

Jurisprudence Package

Obtaining First Aid Certification in British Columbia

October 2024

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Introduction

Recognition of out-of-jurisdiction certification

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 British Columbia.

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, and labour mobility. The goal is to remove barriers to the free movement of goods, services, investments, and people within and between the 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 recognizes 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 additional training, experience, examinations, or assessments.

Workers’ compensation law in B.C. is described in the [Workers Compensation Act](#) and related regulations. WorkSafeBC administers the Act for the Ministry of Labour. In accordance with labour mobility requirements in the NWPTA and CFTA, WorkSafeBC recognizes 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 first aid attendants relies on training providers recognized by WorkSafeBC who conduct training, give examinations, and issue certificates under the authority of the Act.

This jurisprudence package references all relevant sections of the Act, OHS Regulation, guidelines, and policies that govern the administration of first aid services to workers in industries that fall under the jurisdiction of WorkSafeBC. It includes guidance for effective first aid programs and describes expectations for first aid attendants. Finally, this package provides reading assignments and written exercises that reinforce key information. Appendix F provides answer keys for the exercises.

Pathways for out-of-jurisdiction documents

Documents that may be required for submission to employers

| Student | Application | Out-of-jurisdiction package |
|--|-------------|-----------------------------|
| RN or RPN | | X |
| EMALB licence holder (EMA, EMR, PCP, ACP, PCP) | | X |

Documents required for submission to approved WorkSafeBC training providers

| | Application | Out-of-jurisdiction package |
|--|-------------|-----------------------------|
| Out-of-province first aid certificate holder | X | X |

B.C. emergency medical assistant licence holders

Emergency medical assistant (EMA) licences issued by the B.C. Emergency Medical Assistants Licensing Board (EMALB) are recognized as alternative qualifications for first aid attendants at the following levels:

- First responder (EMA FR): Intermediate first aid certificate
- Emergency medical responder (EMR): Advanced first aid certificate
- Primary care paramedic (PCP): Advanced first aid certificate
- Advanced care paramedic (ACP): Advanced first aid certificate
- Critical care paramedic (CCP): Advanced first aid certificate

In accordance with requirements of the Act and the OHS Regulation, employers who want to use an EMA licence holder as a first aid attendant must ensure that the EMA has a working understanding of the responsibilities of a first aid attendant. To meet these requirements, employers can do any of the following:

- Ensure that the first aid attendant with alternative qualifications complete this jurisprudence package before commencing work.
- Provide on-the-job training that covers the topics outlined in the jurisprudence package.
- Provide evidence that the EMA licence holder previously completed this package.

Operational scope of EMALB licence holders

Licenses issued by the EMALB are subject to operational limitations (see *EMALB Position Statement on Operational vs. Legal Scope of Practice*). Workplaces that employ EMAs are expected to restrict their legal scope of practice to align with the competencies listed in CSA standard Z1210-17 for advanced first aid attendants (see Appendix G), unless supplemental written procedures and medical oversight by a physician registered with the College of Physicians and Surgeons of British Columbia are in place.

The operational scope of first aid responsibilities includes the following:

- First aid attendants may not administer prescription drugs or medications. Attendants may help workers self-administer medication for which they have a prescription if the patient provides a letter from their physician.* First aid attendants may provide injured workers with non-prescription (over-the-counter) medications purchased by their employer for use at the worksite, if appropriate to do so.** Review the provisions for administering over-the-counter medications in *Advanced First Aid: A Reference and Training Manual*.
- First aid attendants must initiate an immediate transfer to hospital for injured workers who meet rapid transport criteria.

For EMA licence holders who provide first aid service to multiple employers, it may be easier acquire first aid certification than to verify these requirements for each employer. EMAs with a valid licence and who meet all requirements can submit a written request to a first aid training provider recognized by WorkSafeBC to receive an unrestricted first aid certificate.

First aid certificates issued under this section will have a three-year expiry date from the application date.

Registered nurses and registered psychiatric nurses

Registered nurses (RNs) and registered psychiatric nurses (RPNs) are trained in wound care and basic lifesaving interventions as part of the licensing competencies required by the British Columbia College of Nurses and Midwives (BCCNM).

RN and RPN licences issued by the BCCNM are recognized alternatives to intermediate first aid certification in health care facilities operated by B.C. health authorities or Providence Health Care. This provision applies only to facilities in the following health care classification units (CUs):

- 766001: Acute care
- 7660011: Long-term care
- 766019: Short-term care

Health care settings operated by other employers or in other CUs may not recognize RN and RPN licences as an alternative to intermediate first aid certification. In these settings or CUs, RNs and RPNs can obtain intermediate first aid certification without attending a first aid training course. They must provide the following information to an approved first aid training provider:

- A written request from a health care employer to issue an intermediate first aid certificate to the RN or RPN
- Evidence that the RN or RPN holds a valid nursing licence issued by the BCCNM
- Documented evidence that the RN or RPN has reviewed and completed this [jurisprudence package](#) or received equivalent training from their employer
- Documented evidence that the RN or RPN has successfully completed a Basic Life Support course in the past three years

Intermediate first aid certificates issued to nurses in this manner are not transferable to other industries and are restricted to use in health care facilities in the following CUs:

| CU | Description |
|--------|--|
| 766002 | Alcohol or Drug Treatment Centre |
| 766006 | Community Health Support Services |
| 766008 | Dentistry or Ancillary Dental Services |
| 766011 | Long-Term Care |
| 766012 | Licensed Massage Therapy |
| 766013 | Optometry |
| 766014 | Physiotherapy or Occupational Therapy |

| CU | Description |
|--------|-------------------------------------|
| 766017 | Residential Social Service Facility |
| 766018 | Retirement Home or Seniors' Home |
| 766019 | Short-Term Care |
| 766020 | Supplementary Health Care |

Nurses are obligated by the professional standard of their licence to function only within their level of competence. Employers who want to use a registered nurse as a first aid attendant must ensure that the nurse:

- Is willing to act in the capacity of a first aid attendant
- Confirms that they have been trained in the knowledge and skills associated with intermediate first aid attendants (see Appendix G)
- Has operational capacity to fulfill the duties required by section 3.21 of the OHS Regulation

Part 1: General duties and first aid certification

Objectives

After completing this section, you will be able to perform the following tasks:

- List the general duties of employers
- List the general duties of workers
- List the general duties of supervisors
- Describe the required training for first aid certification and how certification is granted
- Describe how to maintain first aid certification
- Describe the conditions under which a first aid certificate may be suspended or cancelled

Reference and reading assignment

Workers Compensation Act:

- Part 2, [Division 4](#), sections 21 to 24
- Part 2, [Division 8](#), sections 55 and 56
- Part 2, [Division 12](#), section 96

For searchable versions of the Act, the Occupational Health and Safety Regulation, policies, and guidelines, go to [worksafebc.com/law-policy](https://www.worksafebc.com/law-policy), and click "[Search OHS Regulations, Policy, Standards & Guidelines](#)."

Exercise 1

The following questions review key points from Part 1 of this jurisprudence package to assess your level of knowledge.

To ensure the health and safety of all workers, employers must:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

In order to take reasonable care to protect a worker’s health and safety and that of others, every worker must:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

Prime contractors or owners of multiple-employer workplaces must:

- a. _____
- b. _____

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

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

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

- a. _____
- b. _____
- c. _____

WorkSafeBC has the authority to cancel and to suspend first aid certificates and to place conditions on their use when a certificate holder has:

- a. _____
- b. _____

Part 2: Regulatory requirements and worksites

Objectives

After completing this section, you will be able to perform the following tasks:

- Describe a first aid attendant's regulatory authority and responsibilities
- Determine the first aid service required for various worksites
- Explain the WorkSafeBC standard that governs 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 that governs exposure to heat and to cold
- Describe evacuation and rescue regulations for worksites

Reference and reading assignment

OHS Regulation:

- [Sections 3.14 to 3.21](#)
- [Sections 3.27 to 3.28](#) and [Schedule 3-A](#)
- [Sections 4.13 to 4.16](#)
- [Section 5.54](#)
- [Sections 5.97 to 5.102](#)
- [Sections 6.33 to 6.40](#)
- [Sections 7.32 to 7.38](#)
- [Part 32](#)

OHS Guidelines: [Guidelines G3.15\(b\)-1 to G3.21](#)

This jurisprudence package: Appendix B: Exposure control plan for biological agents for first aid attendants

Exercise 2

The following questions review key points from Part 2 of this jurisprudence package to assess your level of knowledge.

_____ are responsible for ensuring their workplace has equipment, supplies, facilities, first aid attendants, and services.

Employers must prepare an annual written assessment of their workplace that includes the following information:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

A first aid assessment indicates a high-hazard workplace with eight workers that is a one-hour drive from an ambulance station. Which of the following kits is required under the OHS Regulation for first aid supplies, equipment, and services?

- a. Basic first aid kit, emergency transport vehicle (ETV) and equipment, and a basic first aid attendant with a transportation endorsement
- b. Intermediate first aid kit, ETV and equipment, and an intermediate first aid attendant with a transportation endorsement
- c. Advanced first aid kit, ETV and equipment, and an advanced first aid attendant
- d. Advanced first aid kit and two advanced first attendants

List information that must be included in written first aid procedures at every workplace in B.C.:

- a. _____
- b. _____
- c. _____

- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

Employers must provide an effective means of communication between first aid attendants and:

- _____
- _____

Access to worker first aid records may be required for which of the following reasons:

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

Circle one of the following combinations to indicate when first aid records can be viewed by a first aid attendant:

- a. 1 and 3
- b. 2 and 4
- c. 3 and 5
- d. All of the above

First aid attendants are responsible for and have full authority over all first aid treatments administered to injured workers, until responsibility for treatment is accepted at or by:

- a. _____

-
- b.

- c.

A first aid facility may be used for purposes other than first aid when:

- a.

- b.

- c.

- d.

List inappropriate conduct that may warrant suspension of first aid certification under Policy D12-96:

- a.

- b.

- c.

- d.

- e.

- f.

- g.

- h.

To comply with the requirements of prompt care, first aid attendants must be able to:

- a.

- b.

- c.

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

| | |
|--|--|
| | Employers must not assign and first aid attendants must not perform any employment tasks that interfere with an attendant's ability to receive and respond to a request for first aid. |
| | Regarding unplanned absences of first aid attendants, an absence of up to approximately one shift is permitted until a replacement attendant is in place. |
| | First aid attendants must display their first aid certificate at their workplace and must produce the certificate or licence for inspection at the request of a WorkSafeBC officer. |
| | Employers may accept a photograph of a first aid certificate as proof of certification, without any other form of validation. |
| | A worker's direct supervisor cannot overrule a first aid attendant's decision regarding when or if an injured worker is transported to medical aid. |
| | First aid attendants have the authority to overrule a worker's decision about seeking medical treatment. |
| | If workers have had or may have occupational exposure to a biological agent, employers must develop and implement an exposure control plan. |
| | Upon request, employers must offer first aid attendants a hepatitis B vaccination at no cost. |

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

- a. _____
- b. _____

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.

Part 3: First aid programs and record keeping

Objectives

After completing this section, you will be able to perform the following tasks:

- 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 an 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 for the worker, employer, and first aid attendant.
- Describe when a first aid record is required.
- Describe the rules governing confidentiality for the first aid record.
- Describe the interaction between a first aid attendant and a supervisor as related to the first aid program.
- Describe the interaction between an 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 a first aid job”
- “Appendix E: First aid report to health and safety committee”
- “Appendix G: First Aid Training Levels, competencies, requirements”

Introduction to occupational first aid

First aid attendants perform a unique service in workplaces. They alleviate suffering and can save lives, and their effective injury management often shortens the healing time for injuries, allowing workers to more quickly resume normal activities.

Attendants 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, first aid attendants in workplaces often have more responsibilities than average students of public first aid courses. Frequently, workplace first aid attendants must decide when to refer injured workers 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, first aid attendants may be required to provide care to injured workers 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

First aid programs are based on respect for injured workers and aim to minimize pain and suffering and to promote healing. An effective first aid program requires that all parties — workers, attendants, supervisors, and the joint health and safety committee — fulfill their responsibilities.

[Section G3.16](#) of the OHS guidelines explains the process for determining first aid coverage. It provides a step-by-step methodology that employers can use to determine which table in [Schedule 3-A Minimum Levels of First Aid](#) applies to them. The section also describes other factors to consider when determining first aid services.

For the purposes of this guideline, the term *first aid services* includes first aid equipment, supplies, facilities, and first aid attendants.

Basic requirements

Section 3.16 of the OHS Regulation describes first aid requirements for employers. Employers must determine the minimum levels of first aid based on the employer’s hazard rating, the location and nature of their workplace, and their number of workers. When considering basic first aid requirements, employers must consult with their joint committee or a worker health and safety representative, and they must prepare a written first aid assessment that meets the requirements of section 3.16(2) of the OHS Regulation.

Employer compliance with section 3.16 does not assure an effective first aid program. Effective programs do the following:

- Keep injured workers at work when appropriate
- Promptly refer injured workers to a doctor as needed
- Provide documentation that directly contributes to prevention activities at the workplace and to patient follow-up care

Support for first aid programs

The effectiveness of a first aid program in a workplace depends on the cooperation of attendants, employers, and workers. All workplace parties have a role to play in contributing to the effectiveness of their first aid program.

Role of employers

Employers play a critical role in ensuring the success of a first aid program. For their program to succeed, employers must provide support by ensuring that the following conditions are fulfilled:

- 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.
- Employers must allow first aid attendants adequate time and support to perform their duties.
- Employers must not overrule first aid attendant decisions about a worker's injuries.

Role of workers

To benefit from the protection offered by a first aid program, workers must know how and when to use it. All workers at a workplace must know:

- Who their first aid attendants are
- Where the attendants and first aid supplies and services are located
- How to summon an attendant to each work location

Furthermore, workers must understand their responsibility to take the following actions after injuries occur:

- Report all injuries to their supervisor and to the first aid attendant as soon as possible.
- Provide the first aid attendant with all required information and allow them to conduct assessments and render treatments.
- Follow the first aid attendant's instructions about 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 as suggested by the attendant or supervisor and as provided by the employer.
- Report back to the attendant 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 a first aid program. The joint committee should establish a systematic review process that includes the following:

- Provides input into the preparation and review of workplace first aid assessments
- Analyzes the monthly injury report taken from the first aid record
- Makes informed recommendations for change if necessary
- Ensures workers are provided with follow-up care
- Ensures a reporting system is in place that contributes to or initiates incident investigations
- Ensures that incident investigations evaluate the first aid response
- Identifies and promotes alternative duties
- Supports a worker's right to be cared for at work, if injured at work

Role of first aid attendants

First aid attendants are critical to any first aid program. For a program to succeed, attendants must do the following:

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

Duties of first aid attendants

The following sections describe the duties required of first aid attendants:

Maintain knowledge and skills

All first aid 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 certification extensions are possible.
- Authorizations to apply protocols overseen by a medical director (e.g., practicing 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 to use employer-supplied equipment beyond the level of their previous training as follows:

- When first aid attendants are expected to use a piece of equipment that was not covered in first aid training, their employer is responsible for providing training for the equipment. The course or training session should adequately cover all elements required to integrate the equipment with first aid protocols and to ensure safe use in the workplace. Assessments must include the evaluation of practical competencies and may include a written test to assess knowledge of the subject matter.
- Training providers 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 worksite first aid procedures, employers must hold a first aid drill at least once a year.

Attendants should review and practice first aid procedures so they can react quickly and efficiently in an emergency. In the process, attendants should also do the following:

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

When first aid attendants follow up on injured workers, they should:

- Discuss treatments with another attendant, if needed
- Follow up on medically referred injured workers to the extent permitted

Be prepared

A first aid attendant's role starts well before an incident or injury occurs. Before starting work as a first aid attendant, review and complete the First Aid Job Checklist in Appendix A. The checklist is 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:

- Location names (including jargon) for all areas of the worksite
- Location of first aid supplies, equipment, facilities, and emergency transport vehicles
- How to enter and exit all areas of the worksite
- Emergency procedures required under the OHS Regulation
- Awareness of the approximate number of workers usually expected to be in each general area of the worksite
- Knowing who supervisors are in each area and how to contact them
- Knowing how to respond to a call for first aid
- Location of and how to call other first aid personnel and drivers for ETVs, if required
- Location of and how to call workers with specialized training (e.g., welders, heavy equipment operators, millwrights, or company fire crew)
- Location of and how to use personal protective equipment (PPE), such as pocket masks and gloves
- List of emergency telephone numbers
- Where to access information on specific hazards. Attendants must review available employer information, risk assessments, and the OHS Regulation to identify hazards and regulatory requirements for the worksite. General information on workplace hazards is available on [worksafebc.com](https://www.worksafebc.com) (e.g., on the [Hazards & exposures](#) webpage).
- Awareness of any exposure control plans required under the OHS Regulation (e.g., sections 5.54 and 6.34). Review the sample exposure control plan for biological agents in Appendix B.

Attendant should confirm that their employer has provided all first aid supplies and services as required by the OHS Regulation. Attendants need to establish the following:

- Required minimum supplies, equipment, and facilities
- Who orders supplies and how they do it
- Schedule for maintaining, restocking, and cleaning equipment, supplies, ETVs, and first aid facilities
- Safety data sheets (SDSs) for all hazardous products, including information on first aid procedures and PPE
- Written procedures for specific workplace toxic substances or hazardous products

First aid attendants should determine the following with regards to training first aid helpers:

- Policy for releasing workers from regular duties to attend training
- Level of training the employer endorses on a site-wide basis and on a situation-specific basis (e.g., ETV drivers, Level 1 training, rescue teams, or backup first aid assistants)
- Who is expected to conduct first aid 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 disposition
- Listen to injured workers
- Ask injured workers to describe their symptoms
- Treat the patient, not just the injury. Attending to dramatic but not deadly injuries (e.g., open lower-extremity fractures or finger amputations) before evaluating life-threatening injuries can be a fatal mistake.
- Seek help from the following sources if you are unsure of how to proceed:
- Senior first aid attendant if available
- Company physician or medical advisor
- Registered nurses telephone hotline (HealthLink BC, 811) or a local doctor
- WorkSafeBC Certification Services for follow-up questions

Notify a supervisor promptly if any of the following occur:

- First aid workstation is left unattended for any reason
- Hazards remain at the site of the incident
- Worker must be transported to medical aid
- Worker requires alternative job duties

Maintain confidentiality:

- Do not discuss injured workers with anyone except supervisors or fellow first aid 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 which injuries fall within the stay-at-work category and to provide ongoing at-work care for injured workers.
- Attendants can transport injured workers to medical aid in a 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 or ETV/MTC/helicopter/industrial ambulance, as available or required:
 - Injury in the rapid transport category, as defined in the WorkSafeBC publication [*Advanced 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 their extremities, except when caused by an injury such as carpal tunnel syndrome
 - Sudden onset of severe pain in their spinal area

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

First aid attendants must accompany injured workers to medical aid in the following situations:

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

After a worker has received medical care, consider arranging their return to the worksite or their transportation home. If the worker is unable to return to work, arrange to retrieve their personal belongings from the worksite, including the worker's vehicle, if necessary.

Document thoroughly

First aid record

For first aid attendants, the first aid record:

- Provides a history of injuries when follow-up treatment is necessary
- Provides information about injuries and patient follow-up for injuries that occurred on a different shift or when other attendants were on duty
- Provides a picture of the improvement or deterioration of an 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 as they relate to patient contact

For employers, 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 similar injuries can be prevented
- 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 injured workers, the first aid record:

- Ensures proper follow-up care and treatment because all attendants can access information about 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 information:

- Full name and occupation of the worker
- Date and time of the injury or of reporting the exposure, disease, or illness
- Date and time when the injury, exposure, disease, or illness was reported to the employer or employer's representative
- Names of witnesses
- Description of how the injury, exposure, disease, or illness occurred
- Description of the nature of the injury, exposure, disease, or illness
- Description of treatments administered to and any arrangements made for the worker
- Description of subsequent treatments administered for the same injury, exposure, disease, or illness
- Signature of the attendant or person giving first aid and, if possible, the signature of the worker receiving treatment

Records that are stored electronically must remain in Canada.

All subsequent or follow-up treatments must be recorded in the same first aid record.

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

- A worker's continuum of care because misinformation or incomplete information can affect an injured worker's follow-up treatment and can delay timely referral to medical aid
- A worker's compensation claim
- Injury prevention efforts at the workplace

The first aid record is an important document for first aid attendants, employers, and injured workers. It must be filled out every time an attendant sees an injured worker and must be clear, concise, and correct.

Revising first aid records

First aid attendants must document first aid records as thoroughly as possible as soon as is practical after completing treatment. In small workplaces that do not require a first aid attendant or when workers are injured away from the workplace, the first aid record may be completed by another person who administers care or a supervisor if the worker does not receive treatment from a first aid attendant. First aid records should not be revised or updated by anyone other than the person who created the record, except to add administrative information that was unavailable at the time of the incident. Any revisions to first aid records should be made in a clear and traceable way (e.g., a single cross-out with the change initialed).

Access to first aid records

Only people with a particular need can access first aid records. For example, these people may be granted access to a first aid record:

- A worker’s direct supervisor
- The injured worker or a designated representative (access to their own records only)
- A person designated by the employer to manage or audit health and safety, compensation claims, and return-to-work programs at the workplace
- First aid attendants at the workplace
- Prime contractors, if required for the purpose of coordinating health and safety in the workplace
- WorkSafeBC prevention officers

Where a person is entitled access to first aid records, access may not extend to all records. Attendants must treat first aid records as personal medical information and keep the information confidential in accordance with applicable privacy legislation. Access to first aid records is limited to the minimum information necessary to satisfy the purpose for which access is required. For example, access required to investigate a claim for compensation would be limited to records for the individual making the claim.

Joint health and safety committee members and worker health and safety representatives do not need full access to first aid records. A report containing a summary of the records is usually sufficient for joint committee purposes. Prime contractors should also be provided with summary information that is sufficient for their purpose.

First aid records are owned by employers of injured workers. In a multiple-employer worksite, records may be maintained by the employer who provides first aid services; however, the records must also be provided to the injured worker’s employer after the project is complete. The worker’s employer must maintain first aid records for at least three years.

Appendix D provides a blank first aid record and a sample completed first aid record. In the sample, a worker was cut on the inside of their forearm, was treated by the first aid attendant, and returned to work.

Reporting to supervisors and/or the joint health and safety committee

Report to supervisors

When a worker is injured but can be treated at work, first aid attendants must determine whether returning to regular duties will have a negative impact on recovery, considering the following:

- Supervisors are responsible for assigning alternative work tasks.
- First aid attendants should make recommendations for alternative duties to a worker's supervisor.
- First aid attendants should base recommendations on an accurate and thorough description of the injured worker's limitations.

Report to the joint health and safety committee

First aid attendants may be assigned by an employer to compile statistics and provide a monthly summary to the joint health and safety committee. The statistics and summary should provide the following information:

- Number of injuries
- Number of referrals to medical aid
- Number of time-loss injuries
- 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 potential causes of trending injuries
- Number of follow-up first aid visits

Appendix E provides a form that you can use to compile reports about first aid incidents for the joint committee.

Exercise 3

The following questions review key points from Part 3 of this jurisprudence package to assess your level of knowledge.

Beyond providing emergency care, an effective first aid program does the following:

- a. _____
- b. _____
- c. _____

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

- a. _____
- b. _____
- c. _____
- d. _____

Which of the following applies to the role of first aid attendant:

- 1. Be prepared
- 2. Assign alternative work
- 3. Stay within the scope of your training
- 4. Accompany injured workers to medical aid
- 5. Act professionally
- 6. Document thoroughly

Circle one of the following:

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

List six aspects of workplaces that first aid attendants must be familiar with before starting an attendant job:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

How should first aid attendants train helpers to assist with injuries on a worksite?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Describe professionalism for first aid attendants on a worksite:

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

- 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 joint health and safety committee regarding alternative duties.

When must a first aid record be completed?

- a. Only when a 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

For first aid attendants, 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 types 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

Circle the correct combination:

- a. 1 and 4
- b. 2 and 3
- c. 3 and 5
- d. 4 and 5

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

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

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

| | |
|--|---|
| | First aid records should be accessible to workers because they provide good safety messages. |
| | For employers, first aid records identify trends in the types and severity of injuries in a workplace so action can be taken. |

| | |
|--|---|
| | It is the responsibility of first aid attendants to objectively record the findings of all assessments in the first aid record. |
| | First aid attendants do 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. |

When first aid attendants may be assigned by their employer to compile a monthly report for joint health and safety committee meetings, the report should contain:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

Appendix A: Preparing for a first aid job

As a 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 worksites. Some sections are particularly relevant to first aid attendants. You should also be aware of which other parts of the Regulation apply to your worksite.

First aid attendant performance requirements

For employers and first aid attendants

Employers are responsible for providing appropriate training and for ensuring that first aid attendants can respond effectively to emergencies based on their qualifications and within their scope of practice, as outlined in the Regulation, the First Aid Program Standard, and this jurisprudence package.

First aid attendants must ensure they are fit for duty and can respond to incidents at their workplace according to their level of training. Appendix G describes specific provincial and skill requirements per level.

Collaboration of actualized responsibilities of employers and first aid attendants is crucial for maintaining a safe workplace and for ensuring that all emergency situations are managed efficiently and effectively, in accordance with the *Workers Compensation Act* and the OHS Regulation.

Physical requirements

- Strength and mobility: Able to climb, crawl, sit, stand, or kneel for extended periods and able to lift (50 lb. or more), move, and position injured workers safely
- Manual dexterity: Capable of performing precise hand movements for tasks such as bandaging wounds, applying splints, or administering cardiopulmonary resuscitation (CPR)
- Visual acuity: Able to assess injuries, read labels on medications and supplies, and detect subtle changes in a patient’s condition
- Hearing: Capable of hearing and understanding verbal communications, even in noisy environments. Attendants may be required to use radios, cellphones, or other means of communication.
- Stamina: Able to respond quickly and to work for extended periods during emergencies, potentially in challenging conditions

Mental requirements

- Stress management: Able to remain calm and focused in high-pressure situations and emergencies
- Decision making: Capable of quickly assessing situations and making sound decisions about appropriate treatment
- Attention to detail: Able to carefully follow first aid and other workplace emergency procedures, accurately record information, and notice subtle changes in a patient's condition
- Communication skills: Capable of clearly conveying information to patients, co-workers, and emergency services personnel
- Memory and recall: Able to quickly recall and apply first aid procedures and protocols when needed
- Empathy and interpersonal skills: Capable of providing compassionate care and reassurance to injured or distressed individuals
- Mental alertness: Be fit for duty, able to maintain focus and awareness throughout shifts, and ready to respond at any time

Workplace orientation

| | Where to access information | Date information completed |
|---|-----------------------------|----------------------------|
| Worksite layout <ul style="list-style-type: none">• Specific location names (including jargon) for all areas of the worksite• Location of the first aid room, rescue vehicles, and first aid equipment• Entry to and exit from all areas of the worksite• Provision for emergency procedures (sections 3.17, 4.13, 4.14, 5.97, and 5.102 of the OHS Regulation)• Approximate number of workers 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 for your worksite (e.g., lockout and confined spaces).</p> <p>Most hazards will require a risk assessment and written procedures.</p> <p>Hazard: <u>Biological agents</u></p> <p>Regulations: <u>6.33 to 6.40, 6.39 (hepatitis B) — vaccination for first aid attendant</u></p> <p>Hazard: _____</p> <p>Regulations: _____</p> <p>Hazard: _____</p> <p>Regulations: _____</p> <p>Hazard: _____</p> <p>Regulations: _____</p> <p>Hazard: _____</p> <p>Regulations: _____</p> <p>Hazard: _____</p> <p>Regulations: _____</p> <p>Hazard: _____</p> <p>Regulations: _____</p> <p>Hazard: _____</p> <p>Regulations: _____</p> <p>Hazard: _____</p> <p>Regulations: _____</p> | | |

| | Where to access information | Date information completed |
|---|-----------------------------|----------------------------|
| Personnel <ul style="list-style-type: none"> Supervisors in each area and how to contact them How to call for the first aid attendant Locations of and how to call other first aid personnel and drivers for rescue vehicles, if required Locations of and how to call workers with specialized training (e.g., welders, heavy equipment operators, millwrights, or company fire crew) | | |

Review or develop written procedures

| | Where to access information | Date information completed |
|--|-----------------------------|----------------------------|
| <p>Providing first aid (section 3.17 of the OHS Regulation)</p> <p>(1) The employer must keep up-to-date written procedures for providing first aid at the workplace including</p> <ul 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, (c.1) if there are any barriers to first aid being provided to injured workers, how injured workers will be accessed and moved, (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 methods of transportation and calling, (e.1) if emergency transportation is required by section 3 of Schedule 3-A, the location of the method of emergency transportation, 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> <p>(3) The first aid attendant and all other persons authorized to call for transportation for injured workers must be trained in the procedures.</p> <p>(4) At least once each year and whenever the procedures change, the employer must ensure that drills are conducted to ensure that</p> <ul style="list-style-type: none"> (a) the procedures are effective, and (b) workers, first aid attendants and other persons referred to in subsection (3) are capable of fulfilling their roles and responsibilities. | | |

| | Where to access information | Date information completed |
|---|-----------------------------|----------------------------|
| <p>Air transportation (section 3.17.1 of the OHS Regulation)</p> <p>If air transportation is the primary or only method for transporting an injured worker, specific requirements must be met.</p> | | |
| <p>Exposure control plans for biological substances or other hazardous substances (sections 5.54 and 6.34 of the OHS Regulation)</p> <ul style="list-style-type: none"> • Risk identification, assessment, and control • Education and training • Hygiene facilities and decontamination procedures • Health monitoring • Records and documentation | | |
| <p>Emergency numbers</p> <p>Maintain an up-to-date list of numbers for the following services:</p> <ul style="list-style-type: none"> • BC Emergency Health Services (BCEHS) • Rescue craft (air or sea) • Fire department • Poison Control Centre • Police • WorkSafeBC Prevention: 604.276.3100 or toll-free 1.888.621.7233 or 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 class of workplace, as per the OHS guidelines for Part 3) • If the employer is providing emergency transportation and oxygen is provided, determine the travel time to medical aid and calculate the appropriate amount of oxygen needed for the worksite (e.g., travel time to medical aid plus 15 minutes at 15 litres per minute) • Determine who orders first aid supplies and how they do so • Identify a method for rotating first aid supplies • Establish a schedule for maintaining, restocking, and cleaning first aid equipment, supplies, emergency transport vehicles, and the first aid facilities | | |

| | Where to access information | Date information completed |
|--|-----------------------------|----------------------------|
| Notices and forms <ul style="list-style-type: none"> • Ensure signs indicating the locations of first aid facilities, supplies, and equipment are visible throughout the worksite • Ensure all workers know how to summon a first aid attendant • Ensure accurate documentation in the first aid record • Secure the first aid record | | |

Disclosure of information

| | Where to access information | Date information completed |
|---|-----------------------------|----------------------------|
| Worker's medical history Clarify your employer's policy and the worker's 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 (SDSs) for all hazardous products in a workplace.

| | Where to access information | Date information completed |
|---|-----------------------------|----------------------------|
| Safety data sheets Ensure that SDSs are available for all hazardous products. Review information on first aid procedures and PPE. | | |

Training workers in first aid procedures

| | Where to access information | Date information completed |
|--|--|----------------------------|
| Company training policy <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 (e.g., emergency transportation drivers, first aid attendants, rescue teams, or backup assistants for attendants).Determine who will conduct the training. | | |
| Attendant qualifications <p>Ensure that there is a record of all first aid attendants' certifications.</p> <p>Attendants to ensure that their first aid certification or alternative credential remains valid. Know your expiry date.</p> | Certification #: _____ _____ Expires: _____ Certification #: _____ _____ _____ Expires: _____ _____ | |

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

Section 6.34 of the Occupational Health and Safety Regulation requires an employer to develop and implement an exposure control plan for workers who have had or may have occupational exposure to a biological agent. Since first aid attendants may be exposed to biological agents that are carried by blood and other bodily fluids during first aid work, employers must develop and implement an exposure control plan.

The [exposure control plan for biological agents for first aid attendants](#) is a template that assists employers with developing a plan that meets the requirements of the OHS Regulation.

The template plan may be used as-is, but employers must review it to ensure that it suits their workplace and ensure it is actually implemented at the worksite.

You can modify the sample plan to suit the specific circumstances at an employer’s particular worksite.

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

Appendix C: Home care handouts

Small wounds and cuts 44

Sprains..... 44

Tendinitis..... 45

Flash burns and snow blindness..... 45

Minor burns..... 46

Minor back strains 46

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 rebandage your wound.

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. The attendant 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 (i.e., a cold agent cooler than the skin, such as an ice pack or cold pack) for the next 24 to 48 hours. Apply cold for 20 minutes on, then 5 minutes off.
- If a crepe bandage was applied, remove it for sleeping.
- Report to first aid at the start of your next shift. A first aid attendant will reassess and rebandage if necessary.

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

You may notice some pain the following day when bearing weight. With the crepe bandage removed, you may notice 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 a first aid attendant. The attendant 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 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 you can remove it for sleeping.
- As a post-treatment measure, continue to apply cold (i.e., a cold agent cooler than the skin, such as an ice pack or cold pack) for the next 24 to 48 hours. Apply cold for 20 minutes on, then 5 minutes off .
- Alternating cold and heat may also help with 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 a first aid attendant. The attendant 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 and snow blindness

Flash burns and snow blindness 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.
- Try wearing dark glasses to relieve some of the pain.
- Use mild pain medication (ASA or acetaminophen) if you have trouble sleeping.
- 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 a first aid attendant. The attendant 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.

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 a first aid attendant. The attendant 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 back strains

You have strained the muscles 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 (i.e., a cold agent cooler than the skin, such as an ice pack or cold pack) for the first 24 hours. Apply cold for 20 minutes on, then 5 minutes off.
- After 24 hours, applying heat may also help with healing.
- Report to first aid at the start of your next shift. The first aid attendant will reassess your back, including 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. The attendant 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: First aid records

First Aid Record 49

First Aid Record (completed — initial treatment) 50

First Aid Record (completed — reassessment)..... 51

First Aid Record

[Your company
name or logo here]

First Aid Record Modifiable Template for Employers

Do **not** submit first aid records to WorkSafeBC unless asked to do so.

Sequence number

| | |
|---|--|
| First and last name | Occupation |
| Date of injury, exposure, or illness (yyyy-mm-dd) | Time of injury, exposure, or illness (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Initial reporting date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Follow-up report date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Initial report sequence number | Subsequent report sequence number(s) |

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

Description of the nature of the injury, exposure, or illness (What did you see? [i.e., signs and symptoms])

Description of the treatment given (What did you do?)

Names 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 | Sent a form with the worker to medical aid to assist in return to work and follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Discussed recommendations for return to work <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| First aid attendant's name (please print or type) | First aid attendant's signature |
| Patient's signature | |

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First Aid Record (completed — initial treatment)

[Your company
name or logo here]

First Aid Record Modifiable Template for Employers

Do **not** submit first aid records to WorkSafeBC unless asked to do so.

Sequence number
20180016 — MG

| | |
|--|---|
| First and last name Mary George | Occupation Millwright |
| Date of injury, exposure, or illness (yyyy-mm-dd) 2018-02-01 | Time of injury, exposure, or illness (hh:mm) 2:35 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. |
| Initial reporting date and time (yyyy-mm-dd) (hh:mm) 2018-02-01 2:40 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. | Follow-up report date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Initial report sequence number 20180016 - MG | Subsequent report sequence number(s) |

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.
Worker cut their left arm on a sharp piece of heat-shielding metal when they pulled their arms out of the power unit.

Description of the nature of the injury, exposure, or illness (What did you see? [i.e., 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.

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.

Names 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 it gets wet or dirty or pain increases. Must return at start of next shift (February 2, 2018) for re-dressing.

| | |
|--|--|
| Provided worker handout <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Sent a form with the worker to medical aid to assist in return to work and follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Discussed recommendations for return to work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| First aid attendant's name (please print or type) Lee Lewis | First aid attendant's signature Lee Lewis |
| Patient's signature Mary George | |

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First Aid Record (completed — reassessment)

[Your company
name or logo here]

First Aid Record Modifiable Template for Employers

Do **not** submit first aid records to WorkSafeBC unless asked to do so.

Sequence number
20180016 — MG

| | |
|--|---|
| First and last name Mary George | Occupation Millwright |
| Date of injury, exposure, or illness (yyyy-mm-dd) 2018-02-01 | Time of injury, exposure, or illness (hh:mm) 2:35 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. |
| Initial reporting date and time (yyyy-mm-dd) (hh:mm) 2018-02-01 2:40 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. | Follow-up report date and time (yyyy-mm-dd) (hh:mm) 2018-02-02 9:30 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Initial report sequence number 20180016 - MG | Subsequent report sequence number(s) 20180016A — MG |

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

See report on sequence #20180201

Description of the nature of the injury, exposure, or illness (What did you see? [i.e., 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.

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. Cleaned 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.

Names 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 it gets wet or dirty or pain increases. Must return at start of shift in two days (February 4, 2018) for re-dressing.

| | |
|---|---|
| Provided worker handout <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Sent a form with the worker to medical aid to assist in return to work and follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Discussed recommendations for return to work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| First aid attendant's name (please print or type) Lee Lewis | First aid attendant's signature Lee Lewis |
| Patient's signature Mary George | |

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Appendix E: First Aid Report to Health and Safety Committee

Where did the incident occur? Specify the location at the worksite.

Nature of injury

(Describe injury or exposure)

- ☐ Struck by
- ☐ Fall from height
- ☐ Fall from grade
- ☐ Caught in
- ☐ Caught under or between
- ☐ Overexertion
- ☐ Repetitive motion or activity
- ☐ Exposure to/contact with harmful substance
- ☐ Exposure to blood/body fluids
- ☐ Other (provide brief description) _____

Incident description

Describe what the patient told you happened, including the sequence of events before 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

To ensure the health and safety of all workers, employers must:

- a. Remedy any hazardous workplace conditions
- b. Ensure that the employer’s workers are aware of all hazards, rights, and duties and that they comply with the Act and the OHS Regulation
- c. Establish occupational health and safety policies and programs
- d. Provide and maintain in good condition protective equipment, devices, and clothing
- e. Provide necessary first aid information, instruction, training, and supervision
- f. Keep copies of the Act and of the OHS Regulation readily available and post a notice advising where workers can find the information
- g. Cooperate with the joint committee or worker health and safety representatives
- h. Cooperate with WorkSafeBC, WorkSafeBC officers, and any other person carrying out a duty under this part or the OHS Regulation.

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. Carry out work in accordance with established safe work procedures
- b. Use or wear protective equipment, devices, and clothing as required
- c. Not engage in horseplay or similar conduct that may endanger workers or other people
- d. Ensure that the worker’s ability to work without risk is not impaired by alcohol, drugs, or other causes.
- e. Report contraventions of regulations, absent or defective protective equipment, and any hazards to supervisors and/or employers
- f. Cooperate with the joint committee and with worker health and safety representatives
- g. Cooperate with WorkSafeBC, WorkSafeBC officers, and any other person carrying out a duty under this part or the OHS Regulation

Prime contractors or owners of multiple-employer workplaces must:

- a. Ensure that the activities of employers, workers, and other persons at the workplace relating to occupational health and safety are coordinated
- b. 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

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

- a. Supervise the training of and train occupational first aid attendants and instructors
- b. Appoint first aid examiners and conduct examinations
- c. Issue, renew, and amend certificates to occupational first aid attendants and instructors
- d. Enter into arrangements by which other persons provide training, give exams, and issue certificates

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

- a. Issue orders requiring the employers to purchase and install first aid equipment or train first aid attendants
- b. Issue penalties or other administrative sanctions
- c. Order the employer to immediately close down all or part of workplace or the work being done there

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. Breached a term or condition of the certificate
- b. Contravened a provision of the Act or of the OHS Regulation

Exercise 2

Employers are responsible for ensuring their workplace has equipment, supplies, facilities, first aid attendants, and services.

Employers must prepare an annual written assessment of their workplace that includes the following information:

- a. The number of workers present
- b. The locations of workers
- c. The nature and extent of the risks and hazards in the workplace
- d. The types of injuries likely to occur
- e. Any barriers to first aid being provided to an injured worker
- f. The time that may be required to obtain transportation and to transport an injured worker to medical treatment and the methods of transportation available

A first aid assessment indicates a less-accessible, high hazard workplace with eight workers that is a one-hour drive from an ambulance station. Which of the following is required under the OHS Regulation for first aid supplies, equipment, and services?

- Intermediate first aid kit
- Emergency transport vehicle and equipment
- Intermediate First aid attendant with a transportation endorsement

List information that must be included in written first aid procedures at every workplace in B.C.:

- a. Available first aid equipment, supplies, facilities, attendants, and services
- b. Location of the first aid room and instructions for calling for help
- c. Instructions for how first aid attendants should respond to a call for first aid
- d. Description of any barriers to first aid being administered to injured workers and of how to access and move injured workers
- e. Authority of first aid attendants over treatment of injured workers and employer responsibility to report injuries to the Board
- f. Who should call for transportation of injured workers, the method(s) of transportation, and instructions for making the call
- g. Location of emergency transportation, if required
- h. Prearranged routes in and out of the workplace and to medical treatment

Employers must provide an effective means of communication between first aid attendants and:

- a. Workers
- b. Workers who assist the first aid attendant

Access to worker first aid records may be required for which of the following reasons:

- d. All of the above

First aid attendants are responsible for and have full authority over all first aid treatments administered to injured workers, until responsibility for treatment is accepted at or by:

- a. A place of medical treatment
- b. An ambulance service acceptable to the Board
- c. A person with equivalent or higher first aid certification

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

- a. It is immediately available for first aid treatment.
- b. The facility is not at a remote workplace (more than two hours' surface travel from a hospital).
- c. The minimum floor area needed for first aid is maintained.
- d. Use will neither impede the treatment of an injured worker nor pose a hazard to workers.

List inappropriate actions that could warrant suspension of first aid certification under Policy D12-96:

- a. Smoking while assessing or treating an injured worker or while handling oxygen therapy equipment, or permitting others to do so
- b. Failure to use the assessment and injury treatment techniques outlined in first aid training courses unless conditions precluded them
- c. Conduct that poses an unreasonable threat to the safety and well-being of other workers or the public
- d. Removing themselves from being able to see or hear a summons for first aid at a workplace
- e. Abandonment of an injured worker after beginning assessment or treatment
- f. Refusal to treat an injured worker when acting as a designated first aid attendant
- g. Treating or transporting an injured worker while impaired or under the influence of drugs or alcohol

To comply with the requirements of prompt care, first aid attendants must be able to:

- a. Quickly wash their hands with soap and water
- b. Take off coveralls or don clean coveralls
- c. Go to an injured worker with the appropriate level of first aid kit within three to five minutes.

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

| | |
|---|---|
| T | Employers must not assign and first aid attendants must not undertake, employment activities that will interfere with an attendant's ability to receive and respond to a request for first aid. |
| F | Regarding unplanned absences of first aid attendants, an absence of up to approximately one shift is permitted until a replacement attendant is in place. |
| T | Attendants must have their first aid certificate at their workplace and must produce their certificate or licence for inspection at the request of a WorkSafeBC officer. |
| F | Employers may accept a photograph of a first aid certificate as proof of certification, without any other form of validation. |
| T | A worker's direct supervisor cannot overrule a first aid attendant's decision regarding when or if an injured worker is transported to medical aid. |
| F | First aid attendants have the authority to overrule a worker's decision about seeking medical treatment. |
| T | If workers have had or may have occupational exposure to a biological agent, employers must develop and implement an exposure control plan. |
| T | Upon request, employers must offer first aid attendants a hepatitis B vaccination at no cost. |

Under Section 4.13 of the OHS Regulation, what is required when the risk assessment for a workplace shows a need for evacuation or rescue?

- a. Appropriate written first aid procedures are developed and implemented.
- b. A worker is assigned to coordinate implementation of the procedures.

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

- a. Notify workers, including first aid attendants, about the nature and location of the emergency.
- b. Evacuate workers safely.
- c. Confirm the safe evacuation of all workers.
- d. Notify the fire department or other emergency responders.
- e. Notify adjacent workplaces or residences that may be affected if the risk of exposure to a substance extends beyond the workplace.

Exercise 3

Beyond providing emergency care, an effective first aid program does the following:

- a. Keeps injured workers at work when appropriate
- b. Promptly refers injured workers who must be seen by a doctor
- c. Provides documentation that contributes to prevention activities and to patient follow-up care.

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

- a. Employer
- b. Worker
- c. Joint health and safety committee
- d. First aid attendant

Which of the following applies to the role of first aid attendant:

- b. 1, 3, 5, and 6

List six aspects of workplaces that first aid attendants must be familiar with before starting an attendant job:

- Specific location names (including jargon) for all areas of the worksite
- 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
- Approximate number of workers usually expected to be in each general area of the worksite
- Names of supervisors in each area and information about how to reach them
- How to call for a first aid attendant
- Location of and information about how to call for other first aid personnel
- Location of and information about how to call for workers with specialized training (e.g., welders, heavy equipment operators, millwrights, or company fire crew)
- Location and familiarity with personal protective equipment (PPE), such as pocket masks and gloves

How should first aid attendants train helpers to assist with injuries on a worksite?

- Identify company policy about releasing workers for training
- Determine which level of training is endorsed by the employer on a site-wide basis and on a situation-specific basis
- Identify who will conduct first aid training

Describe professionalism for first aid attendants on a worksite:

- Maintains a clean and organized first aid room and first aid equipment
- Treats patients respectfully and efficiently
- Treats the patient, not just the injury
- Asks for help when necessary
- Notifies supervisors promptly when required
- Maintains confidentiality

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

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

When must the first aid record be completed?

- Every time a first aid attendant sees a worker

For first aid attendants, the first aid record:

- 1 and 4

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

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

| | |
|---|---|
| F | First aid records should be accessible to workers because they provide good safety messages. |
| F | For employers, first aid records identify trends in the types and severity of injuries in a workplace so action can be taken. |
| T | It is the responsibility of first aid attendants to objectively record the findings of all assessments in the first aid record. |
| F | First aid attendants do 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. |

When first aid attendants are required by their employer to compile a monthly report for joint health and safety committee meetings, the 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 or illness, department, occupation, body part affected, and work procedures
- Any apparent trends in injuries from the statistics
- Information regarding potential causes of these trends
- Number of follow-up first aid visits

Appendix G: First aid training levels, skills per level, and unique provincial requirements for first aid attendants

In addition to the first aid attendant duties described in Appendix A, first aid attendants in B.C. must meet the awareness, knowledge, and skill requirements for competencies described by the Canadian Standards Association in CSA Z1210-17 First Aid Training for the Workplace — Curriculum and Quality Management for Training Agencies.

Training levels

Following is a training levels description from CSA Z1210-17:

The following workplace first aid training levels shall apply in this standard:

- (a) Basic — At this level, the role and responsibility of the workplace first aid attendant shall be to recognize an injury or illness, to inform emergency medical services (EMS), and to provide workplace first aid care for the injured or ill worker.
- (b) Intermediate — At this level, the role and responsibility of the workplace first aid attendant shall be to have competence in the basic training level and to provide a broader scope of emergency workplace first aid care for the injured or ill worker.
- (c) Advanced — At this level, the role and responsibility of the workplace first aid attendant shall be to have competence in the Basic and Intermediate training level and to provide care for the injured or ill worker with specialized equipment specific to the workplace.

Skills per level

The following table lists skills taught at each first aid attendant level. Competencies and competency descriptions are cited from CSA Z1210-17.

On completion of the workplace first aid training course, first aid attendants will be able to apply a procedure or protocol at the required competency level.

| | Advanced | Intermediate | Basic |
|---|----------|--------------|-------|
| Reporting and documentation requirements | √ | √ | √ |
| Proper use of PPE for workplace first aid | √ | √ | √ |
| Obtaining incident information | √ | √ | √ |

| | Advanced | Intermediate | Basic |
|--|----------|--------------|-------|
| Level of consciousness assessment | ✓ | ✓ | ✓ |
| Airway assessment | ✓ | ✓ | ✓ |
| Breathing assessment | ✓ | ✓ | ✓ |
| Circulation assessment | ✓ | ✓ | ✓ |
| Checking for life-threatening injuries or conditions | ✓ | ✓ | ✓ |
| Medical history | ✓ | ✓ | |
| Vital signs | ✓ | ✓ | |
| Head-to-toe assessment | ✓ | ✓ | |
| Ongoing assessment based on appearance and signs or symptoms | ✓ | ✓ | ✓ |
| Procedures for opening, clearing, and maintaining an airway | ✓ | ✓ | ✓ |
| Positioning to maintain an open airway | ✓ | ✓ | ✓ |
| Use of airway adjuncts to open and maintain an airway | ✓ | | |
| Management of a flail chest | ✓ | | |
| Management of a sucking chest wound | ✓ | | |
| Management of a penetrating chest injury | ✓ | | |
| Management of an airway obstruction | ✓ | ✓ | ✓ |
| Approach, assess, and provide injured or ill worker management | ✓ | ✓ | ✓ |
| Management of angina | ✓ | | |

| | Advanced | Intermediate | Basic |
|--|----------|--------------|-------|
| Management of myocardial infarction (heart attack) | ✓ | | |
| Approach, assess, and provide workplace first aid for cardiovascular emergencies | ✓ | ✓ | ✓ |
| Management for shock | ✓ | ✓ | |
| One-person adult CPR | ✓ | ✓ | ✓ |
| Two-person adult CPR | ✓ | ✓ | |
| Application and use of an AED | ✓ | ✓ | ✓ |
| Types of oxygen-delivery systems | ✓ | | |
| Indications for oxygen administration | ✓ | | |
| Safe handling of oxygen-delivery systems | ✓ | | |
| Oxygen administration using appropriate equipment | ✓ | | |
| Controls for minor and major external hemorrhages | ✓ | ✓ | ✓ |
| Management of amputations | ✓ | ✓ | |
| Management of ear, eye, and nose injuries | ✓ | ✓ | |
| Management of burn injuries | ✓ | ✓ | |
| Management of dislocations | ✓ | ✓ | |
| Management of sprains | ✓ | ✓ | |
| Management of strains | ✓ | ✓ | |
| Management of open and closed fractures | ✓ | ✓ | |

| | Advanced | Intermediate | Basic |
|--|----------|--------------|-------|
| Management of pelvic fractures, lower limb fractures, and upper limb fractures | ✓ | ✓ | |
| Management of anaphylaxis emergencies | ✓ | | |
| Management of diabetic emergencies | ✓ | ✓ | |
| Management of seizure emergencies | ✓ | ✓ | |
| Management of stroke emergencies | ✓ | ✓ | |
| Management of hypothermia or hyperthermia | ✓ | | |
| Approach, assess, and provide injured or ill worker management | ✓ | ✓ | ✓ |
| Management for suspected fractures involving the spinal column | ✓ | ✓ | |

Unique provincial requirements for B.C.

First aid attendants in B.C. must meet the awareness, knowledge, and skills requirements for competencies described in BC Plus. BC Plus is additional training required beyond federal standards to address the first aid needs of B.C. workplaces. This appendix describes BC Plus requirements.

BC Plus additional requirements at all levels (basic, intermediate, and advanced)

Awareness

- Workplace emergency response procedures must be activated when required.
- First aid attendant role as described under section 3.21 of the OHS Regulation

Knowledge

- First aid kits need to include protective eyewear and procedural or surgical masks.
- The following injuries need to be identified as referral to medical aid:
 - Soft tissue wounds longer than 3 cm through the full skin thickness

- Wounds to hands in areas of joints or tendons
- Wounds that require sutures (jagged edges, flap of full thickness, skin gaping, or difficulty closing areas where the skin is under pressure)
- Facial wounds
- Burns, significant partial thickness (second degree), any full thickness (third degree), chemical burns, or electrical burns

Skills

- Complete a first aid record.

BC Plus additional requirements for intermediate and advanced

Knowledge

- BC Plus rapid transport criteria (described below)

BC Plus additional requirements for advanced

Skills

- Application of oxygen with the following devices: simple face mask, partial non-rebreather mask, non-rebreathing mask, nasal cannulas, pocket mask, and bag valve mask
- Application and interpretation of the SpO₂ readings and titrate oxygen as required

BC Plus rapid transport criteria for intermediate and advanced

Rapid transport criteria ensure that seriously injured patients are transported to hospital as soon as possible. Trauma specialists have developed these criteria to help first aid attendants identify patients that must be transported with great haste. Memorize the following criteria and always carry it for handy reference.

Use the following information to determine whether a patient meets rapid transport criteria:

- Mechanism of injury
- Anatomical criteria
- Physiological criteria

Mechanism of injury

- Free fall from a height greater than 20 ft. (6.5 m) (One story is equal to approximately 10 ft. or 3 m.)
- Severe deceleration in a motor vehicle accident characterized by:

- High-speed accident or major vehicular damage
- Broken windshield, bent steering wheel, or significant damage to the passenger compartment
- Occupant thrown from a vehicle (i.e., ejected), either partially or completely
- One or more vehicle occupants killed
- Rollover type of incident (e.g., with a forklift)
 - Pedestrian, motorcyclist, or bicyclist struck at greater than 30 km/h (20 mph)
 - Severe crush injuries
 - Smoke or toxic-gas inhalation or carbon monoxide poisoning
 - Decompression illness
 - Drowning
 - Electrical injuries

Anatomical criteria

Severe brain injury is defined as one or more of the following:

- Glasgow Coma Score of 13 or less
- Pupillary inequality greater than 1 mm and sluggish response to light with altered level of consciousness
- Depressed skull fracture
- New paralysis or neurological deficit
- Facial injury with potential for airway compromise
- Penetrating injury to the head, neck, chest, abdomen, groin, or extremities proximal to (above) the elbow or knee
- Pelvic fracture
- Two or more proximal long-bone fractures (e.g., femur and humerus)
- De-gloved or pulseless extremity
- Chest wall instability or deformity (e.g., flail chest)
- Pregnant person with significant trauma (e.g., a limb fracture or chest or abdominal trauma)
- Major burns:
 - Facial burns with or without inhalation injury
 - Extensive facial burns
 - Electrical burns

- Second-degree (partial thickness) burns to more than 10% of the body surface
- Third-degree (full thickness) burns to more than 2% of the body surface
- Burns encircling a limb
- Major burns to the eyes, neck, hands, feet, or groin
- Chemical burns
- Amputation of an extremity other than a toe or finger
- Spinal-cord injury, paraplegia, or quadriplegia
- Penetrating eye injuries

Physiological criteria

- Partial or complete airway obstruction
- Respiratory distress or ineffective breathing (respiratory rate <10 or >30)
- Any condition requiring assisted ventilation
- Cardiac arrest
- Suspected heart attack
- Obvious shock
- Bleeding requiring application of a tourniquet
- Acute poisoning, if directed by Poison Control Centre
- Seizures (involving shaking of the body) or status epilepticus
- Stroke
- Anaphylactic reaction
- Moderate or severe hypothermia
- Heatstroke

If a patient meets any of the above criteria, rapid transport is required. Limit any treatment prior to packaging to critical interventions.