Transportation Endorsement

Student Guide

WorkSafeBC

Module 1

Introduction

1. Introduction

1.1 Course schedule

1.2 Introductions

1.3 Housekeeping

1.4 Course outline

1.5 Expectations and course completion requirements

1.6 Injury prevention

Certification and endorsement prerequisites

- ❑ To qualify for the endorsement, the learner must hold a valid OFA Level 1, Level 2, or equivalent certificate and successfully complete the Transportation Endorsement course or its equivalent.
- ❑ Successful completion of the Transportation Endorsement course will result in an endorsement to the OFA or equivalent certificate.
- ❑ A Transportation Endorsement is valid for three years and is only valid if the attendant maintains a current OFA Level 1, Level 2, or equivalent certificate.

Certification endorsement renewal

- ❑ To renew a Transportation Endorsement, a candidate must successfully retake the Transportation Endorsement course.

1.1: Course schedule

Time	Activities
08:30–08:40	**Module 1**: Introduction
08:40–08:50	**Module 2**: The role of the first aid attendant, the priority action approach, and principles of transportation
08:50–09:50	**Module 3**: The priority action approach
09:50–12:30	**Module 4**: Packaging a conscious patient who requires spinal motion restriction *(Note: times include a coffee break)*
12:30–13:00	***Lunch***
13:00–13:15	**Module 5**: Packaging a conscious patient who does not require spinal motion restriction
13:15–14:15	**Module 6**: Packaging an unconscious patient
14:15–14:30	**Module 7**: Caring for a patient while in transport
14:30–14:45	*Coffee break*
14:45–16:15	**Module 8**: Review scenarios
16:15–16:30	**Module 9**: Summary and closing

1.2: Introductions

Lecture and discussion:

- ❑ Welcome to the class.
- ❑ Instructor and learners introduce themselves, including sharing their name, previous first aid training, and type of work that they do.

1.3: Housekeeping

Lecture and discussion:

- ❑ About the facilities:
  - o Entrances and exits
  - o Parking
  - o Classroom
  - o Washrooms
  - o Eating and smoking areas
- ❑ Emergency evacuation procedures for the facility
- ❑ Cell phone and device distractions

1.4: Course outline

Lecture and discussion:

- ❑ General flow of the course:
  - o Modules 1–3 will review patient management up to the point of packaging them for transport.
  - o Modules 4–7 will teach the skills necessary to safely package and care for both conscious and unconscious patients during transport.
  - o Modules 8–9 will provide an opportunity to practise and summarize the material learned.
- ❑ The day will have 7 hours of instruction, two 15-minute coffee breaks, and one 30-minute lunch.

1.5: Expectations and course completion requirements

Lecture and discussion:

- ❑ This program uses ongoing evaluation throughout the day, which means that you are evaluated during each module as you perform the various skills in the course. The standard used to make a certification decision is embedded in each module in this training guide. Each module includes step-by-step instructions. These are the performance standards you will be required to meet in order to be issued a Transportation Endorsement certificate.

- By the end of the course, you should be able to demonstrate these skills, without help from the instructor or your classmates.
- Our goal is to help you develop effective skills and an understanding of essential concepts.
- This requires that you be present for, and fully participate in, 100% of this course. This means arriving before the start of class, returning from breaks in a timely fashion, and not being absent from the room for extended periods of time. It also means being attentive during lectures and actively participating as the attendant, patient, and helper during all practical sessions.
- You will be given ample time to practise new skills and ask clarifying questions as needed.

1.6: Injury prevention

Safety and personal protection:

- This course is physically demanding. You will have to kneel for long periods of time, move others who are pretending to be patients, and perform various manual tasks. Knee pads and closed-toe footwear are recommended.
- If you have physical concerns that could limit your participation in any activity, talk to the instructor, who will try to make accommodations for you.

Accommodation

If you require accommodation, it is important to explain the following:

• Why do you require accommodation?

• How should the instructor accommodate you?

• How long is accommodation necessary?

Accommodation for all learners and conditions is not always possible in occupational first aid classes. You are required to function as attendant, helper, and patient. Depending on the level and length of the course, these physical demands can become rigorous.

Accommodation may be made if you indicate that you have difficulty with some of the above-mentioned activities. It may be possible to excuse you from being a patient in some practice sessions. You may be permitted to adopt a “comfort” position on the floor to avoid kneeling or stooping for prolonged periods, even though those positions may not facilitate optimum patient care if performed that way in the field.

Regardless of accommodation made during the class, you will be required to demonstrate specific skills according to the standards laid out in this training guide before certification is granted. It is essential for the instructor to understand and document any accommodation provided.

Module 2

The role of the first aid attendant, the priority action approach, and principles of transportation

2. The role of the first aid attendant, the priority action approach, and principles of transportation

2.1 Module introduction

2.2 The role of the first aid attendant (FAA), the priority action approach (PAA), and principles of transportation

2.1: Module introduction

Goal of Module 2

To discuss how the content of the Transportation Endorsement course integrates into the existing skill set of OFA attendants.

Delivery format

Lecture and discussion

2.2: The role of the FAA, the PAA, and principles of transportation

Lecture and discussion:

- ❑ British Columbia is a diverse province, with workers found on job sites ranging from remote locations to large urban centres. The Occupational First Aid Program provides a wide variety of training to ensure appropriate first aid is available on all job sites whenever first aid services are required by legislation. The different levels of occupational first aid training include the following:
    - o Occupational first aid Level 1:
        - ▪ Required on worksites where basic first aid certification (a Level 1 attendant) is required by the Occupational Health and Safety Regulation.
    - o Occupational first aid Level 2:

        - Required on worksites where intermediate first aid certification (a Level 2 attendant) is required by the Regulation.
    - Occupational first aid Level 3:
        - Required on worksites where advanced first aid certification (a Level 3 attendant) is required by the Regulation.

- ❑ For the purposes of first aid, a hospital is defined as one of the following:
    - A hospital within the meaning of the *Hospital Act*
    - A diagnostic and treatment centre that has a resuscitation area and a physician immediately available
- ❑ Occasionally, OFA attendants may find themselves working at a workplace where the employer's first aid service includes worker transportation requirements. When this occurs, they must be able to not only care for an injured worker on scene but also to be able to extract and/or transport the worker directly to a place of medical treatment if and when needed.
- ❑ In order to confidently transport an injured worker to a place of medical treatment, an OFA attendant must know how to do the following:
    - Pre-plan for effective transportation (i.e., familiarity with equipment, training co-workers to assist as needed, knowing who will drive the emergency transport vehicle (ETV) if the employer is required to have an ETV, having meeting points mapped out if the attendant will be intercepting with BC Emergency Health Services (BCEHS), having tools to communicate with the next levels of care, etc.).
    - Provide life-saving care to injured workers (learned in your previous OFA training).

- Determine the best mode of transportation for an ill or injured worker (spinal motion restriction for a conscious trauma patient, three-quarter prone packaging for an unconscious non-trauma or medical patient, positioning for the type of private aircraft or marine craft used to transport workers, etc.).
- Package an injured or ill worker for transport.
- Monitor and provide care for an injured or ill worker during transport.
- Communicate with the next level of care (which could be an OFA Level 3 attendant or industrial paramedic from another part of the job site, BCEHS resources, staff at the hospital, etc.).
- Transfer the injured worker to the next level of care.

❑ All occupational first aid attendants, regardless of certification level, follow a similar approach to the management of an injured worker. This is called the priority action approach (PAA). The PAA includes the following:

- Scene assessment (hazards, mechanism of injury (MOI), number of injured)
- Primary survey with critical interventions (the ABCs)
- Transportation decision (return to work, referral to a place of medical treatment, or rapid transportation to the nearest hospital emergency department)
- Secondary survey (vital signs, history, head to toe)

❑ Occupational first aid Level 1 attendants learn about the first few steps of this approach, while OFA Level 2 and OFA Level 3 attendants learn about all four stages. This course will focus on the third step, transportation.

To get started today, we are going to begin by reviewing the priority action approach skills from your previous training.

Module 3

Practical session — The priority action approach

3. Practical session — The priority action approach

3.1 Module introduction

3.2 Managing a conscious trauma patient

3.3 Managing an unconscious trauma patient

3.4 Managing a conscious trauma patient with a major laceration

3.1: Module introduction

Goal of Module 3

To review the priority action approach, specifically the scene assessment and the primary survey with critical interventions, before learning about transportation procedures.

Delivery format

This module consists of one hour of practical time on the floor, designed to review basic patient assessment and critical intervention skills. You will work in groups of three for this review session. You will require gloves and an OFA Level 1 first aid kit when practising.

3.2: Managing a conscious trauma patient

Step	Assessment	Response
1	Perform a scene assessment (gloves on): • Identify hazards. • What happened? • How many injured?	No danger 2-metre fall off a ladder One
2	Approach the worker from the line of sight, with a first aid kit and blanket. Identify yourself as you attempt to talk to the worker and assess the level of consciousness.	The worker fell off a ladder. The worker is talking and is obviously conscious.
3	Activate the worksite emergency response procedures. Instruct the co-worker calling the ambulance to say there is a responsive adult who has fallen 2 metres off a ladder and to report back.	The worker is in great pain and is unable to get up. In rural worksites this may be a company ETV.

4	Tell the worker not to move and with your elbows on the ground or thighs, stabilize the head and neck by placing your hands on either side of the head, and hold the head still in the position found.	Worker allows the attendant to support the head.
5	Hand off the support of the head to a co-worker by giving clear directions.	
6	Perform a primary survey: • Ensure the worker has a clear airway and is breathing by speaking to the worker. • Assess circulation by looking for obvious signs of shock on the worker's skin (cool, pale, and clammy skin). • Conduct a rapid body survey to check for massive bleeding and obvious fractures.	The worker is speaking and the breathing appears normal. The skin is normal in colour and is warm and dry to the touch. The worker is complaining of lower back pain and there is deformity at the right knee with minimal bleeding on the knee.
7	Direct another co-worker to stabilize and support the injured worker's right leg in the position found.	If there are no other co-workers available, use any available materials to prevent movement and support the injured leg.
8	Cover the worker with a blanket.	
9	Ensure the transportation mode has been activated and ask for a time of arrival.	The company ETV will be there in two minutes, and the BCEHS has been informed or updated.

10	Continue to monitor the worker and reassess the ABCs every five minutes.	

3.3: Managing an unconscious trauma patient

Step	Assessment	Response
1	Perform a scene assessment (gloves on): • Identify hazards. • What happened? • How many injured?	No danger The worker fell through an uncovered opening in the floor of a construction site. One
2	Approach the worker from the line of sight, with a first aid kit and blanket. Identify yourself as you attempt to talk to the worker and assess the level of consciousness. Apply a pain stimulus to the worker's finger.	The worker's eyes are closed and the worker does not respond to your voice. There is still no response.
3	Activate the worksite emergency response procedures. Instruct the co-worker calling the ambulance to say there is an unresponsive adult with a head injury and to report back.	In rural worksites this may be a company ETV.
4	Perform a primary survey: • From the side of the worker, open the airway using a head-tilt, chin-lift while keeping the head in line with the body.	

	• Look, listen, and feel for 5–10 seconds to assess the worker's breathing. • Direct a co-worker to kneel opposite you and maintain the head-tilt, chin-lift. • Assess circulation by looking for obvious signs of shock on the worker's skin (cool, pale, and clammy skin). • Conduct a rapid body survey to check for massive bleeding and obvious fractures.	Air is moving in and out quietly and you see the chest rising and falling normally. A helper is available. The worker's skin is normal, warm, and dry. No injuries are found.
5	Place the worker in the three-quarter prone (recovery) position.	Ensure the worker is still moving air quietly and breathing once positioned.
6	Cover the worker with a blanket.	
7	Ensure the transportation mode has been activated and ask for a time of arrival.	The company ETV will be there in two minutes, and the BCEHS has been informed or updated.
8	Continue to monitor the worker and reassess the ABCs every five minutes.	

3.4: Managing a conscious trauma patient with a major laceration

Step	Assessment	Response
1	Perform a scene assessment (gloves on): • Identify hazards.	No danger

	• What happened? • How many injured?	2-metre fall off a ladder, lacerating the right thigh on a piece of metal while landing One
2	Approach the worker from the line of sight, with a first aid kit and blanket. Identify yourself as you talk to the worker and assess the level of consciousness.	The worker fell off a ladder. The worker is talking and is obviously conscious. **Massive bleeding is seen on approach.**
3	Activate the worksite emergency response procedures. Instruct the co-worker calling the ambulance to say there is a responsive adult who has fallen 2 metres and has a major bleed from a leg wound.	In rural worksites this may be a company ETV.
4	Tell the worker not to move and with your elbows on your thighs or the ground, stabilize the head and neck by placing your hands on either side of the head, and hold the head still in the position found.	Worker allows the attendant to support the head and appears to be breathing normally.
5	Hand off the support of the head to a co-worker by giving clear directions.	
6	Because the worker is talking and breathing normally, go straight to controlling the bleed: • Ensure you are wearing gloves and goggles. • Expose the wound. • Apply pinpoint direct pressure with bulky dressings.	The patient has a 4-inch gaping laceration on the right thigh. Blood spurts from the wound when exposed. The dressings soak through and the wound continues to

	• Apply additional dressings and attempt pinpoint direct pressure again. • Direct a helper to put on gloves and maintain pressure on the dressings. Apply a tourniquet above the wound to stop the bleeding and note the time it was applied.	bleed. The dressings soak through and the wound continues to bleed — a tourniquet is necessary. The bleeding slows and stops with the application of the tourniquet.
7	Perform a primary survey: • Ensure the worker has a clear airway and is breathing by speaking to them. • Assess circulation by looking for obvious signs of shock on the worker's skin (cool, pale, and clammy skin). Conduct a rapid body survey to check for massive bleeding and obvious fractures.	The worker is speaking and the breathing appears normal. The skin is cold, pale, and clammy to the touch. No other injuries are found.
8	Direct another co-worker to stabilize and support the injured worker's right leg.	If there are no other co-workers available, use any available materials to prevent movement and support the injured leg.
9	Bandage the wound.	Use a loop tie or elastic Velcro bandage. Bandage must be tight enough to control bleeding and must cover all dressings — do not cover the tourniquet.

10	Cover the worker with a blanket.	
11	Ensure the transportation mode has been activated and ask for a time of arrival.	The company ETV will be there in two minutes and the BCEHS has been informed or updated.
12	Continue to monitor the worker and reassess their ABCs every five minutes, including reassessing the bandage for re-bleeding.	You may have to tighten the tourniquet if it bleeds through the bandages.

Module 4

Practical session — Packaging a conscious patient who requires spinal motion restriction

4. Practical session — Packaging a conscious patient who requires spinal motion restriction (SMR)

4.1 Module introduction

4.2 Prone to supine spinal roll

4.3 Sitting to supine positioning

4.4 Packaging a conscious patient requiring SMR using a rigid hard collar and a scoop stretcher

4.5 Packaging a conscious patient requiring SMR using a rigid hard collar and a long spine board

4.1: Module introduction

Goal of Module 4

To introduce spinal motion restriction techniques that are used to package conscious trauma patients (based on the mechanism of injury).

Delivery format

This module consists of 2 hours and 25 minutes of practical time, plus a 15-minute coffee break (2 hours and 40 minutes in total).

- ❑ Sitting to supine positioning
- ❑ Packaging a conscious patient requiring SMR using a rigid hard collar and a scoop stretcher
- ❑ Packaging a conscious patient requiring SMR using a rigid hard collar and a long spine board

You will require gloves, and each group of three requires an OFA Level 1 first aid kit, one rigid hard collar, one scoop stretcher, one spine board, and assorted padding material (i.e., blankets) to assist with spinal motion restriction.

4.2: Prone to supine spinal roll

The goal of the skill
Move a patient from prone to supine with spinal motion restriction.
The scenario
A bricklayer was building a wall when a large piece of lumber fell from above and struck her in the head and chest. She fell to the ground and is lying prone on the ground when you arrive. You complete a scene assessment and can see she is responsive. Her airway is clear, but she's having difficulty breathing. You decide that she needs help, but you can't help her in the position found. With a helper, you move her into the supine position.
The skill
1. Kneel at the top of the patient's head.
2. Grasp the patient's trapezius muscle on the side of the head closest to the ground.
3. Assess airway: a. Place your other hand on the patient's head and face so your hands are opposite one another. b. Use your fingers to support the head. c. Lean forward and assess the patient's airway.
4. Firmly control the patient's head and neck with your forearm and hand. Support your arms on your flexed knees or the ground if possible.
5. While you continue to support the patient's head and neck, tell the helper to: a. Firmly grasp the patient's shoulder, and waist or belt. If other helpers are available, have them support the patient's legs and/or injured areas. Do not turn the patient's head and neck during the roll. b. Pull the patient toward the helpers when you give the go ahead. c. Roll the patient as a unit to the lateral position.
6. Tell the helper to use the hand that was on the patient's hip or waist to:

a. Grasp the patient's cheekbones. b. Brace the helper's forearm and elbow against the patient's chest at the midline.
7. Tell the helper to use the other hand, which was on the patient's shoulder, to: a. Grasp the patient's lower skull. b. Brace the helper's forearm against the patient's back at the midline.
9. After the helper has manually stabilized the head and neck, the attendant should: a. Release the patient's head. b. Check the patient's airway for debris and air movement. c. Perform a finger sweep and/or suction if necessary. d. Change your hand position so that you can reposition the patient supine.
10. If the patient must remain lateral, maintain manual stabilization. Otherwise, continue with the next steps.
11. Complete the roll to supine: a. Grasp the trapezius muscle on the downward side of the patient's head. b. Place your other hand over the patient's ear with your elbows supported.
12. Tell the helper to: a. Put the helper's hands back on the patient's shoulder and waist and hold, while you support the patient's head and neck.
13. Coordinate the roll from lateral to supine so you and your helper are moving the patient at the same rate. This enables you to maintain the original position of the head and neck when completing the roll to supine. You should finish the roll with your thumbs in the up position.

14. Realign the patient's head and neck:

    a. Tell the patient what you are going to do. Ask the patient to tell you if there is any pain, or the onset of any numbness or tingling during the move.

    b. If no pain, neurological deficits, or resistance is detected, realign the patient's head to the anatomical and neutral position.

       With an unresponsive patient, because opening and maintaining the airway is the priority, after realignment of the head, do a head-tilt, chin-lift and check for air movement. If no air movement is felt or heard, or agonal breathing is seen, the attendant should begin CPR without delay.

15. If possible, train a helper to take over manually stabilizing the head and neck.

    "Hands over mine, fingers and thumbs where mine are, elbows braced. Don't move while I reposition myself. Let me know if you have to move so I can help."

4.3: Sitting to supine positioning

The goal of the skill
Guide a patient from standing or sitting to supine with spinal motion restriction.
The scenario
A driver slipped on ice when getting out of his truck in the shipping bay. His head struck the floor on impact. When you arrive, he's standing, leaning on the truck, and holding his head. You can see that the driver is unsteady on his feet. He's in pain and has a large lump on his head. You're concerned that he may collapse and you would prefer having him supine with C-spine control while you continue the assessment. You can see he is not fully alert. He has an open airway, is breathing normally, and his skin looks normal. You know he has a head injury.
Demonstrate the skill, verbalizing each step
1. Approach the patient from the front. Tell the patient to continue

looking straight ahead.
2. If the patient is standing, ask the patient to keep the head and neck as still as possible while sitting down. Ask the patient to move slowly and carefully to a sitting position. The patient may need support to do this.
3. Once seated, ask the patient to continue keeping the head and neck as still as possible. Move to the patient's side.
4. Instruct a helper to kneel beside the patient on the opposite side of you to help support the patient's weight as the patient lies back.
5. Instruct the patient to lie back. Explain that you and the helper will provide support as the patient does so.
6. While assisting the patient into the supine position, gently help the patient maintain the head in position. Move your hands so that the patient will not be lying on your hands once supine.
7. Once the patient is supine, move around to the C-spine position at the top of the patient's head and carefully realign the patient if possible. Maintain manual stabilization until the patient is packaged for transport or the need for spinal motion restriction is ruled out.
8. If possible, train the helper to manually stabilize the patient's head and neck. "Hands over mine, fingers and thumbs where mine are, elbows braced. Don't move while I reposition myself. Let me know if you have to move so I can help." If there is no help available to maintain manual stabilization of the patient's head and neck, you may have to improvise using readily available materials to maintain head support until help arrives. You should also ask the patient not to move the head and neck while you move around.

4.4: Packaging a conscious patient requiring SMR using a rigid hard collar and a scoop stretcher

Step	Assessment	Response
1	Perform a scene assessment (gloves on): • Identify hazards. • What happened? • How many injured?	No danger 5-metre fall while bucking trees One
2	Approach the worker from the line of sight, with a first aid kit and blanket. Identify yourself as you attempt to talk to the worker and assess the level of consciousness.	The worker is talking and is obviously conscious, complaining of lower back pain.
3	Activate the worksite emergency response procedures. Instruct the co-worker calling the ambulance to say there is a responsive adult who has fallen 5 metres off a ladder and to report back.	The worker is in great pain and is unable to get up. In rural worksites this may be a company ETV.
4	Tell the worker not to move and with your elbows on the ground, stabilize the head and neck by placing your hands on either side of the head, and hold the head still in the position found.	Worker allows the attendant to support the head.
5	Hand off the support of the head to a co-worker by giving	

	clear directions.	
6	Perform a primary survey: • Ensure the worker has a clear airway and is breathing by speaking to the worker. • Assess circulation by looking for obvious signs of shock on the worker's skin (cool, pale, and clammy skin). • Conduct a rapid body survey to check for massive bleeding and obvious fractures.	The worker is speaking and the breathing appears normal. The skin is normal in colour and is warm and dry to the touch. The worker is complaining of severe lower back pain.
7	Cover the worker with a blanket.	
8	Continue to monitor the worker and reassess the ABCs every five minutes.	
9	Apply a rigid hard collar: • Ensure the head is neutral and anatomical. • Ensure the shoulders are relaxed (not hunched). • Quickly examine the neck and shoulder area for swelling or wounds (applying a hard collar may not be appropriate). • Using your fingers, measure the key dimension: the distance between the top of the patient's trapezius and the bottom of the patient's chin. • Select a hard collar with a	

	neck size that matches this measurement. • Assemble and pre-form the collar as required. • Slide the back portion of the collar with the looped (fuzzy) part of the Velcro strap behind the patient's neck. • Position the front of the collar underneath the patient's chin by scooping the collar chin piece upward under the chin. • Ensure the patient's chin is in the centre of the collar's chin piece and the patient's chin covers the central fastener (if there is one). • Hold the collar in place and gently tighten from the back to secure it. • Assess to ensure correct positioning and fit.	
10	Position the worker on a scoop stretcher and secure the worker in place: • Before using a scoop-style stretcher, it may be necessary to place a rolled blanket between the patient's legs and secure the legs together. • Size the stretcher by placing it beside the worker and adjusting the length to make it slightly longer than the worker. • Disassemble the	

	stretcher by depressing the locking pins at the top and bottom and pulling laterally. • Position the scoop stretcher underneath the worker, one side at a time; may require slightly rolling the patient to position the scoop. • Reassemble the scoop stretcher by locking the pins at the top and bottom. • Secure the worker to the scoop stretcher with the straps (chest first, then hips, legs and head last).	
11	Use safe lifting techniques to position the worker into the basket stretcher.	

4.5: Packaging a conscious patient requiring SMR using a rigid hard collar and a long spine board

Step	Assessment	Response
1	Perform a scene assessment (gloves on): • Identify hazards. • What happened? • How many injured?	No danger 5-metre fall while bucking trees One
2	Approach the worker from the line of sight, with a first aid kit and blanket.	

	Identify yourself as you attempt to talk to the worker and assess the level of consciousness.	This worker is talking and is obviously conscious, complaining of lower back pain.
3	Activate the worksite emergency response procedures. Instruct the co-worker calling the ambulance to say there is a responsive adult who has fallen 5 metres off a ladder and to report back.	The worker is in great pain and is unable to get up. In rural worksites this may be a company ETV.
4	Tell the worker not to move and with your elbows on the ground, stabilize the head and neck by placing your hands on either side of the head, and hold the head still in the position found.	Worker allows the attendant to support the head.
5	Hand off the support of the head to a co-worker by giving clear directions.	
6	Perform a primary survey: • Ensure the worker has a clear airway and is breathing by speaking to the worker. • Assess circulation by looking for obvious signs of shock on the worker's skin (cool, pale, and clammy skin). • Conduct a rapid body survey to check for massive bleeding and obvious fractures.	The worker is speaking and the breathing appears normal. The skin is normal in colour and is warm and dry to the touch. The worker is complaining of severe lower back pain.
7	Cover the worker with a blanket.	
8	Continue to monitor the worker and reassess the ABCs every five minutes.	

9	Apple a rigid hard collar: • Ensure the head is neutral and anatomical. • Ensure the shoulders are relaxed (not hunched). • Quickly examine the neck and shoulder area for swelling or wounds (applying a hard collar may not be appropriate). • Using your fingers, measure the key dimension: the distance between the top of the patient's trapezius and the bottom of the patient's chin. • Select a hard collar with a neck size that matches this measurement. • Assemble and pre-form the collar as required. • Slide the back portion of the collar with the looped (fuzzy) part of the Velcro strap behind the patient's neck. • Position the front of the collar underneath the patient's chin by scooping the collar chin piece upward under the chin. • Ensure the patient's chin is in the centre of the collar's chin piece and the patient's chin covers the central fastener (if there is one). • Hold the collar in place and gently tighten from the	

	back to secure it. • Assess to ensure correct positioning and fit.	
10	Position the worker on a long spine board and secure the worker in place: • Position the long spine board beside the worker, one side at a time. • Take control of the worker's head with a modified trap squeeze and direct your helper(s) to the side of the worker opposite the board. • On the count of three log roll the worker to the lateral position. • Check the worker's back for deformities and blood, and any back pockets for wallets and keys. • Roll the worker supine onto the spine board; reposition as required to ensure the worker is properly centred on the board. • Hand off C-spine control to a helper. • Position padding as required to support the worker's position on the board. • Secure the worker's body to the board (chest first, then hips, then legs) Secure the worker's head to the board last.	

11	With help, lift the worker into the basket stretcher and secure the worker for transport.	

Module 5

Demonstration and discussion — Packaging a conscious patient who does not require spinal motion restriction

5. Demonstration and discussion — Packaging a conscious patient who does not require spinal motion restriction

5.1 Module introduction

5.2 Packaging a conscious patient for transport who does not require SMR

5.1: Module introduction

Goal of Module 5

To introduce techniques used to package conscious patients when there are no spinal concerns and to discuss what to do if the patient's condition changes.

Delivery format

This module consists of a 15-minute instructor-led demonstration and discussion on the best practices for packaging a non-trauma conscious patient in the position of comfort.

The scenario demonstrated consists of performing the priority action approach on a worker who develops chest pain while working.

5.2: Packaging a conscious patient for transport who does not require SMR

Step	Assessment	Response
1	Perform a scene assessment (gloves on): • Identify hazards. • What happened? • How many injured?	No danger A worker developed chest pain while working in a remote area. One
2	Approach the worker from the line of sight, with a first aid kit and blanket. Identify yourself as you attempt to talk to the worker and assess the level of consciousness.	The worker is having chest pain. The worker is talking and is obviously conscious.

3	Activate the worksite emergency response procedures. Instruct the co-worker calling the ambulance to say that you have a worker who is experiencing chest pain.	In rural worksites this may be a company ETV.
4	Perform a primary survey: • Ensure the worker has a clear airway and is breathing by speaking to the worker. • Assess circulation by looking for obvious signs of shock on the worker's skin (cool, pale, and clammy skin). • Conduct a rapid body survey to check for massive and obvious fractures.	The worker is speaking and the breathing appears normal. The worker's skin is cold, pale, and clammy to the touch. The worker describes pain underneath the sternum.
5	Cover the worker with a blanket.	
6	If available, workers with suspected heart attacks can be offered two 80 mg chewable ASA or one regular adult strength 325 mg ASA tablet to chew and swallow (**it must be ASA, not acetaminophen or ibuprofen**). Ensure the worker does not have an allergy to ASA first.	
7	Continue to monitor the worker and reassess the ABCs every five minutes.	
8	Prepare a basket stretcher with	

	a firm, rigid bottom and ample padding to avoid pressure sores. There should also be padding for the head so the worker can be semi-sitting or lying down in the position of comfort.	
9	Either assist the patient carefully into the basket stretcher, or use the scoop stretcher (if necessary) to move the worker into the basket stretcher, and then remove the scoop stretcher from underneath the worker.	
10	Secure the worker into the basket stretcher.	
11	Load the basket stretcher and ETV.	
12	Continue to monitor the worker and reassess the ABCs every five minutes.	

THE PATIENT BECOMES UNRESPONSIVE		
13	Repeat the primary survey: • Assess consciousness. • From the side of the worker, open the airway using a head-tilt, chin-lift while keeping the head in line with the body. • Look, listen and feel for 5–10 seconds to assess the worker's breathing. • Begin 30:2 CPR. • Direct driver to pull over when safe to do so, to update BCEHS on the change in worker's condition and on the new location, and to come into the back of the ETV to assist with CPR and AED use (if available).	No response to voice or pain. The worker is not breathing normally. Push hard, push fast.

Module 6

Practical session — Packaging an unconscious patient

6.1: Module introduction

Goal of Module 6

To introduce techniques used to safely package unconscious patients.

Delivery format

This module consists of one hour of practical time on the floor, designed to review patient packaging techniques for transporting unconscious patients. You will require gloves and an OFA Level 1 first aid kit, one scoop stretcher, and assorted blankets to provide padding.

6.2: Packaging an unconscious patient for transport

Step	Assessment	Response
1	Perform a scene assessment (gloves on): • Identify hazards. • What happened? • How many injured?	No danger The worker is a known diabetic who collapsed on the floor at work. One
2	Approach the worker from the line of sight, with a first aid kit and blanket. Identify yourself as you attempt to talk to the worker and assess the level of consciousness. Apply a pain stimulus to the finger.	The worker's eyes are closed and the worker does not respond to your voice. There is still no response.
3	Activate the worksite emergency response procedures.	In rural worksites this may be a company ETV.

	Instruct the co-worker calling the ambulance to say that there is an unconscious diabetic who requires medical aid.	
4	Perform a primary survey: • From the side of the worker, open the airway using a head-tilt, chin-lift while keeping the head in line with the body. • Look, listen, and feel for 5–10 seconds to assess the worker's breathing. • Direct a co-worker to kneel opposite you and maintain the head-tilt, chin-lift. • Assess circulation by looking for obvious signs of shock on the worker's skin (cool, pale, and clammy skin). • Conduct a rapid body survey to check for massive bleeding and obvious fractures.	Air is moving in and out quietly and you see the chest rising and falling. The worker's skin is normal, warm, and dry. No injuries are found.
5	Place the patient in the recovery position (three-quarter prone).	Ensure the worker is still moving air quietly and breathing once positioned.
6	Cover the worker with a blanket.	
7	Continue to monitor the worker and reassess the ABCs every five minutes.	
8	Paying careful attention to the worker's ABCs throughout the process, have helpers assist with the roll (two small rolls, one from each side) to position	

	each half of the scoop stretcher under the worker and lock it together.	
9	Use blankets as necessary to ensure the worker is supported in the three-quarter prone position.	
10	Strap the worker to the scoop stretcher in a manner that ensures the worker remains three-quarter prone and does not compromise breathing.	
11	Load the basket stretcher and ETV.	

Module 7

Caring for a patient while in transport

7. Caring for a patient while in transport

7.1 Module introduction

7.2 Caring for a patient while in transport

7.1: Module introduction

Goal of Module 7

To learn the knowledge required to provide high-quality, ongoing care during the transport of an injured worker.

Delivery format

This module consists of a 15-minute lecture and discussion.

7.2: Caring for a patient while in transport

Lecture and discussion:

- ❑ Once you have loaded the patient into the back of the emergency transport vehicle, there are several things that should be done immediately:
  - o Reassess the injured worker's ABCs to ensure nothing critical has changed while loading into the ETV.
  - o Ensure the stretcher is secured properly in place.
  - o Organize all equipment required for the ongoing assessment and care of the injured worker so that it is within easy reach. This prevents the attendant from having to get up or move around during transport.
  - o Ensure the driver understands where they are going (e.g., meeting the site OFA Level 3 attendant or BCEHS at a specific location, driving all the way to medical aid, etc.).
  - o Prepare to give notification to the next level of care.
- ❑ To give a proper phone or radio notification to the next level of care, the attendant must be prepared to state:

- Who you are
- The worker's age and gender
- The mechanism of injury
- What has been found during the primary survey
- What was done during the primary survey
- Any other pertinent information
- The estimated time of arrival (ETA) to medical aid

❑ A sample phone call might sound like the following:

- *"This is Tom, the first aid attendant at Cyprus Mills. We are en route to you with a 42-year-old male who fell 24 feet out of a tree and landed head first on the ground. The worker is conscious and is complaining of neck pain at this time. We have applied spinal motion restriction to the worker and should arrive at your facility in about 30 minutes."*

❑ While en route, ongoing care of the injured worker should include:

- OFA Level 1 and OFA Level 2 attendants:
  - Reassess the worker's ABCs every five minutes.
- OFA Level 2 attendants:
  - Complete the secondary survey (vital signs, history, head to toe).

❑ If the worker deteriorates while en route:

- Resist the urge to drive faster. The worker will not do well if the ETV is involved in an accident while en route, and attendants cannot work properly in the back if they are being jostled around.

- If the worker goes unconscious and stops breathing normally:
  - Assume they are in cardiac arrest.
  - Instruct the driver to pull over as soon as it is 100% safe to do so and come in the back to assist. This may feel counterproductive, but CPR chest compressions and attendant safety are severely compromised in the back of a moving vehicle.
  - Immediately apply an AED, if available.
  - Start CPR (30:2).
  - Have the driver call medical aid and update them about the change in the worker's condition. Ensure BCEHS knows your exact location. GPS coordinates may be needed.

❑ When you meet with the next level of care (OFA Level 3 attendant, industrial paramedic, BCEHS, hospital staff, etc.):

- Provide an accurate hand-off report.
- Assist with transferring the injured worker to the stretcher or hospital bed as requested.
- NOTE: Higher levels of care have more in-depth education and training regarding packaging patients using spinal motion restriction techniques than you do, and there may be times where they remove the SMR that you have applied. If this is the case it does not mean that your treatment was incorrect at all, but that their higher level of education provided them with the tools to determine that it was not required while the injured worker was under their care (the NEXUS rule, used by OFA Level 3 attendants, BCEHS staff, and hospital personnel).

❑ After the call:

- Clean all equipment appropriately.
- Complete any documentation required (e.g., the first aid record).
- Look after your personal health (i.e., watch for signs of

critical incident stress, know who you can talk to if you find it developing, etc.).

Module 8

Practical session — Review scenarios

8. Practical session — Review scenarios

8.1 Module introduction

8.2 Review scenarios

8.1: Module introduction

Goal of Module 8

To provide an opportunity to synthesize all of the content learned throughout the course.

Delivery format

This module consists of 90 minutes of practical time on the floor, where you will practise scenarios to reinforce all of the key concepts learned during the course.

Each of the practice scenarios will include the following steps:

- ❑ Scene assessment
- ❑ Primary survey (with critical interventions as necessary)
- ❑ Patient packaging for transport
- ❑ Hospital notification
- ❑ Appropriate ongoing care

There are 15 minutes allotted to each scenario. You will require gloves and an OFA Level 1 first aid kit and appropriate packaging materials.

8.2: Review scenarios

SCENARIO 1:

Key competencies practised: Priority action approach, spinal motion restriction, bleeding control

Scene assessment:

❑ Hazards	*None*
❑ What happened?	*15-foot fall from a shed roof*
❑ How many injured?	*One*

Primary survey:

❑ LOC	*Conscious and screaming*
❑ Call 911 or activate Workplace emergency response procedure	*Direct helper to call*
❑ C-spine control	*Apply C-spine, hand off*
❑ Assess airway	*Worker is talking*
❑ Assess breathing	*No obvious distress*
❑ Assess circulation	*Skin is cool, pale, clammy*
❑ Rapid body survey	*4-inch laceration on right leg* *Bleeding controlled with direct pressure*
❑ Bandage wound	
❑ Cover the worker with a blanket	

Transport:

- ❑ Apply collar
- ❑ Position on device (clamshell or spine board)
- ❑ Secure to device (body first, head last)
- ❑ Verbalize loading into basket stretcher and ETV
- ❑ Notify hospital

SCENARIO 2:

Key competencies practised: Priority action approach, spinal motion restriction, sitting to supine positioning

Scene assessment:

- ❑ Hazards — *None*
- ❑ What happened? — *Fall onto concrete blocks*
- ❑ How many injured? — *One*

Primary survey:

- ❑ LOC — *Conscious, sitting up*
- ❑ Call 911 or activate WERP — *Direct helper to call*
- ❑ C-spine control — *Apply SMR, lay supine, hand off to helper*
- ❑ Assess airway — *Worker is talking*
- ❑ Assess breathing — *No obvious distress*
- ❑ Assess circulation — *Skin is cool, pale, clammy*
- ❑ Rapid body survey — *Abdominal pain with bruising and tenderness*
- ❑ Cover the worker with a blanket

Transport:

- ❑ Apply collar
- ❑ Position on device (clamshell or spine board)
- ❑ Secure to device (body first, head last)
- ❑ Verbalize loading into basket stretcher and ETV
- ❑ Notify hospital

SCENARIO 3:

Key competencies practised: Priority action approach, spinal motion restriction, prone to supine positioning

Scene assessment:

❑ Hazards	*None*
❑ What happened?	*Struck by vehicle at high speed*
❑ How many injured?	*One*

Primary survey:

❑ LOC	*Conscious, prone*
❑ Call 911 or activate WERP	*Direct helper to call*
❑ C-spine control	*Apply C-spine,* ***roll supine****, hand off to helper*
❑ Assess airway	*Worker is talking*
❑ Assess breathing	*No obvious distress*
❑ Assess circulation	*Skin is normal, warm, dry*
❑ Rapid body survey	*Numbness and tingling in both legs*
❑ Cover the worker with a blanket	

Transport:

- ❑ Apply collar
- ❑ Position on device (clamshell or spine board)
- ❑ Secure to device (body first, head last)
- ❑ Verbalize loading into basket stretcher and ETV
- ❑ Notify hospital

SCENARIO 4:

Key competencies practised: priority action approach, airway management, three-quarter prone positioning

Scene assessment:

- ❑ Hazards — *None*
- ❑ What happened? — *Hit on the head by falling debris*
- ❑ How many injured? — *One*

Primary survey:

- ❑ LOC — *No response, eyes closed*
- ❑ Call 911 or activate WERP — *Direct helper to call*
- ❑ Airway and breathing:
  - o Head-tilt, chin-lift
  - o Look, listen, feel for 5–10 seconds — *Normal breathing noted*
  - o Hand off to a helper
- ❑ Assess circulation — *Skin is normal, warm, dry*
- ❑ Rapid body survey — *Small amount of blood on top of head (no ongoing bleeding)*
- ❑ Position worker three-quarter prone
- ❑ Cover the worker with a blanket

Transport:

- ❑ Position on device (clamshell or spine board)
- ❑ Secure to device
- ❑ Verbalize loading into basket stretcher and ETV
- ❑ Notify hospital

SCENARIO 5:

Key competencies practised: Priority action approach, airway management, three-quarter prone positioning

Scene assessment:

- ❑ Hazards — *None*
- ❑ What happened? — *Seizure, no trauma*
- ❑ How many injured? — *One*

Primary survey:

- ❑ LOC — *No response, eyes closed*
- ❑ Call 911 and activate WERP — *Direct helper to call*
- ❑ Airway and breathing:
  - o Head-tilt, chin-lift
  - o Look, listen, feel for 5–10 seconds — *Normal breathing noted*
  - o Hand off to a helper
- ❑ Assess circulation — *Skin is normal, warm, sweaty*
- ❑ Rapid body survey — *Worker has urinary incontinence*
- ❑ Position worker three-quarter prone
- ❑ Cover the worker with a blanket

Transport:

- ❑ Position on device (clamshell or spine board)
- ❑ Secure to device
- ❑ Verbalize loading into basket stretcher and ETV
- ❑ Notify hospital

SCENARIO 6:

Key competencies practised: Priority action approach, packaging of a conscious non-trauma patient, CPR

Scene assessment:

❑ Hazards	*None*
❑ What happened?	*Onset of chest pain while working*
❑ How many injured?	*One*

First primary survey:

❑ LOC	*Conscious, lying supine*
❑ Call 911 or activate WERP	*Direct helper to call*
❑ C-spine control	*No trauma, not required*
❑ Assess airway	*Worker is talking*
❑ Assess breathing	*No obvious distress*
❑ Assess circulation	*Skin is cool, pale, dry*
❑ Rapid body survey	*Worker complains of chest pain, has had one previous heart attack*

- ❑ Cover the worker with a blanket
- ❑ If available, workers with suspected heart attacks can be offered two 80 mg chewable ASA or one regular adult strength 325 mg ASA tablet to chew and swallow (**it must be ASA, not acetaminophen or ibuprofen**). Ensure the worker does not have an allergy to ASA first.

Transport:

- ❑ Position on device in position of comfort (clamshell or spine board)
- ❑ Secure to device
- ❑ Verbalize loading into basket stretcher and ETV
- ❑ Notify hospital

En route to hospital (**after you have done notification**):

- ❑ Worker goes unconscious
- ❑ Remove padding, lay supine, repeat primary survey:
- ❑ Reassess LOC *No response, eyes closed*
- ❑ Airway and breathing:
  - o Head-tilt, chin-lift
  - o Look, listen, feel for 5–10 seconds *No breathing noted*
- ❑ Start 30:2 CPR
  - o ***Classroom safety note: Do not perform chest compressions or ventilate the "patient" for real — simulation only***
- ❑ Direct driver to pull over when safe to do so, to update 911 on the change in worker's condition and on the new location, and to come into the back of the ETV to assist with CPR and use AED (if available)

Module 9

Summary and closing

9.1: Module introduction

Goal of Module 9

To summarize all learning activities from the day, ensure that there are no outstanding questions, provide the successful learners with their certificates, complete course evaluations, and ensure that all cleaning is done as needed.

Delivery format

This module consists of a 15-minute lecture and discussion.

9.2: Summary and closing

Lecture and discussion:

- ❑ Review the content learned in this course.
- ❑ Are there any questions?
- ❑ Receive certificates, course evaluations.
- ❑ Thank you!