

Jurisprudence package for other jurisdictions:

Obtaining OFA certification in British Columbia

May 2019

Contents

Contents	3
Introduction	4
Part 1: General duties and OFA certification	6
Part 2: Regulatory requirements and worksites.....	9
Part 3: A first aid program and record-keeping	14
Appendix A: Preparing for an OFA job	27
Appendix B: Exposure control plan for biological agents for occupational first aid attendants (OFAAs)	35
Appendix C: Home care handouts	43
Appendix D: Sample first aid records	50
Appendix E: First aid report to health and safety committee	54
Appendix F: Exercise answer keys	55

Introduction

Recognizing of out-of-jurisdiction certificates

In order to comply with the New West Partnership Trade Agreement (NWPTA) and the Canadian Free Trade Agreement, WorkSafeBC has implemented a process for accepting the credentials of workers trained or certified in other Canadian jurisdictions to meet regulatory compliance in B.C.

New West Partnership Trade Agreement (NWPTA, formerly TILMA)

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. The goal is to remove barriers to the free movement of goods, services, investment, and people within and between the three provinces.

Canadian Free Trade Agreement (CFTA)

One of the purposes of the CFTA is to eliminate or reduce measures that restrict labour mobility in Canada. To that end, the B.C. government agreed to recognize workers already certified in another province or territory (i.e., certified, licensed, or registered by a regulatory authority) as eligible for certification in B.C.

Labour mobility occurs when certified workers from other jurisdictions are able to practice their chosen occupation without any additional training, experience, examinations, or assessments.

Workers compensation law in B.C. is set by the *Workers Compensation Act* and its related regulations. WorkSafeBC administers the Act for the Ministry of Labour. In accordance with the labour mobility requirements in the agreements outlined above, WorkSafeBC will recognize any worker who has current certification in an occupation from a Canadian regulatory authority as qualified to work in B.C., provided the following conditions are met:

- 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 apply to competencies required for the same work in B.C.
- The worker complies with the WorkSafeBC out-of-jurisdiction registration application process for the occupation.

In B.C., the certification process for occupational first aid (OFA) attendants relies on training providers recognized by WorkSafeBC who provide training, give examinations, and issue certificates under the authority of the Act.

This jurisprudence package references all the relevant sections of the Act, the Regulation, guidelines, and policies that govern the administration of first aid services to workers in industries that fall under the jurisdiction of WorkSafeBC. In addition, this package includes guidance regarding an effective first aid program in industry and describes the expected role of the first aid attendant.

To help you prepare for employment as a first aid attendant, this package consists of reading assignments and written exercises that identify the key points of the reading assignments. An answer key is provided in Appendix F.

B.C. emergency medical assistant (EMA) licence holders

B.C. EMA licence holders can receive an occupational first aid (OFA) certificate through a jurisprudence process. On written request from the licence holder to a first aid training provider recognized by WorkSafeBC, an unrestricted OFA certificate may be issued as follows:

- B.C. EMA-FR full schedule 1: OFA 1
- B.C. EMA-FR full schedule 2: OFA 2

OFA certificates issued to a B.C. EMA-FR licence holder will have the same expiry date as the B.C. EMA-FR licence.

OFA certificates issued under this section will have a three-year expiry date from the OFA application date. Holders of any of the four B.C. EMA licences listed below will have to show that their EMA licence is current:

- B.C. EMA-EMR: OFA 3
- B.C. EMA-PCP: OFA 3
- B.C. EMA-ACP: OFA 3
- B.C. EMA-CCP: OFA 3

Part 1: General duties and OFA certification

Objectives

After completing this part, you will be able to do the following:

- List the general duties of employers.
- List the general duties of workers.
- List the general duties of supervisors.
- Describe the required training for OFA certification and how such certification is granted.
- Describe the maintenance of OFA certification.
- Describe the conditions under which an OFA certificate may be suspended or cancelled.

Reference and reading assignment

Workers Compensation Act:

- Part 3, Division 3, sections 115 to 118
- Part 3, Division 8, sections 159 and 160
- Part 3, Division 12, section 195

To access the *Workers Compensation Act*, the Occupational Health and Safety Regulation, policies, and guidelines, go to worksafebc.com/law-policy, then click on Search OHS Regulations, Policy and Guidelines.

Exercise 1

The following questions review the key points from Part 1 of this guide and let you assess your level of knowledge.

1. In order to ensure the health and safety of all workers, the employer must:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____
- (h) _____

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:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____
- (h) _____

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

- (a) _____
- (b) _____

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

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

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

(a) _____

(b) _____

(c) _____

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:

(a) _____

(b) _____

Part 2: Regulatory requirements and worksites

Objectives

After completing this part, you will be able to do the following:

- 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 OHS Regulation governing occupational exposure to heat and cold.
- Describe evacuation and rescue regulations for worksites.

Reference and reading assignment

OHS Regulation:

- Part 3, sections 3.14 to 3.21 and 3.27 to 3.28 and Schedule 3A
- Part 4, sections 4.13 to 4.16
- Part 5, section 5.54 and sections 5.97 to 5.102
- Part 6, sections 6.33 to 6.40
- Part 7, sections 7.32 to 7.38
- Part 32

OHS Guidelines:

- Guidelines G3.15 to G3.21
- First Aid Supplementary Materials

Jurisprudence package:

- Appendix B: Exposure control plan for biological agents for occupational first aid attendants

Exercise 2

The following questions review the key points from Part 2 of this guide and let you assess your level of knowledge.

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:**
 - (a) _____
 - (b) _____
 - (c) _____
 - (d) _____
 - (e) _____

3. **A first aid assessment has been conducted indicating that a high hazard workplace with 31 workers is 30 minutes from medical aid. Which of the following is required under the OHS Regulation for first aid service, supplies, and equipment.**

Level 2 first aid kit, dressing station and equipment, and a Level 2 first aid attendant

Level 3 first aid kit, dressing station and equipment, emergency transport vehicle and equipment, and a Level 3 first aid attendant

Level 1 first aid kit, emergency transport vehicle and equipment, and a Level 1 first aid attendant with a transportation endorsement

Level 3 first aid kit, first aid room and equipment, emergency transport vehicle and equipment, and a Level 3 first aid attendant

List what must be included in the written procedures for providing first aid required for every workplace in B.C.

4. **List what must be included in the written procedures for providing first aid required for every workplace in B.C.:**
 - (a) _____
 - (b) _____
 - (c) _____
 - (d) _____
 - (e) _____
 - (f) _____

5. The employer must provide an effective means of communication between the first aid attendant and:

- (a) _____
- (b) _____

6. Access to the first aid records may be required for which of the following reason(s):

- 1. Medical referral and treatment
- 2. Workplace inspections
- 3. Incident investigations
- 4. Claims processing and appeals
- 5. Gathering of statistics for the workplace health and safety program

Select one of the following:

- 1 and 3
- 2 and 4
- 3 and 5
- 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 or by:

- (a) _____
- (b) _____
- (c) _____

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

- (a) _____
- (b) _____
- (c) _____
- (d) _____

9. List the inappropriate conduct that may warrant suspension of first aid certification under Policy D12-195.

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____

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

- (a) _____
- (b) _____
- (c) _____

Mark each statement either "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. Attendants must have their certificate at the workplace and must produce the certificate for inspection at the request of an officer of the Board (WorkSafeBC).
	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 to a biological agent, the employer must develop and implement an exposure control plan.
	18. Upon request, the employer must offer first aid attendants hepatitis B vaccinations at no cost to them.

19. Under section 4.13 of the OHS Regulation, what is required if a risk assessment for a workplace shows a need for evacuation or rescue?

- (a) _____
- (b) _____

20. Under section 5.100 of the OHS Regulation, written evacuation procedures appropriate to the risk must be developed and implemented to.:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

Part 3: A first aid program and record-keeping

Objectives

After completing this part, you will be able to do the following:

- Explain the components of a first aid program.
- Describe how a first aid attendant can maintain knowledge and skills.
- Describe the elements of the workplace emergency response procedures for a first aid attendant.
- Describe professional conduct for a first aid attendant 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.

Reference and reading assignment

OHS Regulation:

- Part 5
- Part 32

Jurisprudence package:

- Pages 14 to 22
- Appendix A: Preparing for an OFA job
- Appendix E: First aid report to health and safety committee

Introduction to occupational first aid

Occupational first aid attendants perform a unique service in industry. They alleviate suffering and can save lives through their skills at an accident scene. Furthermore, their effective injury management can often shorten the healing time of an 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 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 a 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 an injured worker for many hours or even overnight. This puts an added burden on attendants and emphasizes the need for them to be trained in a well-rounded first aid course.

First aid program

A first aid program is more than the sum of its parts. A first aid program is based on respect for the injured worker. It aims to minimize pain and suffering and promote healing. A first aid program requires that all workplace parties — workers, attendants, supervisors, and the joint health and safety committee — fulfill their responsibilities.

Section 3.16 of the OHS Regulation requires employers to conduct a first aid assessment to determine "... such equipment, supplies, facilities, first aid attendants and services as are adequate and appropriate for promptly rendering first aid to workers...and transporting injured workers to medical treatment."

Even if an employer complies with section 3.16, it does not mean that an effective first aid program is assured. A first aid program does more than comply with the wording of the OHS Regulation. An effective program will do the following:

- Keep injured workers at work when appropriate.
- Promptly refer those who must be seen by a doctor.
- Yield documentation that directly contributes to:
 - Prevention activity on 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 co-operation of 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.

Role of the employer

Employers play a critical role in ensuring success of the first aid program. In order for the 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 in case of injury.
- 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 — the workers — must know how and when to use the program. For their own safety, all workers at the workplace must make a point of knowing the following:

- Who the first aid attendant is
- Where the attendant and first aid room are located
- How to summon the attendant to each work location

Furthermore, workers must understand 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 (a cold agent cooler than the skin, such as an ice pack or cold pack) as directed.
 - Avoid certain activities as directed.
- Engage in alternative duties that are suggested by the attendant and/or supervisor and provided by the employer.
- Report back to the attendant for reassessment and re-dressing 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 that includes the following:

- 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 incident investigations
- Ensuring the incident investigation evaluates the first aid response
- Identifying and promoting alternative duties
- Supporting workers' right to be cared for at work if injured at work

Role of the first aid attendant

First aid attendants are critical to the first aid program. In order for the program to succeed, attendants must do the following:

- Maintain knowledge and skills.
- Be prepared.
- Conduct themselves professionally.
- Stay within the scope of training.
- Document incidents thoroughly.
- Report to the supervisor and joint health and safety committee as necessary.

Duties of the first aid attendant

These duties are outlined in further detail in the following sections.

Maintain knowledge and skills

All attendants must maintain current certification, keeping in mind the following:

- All B.C. first aid certificates are valid for a maximum of three years.
- No extensions are granted.
- Authorizations to apply protocols overseen by a medical director (e.g., using an AED or practising to the scope of an EMA licence) may differ in duration.
- Out-of-jurisdiction first aid certificates may be valid for up to three years.

Attendants must be trained as follows in the use of employer-supplied equipment beyond the level of their previous training:

- When a first aid attendant is expected to use a piece of first aid equipment that the employer is obligated to supply and that is not covered in the first aid training the attendant received, the employer is responsible for ensuring that training related to the 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 must include evaluation of practical competencies, and may also include a written test that assesses knowledge of the subject matter.
- The training provider must supply documentation of the worker's attendance at training and the worker's level of achievement, indicating the competencies on which the worker was assessed.
- To ensure the effectiveness of the worksite's first aid procedures, the employer should hold a first aid drill at least once a year.

Attendants should review and practise first aid procedures in order to react quickly and efficiently in an emergency. In the process, attendants should also do the following:

- Encourage the employer to permit monthly practice sessions.
- Attend workshops offered by training agencies.
- Review the first aid course reference manual regularly.

Attendants should follow up on injured workers, including taking these steps:

- Discussing treatments with another attendant if needed
- Following up on medically referred injured workers to the extent permitted

Be prepared

The attendant's role starts well before an incident or injury occurs. Refer to the OFA job checklist in Appendix A. This checklist should be reviewed and completed before starting work as a designated first aid attendant.

This is also required under sections 3.22 to 3.25 of the OHS Regulation (training and orientation for young or new workers).

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

- Specific location names (including jargon) for all areas of the worksite
- The location of the first aid room, rescue vehicles, and first aid equipment
- Entry to and exit from all areas of the worksite
- Emergency procedures required under the OHS Regulation
- 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 they can be reached
- How the first attendant is to respond to a call for first aid
- The location of and how to call for other first aid personnel (and drivers for rescue vehicles, if required)
- The location of and how to call for workers with specialized training (e.g., welders, heavy equipment operators, millwrights, company fire crew)
- The location and use of personal protective equipment (PPE), such as a pocket mask and gloves

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

The attendant must also know where to access information on specific hazards. Review Parts 5 and 32 of the OHS Regulation to identify hazards and requirements specific to the worksite (e.g., lockout, confined space).

The attendant must be aware of any exposure control plans required under sections 5.54 and 6.3 of the OHS Regulation. Review the sample of an exposure control plan for biological agents in Appendix B.

The attendant should confirm that the employer has provided all first aid supplies and services as required by the Regulation, including the following information:

- Required minimum supplies, equipment, and facilities
- Who orders supplies, and how they do so

- A schedule for maintaining, restocking, and cleaning equipment, supplies, rescue vehicles, and first aid room
- Safety data sheets (SDS) for all hazardous products, including information on first aid procedures and personal protective equipment
- Written procedures for specific workplace toxic substances and/or hazardous products

The attendant should determine the following with regards to training first aid helpers:

- 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 (rescue vehicle drivers, Level 1 training, rescue teams, backup assistants for attendant, etc.)
- Who is expected to conduct the training

Act professionally

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

Treat injured workers respectfully and efficiently as follows:

- Remain calm under pressure.
- Maintain a pleasant personality.
- Listen to the injured worker.
- Ask questions to determine all signs and symptoms.

Treat the patient, not just the injury. Attending to dramatic but not deadly injuries (e.g., open lower-extremity fractures, finger amputations) before evaluating life-threatening injuries can be a fatal mistake.

Ask for help from the following if you are unsure of how to proceed:

- The senior attendant, if available
- The company physician or medical advisor
- The Registered Nurses' line (Health Link BC, 811) or a local doctor
- WorkSafeBC – Certification Services for follow-up questions

Notify a supervisor promptly if any of the following occur:

- A workstation is left unattended.
- Hazards exist at the site of the incident.
- A worker must be sent to medical aid.
- A worker requires alternative duties.

Maintain confidentiality as follows:

- Do not discuss injured workers with other workers, except with a supervisor or fellow attendants for follow-up care.
- Keep first aid records in a secure location to protect workers' privacy.

Stay within the scope of training

Attendants must be able to determine the types of injuries that 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, or ambulance, depending on the severity of the injury.

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

- Injured worker in the Rapid Transport Category (as defined in the WorkSafeBC publication *Occupational First Aid: A Reference and Training Manual*)
- Airway or breathing problems
- Abnormal skin colour
- Anxiety, light-headedness, confusion, or dizziness
- Inability to walk unassisted
- 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

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 in the following situations:

- The injured worker is being transported by company ambulance.
- The injured worker requires ongoing treatment or monitoring.

After a worker has received medical care, consider making arrangements to return the worker to the worksite or to transport the worker home. If the worker is unable to return to work, make arrangement to retrieve any personal belongings from the worksite, including the worker's vehicle, if necessary.

Document thoroughly

The first aid record

For the attendant, the first aid record does the following:

- Provides a history of the injury when follow-up treatment is necessary
- Provides information about the injury and patient follow-up for injuries that occurred on previous shifts or when other attendants were on duty
- Provides a picture of the improvement or deterioration of the injury while under the attendant's care, which is essential to help decide whether medical aid is needed after the initial treatment
- Documents an attendant's actions and conduct related to patient contact

For the employer, the first aid record does the following:

- 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 action 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 compensation claim is filed in the future

For the injured worker, the first aid record does the following:

- 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 compensation claim is filed in the future

The first aid record must be complete, thorough, and factual.

Under OHS 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, disease, or illness
- The date and time the injury, exposure, disease, or illness was reported to the employer or employer's representative
- The names 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 the following:

- 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

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

Appendix D provides a copy of a blank first aid record, as well as an example of a completed first aid record for an injury where the worker received a cut to the inside of her forearm. The worker was treated by the first aid attendant and then returned to work.

Report to supervisor and/or joint health and safety committee

Report to the supervisor

If 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. Keep in mind the following:

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

Report to the joint health and safety committee

Attendants may be assigned by the employer to compile statistics and provide a monthly summary to the joint health and safety committee outlining the following:

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

Appendix E shows a form that may be used to compile reports of first aid incidents for reporting to the joint health and safety committee.

Exercise 3

The following questions review the key points from Part 3 of this guide and let you assess your level of knowledge.

1. Beyond providing emergency care, an effective first aid program will do the following:

- (a) _____
- (b) _____
- (c) _____

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

- (a) _____
- (b) _____
- (c) _____
- (d) _____

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.

Select one of the following:

- 1, 2, 4, and 5
- 1, 3, 5, and 6
- 2, 3, 4, and 6
- 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.

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____
- (h) _____

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

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____

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

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____

7. A first aid attendant has determined that returning a worker to normal job duties would aggravate the injury. Which of the following should the attendant do?

- Arrange for transportation to send the worker to medical aid.
- Assign the worker alternative duties from the alternative duty job list.
- Make recommendations to the worker's supervisor regarding alternative duties.
- Make recommendations to the joint health and safety committee regarding alternative duties.

8. When must the first aid record be completed?

- Only if the patient is transported to medical aid
- Every time the attendant sees a worker
- Only if the worker misses work after an injury
- 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 re-dressed 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 clear indication of the improvement or deterioration of a worker on a return-to-work program
5. Provides evidence of an injury in case a compensation claim arises

Select one of the following:

- 1 and 4
- 2 and 3
- 3 and 5
- 4 and 5

10. An inadequate first aid record may have a negative impact on:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____

Mark each statement either "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 may be assigned by the employer to compile a monthly report for the joint health and safety committee meetings. This report should contain:

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____
- (g) _____

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 to 4 of the OHS Regulation apply to all worksites, and Parts 5 to 8 apply to most sites; some sections in particular are relevant to 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
<p>Worksite layout</p> <ul style="list-style-type: none">• Specific location names (including jargon) for all areas of the worksite• Location of first aid room, rescue vehicles, and first aid equipment• Entry to and exit from all areas of the worksite• Provision for emergency procedures (OHS Regulation sections 3.17, 4.13, 4.14, 5.97, and 5.102)• The approximate number of workers usually expected to be in each general area of the worksite		

	Where to access information	Date information completed
<p>Specific hazards</p> <p>Review Parts 5 and 32 of the OHS Regulation to identify hazards and requirements specific to your worksite (e.g., lockout, confined spaces).</p> <p>Most hazards will require a risk assessment and written procedures.</p> <p>Hazard: Biological agents Reg.: 6.33 to 6.40 *6.39 (Hepatitis B) — vaccination for first aid attendant</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> <p>Hazard: _____ Reg.: _____</p> <p>Hazard: _____ Reg.: _____</p> <p>Hazard: _____ Reg.: _____</p>		

	Where to access information	Date information completed
<p>Personnel</p> <ul style="list-style-type: none"> • Supervisors in each area and how they can be reached • How to call for the first aid attendant • Location of and how to call for other first aid personnel (and drivers for rescue vehicles, if required) • Location of and how to call for workers with specialized training (welders, heavy equipment operators, millwrights, company fire crew) 		

Review or develop written procedures

	Where to access information	Date information completed
<p>Providing first aid (Regulation section 3.17)</p> <p>1. The employer must keep up-to-date written procedures for providing first aid at the worksite, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The equipment, supplies, facilities, first aid attendants, and services available The location of, and how to call for, the first aid attendant A list of the designated first aid attendants 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 (WorkSafeBC) Who is to call for transportation for the injured worker, and the method of transportation and calling Prearranged routes into 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>		
<p>Air transportation (Regulation section 3.17.1)</p> <p>If air transportation is the primary or only method for transporting an injured worker, specific requirements must be met.</p>		

	Where to access information	Date information completed
<p>Exposure control plan (Regulation section 5.54)</p> <ul style="list-style-type: none"> • Risk identification, assessment, and control • Education and training • Hygiene facilities and decontamination procedures • Health monitoring • Documentation 		
<p>Emergency numbers</p> <ul style="list-style-type: none"> • Maintain an up-to-date list of numbers for the following services: <ul style="list-style-type: none"> • BC Ambulance Service • Rescue craft (air or sea) • Fire department • Poison control centre • Police • WorkSafeBC <ul style="list-style-type: none"> • Prevention: 604.276.3100 • Prevention toll-free: 1.888.621.7233 • Website: worksafebc.com 		

First aid facilities, equipment, and supplies

	Where to access information	Date information completed
<p>Serviceability</p> <ul style="list-style-type: none"> • Determine worksite requirements (based on hazard classification, maximum number of workers per shift, and distance by surface travel to medical aid — Part 3, OHS Guidelines). • 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 orders supplies and how they do so. • Determine the method of stock rotation. • Determine (or establish) a schedule for maintaining, restocking, and cleaning equipment, supplies, rescue vehicles, and the first aid room. 		
<p>Notices and forms</p> <ul style="list-style-type: none"> • Ensure signs indicating the location of first aid are visible throughout the worksite. • 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. 		

Disclosure of information

	Where to access information	Date information completed
Worker's medical history <ul style="list-style-type: none">Determine company policy and worker willingness regarding disclosure of relevant medical information.		

Workplace Hazardous Materials Information System (WHMIS)

Part 5 of the OHS Regulation requires that employers provide WHMIS training to all employees and obtain safety data sheets (SDS) for all hazardous products at the workplace.

	Where to access information	Date information completed
SDS <ul style="list-style-type: none">SDS is available for all hazardous products, including information on first aid procedures and personal protective equipment.		

Training workers in first aid procedures

	Where to access information	Date information completed
<p>Company training policy</p> <ul style="list-style-type: none"> • Determine policy regarding releasing workers from regular duties for training. • Determine the level of training that the company endorses on a site-wide basis and on a situation-specific basis (rescue vehicle drivers, Level 1 training, rescue teams, backup 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' certifications. • Attendants: Ensure your OFA certification remains valid — know your expiry date 	Cert #: _____ Expires: _____ Cert #: _____ Expires: _____	

Appendix B: Exposure control plan for biological agents for occupational first aid attendants (OFAAs)

Introduction

Section 6.34 of the Occupational Health and Safety Regulation 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 a biological agent may be reasonably anticipated to occur include worksites with occupational first aid attendants (OFAAs).

The following exposure control plan is meant to assist employers (whose only exposed worker is an OFAA) in developing a plan that meets the requirements of the OHS Regulation. The sample of an acceptable exposure control plan is included in these materials so OFAAs can share the information with their employers.

This plan may be used as is, but employers must consider the plan, ensure that it suits their workplace, and ensure that the plan is actually implemented at the worksite.

The sample plan may be modified to suit 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 exposure¹ to biological agents² in a manner that complies with the B.C. *Workers Compensation Act* and Occupational Health and Safety Regulation, as well as human rights legislation.

This exposure control plan covers all OFAAs, as it is reasonably anticipated that they may have harmful contact³ with blood or other potentially infectious materials (OPIMs)⁴ 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 (see section 4, "Education and training," below).
- Provide OFAAs with the hepatitis B vaccination at no cost (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 investigations of OFAAs' exposure incidents to blood or OPIMs are conducted and corrective actions are taken to prevent similar incidents from occurring.
- Review the exposure control plan annually 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 biannually (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 investigations of exposure incidents to blood or OPIMs.

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 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 the following:

- Percutaneous injury
- Mucous membrane contact
- 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 cleanup.

3. Control procedures

Engineering and safe work practice controls are the preferred means to eliminate or minimize 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.

- 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, contaminated⁵ 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 they have been washed and disinfected. If there is insufficient time to do this between uses by different individuals, the valves should be changed.

Work practice controls and written work procedures

As specified in the WorkSafeBC publications, *Occupational First Aid: A Reference and Training Manual* and *Occupational First Aid Training Guides*, OFAAs will do the following:

- Follow infection control precautions.
- Use pocket masks with one-way valves when ventilating patients.
- 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.
- Use disposable gloves only once.
- Follow the procedures for glove removal and handwashing.
- Follow the cleanup procedures for spills of blood and OPIMs that minimize splashing.
- Ensure food or drinks are not stored or consumed in first aid facilities.
- Follow the post-exposure health management procedure, if they have an exposure incident to blood or OPIMs.

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 and/or 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 the 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 cleanup).

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.

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).

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 the following:

- Following precautions to prevent sharps injuries
- Using resuscitation devices
- Wearing personal protective equipment
- Following handwashing procedures

4. Education and training

All OFAAs will be educated and trained regarding biological agents before their initial assignment to work as an OFAA. The different levels of OFA training have different degrees of education and training. Some 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). OFA courses provide a basic foundation and cover items such as the following:

- An explanation of bloodborne diseases 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 the following:

- 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 will receive biannual refresher training regarding biological agents and the exposure control plan at the time of renewal of their occupational first aid certificate.

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. OFAAs will follow handwashing procedures as specified in the manual and training guides.

Waterless hand cleansers or 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 or 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 the shots given at 0, 1, and 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 do the following:

1. Immediately self-administer first aid.
2. Report the incident to _____ (specify the supervisor).
3. Go to _____ (specify nearest hospital emergency department) within two 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 the following:

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

7. Record-keeping

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 (such as first aid records, accident reports, incident 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).

Footnotes

- 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 Biological agents: Pathogenic microorganisms present in human blood and OPIMs that can cause disease in humans. These pathogens include but are not limited to the 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 three 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. Examples of OPIMs include 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: The presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

Appendix C: Home care handouts

Small wounds and cuts	44
Sprains	45
Tendinitis	46
Flash burns	47
Minor burns	48
Back strain	49

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 if you follow this advice:

- Keep dressings clean and dry.
- If skin closures have been applied, keep them in place for 7 to 10 days.
- When bathing or showering, cover dressings to prevent moisture from entering.
- Report to first aid within 24 to 48 hours after the injury. The first aid attendant will reassess and re-bandage.

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

You should notice some redness around the wound as it heals. You may also notice slight pain the day following the injury; this is also part of the natural healing process.

If at any time you notice that pain, redness, and swelling increase significantly, or if there is pus or red streaks coming from the wound, report to the first aid attendant, 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 or 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 if you follow this advice:

- Whenever possible, elevate the limb.
- As a post-treatment measure, continue to apply cold (a cold agent cooler than the skin, such as an ice pack or cold pack) for 20 minutes on, 5 minutes off for the next 24 to 48 hours.
- If a crepe bandage was applied, remove the crepe bandage for sleeping.
- 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.

You may notice some pain the following day when bearing weight, and with the crepe removed you may notice some increased swelling when the limb is not elevated. If at any time you become unable to bear weight or the pain and swelling increase significantly, report to the first aid attendant, 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.

Tendinitis

Tendinitis is the inflammation of a tendon.

You have tendinitis (also called repetitive strain injury or RSI) 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 if you follow this advice:

- Avoid motion that aggravates the tendon.
- If a small working splint or brace was applied, keep it in place as much as possible, but remove the splint or brace for sleeping.
- As a post-treatment measure, continue to apply cold (a cold agent cooler than the skin, such as an ice pack or cold pack) for 20 minutes on, 5 minutes off for the next 24 to 48 hours.
- Alternating cold and heat may also assist in healing.
- 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.

You may notice minor pain the following day. If at any time pain and swelling increase significantly, report to the first aid attendant, 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 if you follow this advice:

- Apply cold compresses to help reduce pain.
- Avoid bright lights, as they may aggravate the flash burns.
- Wearing dark glasses may relieve some of the pain.
- Mild pain medication (ASA or acetaminophen) may help you to sleep.
- Report to first aid at the start of your next shift. A first aid attendant will reassess and document any symptoms you are experiencing.

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

You may notice minor pain the following day; this is normal. If at any time the pain increases significantly, report to the first aid attendant, 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. Small blisters indicate a second degree burn.

The healing process will be more effective if you follow this advice:

- Keep the burned area covered.
- Ensure the dressings stay dry and clean.
- Report to first aid at the start of your next shift. A first aid attendant will reassess and document any symptoms you are experiencing.

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

You may notice minor pain the following day; this is normal. If at any time the pain increases significantly, report to the first aid attendant, 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 if you follow this advice:

- Avoid motion that aggravates the muscles and tendons.
- Continue to apply cold (a cold agent cooler than the skin, such as an ice pack or cold pack) for 20 minutes on, 5 minutes off for the first 24 hours.
- After 24 hours, the application of heat may also assist in healing.
- Report to first aid at the start of your next shift. The first aid attendant will reassess your back, including checking your range of motion, and will document any symptoms you are experiencing.
- 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.

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

You may notice minor pain the following day; this is normal. If at any time the pain increases significantly, report to the first aid attendant, who may refer you to medical aid. If the condition becomes significantly worse while you are not at work and you decide to seek medical aid, notify the attendant as soon as possible.

Appendix D: Sample first aid records

Completed First Aid Record: Initial treatment.....	51
Completed First Aid Record: Reassessment.....	52
First Aid Record: Blank.....	53

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 (YYYY-MM-DD) 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 arm on a sharp piece of heat-shielding metal when she pulled her arms out of the power unit

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

ABCs 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 ABCs; supported arm and covered wound with sterile gauze. Examined arm from shoulder to fingertips. Cleaned the wound by prolonged flushing of the wound with tap water.
Applied skin closures. Dressed with four layers of sterile gauze and absorbent dressing; bandaged with crepe roller.

Name of witnesses

1. Anna Prentice was working with Mary George	2.
---	----

Arrangements made relating to the worker (return to work/medical aid/ambulance/follow-up)

Return to work. Discussed worker handout sheet. Advised to keep dressing clean and dry and to return to first aid immediately if gets wet or dirty or pain increases. Must return at start of next shift (Feb. 2, 2018) for re-dressing.		
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 attendant's name (please print) Lee Lewis	First aid attendant's signature Lee Lewis	
Patient's signature Mary George		

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

First Aid Record

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

Sequence number 20180018

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 checked="" type="checkbox"/> 2018-02-02 at 8:10 AM
Initial report sequence # 20180016	Subsequent report sequence number(s)

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

See report on sequence #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 ABCs; supported arm and removed old bandage and dressing. Examined arm from elbow to fingertips. Cleansed around wound with water or sterile saline, cleaned over wound with sterile saline. Left skin closures in place. Dressed with four layers of sterile gauze and absorbent dressing; bandaged with crepe roller.
--

Name of witnesses

1. Anna Prentice was working with Mary George	2.
---	----

Arrangements made relating to the worker (return to work/medical aid/ambulance/follow-up)

Return to work. Discussed patient handout sheet. Advised to keep dressing clean and dry and to return to first aid immediately if gets wet or dirty or pain increases. Must return at start of shift in two days (Feb. 4, 2018) for re-dressing.		
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 attendant's name (please print) Lee Lewis	First aid attendant's signature Lee Lewis	
Patient's signature Mary George		

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

First Aid Record

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

Sequence number _____

Name	Occupation
Date of injury or illness	Time of injury or illness
Initial reporting date and time	Follow-up report date (YYYY-MM-DD) 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 attendant's name (please print)	First aid attendant's signature	
Patient's signature		

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

Appendix E: First aid report to health and safety committee

Where did the incident occur — specify location at the worksite

Nature of injury

(Describe injury/exposure)

- struck by fall from height fall from grade
- caught in caught under/between
- overexertion repetitive motion/activity
- exposure to/contact with harmful substance
- exposure to blood/body fluids

Incident description

(Describe what the patient told you happened, including the sequence of events preceding the incident.)

Young worker Length of time on job:

Referral of case:

- return to work sent to medical aid
- sent home by supervisor taken to medical aid
- alternative work assigned by supervisor

Appendix F: Exercise answer keys

Exercise 1

1. 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, and duties, and comply with the Act and the OHS Regulation.
- 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 copies of the Act and the OHS Regulation readily available and post a notice advising where the copies are available.
- Co-operate with the joint committee or worker health and safety representative.
- Co-operate with the Board (WorkSafeBC), officers of the Board, and any other person carrying out a duty under this Part or the OHS Regulation.

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, or any other hazard.
- Co-operate with the joint committee or worker health and safety representative.
- Co-operate with the Board, officers of the Board, and any other person carrying out a duty under this Part or the OHS Regulation.

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 Act and the OHS Regulation.

- 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.
- 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 Act or the OHS Regulation

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. Which of the following is required under the OHS Regulation 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 B.C.**
 - 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
5. **The employer must provide an effective means of communication between the first aid attendant and:**
 - The workers served
 - Workers who assist the first aid attendant
6. **Access to the first aid records may be required for which of 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 or by:**
- A place of medical treatment
 - An ambulance service acceptable to the Board
 - A person with equivalent or higher 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 inappropriate conduct engaged in by first aid attendants that 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 three to five minutes.

11. T

12. F

13. T

14. F

15. T

16. F

17. T

18. T

19. Under section 4.13 of the OHS Regulation, if a risk assessment for a workplace shows a need for evacuation or rescue, what is required?

- Appropriate written procedures are developed and implemented.
- A worker is assigned to coordinate their implementation.

20. Under section 5.100 of the OHS Regulation, 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 that 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 will do the following:

- Keep injured workers at work when appropriate.
- Promptly refer those who must be seen by a doctor.
- Yield documentation that contributes to prevention activities and patient follow-up care.

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

- Employer
- Worker
- Joint health and safety committee
- First aid attendant

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

1, 3, 5, and 6

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 (including jargon) for all areas of the worksite
- The location of the first aid room, rescue vehicles, and first aid equipment
- Entry to and exit from all areas of the worksite
- Emergency procedures required under the OHS Regulation
- 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 they can be reached
- How to call for the first aid attendant
- The location of and how to call for other first aid personnel
- The location of and how to call for workers with specialized training (e.g., welders, heavy equipment operators, millwrights, company fire crew)
- The location and use of personal protective equipment (PPE), such as a pocket mask and gloves

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 a situation-specific basis.
- Determine who is to conduct the training.

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

- Cleanliness and organization of the first aid room and equipment are maintained.
- Patients are treated respectfully and efficiently.
- The patient is treated, not just the injury.
- Help is asked for when necessary.
- Supervisors are notified promptly as required.
- Confidentiality is maintained.

7. First aid attendant has determined that returning a worker to normal job duties would aggravate the injury. Which of the following should the attendant do?

Make recommendations to the worker's supervisor regarding alternative duties.

8. When must the first aid record be completed?

Every time the attendant sees a worker

9. For the attendant, the first aid record:

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

11. F

12. T

13. T

14. F

15. The first aid attendant may be assigned by the employer to compile a monthly report for the joint health and safety committee meetings. This report should contain:

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