



First Responders

WOULD YOU TRUST YOUR LIFE TO A COWORKER?

By Heather Hudson

If you suffered a heart attack or concussion at work, would your colleagues know how to help you?

If you work in Canada, the answer is probably not a resounding yes.

According to a recent Nielsen Consumer Insights survey commissioned by the Canadian Red Cross, most Canadian employees don't feel confident in their ability to help with serious medical emergencies, including:

- Heart attack or cardiac emergency (50 per cent)
- Anaphylaxis shock/severe allergic reaction (48 per cent)
- Concussion (47 per cent)
- Stroke (42 per cent)
- Psychotic episode (33 per cent)

That's because most workers don't receive first aid training. While standards vary among industries and provinces, the

Canadian Occupational Health and Safety Regulations require that, in an office setting, the ratio of basic first aid-certified employees to total employee number is 1:6 to 100-plus.

Compare that to the European model, in which everyone who has a driver's license must also have a first aid certificate.

As national director of first aid programs for the Canadian Red Cross,

health & safety



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– DON MARENTETTE, CANADIAN RED CROSS

Don Marentette wants to see all adult Canadians trained in first aid.

“Canada is known for its safe workplaces globally, but we have an opportunity as a country to do better,” he said. “We can’t see a reason why everyone in the workplace can’t have some experience or training with first aid.”

The Canadian Red Cross is stepping up its efforts to advocate for every employee

in every workplace across the country to be trained in basic first aid and CPR.

It won’t be easy. Challenges like cost and access to high-quality training is a factor, as are regulations that vary by province, industry and workplace. However, Marentette says the cost of not providing first aid training could prove fatal.

“We know that one of the biggest barriers to act is people are afraid to do the

wrong thing or hurt someone,” he said. “We’ve done studies with the University of Manchester in the UK and Canada observing people’s behaviours in the first aid classroom.

“[Participants] are 28 per cent more likely to act in an emergency situation after having first aid training that is relatable to them. Three months later, they were 12 per cent more willing to act in an

Changes to First Aid Training

If you're thinking about refreshing your workplace's first aid training, now is a good time. In February 2016, the Canadian Guidelines Consensus Task Force, which includes organizations like the Heart and Stroke Foundation, St. John Ambulance and the Canadian Red Cross, released new guidelines on first aid and CPR.

The new guidelines reflect the task force's collaborative discussion and interpretation of the new science and best practice recommendations as they relate to first aid and resuscitation training.

Some of the changes include:

- Instead of cleaning a cut with soap and water, skip the soap and rinse the wound for five minutes with clean, running tap water instead. Several studies demonstrated possible toxicity to cells when exposed directly to soap and water.
- Adults experiencing chest pain should chew one adult or two low-dose aspirins while waiting for emergency medical assistance to arrive (unless they have an allergy or bleeding disorder).
- In the case of severe allergic reaction, first aid providers should help administer a second dose of epinephrine if there are no signs of improvement after the first dose. Some studies have shown that it is most effective to administer the second dose within 5-10 minutes of the first if symptoms have not stopped progressing.
- When someone experiences a blow to the head, she should stop activity immediately, whether sport-related or in the workplace, and seek medical aid (even if there aren't signs of a concussion).
- The routine use of cervical collars is no longer recommended as they can cause complications and discomfort for the injured person. Instead, in suspected cervical spine injury, the new guidelines recommend manually supporting the head in position, limiting angular movement, until more advanced care arrives.
- If an adult is experiencing hypoglycemia (low blood sugar, usually as a diabetic), he needs glucose tablets, which provide the needed 15 to 20 grams of sugars or carbohydrates that raise blood glucose levels. If glucose tablets aren't available, other dietary sugars are recommended, including (in order of preference):
 - Glucose candy (Mentos)
 - Sucrose candy (Skittles)
 - Jelly beans
 - Orange juice
 - Fructose (fruit leather)
 - Whole milk

If symptoms persist after 10 minutes, another dose can be administered.

emergency situation. We're using data like this to shape the way we teach first aid."

The Canadian Red Cross advocates for an injury prevention culture in the workplace by working with management and HR in companies to teach them what they need to create a safe space.

In order to better reach all workplaces and employees, they are transitioning to a learner-centered method of delivering training.

"We want facilitators to adapt the content [of first aid training] to the audience's needs. If you have a workplace with a high hazard for slips and falls, the training should focus on that. It's a massive shift for us," said Marentette.

GETTING THE TRAINING

HR professionals can have a role to play in ensuring their workplaces get the right training for their particular environment. Marentette suggests initiating brainstorming as a team, floor or organization about

the kinds of hazards and health risks that are likely to affect your workplace. From there, you could request first aid training from certified professionals that focuses on those risks, as well as other basics, such as CPR.

The Canadian Red Cross and other certified first aid training organizations offer train-the-trainer workshops to make it more cost-effective and convenient for appointed workplace officials to train their colleagues, so that everyone takes on the responsibility.

"It can be as simple as pointing out that someone's shoes are untied, or recognizing wet spots on the floor that could be slippery. Identifying hazard areas is a huge part of reducing injuries and shouldn't just be done by management," said Marentette.

Ideally, first aid skills should be refreshed and practiced quarterly or at least a couple times a year, says Marentette.

Though the most common workplace hazards vary by industry, Marentette

says that slips and falls are number one in most workplaces, followed by sprains and strains and cuts and scrapes.

It's critical that every employee has basic first aid training, knows where the first aid kit is (including what's in it and how to use it) and can spot and do something about hazards in the workplace.

Marentette says the contents of the 36 approved first aid kits in the country will vary, but each kit should contain:

- CPR mask
- Gauze
- Non-latex examining gloves
- Self-adhesive bandages
- Triangular bandages (cravat)

"At the end of the day, regular conversations about first aid and engaging everyone in safety is what's most important. If we can get people to be okay to talk about safety and first aid as part of everyday life, we're pretty convinced it will help prevent injuries," said Marentette. ■