

Employee Training

All employees must receive training in emergency response on or before their first day of work with the company. Additionally, as plans change, all affected employees must be briefed on the changes.

Additional Training for First Aiders

- All first aid attendants are required to complete training in addition to their formal first aid course. This training can be found in the *First Aid Refresher – Basic Training Briefing*.
- First aiders are asked to notify the company if they see that their formal first aid certificates are going to expire within the next six months.

Be Prepared for Medical Emergencies

Commonplaceness

1. **Insufficient or inaccurate plan information**
A constant effort must be made to ensure content is up to date
2. **Lack of Identified response resources** Know availability (Know your neighbors) and limitation include in the plan. Inaccurate or lack of resources limits ability to respond.
3. **Lack of Assigned Leadership.** Identify emergency manager and assign leadership in the plan.
4. **Ineffective response procedures.** Response procedures need to be tested exercised and evaluated for efficiency.
5. **Communication Failures** The plan must be present and up to date, communication with camp is key to ensure they are on board
6. **Misplaced focus** Scenario specific response with properly tested steps must be sited in the plan
7. **Unprepared staff.** Key staff must be identified and trained on their role and responsibilities before and incident occurs

- Know the location of emergency response equipment and facilities (In back seat of truck. In the office)
- Know who the first aid attendants are and how to reach them.
- If a first aid kit is used for **anything**, notify the first aid attendant so they can replace the missing or used components.



Allergies and Medical Conditions

- If you know you are allergic to bee or wasp stings tell your Supervisor, co-workers and First Aid Attendant. Carry an Epi-Pen in your day bag.
- Report any conditions (Diabetes, Epilepsy etc) or medications that may affect treatment in the event of an injury.

You could inform your Supervisor privately, but the more people that are aware of your condition the quicker the response time will be.

Medical Response Plan

Stay Calm assess the situation and Get Help with the biggest problem

- If you, and/or a co-worker get injured, stay calm and get assistance immediately.
- If the injury is minor, you may be able to call for first aid attendant help and make your way to a first aid attendant.
- If the injury is serious, get help to come to you. Do not move the injured or ill person.

Calling a First Aid attendant

- Use 3 blasts of a whistle or truck horn every 3 seconds is to signal for a first aid attendant.
- Everyone should stop working and proceed to the signal and wait for instructions from the first aid attendant.
- Any instruction given by the first aid attendant pertaining to an injury overrides all supervisory staff.

Calling Emergency Services

- Call 9-1-1. Where service is unavailable, use the radio, with posted frequencies and emergency numbers. **Satellite call hospital direct do not call 911**
- Tell the dispatcher "I need an ambulance (or helicopter)".
- Identify **your company name NGR LTD** and state the emergency location nearest town or coordinates and contact phone number.
- Explain the nature of the emergency (e.g. A person has stopped breathing and their heart has stopped).
- **Send somebody to meet the ambulance at the identified rendezvous point. They should know the exact location of the victim and the shortest route to where the emergency happened.**
- Escort the attendants to the scene of the incident.



Radio Communications

- If using radio communications during an emergency, request that the radio be "cleared" so that a clear line of communication can be maintained. Do not use patient/victim names on the air.
- Speak calmly and clearly at all times.
- Never hang up on 911

Helicopter Medical Evacuation

Decision to Air Ambulance

Any of the following patient conditions would indicate the need for a quick evacuation:

- Altered level of consciousness
- Difficult breathing
- Cardiac (heart) condition
- Serious head injury
- Upper leg fractures
- Severe bleeding (cannot stop) – will lead to an increase level of shock.
- Suspected internal bleeding (bruising, swelling and tenderness are indicators).
- Severe burns, shock, trauma, hypothermia
- H2S exposure
- Poisoning
- Anaphylactic Shock – allergic reaction to an outside factor (bee sting, food, etc)

The local Ambulance Service will make any decision about a Helicopter Evacuation. In order for the decision to be made, accurate and appropriate information must be relayed to the operator.

- Distance to injured person.
- Road availability and conditions.
- Suitability of weather for flight.
- Number of daylight hours remaining

Preparation for Arrival

Prepare for the arrival of the air ambulance by finding or making clearing large enough for the helicopter to land.

- Flat and free of debris.
- 30 metre or greater opening.
- Clear flight path in and out.
- Secure all loose objects



Secure the injured person on a spine board with his or her right side down.

Monitor the radio for the arrival of the helicopter.

Know radio frequency to communicate with pilot



Signaling a Helicopter

Many treeplanting contracts require the use of helicopters to deliver workers and seedlings. Although the chopper can be in your area all day, it is surprisingly difficult to signal a helicopter when you are in need of emergency assistance.

Controls

In the event of an emergency, if there is a helicopter in the area (and you don't have access to a radio), turn your silvicool tarp upside-down and spread it out. The reflective surface can catch a pilot's eye alerting him or her to your emergency. Most helicopter pilots recognize this as standard emergency procedure at a tree planting



In Case of Fatality

- If the incident is an obvious fatality, immediately contact:

R.C.M.P.	9-1-1
WorkSafeBC	1-866-922-4357
Alberta WCB	1-866-922-9221

- Do not disturb the scene. Take initial photographs if possible.
- Do not use radios or telephone messages to relay the names of the affected person(s) or the details of the incident.
- Statements to the press or other outside parties are to be made only by company Managers or their designates.

WorkSafe Reporting AB/BC

Basic Reporting Requirements

All injuries resulting in lost time or a visit to a physician need to be reported to supervisor, first aid attendant and NGR LTD need s to know for WorkSafe AB/ BC

- Refer to Injury management workbook

Serious Incident Reporting

NGR LTD Supervisory Staff and workers must immediately report the following types of incidents to WorkSafe AB/BC's .

- Any incident that kills, causes risk of death, or seriously injures a worker
- Any blasting incident that results in injury, or unusual event involving explosives
- A diving incident that causes death, injury, or decompression sickness requiring treatment
- A major leak or release of a dangerous substance
- A major structural failure or collapse of a structure, equipment, construction support system, or excavation
- Any serious mishap

WorkSafeBC	1-866-922-4357
Alberta WCB	1-866-922-9221

Basic First Aid

First aid is the immediate care given to a potentially seriously injured person. The purpose of this section is to provide an overview of first aid steps to take in case of emergency.

This does not replace formal first aid training.

General First Aid Rules

In an emergency, use emergency scene management:

- **Take charge.**
- Call for help.
- Assess the hazards and make the area safe.
- Find out what happened.
- Identify yourself and offer to help.
- If head or spinal injuries are suspected, support the head and neck.
- Assess patient responsiveness.
- Send or go for medical help.



**Only provide first aid care
to your level of training.**

Choking

Conscious

If the choking person can speak, breathe or cough - stand by and encourage coughing. If a conscious person cannot speak, breathe or cough:

- Stand behind the person and find the top of the hip bones with your hands.
- Place a fist midline against the abdomen.
- Grasp your fist with your other hand and press inward and upward forcefully.
- Continue until object is expelled or the person becomes unconscious.



Unconscious

If the person becomes unconscious, ease him or her to the ground and send for medical help.

- Open the mouth and look for obstruction ie tongue teeth food .
- Open the airway and check breathing. If not breathing, give two breaths. If air does not go in the first time, check for and clear obstructions, reposition the head and try again.
- Do not begin CPR until airway is established.
- Begin CPR. Get AED Give 30 compressions 30: 2 ratio.
- Continue until help arrives.

Basic First Aid

Artificial Respiration

Airway

- Open the patient's airway – push back on the forehead and lift the chin.

Breathing

- Check for breathing. If the patient is not breathing, pinch nose and make a tight seal over the mouth (use a pocket mask when available). Give two slow breaths.
- If patient's chest does not rise, readjust airway and try breaths again. If chest still does not rise, assume the airway is blocked and attempt to clear the airway.



A = Airway
B = Breathing
C = Circulation

Circulation

- Check for signs of circulation: skin colour, pulse, movement, coughing, etc. Take no more than 10 seconds! If there are no signs of circulation, or if you are not sure, begin CPR.
- If there are signs of circulation but breathing is not effective, continue artificial respiration, giving one breath every 5 seconds.

Cardiopulmonary Resuscitation (CPR)

- Make sure the patient is on a firm and flat surface.
- **Place hands in the centre of the chest**
- Place the heel of your other hand on the breastbone above the fingers.
- Position shoulders directly over hands and keep your elbows locked.
- Compress firmly 30 times then give 2 breaths.
- Continue cycles of 30 compressions and 2 breaths until help arrives.

Bleeding

External Bleeding

External bleeding is usually associated with wounds caused by cutting, perforating or tearing the skin. Serious wounds involve damage to blood vessels.

- Immediately apply direct pressure to the wound over a pad of dressings.
- Elevate the injured part.
- Keep the patient lying down.

Internal Bleeding

Internal bleeding is always to be considered as a very serious matter, and urgent medical aid is necessary. Avoid rough handling

Unconsciousness

- Get medical help.
- Make certain the patient is breathing and then place the patient in the recovery position.
- Check they are still breathing after positioning them
- **Keep them warm reassure**
- Monitor frequently until professional help arrives.



If you have to leave unconscious casualty alone put them in

Recovery Position



Medical Emergency Response Plan and Basic First Aid

Reviewed By Cathy Newhook

Page 6 of 6
Creation Date
February 1, 2007
Revision Date
Nov 19, 2015