

First Aid and Medical Treatment Procedure

January 2023

IPS★ITCS provides a First Aid Kit on all office premises, and as standard equipment of field services assignments. It is there for employee's use in the treatment of minor scratches, burns, headaches, nausea, etc. All employees shall know the location of the First Aid Kit and shall notify their supervisor if they need to use the First Aid Kit. All supervisors are required to be Standard First Aid and CPR/AED trained by the American Red Cross. CPR/AED is valid for 1 year and Standard First Aid is valid for 3 years. Every IPS★ITCS job site will have a trained Supervisor on site. Provisions for medical services will be established for each specific job site prior to work beginning.

If an employee has a work-related injury or illnesses that requires professional medical assistance, they shall notify their supervisor and let him/her know before they receive this assistance. If they fail to notify their supervisor, they may be ineligible for Worker's Compensation, benefits to pay for doctor's bills, and/or lost wages.

The HSEQT Manager shall inspect First Aid Kits before the kits are sent out to each job, and on a weekly basis to ensure that they are filled and complete. Kits shall consist of appropriate items and stored in a weatherproof container with individual sealed packages of each type of item as per ANSI Standard Z308.1 – 1998 or Appendix A of 29 CFR 1910.151. It is the responsibility of the company HSEQT Manager to ensure that the minimum required contents stated below are available and a copy of Attachment ***HSE.FOR.Emergency Phone Numbers.2022*** be on each job location and displayed in a manner that all employees are aware of the information.

Basic Fill Contents for Type I, II and III Kits	
Item & Minimum Size or Volume	Minimum Quantity
Absorbent Compress, 32 sq. inch (No side smaller than 4 inch)	1
Adhesive bandages, 1 x 3 inch	16
Adhesive tape, 5 yd.	1
Antiseptic, .5g application	10
Burn Treatment, .5g application	6
Medical exam gloves	2 pair
Sterile pad, 3 x 3 inch	4
Triangular bandage, 40 x 40 x 56 inch	1

A. First Aid Procedures and Instructions

In all cases requiring emergency medical treatment, immediately call, or have a co-worker call, to request emergency medical assistance.

Minor First Aid Treatment

First aid kits are stored in the Life Support Unit. If an employee sustains an injury or are involved in an accident requiring minor first aid treatment, they shall:

- Inform their supervisor.
- Administer first aid treatment to the injury or wound.
- If a first aid kit is used, indicate usage on the accident investigation report.
- Access to a first aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

Non-Emergency Medical Treatment

For non-emergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If an employee sustains an injury requiring treatment other than first aid, they shall:

- Inform their supervisor.
- Proceed to the posted medical facility. The supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

Eye Wash Stations/Safety Showers shall be used in the event an employee accidentally spills or splashes injurious chemicals or liquids on their clothing or body. Employees shall notify their supervisor if they use the Eye Wash Station/Safety Shower.

Emergency Medical Treatment

If an employee sustains a severe injury requiring emergency treatment:

Call for help and seek assistance from a co-worker.

Use the emergency telephone numbers and instructions posted next to the telephone in your work area to request assistance and transportation to the local hospital emergency room.

Provide details for the completion of the accident investigation report.

First Aid Training

Each employee will receive training and instructions from his or her supervisor on the following Company first aid procedures.

First Aid Procedures

WOUNDS:

Minor: Cuts, lacerations, abrasions, or punctures-

Wash the wound using soap and water; rinse it well.

Cover the wound using clean dressing.

Major: Large, deep and bleeding

Stop the bleeding by pressing directly on the wound, using a bandage or cloth.

Keep pressure on the wound until medical help arrives.

BROKEN BONES:

Do not move the victim unless it is absolutely necessary.

If the victim must be moved, "splint" the injured area. Use a board, cardboard, or rolled newspaper as a splint.

BURNS:

Thermal (Heat)

Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water.

Blot dry the area and cover it using sterile gauze or a clean cloth.

CHEMICAL:

Flush the exposed area with cool water immediately for 15 to 20 minutes.

EYE INJURY:

Small particles

Do not rub your eyes.

Use the corner of a soft, clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles

If a particle is stuck in the eye, do not attempt to remove it.

Cover both eyes with bandage.

Chemical

Immediately irrigate the eyes and under the eyelids, with water, for 30 minutes.

NECK AND SPINE INJURY:

If the victim appears to have injured his or her neck or spine or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

HEAT EXHAUSTION:

Loosen the victim's tight clothing.

Give the victim "sips" of cool water.

Make the victim lie down in a cooler place with the feet raised.

CPR (Cardio-Pulmonary Resuscitation)

Alternative names: Rescue breathing, chest compressions - for adults; resuscitation, cardiopulmonary - for adults

Definition: CPR is a combination of rescue breathing (which provides oxygen to the victim's lungs) and chest compressions (which keep the victim's heart circulating oxygenated blood).

Considerations: CPR can be lifesaving, but it is best performed by those who have been trained in a CPR course. The procedures described here are not a substitute for CPR training.

Time is very important when dealing with an unconscious who is not breathing. Death can occur in 8 to 10 minutes and brain death begins after 4 to 6 minutes without oxygen.

Causes: Cardiopulmonary arrest is a combination of 2 life-threatening conditions: absence of breathing and no heartbeat.

Symptoms:

- **No Breathing**
- **No pulse**
- **Unconsciousness**

DO NOT give chest compressions if there is a heartbeat; doing so may cause the heart to stop beating.

DO NOT move the victim's head or neck to check for breathing if a spinal injury is suspected.

Call immediately for emergency medical assistance if:

you are not alone, have one person call the local emergency number while another person begins CPR. If you are alone, shout for help and administer CPR.

FIRST AID:

1. Check for consciousness. Shake or tap the victim gently. See if the victim moves or makes a noise. Shout, "Are you OK?"
2. If there is no response, shout for help.
3. Position the victim on his or her back on a hard surface, keeping the back in a straight line, supporting the head and neck. Unfasten the victim's clothing if necessary to gain access to the victim's chest.
4. Kneel next to the victim's chin. Tilt the head back and lift the jaw forward to move the tongue away from the windpipe. If a spinal injury suspected, pull the jaw forward without moving the head or neck. Don't let the victim's mouth close.
5. Place your ear close to the victim's mouth and watch for chest movement. For 5 seconds, look, listen, and feel for breathing.
6. If the victim is not breathing, begin rescue breathing. Maintain the head position, close the victim's nostrils by pinching them with your thumb and index finger, and cover the victim's mouth tightly with your mouth. Give 2 slow, full breaths, with a pause in between.
7. If the chest does not rise, reposition the head and give 2 more breaths. If the chest still doesn't rise, the victim's airway is blocked. Follow instructions for choking

Chocking Symptoms:

- unconscious
- lack of breathing
- inability to move air into the lungs with mouth-to-mouth resuscitation

DO NOT:

- DO NOT try to grasp an object that is lodged in the victim's throat. This might push it farther down the airway. If the object is visible in the mouth, it may be removed.
- DO NOT begin the chest compressions of CPR (if heartbeat has stopped) until the airway is cleared.

FIRST AID:

1. Roll the victim onto their back on a hard surface, keeping their back in a straight line, firmly supporting their head and neck. Expose the victim's chest.
2. Open the victim's mouth with your thumb and index finger, placing your thumb over his tongue and your index finger under his chin. If the object is visible and loose, remove it.
3. Lift the victim's chin while tilting the head back to move the tongue away from the windpipe. If a spinal injury is suspected, pull the jaw forward without moving the head or neck. Don't let the mouth close.
4. If the victim is not breathing, begin rescue breathing. Maintain the head position, close the victim's nostrils by pinching them with your thumb and index finger, and cover the victim's mouth tightly with your mouth. Give 2 slow, full breaths, with a pause in between.
5. If the victim's chest does not rise, reposition the head and give 2 more breaths.
6. If the victim's chest still doesn't rise, begin abdominal thrusts, as follows. Kneel at the victim's feet or astride the thighs (or to the side if the victim is obese or pregnant). Place the heel of your hand in the middle of the abdomen just above the navel, well below the tip of their breastbone. (If the victim is obese or pregnant, place the heel of your hand in the middle of the victim's breastbone. Do not place your hand on the ribs or on the tip of the breastbone.) Place your other hand on top of the first hand.
7. Give 6 to 10 quick thrusts compressing the victim's chest about 2 inches, pressing your hands inward and upward. Do not press to either side. Each thrust is a separate attempt to clear the victim's airway by forcing air out through the windpipe.
8. Open the victim's mouth with your thumb and index finger. If the object is visible and loose, remove it. Observe the victim's breathing. If the infant stops breathing, begin CPR.
9. If the object is not dislodged, give 2 breaths, 6 to 10 abdominal thrusts, and then check for the object. Repeat this sequence until the object is dislodged, or help arrives.

8. If the victim's chest does rise, place 2 fingers on the victim's Adam's apple. Slide your fingers into the groove between the Adam's apple and the muscle on the side of their neck to feel for a pulse for 5 to 10 seconds.
9. If the victim has a pulse, give 1 breath every 5 seconds. Check the pulse after every 12 breaths.
10. Be sure the local emergency number has been called. Have someone else make the call if possible. Continue giving breaths and checking the pulse.
11. If the victim has no pulse, begin chest compressions. Maintain the head position and place the heel of your hand 2 finger-widths above the lowest notch of the victim's breastbone (where the lower edge of the ribcage meets in the middle). Place the heel of your other hand directly over the heel of the first hand. Interlock your fingers; don't let them touch the victim's chest. Lock your elbows straight. Lean your shoulders over your hands, and firmly press down about 2 inches into the victim's chest. Repeat the compressions 15 times. Give the compressions in a smooth, rhythmic manner, keeping your hands on the victim's chest. Don't rock back and forth - push straight down. Don't pause between compressions.
12. Give the victim 2 breaths, followed by 30 chest compressions. Repeat this sequence 4 times. Count aloud as you pump in a regular rhythm. You should pump at a rate of about 80 to 100 times a minute. Count 1 and 2 and 3 and 4 and...15 and (breathe, breathe).
13. Recheck the victim's pulse for 5 to 10 seconds.
14. Repeat steps 12 and 13 until the victim's pulse resumes or help arrives. If the pulse resumes, go to step 9.
15. Once pulse and respiration resume, roll the person onto his side taking care to move the body as a whole unit. This is called the recovery position, but it should not be used if you suspect there might be a neck or spinal injury. Stay by the person until help arrives.

Prevention:

Be prepared and use good judgment.

CPR for an Adult

1

Check the person and the person's ABCs (Airway, Breathing, Circulation).

If the person is unresponsive and not breathing normally, call EMS/9-1-1 and get an AED or have someone else do this.



2

Place both of your hands on the centre of the person's chest.

Do 30 chest compressions: Push deeply and steadily.



3

Open the airway by tilting the head back and lifting the chin.

Place your barrier device over the person's mouth and nose.

Give 2 breaths.



4

Repeat cycles of 30 chest compressions and 2 breaths.

Continue CPR until an AED arrives or more advanced care takes over.



The information in this poster does not replace formal First Aid & CPR training.

Contact us to find a Red Cross First Aid course in your area and download our free First Aid app:

myrc.redcross.ca | 1.877.356.3226 | redcross.ca/apps



Revision History

Rev	Rev Date	Rev By	Approved By	Description
1.0	1.3.2022	Shayne Torrans	Shayne Torrans	Initial Procedure Document
1.1	12.20.2022	Shayne Torrans	Shayne Torrans	Format Revision

Approvals:

Procedure Owner

Print Name

Date

Signature

Competency Assessment

No.	Questionnaire	C/NYC
Q1		
A1		
Q2		
A2		
Q3		
A3		
Q4		
A4		
Q5		
A5		

Enclosed Attachments	
Risk Assessment	<input checked="" type="checkbox"/>
Environmental Aspect and Impact	<input checked="" type="checkbox"/>
Training and Competency	<input checked="" type="checkbox"/>
Measure and Evaluation Tools	<input checked="" type="checkbox"/>

Competency Checklist

To be filled out by Trainer and signed by Employee, Assessor and Supervisor before being returned to the HSEQT Manager for recording purposes.

Procedure	Competency	Date	Competent YES / NO	Employee Signature

(Please tick appropriate box)

This employee is competent in performing the job.

This employee has not attained the competency level.

*

* *If the employee has not attained all competency levels, the General Manager must assess the action to be taken, provide an extension of training or alternative action as listed below.*

Alternate action to be taken: _____

Signed By	Employee:	_____	Date:	_____
	Trainer:	_____	Date:	_____
	Assessor:	_____	Date:	_____
	Regional Manager:	_____	Date:	_____

Environmental Aspects and Impacts

Identified Environmental Aspects and Impacts

The following table is a summary of the likely environmental aspects and impacts that may be identified during site inspections. The significance of each impact needs to be assessed using the Risk Assessment Model.

Activity	Aspect	Impact
Purchasing & Administrative Work	Consumption of goods	Conservation of natural resources
	Consumption of energy (eg. Electrical equipment and facilities)	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Habitat loss
	Generation of waste (eg. Paper)	Consumption of space for waste disposal; Habitat loss
Climate Control	Consumption of energy	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Habitat loss
	Generation of noise	Disturbance to community; Habitat loss
Cleaning of – offices / vehicles	Storage, use and release of chemicals	Contamination of air, water or soil; Risk to human health
Transport (Fleet vehicles / staff travel)	Consumption of energy	Release of greenhouse gases and atmospheric pollution; Consumption of natural resources; Loss of habitat at all stages of generation; Light pollution
	Consumption of goods (eg. Oil)	Consumption of natural resources; Generation of waste; Habitat loss; Biodiversity impacts
	Generation of waste (eg. Oil)	Consumption of space for waste disposal; Potential contamination of water or soil; Habitat loss
	Exhaust emission	Release of greenhouse gases and atmospheric pollution
	Use of dangerous goods (eg. Batteries)	Potential contamination of air, water or soil; Risk to human health
	Generation of noise	Disturbance to community; Habitat degradation
Operations		

Risk Assessment

Risk Assessment // insert name here

Step No: Logical sequence	Sequence of Basic Job Steps documented in the Procedure, Work Instruction and project plans. Break down Job into steps. Each step should be logical and accomplish a major task.	Potential Safety & Environmental Hazards/Impacts at the site of the Job Identify the actual and potential health and safety hazards and the environmental impacts associated with each step of the job.	Risk Rating Refer to the risk matrix or HSEQT.PRO. Risk Mgt	Recommended Corrective Action or Procedure <i>Determine the corrective actions necessary to reduce the risk to as low as reasonably practical (ALARP) refer to HSEQ.PRO.Risk Mgt. The risk must be reduced or controlled to ALARP before work commences.</i> Document who is responsible for implementing the controls to manage each hazard identified.	Risk Rating refer to the risk matrix or HSEQT.PRO.Risk Mgt
1.					
2.					
3.					
4.					
5.					

Audit

Process: insert// Procedure: Insert //			Date:	Audited by:
			Location of Audit:	Area Mgr/Supervisor:
Item	Question	Evidence Sited	Comments	Conformance Score 0,3,5
1.				
2.				
3.				
4.				
5.				
6.				
7.				
AUDITOR'S SIGNATURE: SAFETY REP'S SIGNATURE:		CONFORMANCE SCORE: / 25 CONFORMANCE %:		0 – Non-Conformance 3 – Continuous Improvement Opportunity 5 – Total Conformance