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WHAT WERE THE CHANGES

In 2017, WSBC made changes to the OFA training and certification programs.

- 1. OFA 2 examinations conducted within 5 days or 35 hours of allotted class time and examinations can be conducted by instructor of record.**
- 2. First aid kit contents (share a few of the changes?):**
 - Re-introduced tourniquets and zap straps: it was taken out previously because it was believed that it causes tissue damage, significant to lose a limb. New research has found that it is effective and are being taught at all levels. Same with zap straps.
 - Took out the use of oral airways to align with the nationally recognized first aid programs. An OFA 2 equates to a standard first aid and the procedure is to perform a head tilt chin lift than to use an oral airway.
- 3. First aid assessments:**
 - Omission of the WSBC assigned hazard rating list.
 - Omission of the guideline on how to perform hazard rating adjustments.
 - Are to reflect the need for oxygen therapy based on need.

WHY IT WAS CHANGED

- 1. To harmonize the OFA program(s) with other nationally recognized first aid training programs and align with CSA Standard.**

Historically, BC's first aid training had varied from other provinces (e.g. oxygen was considered to be an advanced treatment and was taught in OFA 3). Now, with the new program changes first aid attendant's certifications are transferable.

CSA Z1210-17 First Aid Training for the Workplace - Curriculum and Quality Management for Training Agencies

- 2. New scientific research supports the program changes.**

Liberal use of oxygen is no longer supported in the scientific community. Overuse was found to cause a lot of damages to an individual. To provide oxygen, the first aid attendant is to use the pulse oximeter to monitor oxygen saturation levels to determine whether oxygen is needed.

- *"Mortality and morbidity in acutely ill adults treated with liberal versus conservative oxygen therapy (IOTA): a systematic review and meta-analysis"* -> this article's findings support the

conservative administration of oxygen therapy, as results indicate that in acutely ill adults, liberal oxygen therapy increases mortality without improving other outcomes. Supplemental oxygen might be unfavourable above SpO₂ range of 94-96%.

<https://www.sciencedirect.com/science/article/pii/S0140673618304793>

- International Liaison Committee on Resuscitation (ILCOR) – a forum containing worldwide resuscitation organizations
- 2016 Canadian Consensus Guideline on First Aid and CPR, supported by Canadian Red Cross, Heart & Stroke Foundation, St. John Ambulance, Canadian Ski Patrol, Lifesaving Society
https://www.redcross.ca/crc/documents/Canadian-Consensus-Guidelines-document-Feb-2016_EN_Final.pdf

Overall, changes were impacted by:

- 2015 ILCOR (International Liaison Committee on Resuscitation) recommendations
- 2015 Canadian Resuscitation and First Aid Guidelines
- 2015 Canadian Guidelines Consensus Task Force Guidelines
- Current WorkSafeBC medical direction
- Alignment with national advanced-level first aid programs
- Alignment with CSA Z1210 – Workplace First Aid
- Stakeholder (agency and instructor) feedback

WHAT MUNICIPALITIES HAVE DONE SO FAR

WSBC Recommendations:

- If your organization would like to provide oxygen therapy training, you will need to identify the need in the first aid assessment (to reduce the legal risk for going against the regulatory changes).
 - WSBC recommended situations when oxygen therapy should be used:
 - Partial airway obstruction
 - Lower cervical and upper thoracic spinal cord injury
 - Management of injuries in the pregnant patient
 - Early signs of tetanus
 - Smoke inhalation injury
 - Non-fatal drowning patients
 - Diving and similar pressurized working environment accidents
 - Inhaled poison management
- To train first aid attendants in oxygen therapy, the option is to either:
 - Register an employee in oxygen training (if there is a first aid provider that offers the training)
 - Design a “train the trainer” model in-house
- Ask members to provide a synopsis of what they have done so far/

FUTURE PLANS

Plan to schedule a guest speaker for clarify on specific points (via meeting/webinar). Points of interest:

1. Train the trainer criteria
2. When to phase over to new equipment