

HOME STUDY PACKAGE

FOR OUT-OF-JURISDICTION

ADVANCED FIRST AID



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Introduction

This Home Study Package is designed to assist First Aid Attendants, from jurisdictions other than BC, identify practice expectations.

There may be first aid equipment supplied by the employer in BC or required first aid procedures that were not covered in an out-of-jurisdiction first aid course. It is the employer's responsibility to ensure related training is provided to the Occupational First Aid (OFA) Attendant.

The Occupational Health & Safety Regulation (OHSR) requires a BC employer to conduct a new worker orientation before allowing workers to perform a job. The employer's due diligence requires them to ensure workers understand their responsibilities before assuming the role of an OFA Attendant.

In order to help prepare for employment as an OFA Attendant, reading assignments are included in this Home Study Package to focus on the information needed to perform the duties of a Level 3 OFA Attendant in BC. Exercises are provided to highlight the most important points. While the completion of the exercises is voluntary, an employer may ask similar questions as part of the orientation to the workplace. An answer key is provided in Appendix A.

The general areas of OFA Attendant roles and responsibilities addressed include:

- Module 1 Basic life support in industry
- Module 2 Treat and return to work with monitoring
- Module 3 Environmental conditions in industry
- Module 4 Transportation and first aid equipment

The Practical Competencies section outlines skills that may require practice in a hands-on classroom situation. First Aid Training Agencies throughout the province may offer workshops on these practical competencies. Contact First Aid Training Agencies to determine if practical skills workshops are offered. A list of the First Aid Training Agencies can be found on WorkSafeBC.com on the First Aid page under "Popular Picks".

PROCEDURE

The home study component of this guide consists of 4 modules. Each module contains a reading assignment and review questions.

The reading assignments may include information found in the module as well as sections of the Occupation First Aid Training and Reference Manual. The Manual is included in the package provided by the First Aid Training Agency either on disk or in printed form.

After completing the reading assignment, complete the review question exercise then compare your answers with the answer sheets supplied in Appendix A.

MODULE 1

OBJECTIVE

The procedures will follow the guidelines in the Occupational First Aid Reference and Training Manual and this Home Study Package page 7 to 15. After completing the reading assignments, you should be able to:

- list the Rapid Transport Category (RTC) criteria
- describe the use of oxygen therapy equipment
- describe the treatment of angina as it relates to the need for transport from a worksite
- explain the parameters for not initiating CPR/AED
- explain the parameters for discontinuing CPR/AED
- describe the first aid attendant's role regarding prescription and non-prescriptions medications in the workplace
- describe the Priority Action Approach for an injured worker who walks to the first aid room
- describe the procedure for preserving a scene when a fatality has occurred on a worksite

Reference and Reading Assignment

Occupational First Aid Reference and Training Manual

Part 3	Chapter 3	Page 27	Rapid Transport Criteria
Part 4	Chapter 5	Page 49 to 58	Oral Airways/Suction/Bag-valve Mask
Part 4	Chapter 8		Oxygen Therapy and Equipment
Part 5	Chapter 13		Non-traumatic Cardiac Emergencies
Part 5	Chapter 14		Cardiopulmonary Resuscitation
Part 9	Chapter 25	Page 198 & 199	Medications in the Workplace
Part 9	Chapter 25	Page 199	Records and Reports
Part 9	Chapter 26		Priority Action Approach to the Walk-in Patient
Appendix B	Page 368		Fatalities

Home Study Package

Home Study Package page 6 to 21

Treatment of Cardiac Emergencies

The following checklists of specific cardiac incidents are intended to list the individual steps of the treatment procedures. The left column lists the actions the Attendant should take. The right column lists results of the Attendant's action through a response from the injured worker or a description of the result of the action.

The first two checklists illustrating the treatment of a worker, who is experiencing chest pain, highlight the differences in procedures depending on the history and the injured worker's signs and symptoms.

Treat a worker who is experiencing chest pain (walks to the first aid room)

manage a patient with chest pain – walks to the first aid room

1. scene assessment – modified

- what happened?
- did you fall or hurt your head or neck?

2. explain that a resting position will be more comfortable and then position the patient at rest in the position of most comfort with support (preferably supine)

3. conduct the primary survey

4. apply oxygen and keep the patient calm and at rest

on approach the patient is pale and complains of chest pain

*“A large delivery arrived and my assistant is off today.”
“My angina pain flared up.”
“I sat down and took my nitro.”
“The boss sent me to see you.”
no*

*-breathing is 24 shallow and effective
-skin is cool, pale and dry
-radial pulse is present
-no pain anywhere else*

- | | |
|--|--|
| <p>5. because there is no history of trauma the attendant must investigate the pain using the PPQRRST mnemonic</p> <ul style="list-style-type: none">• Position• Provokes• Quality• Radiates• Relieves• Severity• Timing | <p><i>the patient has a known history of angina</i></p> <p><i>-the pain is behind the breastbone</i></p> <p><i>-feels squeezing</i></p> <p><i>-5 out of 10 and</i></p> <p><i>-has lasted 4 minutes</i></p> <p><i>-there is nothing different about this pattern of angina attack</i></p> |
| <p>6. assess the patient's medication:</p> <ul style="list-style-type: none">• read instructions of use | <p><i>patient produces nitroglycerin spray and there are instructions on the container:</i></p> <p><i>1 dose every 5 minutes to a total of 3 doses</i></p> |
| <p>7. decision – no need to transport patient to medical aid at this time, continue assessment</p> | <p>since there is a known history wait to see if medication will work</p> |
| <p>8. assess vital signs and continue to monitor patient</p> | <p>the patient is starting to feel better</p> <p>- pain subsided in about 5 minutes after taking 1st dose of medication</p> <p><i>-vital signs are now normal</i></p> |
| <p>9. patient can return to work – inform supervisor to ensure no more moving of cartons or other strenuous work today</p> | |
| <p>10. complete the first aid record and follow up on the patient's condition throughout the day</p> | |

Treat a worker who is experiencing chest pain (walks to the first aid room)

manage a patient with chest pain who walks to the first aid room

1. scene assessment – modified
 - what happened?
 - did you fall or hurt your head or neck?
2. explain that a resting position will be more comfortable and then position the patient at rest in the position of most comfort with support (preferably supine)
3. conduct the primary survey
4. apply oxygen – keep the patient calm and at complete rest
5. determine if the patient is on medication
6. because there is no history of trauma the attendant must investigate the pain using the PPQRRST mnemonic

patient is pale, sweaty and very anxious

“I was shoveling snow all morning and started feeling pain in my chest.”

no

*-breathing 24 shallow and effective
-skin is cool, pale and clammy
-radial pulse present
-no pain anywhere else*

*patient is on medications for high blood pressure
no previous history of chest pain
-the pain is behind the breastbone
-feels vice-like
-radiates down the left arm
-severity is 7 out of 10
-has lasted 40 minutes
this patient is in the RTC*

7. activate the worksite emergency response procedures

- if calling for the ambulance instruct the person to say there is a responsive adult with chest pain lasting longer than 30 minutes and to report back

8. offer the patient two 80 mg of chewable ASA or one regular adult strength 325 mg ASA tablet to chew

9. package the patient on the spine board

10. reassess the ABC's every 5 minutes

11. continue with the secondary survey en route or while waiting for transport

*chest pain lasting longer than 30 minutes
skin is cool, pale and clammy*

*it must be ASA not Acetaminophen or Ibuprofen
ensure the patient does not have an allergy to ASA*

Treatment of Cardiac Arrest

The next three checklists illustrating the treatment of a worker in cardiac arrest highlight the circumstances where CPR is not initiated or is discontinued.

Manage cardiac arrest with one rescuer (AED not immediately on scene)

manage a supine patient in cardiac arrest

1. scene assessment
2. approach the patient from the front, identify yourself and attempt to communicate with the patient
3. activate the worksite emergency response procedures
 - if calling for the ambulance instruct the person to say there is an unresponsive adult and to report back
4. open the airway with a head-tilt chin-lift and check for breathing
5. move one hand up to the neck, while maintaining the head-tilt, and assess for a carotid pulse

Note: the assessment of the breathing and pulse should not take longer than 10 seconds

*no danger
one worker
patient was found slumped
over in a chair and was
carefully positioned on floor by
co-workers*

*the patient does not respond to
verbal stimuli
this patient is in the RTC*

*there is no breathing
(the need for C-spine control
and jaw thrust will depend on
the mechanism)*

there is no pulse

6. request any other OFA attendants or workers trained in CPR to assist

- instruct bystanders to go get the AED if one is available at the worksite and update the ambulance that the worker is in cardiac arrest

*a worker goes to get the AED
Note: the AED is used as soon as it is available*

7. ensure the patient is on a hard surface

NOTE: all patients who are in cardiac arrest must receive CPR unless there is clear evidence that death has occurred, for example, if there is decapitation, transection, decomposition, an adult patient who has been submerged in water for over 60 minutes or in certain triage situations

Note: if the cardiac arrest was caused by drowning, 2 ventilations would be given before starting compressions

8. start CPR

- expose the chest as necessary
- instruct a helper to watch what you are doing as they will be doing the compressions after the next cycle
- place hands in the centre of the chest, between the nipples, interlock fingers, lock elbows and perform 30 chest compressions

compress the chest at least 5.0 cm (2 inches) at a rate of at least 100 per minute

push hard, push fast
- allow the chest to recoil after each compression

9. using a pocket mask, ventilate the patient with 2 breaths

air goes in

1 second per breath, just enough to see the chest rise

10. instruct the helper to watch what you are doing regarding compression depth and timing, and give 30 chest compressions

11. ventilate the patient with 2 breaths

air goes in

12. instruct the helper to kneel close to the side of the patient and place their hands in the centre of the chest, interlock their fingers, lock their elbows so their arms are straight and start compressing

- ensure a depth of at least 5 cm, a rate of at least 100 per minute and a full recoil of the chest between compressions

13. ventilate the patient once every 6 to 8 seconds timed with the recoil phase of the compression

- between ventilations insert an oral airway and apply oxygen
- switch to the bag-valve mask for the ventilations with the oxygen at 15 lpm
- have the helper, giving the compressions, switch with another helper every 2 minutes

14. continue with the sequence of continuous compressions (performed by the helper) and 1 ventilation every 6 to 8 seconds (given by the Attendant) until:

- the AED arrives
- a physician assumes responsibility
- patient is transferred to ambulance personnel
- the attendant is physically exhausted and unable to continue
- spontaneous breathing and circulation are restored
- CPR has been ongoing for 30 minutes without even the temporary return of a pulse in patients with normal temperatures

Note: if a helper is not available or cannot compress adequately, cycles of 30 compressions and 2 ventilations are performed by the Attendant

1 second per breath, just enough to see the chest rise

the AED arrives after 1½ minutes of compressions

15. instruct the helper to continue with compressions while the AED is prepared and the pads are attached

16. prepare the AED:

- position the AED on the operator side of the patient so the unit and the entire patient can be seen
- open and turn on the AED
- **follow voice prompts** - wait while the AED completes a self evaluation
- plug the cables into the AED
- ensure the AED pads are not expired or torn and are connected to the cables

17. attach the AED:

- prepare the patient's chest for the AED pads, work around the helper doing the compressions
- remove the backing from the pads and place one pad below the patient's right clavicle and the other pad on the left side of the chest, just inferior to nipple level

18. analyze the heart rhythm:

- instruct the helper: "stop compressions and don't touch the patient"
- ensure no one is touching the patient and everyone is standing clear
- follow voice prompts or press the analyze button

Note: the AED model at the workplace may operate differently

Note: the employer must ensure that the Attendant is trained on the specific model used at the workplace

*patient's chest is dry
there is no chest hair
there are no medication
patches or any implanted
medical devices*

*the AED gives a "Shock
Advised" prompt*

19. deliver a shock:

- **state** “I’m clear, everyone is clear, do not touch the patient”
- press the shock button if the AED advises

20. administer 2 minutes of CPR:

- instruct a helper to resume compressions
- ventilate the patient once every 6 to 8 seconds

21. repeat cycles of analyze/shock or no shock and 2 minutes of CPR until:

- a physician assumes responsibility
- patient is transferred to ambulance personnel
- the attendant is physically exhausted and unable to continue
- cycles of “No Shock Advised” followed by 2 minutes of CPR have been ongoing for 30 minutes without even the temporary return of a pulse in patients with normal temperatures (**not hypothermic**)

after 30 minutes resuscitation efforts may be stopped:

- ♦ *follow the procedure outlined in the Reference and Training Manual on page 368 – Appendix B – Fatalities*
- spontaneous circulation and breathing are restored

Note: if a “No Shock” prompt was given then 2 minutes of CPR is administered before the heart rhythm is re-analyzed

compress the chest 3.8 – 5.0 cm (1½ to 2 inches) at a rate of 100 per minute

1 second per breath, just enough to see the chest rise

Note: in the case of a hypothermic patient in cardiac arrest:

- assess pulse and respiration for 1 minute
- attach the AED
- administer 1 shock if advised
- keep the patient warm
- prepare the spine board
- move the patient onto the spine board
- secure the patient with 2 straps
- place a sandbag on either side of the head
- load and secure the spine board into a basket stretcher
- initiate transport
- continue CPR enroute if possible
- turn up the heat in the transport vehicle to help warm the patient*

Manage cardiac arrest with one rescuer (AED immediately on scene)

manage a supine patient in cardiac arrest

1. scene assessment

2. approach the patient from the front, identify yourself and attempt to communicate with the patient

3. activate the worksite emergency response procedures
 - if calling for the ambulance instruct the person to say there is an unresponsive adult and to report back

4. open the airway with a head-tilt chin-lift and check for breathing

- Note:** the assessment of the breathing and pulse should not take longer than 10 seconds

5. move one hand up to the neck, while maintaining the head-tilt, and assess for a carotid pulse

6. request any other OFA attendants or workers trained in CPR to assist and instruct a helper to update the ambulance that the worker is in cardiac arrest

7. ensure the patient is on a hard surface

NOTE: all patients who are in cardiac arrest must receive CPR unless there is clear evidence that death has occurred, for example, if there is decapitation, transection, decomposition, an adult patient who has been submerged in water for over 60 minutes or in certain triage situations

*no danger
one worker
patient was found slumped
over in a chair and was
carefully positioned on floor by
co-workers*

*the patient does not respond to
verbal stimuli
this patient is in the RTC*

*there is no breathing
(the need for C-spine control
and jaw thrust will depend on
the mechanism)*

there is no pulse

8. prepare the AED:

- position the AED on the operator side of the patient so the unit and the entire patient can be seen
- open and turn on the AED
- **follow voice prompts** - wait while the AED completes a self evaluation
- plug the cables into the AED
- ensure the AED pads are not expired or torn and are connected to the cables

Note: the AED model at the workplace may operate differently

Note: the employer must ensure that the Attendant is trained on the specific model used at the workplace

9. attach the AED:

- expose the patient's chest and prepare the chest for the AED pads
- remove the backing from the pads and place one pad below the patient's right clavicle and the other pad on the left side of the chest, just inferior to nipple level

*patient's chest is dry
there is no chest hair
there are no medication
patches or any implanted
medical devices*

10. analyze the heart rhythm:

- ensure no one is touching the patient and everyone is standing clear
- follow voice prompts or press the analyze button

*the AED gives a "Shock
Advised" prompt*

11. deliver a shock:

- **state** "I'm clear, everyone is clear, do not touch the patient"
- press the shock button if the AED advises

Note: if a "No Shock" prompt was given then 2 minutes of CPR is administered before the heart rhythm is re-analyzed

12. administer 2 minutes of CPR:

- instruct a helper to watch what you are doing as they will be doing the compressions after the next cycle
- place hands in the centre of the chest, between the nipples, interlock fingers, lock elbows and perform 30 chest compressions

compress the chest at least 5.0 cm (2 inches) at a rate of at least 100 per minute

push hard, push fast

- allow the chest to recoil after each compression

13. using a pocket mask, ventilate the patient with 2 breaths

air goes in

1 second per breath, just enough to see the chest rise

14. instruct the helper to watch what you are doing regarding compression depth and timing, and give 30 chest compressions

15. ventilate the patient with 2 breaths

air goes in

16. instruct the helper to kneel close to the side of the patient and place their hands in the centre of the chest, interlock their fingers, lock their elbows so their arms are straight and start compressing

Note: *if a helper is not available or cannot compress adequately, cycles of 30 compressions and 2 ventilations are performed by the Attendant*

- ensure a depth of at least 5 cm, a rate of at least 100 per minute and a full recoil of the chest between compressions

17. ventilate the patient once every 6 to 8 seconds timed with the recoil phase of the compression

1 second per breath, just enough to see the chest rise

- between ventilations insert an oral airway and apply oxygen
- switch to the bag-valve mask for the ventilations with the oxygen at 15 lpm
- have the helper, giving the compressions, switch with another helper every 2 minutes

18. after 2 minutes of CPR follow voice prompts to allow the AED to re-analyze the heart rhythm

19. repeat cycles of analyze/shock or no shock and 2 minutes of CPR until:

- a physician assumes responsibility
- patient is transferred to ambulance personnel
- the attendant is physically exhausted and unable to continue
- cycles of “No Shock Advised” followed by 2 minutes of CPR have been ongoing for 30 minutes without even the temporary return of a pulse in patients with normal temperatures **(not hypothermic)**

after 30 minutes resuscitation efforts may be stopped:

- ◆ *follow the procedure outlined in the Reference and Training Manual on page 368 – Appendix B – Fatalities*
- spontaneous circulation and breathing are restored

Note: *in the case of a hypothermic patient in cardiac arrest:*

- *assess pulse and respiration for 1 minute*
- *attach the AED*
- *administer 1 shock if advised*
- *keep the patient warm*
- *prepare the spine board*
- *move the patient onto the spine board*
- *secure the patient with 2 straps*
- *place a sandbag on either side of the head*
- *load and secure the spine board into a basket stretcher*
- *initiate transport*
- *continue CPR enroute if possible*
- *turn up the heat in the transport vehicle to help warm the patient*

Manage cardiac arrest with two rescuers (AED immediately on scene)

manage a supine patient in cardiac arrest

1. scene assessment

*no danger
one worker
patient was found slumped
over in a chair and was
carefully positioned on floor by
co-workers*

2. 1st Attendant – approach the patient from the front, identify yourself and attempt to communicate with the patient

*the patient does not respond to
verbal stimuli
this patient is in the RTC*

3. 2nd Attendant – activate the worksite emergency response procedures

***Note:** it is important for the
team of Attendants to
communicate with each other
regarding findings and actions*

- if calling for the ambulance instruct the person to say there is an unresponsive adult and to report back

4. 1st Attendant – open the airway with a head-tilt chin-lift and check for breathing

*there is no breathing
(the need for C-spine control
and jaw thrust will depend on
the mechanism)*

5. 1st Attendant – move one hand up to the neck, while maintaining the head-tilt, and assess for a carotid pulse

there is no pulse

6. 2nd Attendant – instruct a helper to update the ambulance that the worker is in cardiac arrest

7. 1st Attendant – start CPR

- expose the chest as necessary
- place hands in the centre of the chest, between the nipples, interlock fingers, lock elbows and start chest compressions

***Note:** if the cardiac arrest was
caused by drowning, 2
ventilations would be given
before starting compressions*

8. 2nd Attendant – prepare and attach the AED:

- prepare the patient’s chest for the AED pads, work around the Attendant doing the compressions

*patient’s chest is dry
there is no chest hair
there are no medication
patches or any implanted
medical devices*

9. 2nd Attendant – analyze the heart rhythm:

- instruct the 1st Attendant: “stop compressions and don’t touch the patient”
- ensure no one is touching the patient and everyone is standing clear
- follow voice prompts or press the analyze button

*the AED gives a “Shock
Advised” prompt*

10. 2nd Attendant – deliver a shock:

- **state** “I’m clear, everyone is clear, do not touch the patient”
- press the shock button if the AED advises

***Note:** if a “No Shock” prompt was given then 2 minutes of CPR is administered before the heart rhythm is re-analyzed*

11. 2nd Attendant – begin compressions

12. 1st Attendant – using a pocket mask, ventilate the patient once every 6 to 8 seconds timed with the recoil phase of the compressions

air goes in

- between ventilations insert an oral airway and apply oxygen
- switch to the bag-valve mask for the ventilations with the oxygen at 15 lpm

*1 second per breath, just
enough to see the chest rise*

13. after 2 minutes of CPR follow voice prompts to allow the AED to re-analyze the heart rhythm

14. switch positions after each cycle and repeat cycles of analyze/shock or no shock and 2 minutes of CPR until:

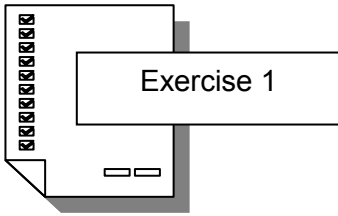
- a physician assumes responsibility
- patient is transferred to ambulance personnel
- the attendant is physically exhausted and unable to continue
- cycles of “No Shock Advised” followed by 2 minutes of CPR have been ongoing for 30 minutes without even the temporary return of a pulse in patients with normal temperatures (**not hypothermic**)

after 30 minutes resuscitation efforts may be stopped:

- ♦ *follow the procedure outlined in the Reference and Training Manual on page 368 – Appendix B – Fatalities*
- spontaneous circulation and breathing are restored

Note: *in the case of a hypothermic patient in cardiac arrest:*

- *assess pulse and respiration for 1 minute*
- *attach the AED*
- *administer 1 shock if advised*
- *keep the patient warm*
- *prepare the spine board*
- *move the patient onto the spine board*
- *secure the patient with 2 straps*
- *place a sandbag on either side of the head*
- *load and secure the spine board into a basket stretcher*
- *initiate transport*
- *continue CPR enroute if possible*
- *turn up the heat in the transport vehicle to help warm the patient*



The following questions are intended to give you an opportunity to review the key points from Module 1 and to provide you with an indication of your progress.

1. **A carpenter fell 3 metres (10 feet) from a ladder. Which of the following would place the worker in the RTC?**
 - (a) numbness and tingling in both legs
 - (b) head and neck angulated to one side
 - (c) pallor and weak radial pulses
 - (d) pain in the cervical spine

2. **Which of the following would place a worker in the RTC?**
 - (a) arterial bleeding from the upper arm that was controlled by a pressure point and direct pressure
 - (b) arterial bleeding from the wrist that required elevation and that was controlled by direct pressure
 - (c) arterial bleeding from the thigh that was controlled by direct pressure
 - (d) arterial bleeding from the ankle and foot that was controlled by direct pressure and bandages

3. **List the symptoms that would indicate that a worker suffering from an angina attack must be assessed by a physician.**
 - _____
 - _____
 - _____
 - _____
 - _____

4. If a worker with a previous cardiac history is complaining of chest pain, which of the following questions would help you decide if it was a heart attack or angina?

1. Is the pain relieved by oxygen?
2. Where is the pain located?
3. How long has the pain lasted?
4. How would you describe the pain?
5. What is the quality of the pain?

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

5. You and another Level 3 attendant at your worksite, which is located 45 minutes travel time from a hospital, respond to a patient in cardiac arrest. You should:

- (a) provide 2 minutes of single person CPR while your helper prepares the patient and spine board for immediate transport
- (b) begin 2-person CPR and have untrained helpers prepare the patient and spine board for immediate transport
- (c) turn on and hook up the AED while your partner inserts an oral airway and hooks up oxygen to the bag-valve mask
- (d) provide compressions while your partner turns on and hooks up the AED

6. List the exceptional circumstances that would indicate that resuscitation is not required.

- _____

- _____

- _____

7. Resuscitation is continued until:

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

8. The First Aid Attendant should have control over supplying any non-prescription drugs or medication provided by the employer for the workforce. Which of the following steps must be followed prior to supplying non-prescription drugs or medication to a worker?

1. a physician's letter is on site to identify the drug use and dose
2. the Attendant is familiar with the indications for use
3. the drug's expiry date is adhered to
4. the worker's physician is contacted for approval
5. the worker signs a release form
6. the worker is informed of any side effects associated with the medication

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

9. In order for a specific worksite to have a prescription drug or specific first aid treatment a letter from a physician must identify:

- _____
- _____
- _____
- _____

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

	10. A first aid treatment area or kit must not contain <u>non-prescription</u> drugs or medications unless approved in writing by a physician or qualified practitioner.
	11. Non-prescription drugs may be kept in the first aid room and workers can help themselves when needed.
	12. Any worker who has sustained a significant electrical injury, as evidenced by a burn, is in the RTC.

13. A worker has walked to your first aid room complaining of a hand injury. When you assess the worker's appearance which of the following are you considering?

1. breathing distress
2. clothing for grease or oil
3. level of anxiety
4. mechanism of injury
5. was anyone else hurt
6. skin colour

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

14. List, in order of completion, the assessments an Attendant performs during the Modified Head to Toe Examination on an injured worker who walks to the first aid room.

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

15. What should the Attendant do in the case of an obvious fatality at a worksite?

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

MODULE 2

OBJECTIVE

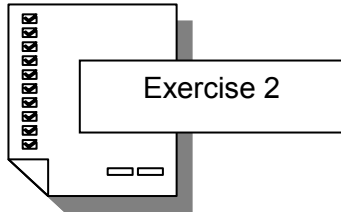
The procedures will follow the guidelines in the Occupational First Aid Reference and Training Manual. After completing the reading assignments, you should be able to:

- describe the treatment of a nose bleed
- describe the treatment of a minor back strain
- describe the treatment of flash burn to the eyes
- describe an eye exam
- describe the removal of a foreign body from an eye
- describe the procedure for disinfection of first aid equipment
- describe the rules around the referral to medical aid for minor wounds
- describe the procedure for ring removal
- describe cleansing, dressing, bandaging, and immobilization for a soft tissue injury
- describe follow-up care
- describe the treatment of a puncture wound
- describe the procedure for the removal of splinters and fish hooks
- describe the treatment of a pressure injection
- describe the treatment of a subungual hematoma
- describe the procedure for the preservation of amputated tissue
- describe the treatment of occupational dermatitis
- describe the treatment of an ASTD
- describe the treatment of a minor ankle sprain

Reference and Reading Assignment

Occupational First Aid Reference and Training Manual

Part 5	Chapter 11 Page 106	Nosebleeds
Part 6	Chapter 18 Page 144	Strains and/or Sprains to the Back or Spine
Part 7	Chapter 20	Eye Injuries
Part 9	Chapter 25 to 31	The Skin and Soft Tissues
Part 10	Chapter 34	Immobilization
Part 10	Chapter 36 Page 267	Ankle Sprains



The following questions are intended to give you an opportunity to review the key points from Module 3 and to provide you with an indication of your progress.

1. Which nosebleeds should be referred to medical aid?

- _____
- _____

2. Which of the following may indicate that a back injury can be treated by the attendant at the work site:

- (a) the injury was caused by a lifting motion
- (b) the worker's symptoms worsen on follow-up
- (c) there is weakness in only one extremity
- (d) there was a sudden onset of severe pain

3. Which of the following statements are true when treating a worker with a back strain that is able to be treated and remain at the worksite?

- 1. sit the worker in the treatment chair, offer pain medication and assess the back after 15 minutes
 - 2. thoroughly examine the area, and assess the worker's movement through a full range of motion
 - 3. assess and record vital signs
 - 4. direct the worker to carry on the activities of daily work routine within the limitations of the pain
 - 5. apply heat lamps and massage the lower back area to relieve the pain
- (a) 1 and 2
 - (b) 2 and 4
 - (c) 3 and 4
 - (d) 3 and 5

4. Which of the following are included in the treatment of flashburn (ultraviolet light burn to the cornea)?

1. apply oxygen
2. examine the eyes for foreign bodies
3. evert the eye lids
4. apply cold compresses to the eyes
5. cover both eyes and refer the worker to medical aid

(a) 1 and 5

(b) 2 and 4

(c) 2 and 3

(d) 3 and 5

5. Which of the following describe the treatment for burns to the eyes from strong acids or alkalis?

1. flush the eyes for 30 minutes with a neutralizing agent
2. conduct the secondary survey before dealing with the chemical
3. flush the eyes for 30 minutes with saline or water
4. examine the eyes for loose chemical particles
5. transport the worker to medical aid
6. apply a topical eye anesthetic

(a) 1, 2, and 4

(b) 1, 2, and 6

(c) 3, 4, and 5

(d) 3, 5, and 6

Questions 6 & 7 relate to the following scenario.

A worker comes to you rubbing their right eye. The worker states “About 10 minutes ago the wind kicked up just as I was moving some lumber and sawdust was blown in my face!” “I can’t get it out. ”

6. What is the most significant factor in the history that will determine the way in which you treat this worker?

- (a) the injury only occurred 10 minutes ago
- (b) the worker has been unable to get the sawdust out
- (c) the worker failed to wear eye protection
- (d) wind-blown sawdust does not suggest a penetrating injury

7. Prior to conducting an eye exam, how might you try to remove the sawdust?

- _____
- _____

8. List the procedure for disinfecting first aid equipment other than metal instruments.

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

9. Which of the following wounds must be referred to medical aid?

1. puncture wound to the back of the hand in the area of a tendon
2. 2 cm laceration near the corner of the mouth
3. laceration that is 2 cm long and 2 mm deep
4. wooden sliver in the soft tissue of the thumb
5. 2 cm laceration to the forearm that contains organic matter
6. nose bleed that stops bleeding after pinching for 10 minutes

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

10. How should the Attendant attempt to remove a ring from a worker's injured finger before attempting, or if injuries preclude using, the string method for ring removal?

- _____
- _____

11. For less serious lacerations and wounds when the worker will be returning to work, which of the following best describes the cleansing procedure?

After covering the wound with sterile gauze and cleaning around the wound with an antibacterial detergent solution, you should...

- (a) clean the inside of the wound with sterile saline
- (b) clean the inside of the wound with hydrogen peroxide
- (c) apply Polysporin to the inside of the wound
- (d) clean the inside of the wound with Zephirin hydrochloride

12. Which of the following apply to the use of skin closures?

1. they should be left on for 7 to 10 days
2. the worker will be referred to medical aid
3. they should be left on for 3 to 5 days
4. the worker will be returning to work
5. they should be left uncovered for the wound to heal

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

13. List the conditions for which the worker, who has received treatment, is instructed to return immediately to first aid for follow-up care.

- _____
- _____
- _____
- _____

14. Other than for the conditions listed in question 13, what instructions should be given to the worker regarding returning to first aid for follow-up care?

- _____
- _____
- _____

15. Outline the specific treatment for a subungual hematoma where there is no damage to any underlying structures of the finger.

- _____
- _____
- _____
- _____

16. Which of the following are appropriate treatments for a worker with a puncture wound to the pad at the base of the thumb?

1. cleanse around the wound with an antibacterial detergent solution
2. soak the wound in a diluted antiseptic solution for 20 minutes
3. soak the wound in a diluted antibacterial detergent solution for 20 minutes
4. cleanse the wound and area with sterile saline
5. cover the wound and send the worker to medical aid

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

17. Under what circumstances would an Attendant not attempt to remove a splinter but instead immobilize the area and refer the worker to medical aid?

- _____
- _____

18. How should you prepare an amputated finger for transport with the injured worker?

1. clean the finger with peroxide
2. place the finger in a container of antiseptic solution
3. protect the finger with sterile gauze
4. put the finger back in place and bandage it to the hand
5. keep the finger cool

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

19. At a work site where there are substances that could cause dermatitis, what is a vital component for its prevention?

- (a) barrier creams
- (b) protective clothing
- (c) personal cleanliness
- (d) engineering controls

Questions 20 – 22 refer to the following scenario.

A worker assigned temporarily to another job reports to first aid complaining of wrist pain.

20. You suspect tenosynovitis because:

- (a) the worker has a history of arthritis in that wrist
- (b) the worker says there was no direct trauma to the wrist
- (c) the worker broke that wrist 2 years ago
- (d) the new job involves a repetitive, forceful wrist motion

21. Your treatment should consist of:

- 1. application of a working splint
 - 2. full immobilization of the lower arm
 - 3. application of hot soaks
 - 4. application of cold
 - 5. discuss alternate work with supervisor
 - 6. send worker home by company car
- (a) 1, 3, and 6
 - (b) 1, 4, and 5
 - (c) 2, 3, and 5
 - (d) 2, 4, and 6

22. How long should this worker be treated at the first aid level before a referral to medical aid is made?

- (a) 24 hours
- (b) 72 hours
- (c) sent immediately after immobilizing the arm
- (d) at the end of worker's shift

23. A worker reports to the first aid room complaining of pain in the right ankle. The worker jumped from a height of 1 metre, off a platform. The worker is able to bear weight and, during the range of motion assessment, there is pain only on inversion. There is slight swelling (laterally) and no discolouration. What are the essential components of treatment for this worker?

1. thorough examination of the injured part
 2. assess and record the worker's vital signs
 3. immobilization of the part and referral to medical aid
 4. support the part and have the worker return to work
 5. explain follow-up requirements to the worker
 6. initiate accident investigation to identify safety issues related to the cause of the injury
- (a) 1, 3, and 6
 - (b) 2, 3, and 6
 - (c) 2, 4, and 5
 - (d) 1, 4, and 5

MODULE 3

OBJECTIVE

The procedures will follow the guidelines in the Occupational First Aid Reference and Training Manual and this Home Study Package page 32 to 33. After completing the reading assignments, you should be able to:

- describe the role of the first aid attendant in the prevention on heat stress related injuries
- describe the treatment of frostbite
- describe the treatment of mild hypothermia
- describe the treatment of a minor burn
- describe the treatment of a burn where medical treatment is delayed
- describe the treatment of a chemical burn
- describe the treatment of bites and stings
- describe worksite preparedness with regards to poisons

Reference and Reading Assignment

Occupational First Aid Reference and Training Manual

Part 11	Chapter 37	Heat Exposure and Heat-Related Emergencies
Part 11	Chapter 38	Cold Injuries
Part 11	Chapter 39	Burns
Part 11	Chapter 41	Bites and Stings
Part 12	Chapter 43	Poisons

Home Study Package

Home Study Package page 38 to 39

Poisoning

Written procedures for first aid treatment must be developed for each hazardous substance at a work place under Occupational Health & Safety Regulation (OHSR) Part 5 Section 2(c). Information for First Aid treatment may be obtained from the Occupational First Aid Reference and Training Manual, the BC Poison Control Centre at 604-682-5050 (long distance, call collect) and Section 8 of Material Safety Data Sheets.

WHMIS

The purpose of the Workplace Hazardous Materials Information System (WHMIS) is to communicate information about the hazards workers may encounter when working with controlled products in the workplace.

Controlled products are identified using Federal Legislation information found in the Controlled Products Regulations and Hazardous Products Act.

WorkSafeBC administers these requirements in British Columbia. The following three elements are used to communicate information regarding health hazards related to controlled products at a workplace:

- WHMIS labels
- Material Safety Data Sheets (MSDS)
- WHMIS Education and Training

Material Safety Data Sheets are technical bulletins that contain valuable information first aid attendants can use to prepare for an incident involving contact with a hazardous substance or aid in the assessment and treatment of a worker who has been exposed to the product.

MSDS will usually be divided into 9 sections (outlined below), some may have different section headings but all MSDS will have 54 required information items about the product documented. For more information see the “WHMIS at Work” booklet published by the WorkSafeBC.

Typical Sections:

- 1) Product Information
- 2) Hazardous Ingredients
- 3) Physical Data
- 4) Fire and Explosion Hazard
- 5) Reactivity Data
- 6) Toxicological Properties
- 7) Preventive Measures
- 8) First Aid Measures
- 9) Preparation Information

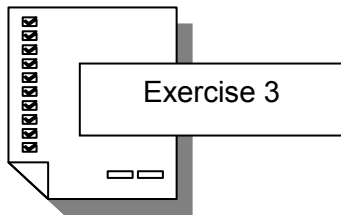
Prior to attending to an incident First Aid Attendants should be aware of:

- product information (identifying data)
- routes of entry
- fire hazard
- explosion hazard
- reactivity data
- preventive measures

This will ensure that the potential hazards of the incident are known and appropriate control measures are implemented. These control measures could include evacuating the area due to extreme danger of explosion, rescue crew donning a respirator or other personal protective equipment prior to entering.

The “first aid measures” section of the MSDS will provide specific information regarding steps to take in the event of contact.

Knowing the appropriate first aid intervention could greatly benefit the worker exposed to a controlled product when effective measures are taken in a timely manner.



The following questions are intended to give you an opportunity to review the key points from Module 3 and to provide you with an indication of your progress.

- 1. Prevention is the most important aspect of heat stroke and other heat-related illnesses. What can an attendant contribute to prevention?**
 - (a) provide tailgate talks to co-workers explaining how radiation, convection and evaporation can result in heat stress
 - (b) explain the benefits of, and encourage, adequate salt and fluid replacement to co-workers
 - (c) ensure that each worker has a supply of salt tablets and instructions on their use
 - (d) post the signs and symptoms of heat stress conspicuously throughout the work place

- 2. Which of the following best describes the guideline regarding the rewarming of frostbitten tissue?**
 - (a) rewarm only if the limb is cold, pale, and pulseless and it will be longer than 30 minutes to reach medical aid
 - (b) rewarm only if transportation to a hospital is delayed for more than 1 hour and all the equipment is available
 - (c) all rewarming techniques and transportation to medical aid must be completed within the golden hour
 - (d) a physician must be contacted and all equipment available before rewarming measures are undertaken

3. **A park worker complains of being cold. The weather is cool, it has been raining, and the worker is not warmly dressed. All of the following are signs and symptoms of hypothermia. Which one of the following would confirm your suspicions that the worker is suffering from mild hypothermia?**
- (a) the worker is shivering
 - (b) the worker is acting inappropriately
 - (c) the radial pulses are slow and difficult to feel
 - (d) the worker is confused
4. **Which of the following are appropriate for workers suffering from moderate to severe hypothermia?**
- (a) as the degree of hypothermia increases the worker must be hyperventilated with humidified oxygen if it is available
 - (b) extremities should be massaged to improve circulation
 - (c) assessments and treatment may have to be delayed until a non-threatening environment is reached
 - (d) if transport is going to be delayed the worker should be placed in a warm bath
5. **Which of the following burns, to less than 10% of the body surface, place the injured worker in the RTC?**
- (a) second degree burns
 - (b) electrical burns
 - (c) flashburn from ultraviolet light
 - (d) tar burns
6. **If a topical burn preparation is applied to a burn where medical treatment is delayed, what must be done?**

• _____

7. For a worker who has been bitten by a wood tick, list the circumstances that would indicate the worker should be sent to medical aid.

- _____
- _____
- _____

8. What can an attendant do to prepare for the exposure of workers to hazardous materials and poisons at the worksite?

- (a) ensure there is a telephone, and that the contact number for the Poison Control Centre is available at each location where the hazardous materials or poisons are found
- (b) provide or create the material safety data sheets for the substances at the worksite
- (c) have written procedures for dealing with all poisons and dangerous substances at the worksite
- (d) ensure that the workers at the site are informed about the hazard and toxicity of all hazardous substances

9. A worker has ingested a hydrocarbon. Which of the following would indicate that the worker cannot be made to vomit?

- (a) the worker's Glasgow Coma Scale score is 15
- (b) the poison is not a corrosive substance
- (c) you have the MSDS for the poison
- (d) the Poison Control Centre has not been contacted

10. Which of the following apply to the treatment of a worker who has had skin contact with a poison?

1. apply the neutralizing agent listed in the MSDS
2. immediately contact the Poison Control Centre
3. if the chemical is dry, brush it off first
4. remove all contaminated clothing
5. once the chemical is removed the worker can return to work
6. immediately flush with lots of water

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

MODULE 4

OBJECTIVE

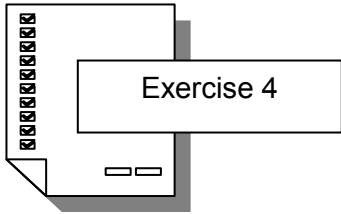
The procedures will follow the guidelines in the Occupational First Aid Reference and Training Manual. After completing the reading assignments, you should be able to:

- describe injured worker immobilization and packaging for Rapid Transport using employer supplied OFA equipment
- describe the rule for transport for a worker who has experienced a very brief period of loss of consciousness
- describe the assessment of workers suspected of having a spinal injury
- describe limb immobilization using employer supplied OFA equipment
- describe a multi-person direct lift using 6 and 8 people
- describe the rules around air evacuation versus ground transportation
- describe special considerations regarding air evacuation
- describe safety around helicopters and fixed-wing aircraft

Reference and Reading Assignment

Occupational First Aid Reference and Training Manual

Part 3	Chapter 3 Page 28 & 29	Patient Immobilization and Packaging for Rapid Transport
Part 6	Chapter 16 Page 124	Priority Action Approach for Patients with Altered Level of Consciousness
Part 6	Chapter 18 Page 143 to 158	Priority Action Approach for the Patient Suspected of Having Traumatic Spinal Injury
Part 10	Chapter 34	Immobilization
Part 10	Chapter 35	Management of Upper Limb Injuries
Part 10	Chapter 36	Management of Lower Limb Injuries
Part 16	Chapter 49 Page 335 to 339	Lifts and Carries
Part 16	Chapter 51	Transportation



The following questions are intended to give you an opportunity to review the key points from Module 4 and to provide you with an indication of your progress.

1. List the employer supplied OFA equipment required to immobilize an injured worker for Rapid Transport.

- _____
- _____
- _____
- _____
- _____

2. You are managing an injured worker who is alert at the time of the assessment but reports having experienced a 10 second loss of consciousness. You should:

- (a) speak to the supervisor regarding alternate work
- (b) return the worker to work with advice to return if necessary
- (c) package the worker for Rapid Transport
- (d) refer the worker for medical assessment

3. A tree pruner fell 2 metres from a ladder while pruning a tree. The worker has a mid-third femur fracture with lateral bone protrusion and is not in the RTC. Where should the wooden splints be positioned?

- (a) one long splint lateral, one short splint medial
- (b) one long splint posterior, one short splint medial
- (c) one short splint lateral, one short splint posterior
- (d) one short splint posterior, one short splint medial

4. Which of the following must be done before an injured worker is lifted using the 8-person lift?

1. contact a physician
2. pad and tie the worker's legs together
3. a helicopter is standing by to transport the worker
4. practice the lift on someone the same size
5. a helper is ventilating the worker
6. position the strongest helpers at the torso

(a) 1, 2, and 3

(b) 1, 2, and 4

(c) 2, 4, and 6

(d) 3, 5, and 6

5. List the circumstances that would dictate the use of air transportation over land transportation.

- _____
- _____
- _____

6. What should the Attendant do before an aircraft lands to pick up an injured worker?

- _____
- _____
- _____

PRACTICAL COMPETENCIES

It is recommended that out-of-jurisdiction certificate holders practice the following competencies in a practical classroom situation. The procedures will follow the guidelines in the Occupational First Aid Reference and Training Manual.

- cleanse a soft tissue injury
- dress and bandage a soft tissue injury
- decide upon the need for referral to medical aid for minor wounds
- complete a First Aid Record
- provide follow-up care for a soft tissue injury
- treat an ASTD
- perform an eye exam for a foreign body
- remove a foreign body from a worker's eye
- treat an ankle sprain
- immobilize a worker for Rapid Transport in the lateral position using employer supplied OFA equipment

There may be first aid equipment supplied by the employer in BC that was not covered in an out-of-jurisdiction first aid course. It is the employer's responsibility to ensure training related to that piece of equipment is provided.

The following lists some of the equipment in use in worksites in BC that may not be included in out-of-jurisdiction first aid courses.

- use of an AED
- oxygen therapy equipment
- pocket mask and oral airways
- bag-valve mask ventilation system
- suction equipment
- cervical collars
- wood splints for lower limb immobilization

APPENDIX A

EXERCISE ANSWER KEYS

Exercise 1

1. **A carpenter fell 3 metres (10 feet) from a ladder. Which of the following would place the worker in the rapid transport category (RTC)?**
 - (a) numbness and tingling in both legs

2. **Which of the following would place a worker in the RTC?**
 - (a) arterial bleeding from the upper arm that was controlled by a pressure point and direct pressure

3. **List the symptoms that would indicate that a worker suffering from an angina attack must be assessed by a physician.**
 - prolonged pain
 - incomplete resolution of symptoms
 - repeat dose of nitroglycerin
 - sweating
 - shortness of breath

4. **If a worker with a previous cardiac history is complaining of chest pain, which of the following questions would help you decide if it was a heart attack or angina?**
 - (a) 1 and 3

5. **You and another Level 3 attendant at your worksite, which is located 45 minutes travel time from a hospital, respond to a patient in cardiac arrest. You should:**
 - (d) provide compressions while your partner turns on and hooks up the AED

- 6. List the exceptional circumstances that would indicate that resuscitation is not required.**
- clear evidence that death has occurred such as decapitation, transection or decomposition
 - adult worker has been documented to have been completely submerged in water for more than 60 minutes
 - a situation involving multiple injured workers under triage conditions
- 7. Resuscitation must be continued until:**
- spontaneous circulation and breathing are restored
 - another person takes over CPR
 - a physician assumes responsibility
 - ambulance personnel assume responsibility
 - rescuer becomes exhausted and cannot continue
 - CPR has been ongoing for 30 on a worker with normal temperature without a return of a spontaneous pulse
- 8. The First Aid Attendant should have control over supplying any non-prescription drugs or medication provided by the employer for the workforce. Which of the following steps must be followed prior to supplying non-prescription drugs or medication to a worker?**
- (d) 2, 3 and 6
- 9. In order for a specific worksite to have a prescription drug or specific first aid treatment, a letter of authorization from a physician must identify:**
- the specific worksite for which it is required
 - its specific use and dosage
 - dose and method of application
 - expiry date of the authorization
- 10. T**
- 11. F**
- 12. T**

- 13. A worker has walked to your first aid room complaining of a hand injury. When you assess the worker's appearance which of the following are you considering?**
- (b) 1, 3 and 6
- 14. List, in order of completion, the assessments an Attendant performs during the Modified Head to Toe Examination on an injured worker who walks to the first aid room.**
- visually inspect the injury and surrounding area after exposing
 - palpate the entire limb or area
 - look for physical signs or symptoms of suspected injury
 - examine the wound
 - determine distal circulation
 - assess sensory and motor nerve function
 - have the worker perform a full range of motion if possible
- 15. What should the Attendant do in the case of an obvious fatality at a worksite?**
- notify appropriate people and agencies
 - obtain names of witnesses
 - record history of the incident
 - not move the body until the coroner gives permission
 - preserve the scene for investigators
 - collect, itemize and have witness sign list of any personal belongings

Exercise 2

1. **Which nosebleeds should be referred to medical aid?**
 - nosebleeds lasting longer than 30 minutes
 - unexplained nosebleeds

2. **Which of the following may indicate that a back injury can be treated by the attendant at the work site:**
 - (a) the injury was caused by a lifting motion

3. **Which of the following statements are true when treating a worker with a back strain that is able to be treated and remain at the worksite?**
 - (b) 2 and 4

4. **Which of the following are included in the treatment of flashburn (ultraviolet light burn to the cornea)?**
 - (b) 2 and 4

5. **Which of the following describe the treatment for burns to the eyes from strong acids or alkalis?**
 - (c) 3, 4, and 5

Question 6 & 7 relate to the following scenario.

A worker comes to you rubbing their right eye. The worker states “About 10 minutes ago the wind kicked up just as I was moving some lumber and sawdust was blown in my face!” “I can’t get it out. ”

6. **What is the most significant factor in the history that will determine the way in which you treat this worker?**
 - (d) wind-blown sawdust does not suggest a penetrating injury

7. Prior to conducting an eye exam, how might you try to remove the sawdust?

- flush the eye with an eyecup filled with clean water or saline
- have the worker gently pull the upper eyelid down over the lower lid and release

8. List the procedure for disinfecting first aid equipment other than metal instruments.

- wear impervious gloves
- disinfect in a well ventilated area
- wash equipment thoroughly with detergent and water
- rinse with clean water
- submerge in a freshly-mixed solution of 1 part household bleach to 10 parts water for 10 minutes
- rinse and allow to dry

9. Which of the following wounds must be referred to medical aid?

- (a) 1, 2 and 5

10. How should the Attendant attempt to remove a ring from a worker's injured finger before attempting, or if injuries preclude using, the string method for ring removal?

- lubricate the finger with soap or petroleum jelly
- cut the ring using a ring cutter or diagonal cutters

11. For less serious lacerations and wounds when the worker will be returning to work, which of the following best describes the cleansing procedure?

After covering the wound with sterile gauze and cleaning around the wound with an antibacterial detergent solution, you should...

- (a) clean the inside of the wound with sterile saline

12. Which of the following apply to the use of skin closures?

- (c) 1 and 4

13. List the conditions for which the worker who has received treatment is instructed to return immediately to first aid for follow-up care.

- the dressings or bandages become wet or soiled
- pain in the area increases
- tingling or loss of sensation develops in or distal to area
- signs of infection appear

14. Other than for the conditions listed in question 13, what instructions should be given to the worker regarding returning to first aid for follow-up care?

- come back for reassessment in 24 hours
- return sooner if replacement of supportive bandages require changing or reapplication
- return every 2 days for reassessment and/or redressing until the injury is completely healed

15. Outline the specific treatment for a subungual hematoma where there is no damage to any underlying structures of the finger.

- cleanse the area with an antibacterial detergent solution
- use eye protection and drill a small hole in the nail to relieve the pressure
- re-cleanse the area with sterile saline
- apply a dressing

16. Which of the following are appropriate treatments for a worker with a puncture wound to the pad at the base of the thumb?

(b) 1 and 3

17. Under what circumstances would an Attendant not attempt to remove a sliver but instead immobilize the area and refer the worker to medical aid?

- the sliver has penetrated a joint
- the sliver has penetrated deep enough to damage underlying structures

18. How should you prepare an amputated finger for transport with the worker?

(d) 3 and 5

19. At a work site where there are substances that could cause dermatitis, what is a vital component for its prevention?

- (c) personal cleanliness

Questions 20 – 22 refer to the following scenario.

A worker assigned temporarily to another job reports to first aid complaining of wrist pain.

20. You suspect tenosynovitis because:

- (d) the new job involves a repetitive, forceful wrist motion

21. Your treatment should consist of:

- (b) 1, 4, and 5

22. How long should this worker be treated at the first aid level before a referral to medical aid is made?

- (b) 72 hours

23. A worker reports to the first aid room complaining of pain in the right ankle. The worker jumped from a height of 1 metre, off a platform. The worker is able to bear weight and, during the range of motion assessment, there is pain only on inversion. There is slight swelling (laterally) and no discolouration. What are the essential components of treatment for this worker?

- (d) 1, 4, and 5

Exercise 3

1. **Prevention is the most important aspect of heat stroke and other heat-related illnesses. What can an attendant contribute to prevention?**
 - (b) explain the benefits of, and encourage, adequate salt and fluid replacement to co-workers

2. **Which of the following best describes the guideline regarding the rewarming of frostbitten tissue?**
 - (b) rewarm only if transportation to a hospital is delayed for more than 1 hour and all the equipment is available

3. **A park worker complains of being cold. The weather is cool, it has been raining, and the worker is not warmly dressed. All of the following are signs and symptoms of hypothermia. Which one of the following would confirm your suspicions that the worker is suffering from mild hypothermia?**
 - (a) the worker is shivering

4. **Which of the following are appropriate for workers suffering from moderate to severe hypothermia?**
 - (c) assessments and treatment may have to be delayed until a non-threatening environment is reached

5. **Which of the following burns, to less than 10% of the body surface, place the injured worker in the RTC?**
 - (b) electrical burns

6. **If a topical burn preparation is applied to a burn where medical treatment is delayed, what must be done?**
 - the dressing must be changed daily

- 7. For a worker who has been bitten by a wood tick, list the circumstances that would indicate the worker should be sent to medical aid?**
- the head of the tick cannot be removed
 - the tick has been attached for more than 24 hours
 - signs or symptoms, such as skin rash, headaches, fever or paralysis appear
- 8. What can an attendant do to prepare for the exposure of workers to hazardous materials and poisons at the worksite?**
- (c) have written procedures for dealing with all poisons and dangerous substances at the worksite
- 9. A worker has ingested a hydrocarbon. Which of the following would indicate that the worker cannot be made to vomit?**
- (d) the Poison Control Centre has not been contacted
- 10. Which of the following apply to the treatment of a worker who has had skin contact with a poison?**
- (d) 3, 4 and 6

Exercise 4

1. **List the employer supplied OFA equipment required to immobilize an injured worker for Rapid Transport.**
 - hard cervical collar
 - long spine board
 - straps, 7 Velcro or safety-belt-type; or set of spider straps
 - 6 blankets (one for head support or 2-4.5 kg sandbags or large foam blocks)
 - triangular bandage

2. **You are managing an injured worker who is alert at the time of the assessment but reports having experienced a 10 second loss of consciousness. You should:**
 - (d) refer the worker for medical assessment

3. **A tree pruner fell 2 metres from a ladder while pruning a tree. The worker has a mid-third femur fracture with lateral bone protrusion and is not in the RTC. Where should the wooden splints be positioned?**
 - (d) one short splint posterior, one short splint medial

4. **Which of the following must be done before an injured worker is lifted using the 8-person lift?**
 - (c) 2, 4, and 6

5. **List the circumstances that would dictate the use of air transportation over land transportation.**
 - land transportation is impossible or unavailable
 - land transportation will aggravate the worker's injuries due to roughness
 - the worker is in the Rapid Transport Category and the time for land transportation exceeds air transportation by 30 minutes

6. **What should the Attendant do before an aircraft lands to pick up an injured worker?**
 - brief all assistants on safety procedures
 - keep all assistants and the worker out of the way at the side of the landing zone
 - ensure everybody knows what to do when the pilot signals to load the worker

