's supervisor
- base any recommendations on an accurate and thorough description of the injured worker's limitations

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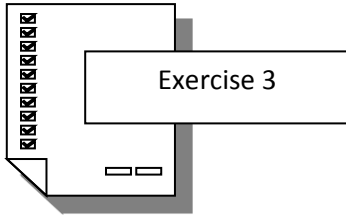
Report to the Joint Health & Safety Committee

Attendants can compile statistics and provide a monthly summary to the joint health and safety committee outlining:

- number of injuries
- number of referrals to medical aid
- number of time loss injuries
- severity of injuries
- statistics by type of injury/illness, department, occupation, body part affected and work procedures
- any apparent trends in injuries from the statistics
- information regarding possible causes of these trends
- number of follow-up visits

In Appendix E, there is a copy of a form that may be used to compile reports of first aid incidents in preparation for reporting to the joint health and safety committee

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The following questions are intended to give you an opportunity to review the key points from the previous section and to provide you with an indication of your progress.

1. Beyond providing emergency care, an effective first aid program...:

- _____
- _____
- _____

2. List the 4 main contributors to an effective workplace first aid program.

- _____
- _____
- _____
- _____

3. Which of the following are part of the role of the OFA attendant?

1. be prepared
2. assign alternative work
3. stay within the scope of training
4. accompany all workers to medical aid
5. act professionally
6. document thoroughly

- (a) 1, 2, 4 and 5
- (b) 1, 3, 5 and 6
- (c) 2, 3, 4 and 6
- (d) 2, 3, 4 and 5

4. List 6 of the 10 general aspects of the workplace a first aid attendant must be familiar with before starting an OFA job.

- _____
- _____
- _____
- _____
- _____
- _____

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5. What should the first aid attendant do regarding the training of helpers for when an injury has occurred on a worksite?

- _____
- _____
- _____
- _____
- _____

6. Describe "professionalism" for a first aid attendant on worksite.

- _____
- _____
- _____
- _____
- _____
- _____

7. You have determined that returning a worker to normal job duties would aggravate the injury. You should:

- (a) Arrange for transportation to send the worker to medical aid.
- (b) Assign the worker alternative duties from the "alternative duty" job list.
- (c) Make recommendations to the worker's supervisor regarding alternative duties.
- (d) Make recommendations to the safety committee regarding alternative duties.

8. The First Aid Record must be completed?

- (a) only if the patient is transported to medical aid
- (b) every time the attendant sees a worker
- (c) only if the worker misses work after an injury
- (d) for every near miss incident at the workplace

9. For the attendant, the First Aid Record:

- 1. provides a history of the injury and indicates when it must be redressed or re-evaluated
 - 2. provides information essential to the company's health and safety program
 - 3. identifies trends in the type and severity of injuries in the workplace so action can be taken
 - 4. provides a picture of a worker's improvement or deterioration of a worker on a return to work program
 - 5. provides evidence of an injury in case a compensation claim results in the future
- (a) 1 and 4
 - (b) 2 and 3
 - (c) 3 and 5
 - (d) 4 and 5

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10. An inadequate First Aid Record may have a negative impact on:

- _____
- _____
- _____

Mark each statement "T" for true or "F" for false

	11. First aid records should be accessible to workers as they provide good safety messages.
	12. For the employer, the First Aid Record identifies trends in the type and severity of injuries in the workplace so action can be taken.
	13. It is the responsibility of the attendant to objectively record the findings of all assessments in the first aid record.
	14. The attendant does not need to make a new entry in the first aid record for a patient who returns for follow up care and assessment but requires no further treatment.

15. The first aid attendant should compile a monthly report for the joint health and safety committee meetings. This report should contain:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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APPENDIX A

PREPARING FOR AN OFA JOB

As the designated first aid attendant you should be familiar with the Occupational Health and Safety Regulation. Parts 1 – 4 apply to all work sites and parts 5 – 8 also have impact on most sites, some sections in particular for first aid attendants. You should also be aware of what other parts apply to your worksite.

Workplace Orientation

	Where to access information	Date information completed
Operation Layout <ul style="list-style-type: none">• specific location names (including jargon) for all areas of the work site• location of first aid room, rescue vehicles and first aid equipment• entry and exit to and from all areas of the work site• provision for emergency procedures (OH&S Regulation 3.17, 4.13, 4.14, 5.97 and 5.102)• determine the approximate number of workers usually expected to be in each general area of the work site		

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<p>Specific Hazards</p> <ul style="list-style-type: none">• review OH&S, Parts 5 and 32 to identify hazards and requirements specific to your worksite (i.e. lockout, confined space)• most hazards will require a risk assessment and written procedures <p>hazard: <u>biological agents</u> reg.: <u>6.33 to 6.40 **6.39 - (Hep B)</u> <u>vaccination for First Aid attendant</u></p> <p>hazard: _____ reg.: _____</p> <p>hazard: _____ reg.: _____</p> <p>hazard: _____ reg.: _____</p> <p>hazard: _____ reg.: _____</p> <p>hazard: _____ reg.: _____</p> <p>hazard: _____ reg.: _____</p> <p>hazard: _____ reg.: _____</p> <p>hazard: _____ reg.: _____</p>		
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<p>Personnel</p> <ul style="list-style-type: none"> • supervisors in each area (how each can be reached) • method of summoning first aid attendant • location and method of summoning other first aid personnel (and drivers for rescue vehicle if required) • location and method of summoning workers with specialized training (welders, heavy equipment operators, millwrights, company fire crew) 		
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Review or Develop Written Procedures

<p>Providing First Aid – Reg. 3.17</p> <p>(1) The employer must keep up-to-date written procedures for providing first aid at the worksite including</p> <ol style="list-style-type: none"> (a) the equipment, supplies, facilities, first aid attendants and services available, (b) the location of, and how to call for, first aid, (c) how the first aid attendant is to respond to a call for first aid, (d) the authority of the first aid attendant over the treatment of injured workers and the responsibility of the employer to report injuries to the Board, (e) who is to call for transportation for the injured worker, and the method of transportation and calling, and (f) prearranged routes in and out of the workplace and to medical treatment. <p>(2) The employer must post the procedures conspicuously in suitable locations throughout the workplace or, if posting is not practicable, the employer must adopt other measures to ensure that the information is effectively communicated to workers.</p>		
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<p>Air Transportation – Reg. 3.17.1 If air transportation is the primary or only method for transporting an injured worker there are specific requirements that must be met.</p>		
<p>Exposure Control Plan – Reg. 5.54</p> <ul style="list-style-type: none"> • risk identification, assessment & control • education and training • hygiene facilities and decontamination procedures • health monitoring • documentation 		
<p>Emergency Numbers</p> <ul style="list-style-type: none"> • BC Ambulance • rescue craft (air/sea) • fire department • poison control centre • police • WorkSafeBC prevention: 604-276-3100 prevention toll free: 1-888-621-7233 Web Site: http://www.worksafebc.com 		

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First Aid Facilities, Equipment, and Supplies

<p>Serviceability</p> <ul style="list-style-type: none"> determine work site requirements (based on hazard classification, maximum number of workers per shift, and distance by surface travel to medical aid – Part 3, OHS Guideline) determine the travel time to medical aid and calculate the appropriate amount of oxygen for the worksite (travel time to medical aid plus 15 minutes at 15 Lpm). determine who and how supplies are ordered determine method of stock rotation 		
<ul style="list-style-type: none"> determine (or establish) a schedule for maintaining, restocking, and cleaning equipment, supplies, rescue vehicle, and first aid room 		
<p>Notices and Forms</p> <ul style="list-style-type: none"> ensure signs indicating location of first aid are visible throughout work site ensure all workers know how to summon the first aid attendant ensure accurate documentation in the first aid record, ensure security of the first aid record 		
<p>Worker's Medical History</p> <ul style="list-style-type: none"> determine company policy and worker willingness regarding disclosure of relevant medical information 		

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Workplace Hazards Materials Information System (WHMIS)

Regulation (part 5) requires that your employer provide WHMIS training to all employees and obtain Safety Data Sheets (SDS) or Material Safety Data Sheets (MSDS) for all controlled products at the work place.

<p>SDS / MSDS</p> <ul style="list-style-type: none"> • SDS / MSDS for all controlled products, ensuring information on first aid procedures and personal protective equipment is available 		
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Training Workers in First Aid Procedures

<p>Company Training Policy</p> <ul style="list-style-type: none"> • determine policy regarding releasing workers from regular duties for training • determine level of training that the company endorses on a site wide basis, and on a situation-specific basis (i.e. rescue vehicle drivers, Level 1 training, rescue teams, back up assistants for attendant, etc.) • determine who is expected to conduct the training 		
<p>Attendant Qualifications</p> <ul style="list-style-type: none"> • ensure record of all first aid attendants certification • ensure your OFA certification remains valid – know your expiry date 	<p>Cert #: _____ expires: _____</p> <p>Cert #: _____ expires: _____</p>	

APPENDIX B

INTRODUCTION

EXPOSURE CONTROL PLAN FOR BIOLOGICAL AGENTS FOR OCCUPATIONAL FIRST AID ATTENDANTS (OFAAs)

The Occupational Health and Safety Regulation 6.34 requires an employer to develop and implement an exposure control plan, if a worker has or may have occupational exposure to a biological agent. Workplaces where occupational exposure to biological agent may be reasonably anticipated to occur include worksites with occupational first aid attendants (OFAAs).

The attached exposure control plan model is meant to assist employers (whose only exposed worker is an OFAA) in developing a plan that meets the requirements of the Regulation. The model, which provides an example of an acceptable exposure control plan, is included in these occupational first aid materials so OFAAs can share the information with their employers.

This plan may be used “as is”, but it is not enough to simply “fill in the blanks”. Employers must consider the plan, ensure that it suits their workplace, and ensure that the plan is actually implemented at the site.

The model plan may be modified as necessary, so that it suits the specific circumstances at the employer’s particular worksite. The final exposure control plan, however, still requires all the seven elements identified in this example.

If you have any questions or need further assistance, contact a WorkSafeBC occupational hygiene officer at your nearest WorkSafeBC office.

EXPOSURE CONTROL PLAN FOR BIOLOGICAL AGENTS FOR OCCUPATIONAL FIRST AID ATTENDANTS (OFAAs)

_____ (*company name*)

_____ (*date*)

POLICY AND SCOPE

The policy of _____ (*company name*) is to ensure that our occupational first aid attendants (OFAAs) are protected from occupational exposureⁱ to **biological agent**ⁱⁱ, and that it is done in a manner that complies with the BC *Workers Compensation Act* and Occupational Health and Safety Regulation, and human rights legislation.

This exposure control plan covers all OFAAs, as it is reasonably anticipated that they may have harmful contactⁱⁱⁱ with blood or other potentially infectious materials (OPIMs)^{iv} as a result of performing their normal job duties.

1. PURPOSE AND RESPONSIBILITIES

The purpose of this exposure control plan is to eliminate or minimize the OFAAs' risk of occupational exposure to biological agents in blood and OPIMs, as well as to reduce the risk of infection should exposure occur.

The **company** will:

- conduct the risk identification and assessment of the OFAAs' potential occupational exposure to biological agents
- implement engineering controls, safe work practices and written work procedures to eliminate or reduce the OFAAs' potential exposure to biological agents
- provide OFAAs with appropriate personal protective equipment
- ensure OFAAs are provided with education and training on biological agents and the exposure control plan (per section 4, education and training, on page 4)
- provide OFAAs with the hepatitis B vaccination (upon request)
- ensure that all pertinent records are maintained
- set up a check system to ensure that OFAAs who have had an exposure incident to blood or OPIMs are medically evaluated, then seen by a physician for follow-up if deemed necessary by the medical evaluation
- ensure that accident investigations of OFAAs' exposure incidents to blood or OPIMs are conducted and corrective actions are taken to prevent similar incidents from occurring
- annually review the exposure control plan and update it as necessary.

The OFAAs' **supervisor** _____ (name) will:

- supervise OFAAs with respect to biological agent hazards
- ensure that OFAAs use engineering controls, and follow safe work practices and written work procedures
- ensure that OFAAs wear appropriate personal protective equipment
- ensure that OFAAs receive education and training on biological agents and the exposure control plan initially and at the time of occupational first aid certification and renewal
- ensure that the post-exposure health management procedure is followed for OFAAs' exposure incidents to blood or OPIMs
- initiate accident investigations of exposure incidents to blood or OPIMs.

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The **OFAAs** will:

- use the provided engineering controls
- follow safe work practices and written work procedures
- wear the appropriate personal protective equipment provided
- attend education and training (occupational first aid training courses and additional company training sessions)
- follow the post-exposure health management procedure in the event of an exposure incident to blood or OPIMs
- participate in accident investigations of exposure incidents to blood or OPIMs.

2. RISK IDENTIFICATION AND ASSESSMENT

All OFAAs have the potential for occupational exposure to biological agents. OFAAs may have harmful contact with blood or OPIMs via:

- percutaneous injury
- mucous membrane contact or
- non-intact skin contact.

It is reasonably anticipated that such contact may occur when attendants are providing occupational first aid to co-workers, including rendering first aid, and performing post-treatment and accident scene clean-up.

3. CONTROL PROCEDURES

Engineering and safe work practice controls are the preferred means to eliminate or minimize our OFAAs' exposure to biological agents at this worksite. If such controls are unavailable or impracticable, or do not completely eliminate exposure, OFAAs will wear the appropriate personal protective equipment provided.

A. Engineering controls

Although first aid kits and equipment contain only a few items that could break through the skin, OFAAs must always watch out for other sharp objects that may be encountered and pose a risk of percutaneous injury (e.g. contaminated broken glass at an accident site). Sharps disposal containers are located in the _____ (*state location, e.g. first aid room and first aid kit*), for discarding disposable, contaminated^v sharp items.

Pocket masks with one-way valves are available in the _____ (*state location, e.g. first aid kits*) for OFAAs to use when ventilating patients. These masks should not be shared before being washed and disinfected, or the valves should be changed if there is insufficient time to do this between use by different individuals.

B. Work practice controls and written work procedures

As specified in the Occupational First Aid Reference & Training Manual (manual) and Occupational First Aid Training Guides (training guides), OFAAs will:

- follow standard precautions
- use pocket masks with one-way valves when ventilating patients

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- follow safe sharps handling procedures, such as discarding any disposable, contaminated sharp items in sharps disposal containers as soon as possible
- wear waterproof, disposable medical examination gloves when assessing and treating patients (if there is potential contact with patients' blood, body fluids, secretions, excretions, mucous membranes or non-intact skin), and when touching contaminated items or surfaces; also wear such gloves if they have non-intact skin on their hands, after first covering the affected skin with a waterproof dressing
- replace gloves as soon as practical if they are torn, cut, punctured or leaking, and when they become contaminated or damaged such that their ability to function as a barrier is in question
- not wash or decontaminate disposable gloves for re-use
- follow the procedures for glove removal and handwashing
- follow the clean-up procedures for spills of blood and OPIMs that minimize splashing
- not store or consume food or drink in first aid facilities
- follow the post-exposure health management procedure, if they have an exposure incident to blood or OPIMs.

C. Personal protective equipment

All personal protective equipment for biological agents used at this worksite will be provided by the company at no cost to our OFAAs.

Waterproof, disposable medical examination gloves are available in the _____ (state location, e.g. first aid room and first aid kits). They will be worn and used as specified in the manual and training guides, and the safe work practices and written work procedures outlined above.

Eye/face protection in the form of _____ (specify type, e.g. safety goggles and face shield) is available in the _____ (specify location, e.g. first aid room). They will be worn by OFAAs when it can be reasonably anticipated that the mucous membranes of their eyes, nose or mouth may be splashed or sprayed with blood or OPIMs (e.g. relieving subungual hematomas).

Gowns and protective footwear in the form of _____ (specify type, e.g. washable cloth or disposable paper gowns, rubber boots) are available in the _____ (specify location, e.g. first aid room). They will be worn by OFAAs when it can be reasonably anticipated that their skin or clothing may come in contact with blood or OPIMs (e.g. during blood spill clean-up).

D. Housekeeping, laundry and waste

All reusable first aid equipment _____ (specify, e.g. metal instruments, pocket masks) and environmental working surfaces _____ (specify, e.g. counters in the first aid room) will be decontaminated as soon as possible after contamination with blood or OPIMs, as well as on a routine basis, as specified in the manual and training guides.

Laundry soiled with blood or OPIMs will be treated as specified in the manual and training guides.

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Sharps disposal containers will be securely closed and replaced when they are two-thirds full. They will then be sent to _____ (*specify*) for disposal.

First aid waste items (e.g. disposable gloves, pads and dressings) that are NOT dripping, saturated or grossly contaminated with blood or OPIMs are considered general waste. They will be discarded in waterproof waste bags for disposal at a landfill.

Items that are dripping, saturated or grossly contaminated with blood or OPIMs are considered biomedical waste. They must be appropriately bagged and disposed of in accordance with provincial and local environmental regulatory agencies _____ (*specify provincial and local disposal requirements*).

E. Universal precautions

OFAAs will treat all blood and OPIMs as though they are known to be infected with biological agents, and will follow infection control precautions and procedures as specified in the manual and training guides. This includes:

- following precautions to prevent sharps injuries
- using resuscitation devices
- wearing personal protective equipment, and
- following handwashing procedures.

4. EDUCATION AND TRAINING

All OFAAs will be educated and trained regarding biological agents prior to initial assignment to work as an OFAA. Some, but not all, of the education and training will have been provided by the occupational first aid training course and materials _____ (*specify first aid school, course and materials*), such as:

- an explanation of bloodborne diseases, their symptoms and effects, and modes of transmission
- an explanation of the appropriate methods of recognizing tasks and activities that may involve exposure to blood and OPIMs
- an explanation of engineering and safe work practice controls that will prevent or reduce exposure to biological agents including their use and limitations
- information on personal protective equipment, including: appropriate selection, use, removal, handling, cleaning, decontamination, inspection, maintenance, storage, disposal and limitations
- an explanation of the post-exposure health management procedure for an OFAA to follow if an exposure incident to blood or OPIMs occurs.

Additional worksite-specific orientation, education and training will be provided by _____ (*specify individual within the company*) and will include:

- applicable sections of the Occupational Health and Safety Regulation
- an explanation of this company's exposure control plan regarding biological agents and where to access it
- control procedures specific to the worksite (e.g. location of sharps disposal containers, pocket masks and wash facilities; types and location of personal protective equipment)
- information on the hepatitis B vaccine, including information on its benefits, effectiveness, safety, method of administration, and its availability.

All OFAAs who participate in a full OFA course of instruction will receive refresher training regarding biological agents and the exposure control plan, at the time of renewal of their occupational first aid certificate.

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For OFAAs that do not participate in a full course of instruction at the time of renewal (i.e., they are eligible to challenge the certification process), they will require additional refresher training regarding biological agents and the exposure control plan.

5. HYGIENE FACILITIES AND DECONTAMINATION PROCEDURES

Handwashing facilities are located in the _____ (*specify, e.g. restrooms and first aid room*), and are available to OFAAs for handwashing. Hands will be washed as specified in the OFA Reference and Training Manual and/or training guides.

Waterless hand cleansers/towelettes _____ (*specify which*) are also provided for use if handwashing facilities are not immediately available. They are located in the _____ (*specify, e.g. first aid room and first aid kits*). OFAAs will wash their hands with mild soap and running water as soon as possible after the use of the cleanser/towelette (*specify which*).

If an OFAA has an exposure incident to blood or OPIMs, the post-exposure health management procedure will be followed for decontamination.

6. HEALTH MONITORING

A. Hepatitis B vaccination (Pre-exposure health management)

OFAAs will be offered the hepatitis B vaccination at no cost to them, upon request. The vaccination (series of 3 shots given at 0, 1 & 6 months) will be started within 10 working days of their initial assignment as an OFAA. It will be administered by _____ (*specify, e.g. travel clinic, workers' family doctors*).

OFAAs may decline the hepatitis B vaccination. This refusal will be recorded. If they later change their mind and wish to have the vaccination, it will be provided to them at no cost.

B. Health protection (Post-exposure health management procedure)

For the initial management of an exposure incident to blood or OPIMs, the OFAA will:

- immediately self-administer first aid
- report the incident to _____ (*specify the supervisor*), then
- go to _____ (*specify nearest hospital emergency department*) within 2 hours of the incident for a medical evaluation (the reporting must not cause delay in seeking medical attention).

The follow-up management after an exposure incident to blood or OPIMs will include:

- OFAA referral to a physician for follow-up, if deemed necessary by the medical evaluation
- appropriate documentation of the exposure incident (first aid records, accident reports and WorkSafeBC claim forms)
- an accident investigation to prevent similar exposure incidents to blood or OPIMs from occurring.

7. RECORDKEEPING

Occupational exposure records will be kept that identify all OFAAs as having potential occupational exposure to biological agents in providing occupational first aid to co-workers.

Exposure incident records (i.e. first aid records, accident reports, accident investigation reports, WorkSafeBC claim forms and health records) will be kept for all specific OFAA exposure incidents to blood or OPIMs.

Records will be kept documenting OFAA education and training on biological agents and the exposure control plan (i.e. dates, type of session and contents or summary, names of attendees, names and qualifications of trainers).

Foot Notes

¹ **Occupational exposure** – reasonably anticipated harmful contact with blood or other potentially infectious materials (OPIMs) that may result from the performance of a worker's duties.

² **Bloodborne pathogens** – pathogenic microorganisms present in human blood and OPIMs, that can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

³ **Harmful contact** – an **exposure incident** to blood or OPIMs through:

- percutaneous injury (injury through the skin from a contaminated sharp item such as a needle)
- contact with the mucous membranes of the eyes, nose or mouth
- contact with non-intact skin (healing wound less than 3 days old or lesion causing disruption of outer skin layer)
- bites.

⁴ **Other potentially infectious materials (OPIMs)** – other materials (besides blood) that can be sources of bloodborne pathogens: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, all body fluids in situations where it is difficult to differentiate between body fluids, and tissues.

⁵ **Contaminated** – means the presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

APPENDIX C

- Small wounds and cuts Page 39
- Sprains Page 40
- Tendonitis Page 41
- Flash burns Page 42
- Minor burns Page 43
- Back strain Page 44

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 minutes 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 wrist brace or small working splint was applied, keep it in place as much as possible, remove the device for sleeping
- Continue to apply cold for 20 minutes 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 partial thickness or 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.

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APPENDIX D

- COMPLETED FIRST AID RECORD Initial treatment Pg. 46
- COMPLETED FIRST AID RECORD Reassessment Pg. 47
- FIRST AID RECORD BLANK Pg. 48

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First Aid Record

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

Sequence number 20180016

Name Mary George	Occupation Millwright
Date of injury or illness 2018-02-01	Time of injury or illness 2:35 PM
Initial reporting date and time 2018-02-01 at 2:40 PM	Follow-up report date and time <input type="checkbox"/>
Initial report sequence # 20180016	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 forearm 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.
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Arrangements made relating to the worker (return to work/medical aid/ambulance/ follow-up)

Return to work. Discussed worker handout sheet for small wounds. Tetanus immunization is current. 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, 2018) 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.

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First Aid Record

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

Sequence number 20180018

Name Mary George	Occupation Millwright
Date of injury or illness 2018-02-01	Time of injury or illness 10:02 AM
Initial reporting date and time 2018-02-01 at 10:05 AM	Follow-up report date and time <input checked="" type="checkbox"/> 2018-02-02 at 8:10 AM
Initial report sequence # 20180016	Subsequent report sequence number(s) 20180018

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

See initial report on report #20180016

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 mild soap and warm tap water.
Left skin closures in place. Dressed with 4 layers of sterile gauze and absorbent dressing; rebandaged 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 infection signs and symptoms. 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, 2018) 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 <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.

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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.

APPENDIX E

EXERCISE ANSWER KEYS

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Exercise 1

1. **Under the *Workers Compensation Act Part 3 Division 3 Section 115 (2)*, in order to ensure the health and safety of all workers, the employer must:**
 - remedy any workplace conditions that are hazardous
 - ensure that the employer's workers are aware of all hazards, rights duties and comply with the WCA and the regulations
 - establish occupational health and safety policies and programs
 - provide and maintain in good condition protective equipment, devices and clothing
 - provide the necessary information, instruction, training and supervision
 - make a copy of this Act and the regulations readily available and post a notice advising where the copy is available
 - cooperate with the joint committees and worker health and safety representatives
 - cooperate with the Board, officers of the Board and any other person carrying out a duty under this Part or the regulations

2. **Under the *Workers Compensation Act Part 3 Division 3 Section 116 (2)*, in order to take reasonable care to protect the worker's health and safety and the health and safety of other persons, every worker must:**
 - carry out work in accordance with established safe work procedures
 - use or wear protective equipment, devices and clothing as required
 - not engage in horseplay or similar conduct that may endanger the worker or any other person
 - ensure that the worker's ability to work without risk is not impaired by alcohol, drugs or other causes
 - report to the supervisor or employer contraventions of regulations, absence or defect in protective equipment, any other hazard
 - cooperate with the joint committee or worker health and safety representative
 - cooperate with the Board, officers of the Board and any other person carrying out a duty under this Part or the regulations

3. **The prime contractor or owner of a multiple-employer workplace must:**
 - ensure that the activities of employers, workers and other persons at the workplace relating to occupational health and safety are coordinated
 - do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with the WCB Act and the regulations

4. **Regarding the certification and training of first aid attendants and instructors, WorkSafeBC may:**
 - supervise the training of and train occupational first aid attendants and instructors
 - appoint first aid examiners and conduct examinations
 - issue, renew and amend certificates to occupational first aid attendants and instructors
 - enter into arrangements by which other persons provide training, give exams and issue certificates

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5. **If an employer fails, neglects or refuses to install or maintain first aid equipment or service, WorkSafeBC may:**
 - install the first aid equipment and charge the cost to the employer
 - impose a special rate of assessment
 - order the employer to immediately close down all or part of the workplace or the work being done there

6. **WorkSafeBC has the authority to cancel or suspend a certificate or place a condition on its use if the person who holds the certificate has:**
 - breached a term or condition of the certificate
 - contravened a provision of the WCA or the regulations

Exercise 2

1. **The employer is responsible for ensuring each workplace has equipment, supplies, facilities, first aid attendants and services**

2. **The employer must conduct an annual assessment of the circumstances of the workplace, including:**
 - the number of workers who may require first aid at any time
 - the nature and extent of the risks and hazards in the workplace, including whether or not the workplace as a whole creates a low, moderate or high risk of injury
 - the types of injuries likely to occur
 - any barriers to first aid being provided to an injured worker
 - the time that may be required to obtain transportation and to transport an injured worker to medical treatment

3. **A First Aid Assessment has been conducted indicating that a high hazard workplace with 31 workers is 30 minutes from medical aid. What is required under the OHSR for first aid service, supplies and equipment?**
 - (d) Level 3 first aid kit, first aid room and equipment, Emergency Transport Vehicle and equipment, and a Level 3 First Aid Attendant

4. **List what must be included in the Written Procedures for Providing First Aid required for every workplace in BC.**
 - 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 the Board
 - who is to call for transportation for the injured worker, and the method of transportation and calling
 - prearranged routes in and out of the workplace and to medical treatment

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5. **The employer must provide an effective means of communication between the First Aid Attendant and:**
 - the workers served
 - assistance
6. **Access to the First Aid Records may be required for the following reason(s):**
 - (d) all of the above
7. **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:**
 - at a place of medical treatment
 - by an ambulance service acceptable to the Board
 - by a person with higher or equivalent first aid certification
8. **A first aid facility may be used for purposes other than first aid if:**
 - it is immediately available for first aid treatment
 - the facility is not at a remote workplace (more than two hours' surface travel from a hospital)
 - the minimum floor area needed for first aid is maintained
 - use will neither impede the treatment of an injured worker nor pose a hazard to workers
9. **List the First Aid Attendant inappropriate conduct which may warrant suspension of certification under Policy D12-195.**
 - smoking while assessing or treating an injured 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 a designated first aid attendant;
 - treating or transporting an injured worker while impaired or under the influence of drugs or alcohol
10. **In order to comply with the requirements of "prompt care," first aid attendants must be able to:**
 - quickly wash hands with soap and water
 - either take off a pair of coveralls or don a pair of clean coveralls
 - be ready to depart to where they are required with the appropriate level of first aid kit within 3 to 5 minutes

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- 11. T
- 12. F
- 13. T
- 14. F
- 15. T
- 16. F
- 17. T
- 18. T

19. Under OHSR Section 4.13, if a risk assessment for a workplace shows a need for evacuation or rescue, what is required?

- appropriate written procedures be developed and implemented
- a worker assigned to coordinate their implementation

20. Under OHSR Section 5.100, written evacuation procedures appropriate to the risk must be developed and implemented to:

- notify workers, including the first aid attendant, of the nature and location of the emergency
- evacuate workers safely
- check and confirm the safe evacuation of all workers
- notify the fire department or other emergency responders
- notify adjacent workplaces or residences which may be affected if the risk of exposure to a substance extends beyond the workplace

Exercise 3

1. Beyond providing emergency care an effective First Aid Program...:

- keeps injured workers at work when appropriate
- promptly refers those who must be seen by a doctor
- yields documentation that contributes to prevention activities and patient follow-up care

2. List the 4 main contributors to an effective workplace First Aid Program.

- employer
- worker
- Joint Health & Safety Committee
- First Aid Attendant

3. Which of the following are part of the role of the OFA Attendant?

- (b) 1, 3, 5 and 6

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4. List 6 of the 10 general aspects of the workplace a First Aid Attendant must be familiar with before starting an OFA job.

- specific location names for all areas of the worksite
- location of first aid room, equipment and vehicles
- entry and exit to and from all areas of the worksite
- emergency procedures required under the regulations
- number of workers in each area of the worksite
- supervisors for each area and how they can be reached
- method of summoning the First Aid Attendant
- location and method of summoning other first aid personnel
- location and method of summoning workers with specialized training
- personal protective equipment

5. What should the First Aid Attendant do regarding the training of helpers for when an injury has occurred on a worksite?

- determine company policy regarding releasing workers for training
- determine the level of training the company endorses on a site-wide basis and specific basis
- determine who is to conduct the training

6. Describe “professionalism” for a First Aid Attendant on worksite.

- cleanliness and organization of the first aid room and equipment is maintained
- patients are treated respectfully and efficiently
- the entire patient treated not just the injury
- help is asked for when necessary
- supervisors are notified promptly as required
- confidentiality is maintained

7. You have determined that returning a worker to normal job duties would aggravate the injury. You should:

- (c) make recommendations to the worker’s supervisor regarding alternative duties

8. The First Aid Record must be completed?

- (b) every time the Attendant sees a worker

9. For the Attendant, the First Aid Record:

- (a) 1 and 4

10. An inadequate First Aid Record may have a negative impact on:

- a worker’s continuum of care
- a worker’s compensation claim
- injury prevention efforts at the workplace

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- 11. F
- 12. T
- 13. T
- 14. F

15. The First Aid Attendant should compile a monthly report for the Joint Health & Safety Committee meetings. This report should contain:

- number of injuries
 - number of referrals to medical aid
 - number of time loss injuries
 - severity of injuries
 - statistics by type of injury/illness, department, occupation, body part affected and work procedures
 - any apparent trends in injuries from the statistics
 - information regarding possible causes of these trends
 - number of follow-up visits
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