

WorkSafeBC

Transportation Endorsement

Participant Guide

Module 1

Introduction

- 1.1 Prerequisites for transportation endorsement certification
- 1.2 Course schedule
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1.1 Prerequisites for transportation endorsement certification

To qualify for a transportation endorsement, learners must have current basic or intermediate first aid (or equivalent) certification and must successfully complete this transportation endorsement course (or an equivalent course).

A transportation endorsement is valid for three years. It must be accompanied by current basic or intermediate first aid (or equivalent) certification.

Renewing a transportation endorsement certification

To renew a transportation endorsement certification, learners must successfully retake this or an equivalent course.

1.2 Course schedule

Time	Activities
08:30–08:40	Module 1: Introduction
08:40–08:50	Module 2: First aid attendant role, the priority action approach, and principles of transportation
08:50–09:50	Module 3: Practical session — priority action approach
09:50–12:30	Module 4: Practical session — packaging a conscious patient who requires spinal motion restriction (SMR) Note: Lessons will include a morning break.
12:30–13:00	Lunch
13:00–13:15	Module 5: Demonstration and discussion — packaging a conscious patient who does not require SMR
13:15–14:15	Module 6: Practical session — packaging an unconscious patient
14:15–14:30	Module 7: Caring for a patient while in transport
14:30–14:45	Afternoon break

Time	Activities
14:45–16:15	Module 8: Practical session — review scenarios
16:15–16:30	Module 9: Course summary

1.3 Introductions

Lecture and discussion

- Welcome
- Instructor and learner introductions: name, previous first aid training, and type of work done

1.4 Housekeeping

Lecture and discussion

About the facilities:

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

1.5 Course outline

Lecture and discussion

This course is divided into the following nine modules:

- Modules 1–3 review patient management up to the point of packaging for transport.
- Modules 4–7 teach skills for safely packaging and caring for conscious and unconscious patients during transport.

- Modules 8–9 guide learners through skills practice and summarize the course materials.

This course includes seven hours of instruction, two 15-minute breaks, and a 30-minute lunch break.

1.6 Expectations and course 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 to be issued a transportation endorsement certificate.

You must be able to demonstrate the skills learned in this course without help from your instructor or classmates to receive certification. Your instructor will use the transportation endorsement course skills checklist to evaluate how you perform the skills taught in each module.

You will have ample time to practise new skills and to ask questions as needed.

1.7 Injury prevention

Safety and personal protection

This course is physically demanding. You must be able to kneel for long periods of time, to move “patients” (i.e., other learners), and to perform manual tasks. Knee pads and closed-toe footwear are recommended.

If you have physical concerns that might limit your participation in an activity, talk to the instructor about making an accommodation for you.

1.8 Accommodation for physical concerns

Accommodation is possible in many, but not all, situations in an occupational first aid class. Depending on the first aid level taught and the duration of a course, physical demands on learners can be rigorous. You must be able to function as attendant, helper, and patient in practice sessions.

If you need to be accommodated for an activity, provide the following information to your instructor:

- Reason for the requested accommodation
- Description of how you prefer to be accommodated
- Duration of time needed for the accommodation

Your instructor will consider the information and document all granted accommodations. For example, you might be excused from acting as a patient in some practice sessions, or you might be permitted to sit in a more comfortable attendant position on the floor to avoid kneeling or stooping for prolonged periods (even if that position isn't optimum for patient care in the field).

Regardless of accommodations made during a course, you will be required to demonstrate specific skills in order to receive a transportation endorsement.

Module 2

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

2.1 Module introduction

2.2 First aid attendant role, the priority action approach, 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 first aid attendants.

Delivery format

Lecture and discussion

2.2 The role of the first aid attendant, the priority action approach, 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 Health and Safety Regulation specifies the minimum levels of first aid — including levels of first aid attendants — employers are required to provide at the workplace to ensure workers can receive appropriate and timely treatment if they are injured. Attendant requirements are based on various characteristics of the workplace, including number of workers, level of hazards present, and the travel time from the workplace to an ambulance. The different levels of first aid training are as follows.

Basic

- Introduction to basic first aid concepts and basic life support — 7 hours of training.
- For worksites where basic first aid certification (a basic attendant) is required by the Occupational Health and Safety Regulation.

Intermediate

- Intermediate training covers everything in basic and introduces the attendant to more comprehensive first aid concepts such as secondary assessments, minor wound management, and return to work with follow-up care. The intermediate course is 14 hours of training.
- For worksites where intermediate first aid certification (an intermediate attendant) is required by the Regulation.

Advanced

- Advanced training (70 hours) covers everything in intermediate and introduces the attendant to advanced first aid and life support concepts with adjuncts, comprehensive secondary assessments, major wound management, and appropriate transportation of workers using a company emergency transport vehicle (ETV) and ETV equipment.
- For worksites where advanced first aid certification (an advanced attendant) is required by the Regulation.

Transportation requirements

A qualifying hospital means an institution, designated as a hospital under section 1 of the *Hospital Act*, that has an emergency department, and a physician on duty or immediately available on call.

Occasionally, first aid 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 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, a first aid attendant must know how to do the following:

- Pre-plan for effective transportation (e.g., familiarity with equipment, training co-workers to assist as needed, knowing who will drive the ETV if the employer is required to have an ETV, having meeting points mapped out if the attendant will be intercepting with BCEHS, having tools to communicate with the next levels of care)
- Provide lifesaving care to injured workers (learned in previous first aid training).
- Determine the best mode of transportation for ill or injured workers (e.g., spinal motion restriction for a conscious trauma patient, $\frac{3}{4}$ -prone packaging for an unconscious non-trauma or medical patient, positioning for the type of private aircraft or marine craft used to transport workers).
- 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 (e.g., an advanced attendant or industrial paramedic from another part of the job site, BCEHS resources, staff at the hospital).
- Transfer the injured worker to the next level of care.

All 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, and it includes the following:

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

Basic attendants learn about the first few steps of this approach, while intermediate and advanced attendants learn about all four step. This course focuses on the transportation step.

Module 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

This module reviews the priority action approach — specifically the scene assessment and the primary survey with critical interventions — and describes transportation procedures.

Delivery format

This module consists of one hour of practical time on the floor (20 minutes for each scenario), designed to review basic patient assessment and critical intervention skills. You will work in groups of three, wear gloves and goggles, and use a basic first aid kit.

3.2 Managing a conscious trauma patient

Step	Assessment	Response
1.	Perform a scene assessment, wearing gloves: <ul style="list-style-type: none">Identify hazards.What happened?How many injured?	<ul style="list-style-type: none">No danger2 m fall off a ladderOne
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 m 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. With your elbows on the ground or thighs, stabilize the head and neck by placing your hands on either side of the head. Hold the head still in the position found.	Worker allows the attendant to support the head.

Step	Assessment	Response
5.	Hand off the support of the head to a co-worker by giving clear directions.	
6.	Perform a primary survey: <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.	<p>Perform a scene assessment, wearing gloves:</p> <ul style="list-style-type: none"> Identify hazards. What happened? How many injured? 	<ul style="list-style-type: none"> No danger The worker fell through an uncovered opening in the floor of a construction site One
2.	<p>Approach the worker from the line of sight, with a first aid kit and blanket.</p> <p>Identify yourself as you attempt to talk to the worker and assess the level of consciousness.</p> <p>Apply a pain stimulus to the worker's finger.</p>	<p>The worker's eyes are closed and they do not respond to your voice.</p> <p>There is still no response.</p>
3.	<p>Activate the worksite emergency response procedures.</p> <p>Instruct the co-worker calling the ambulance to say there is an unresponsive adult with a head injury and to report back.</p>	<p>In rural worksites this may be a company ETV.</p>
4.	<p>Perform a primary survey:</p> <ul style="list-style-type: none"> 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). <p>Conduct a rapid body survey to check for massive bleeding and/or obvious fractures.</p>	<ul style="list-style-type: none"> 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.

Step	Assessment	Response
5.	Place the worker in the ¾-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, wearing gloves: <ul style="list-style-type: none"> Identify hazards. What happened? How many injured? 	<ul style="list-style-type: none"> No danger 2 m 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.

Step	Assessment	Response
3.	<p>Activate the worksite emergency response procedures.</p> <p>Instruct the co-worker calling the ambulance to say there is a responsive adult who has fallen 2 m and has a major bleed from a leg wound.</p>	<p>In rural worksites this may be a company ETV.</p>
4.	<p>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. Hold the head still in the position found.</p>	<p>Worker allows the attendant to support the head and appears to be breathing normally.</p>
5.	<p>Hand off the support of the head to a co-worker by giving clear directions.</p>	
6.	<p>Because the worker is talking and breathing normally, go straight to controlling the bleed:</p> <ul style="list-style-type: none"> • Ensure you are wearing gloves and goggles. • Expose the wound. <p>Use bulky dressings to apply pinpoint direct pressure to the wound.</p> <ul style="list-style-type: none"> • Apply additional dressings and attempt pinpoint direct pressure again. • Direct the helper to put on gloves and goggles and to maintain pressure on the wound dressings. • Apply a tourniquet above the wound to stop the bleeding. Note the time when you applied the tourniquet. 	<p>The patient has a 4-inch gaping laceration on their right thigh. Blood spurts from the wound when it is exposed.</p> <p>The dressings soak through and the wound continues to bleed.</p> <p>The dressings soak through and the wound continues to bleed — a tourniquet is necessary.</p>

Step	Assessment	Response
7.	Perform a primary survey: <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. The 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

- 4.1 Module introduction
- 4.2 Prone to supine spinal roll
- 4.3 Sitting to supine positioning
- 4.4 Packaging a conscious patient requiring spinal motion restriction using a rigid hard collar and a scoop stretcher
- 4.5 Packaging a conscious patient requiring spinal motion restriction using a rigid hard collar and a long spine board

4.1 Module introduction

Goal of module 4

This module explains SMR techniques for packaging conscious trauma patients, based on the mechanism of injury. The following techniques are covered:

- 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 must wear gloves. Each group of three learners requires a basic first aid kit, one rigid hard collar, one scoop stretcher, one spine board, and assorted padding materials (e.g., blankets) to assist with SMR.

Delivery format

This module consists of 2 hours and 25 minutes of practice and a 15-minute coffee break.

4.2: Prone to supine spinal roll

Goal of the skill

Move a patient from prone to supine with spinal motion restriction.

Scenario

A bricklayer was building a wall when a large piece of lumber fell from above and struck them on the head and chest. They fell to the ground and are lying prone when you arrive. You complete a scene assessment and see they are responsive. Their airway is clear but they are having difficulty breathing.

You decide they need help, but you can't help them in the position found. With a helper, you move them to the supine position.

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 the 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:
 - 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.
 - a. 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.
8. 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 in a supine position.
9. If the patient must remain lateral, maintain manual stabilization. Otherwise, continue with the next steps.
10. Complete the roll to a supine position:
 - a. Grasp the trapezius muscle on the side of the patient's head that is closest to the ground.

b. Place your other hand over the patient's ear with your elbows supported.

11. Tell the helper to:

a. Put their hands on the patient's shoulder and waist and hold, while you support the patient's head and neck.

12. 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 a supine position. You should finish the roll with your thumbs in the up position.

13. Realign the patient's head and neck:

a. Tell the patient what you are going to do. Ask them to tell you if there is any pain or the onset of 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.

c. With an unresponsive patient, because opening and maintaining their airway is the priority: After realigning their 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, begin CPR without delay.

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

a. "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

Goal of the skill

Guide a patient from standing or sitting to supine with spinal motion restriction.

Scenario

A driver slipped on ice when getting out of their truck in the shipping bay. The driver's head struck the floor on impact. When you arrive, they are standing, leaning on the truck, and holding their head. You can see that the driver is unsteady on their feet. The driver is in pain and has a large lump on their head.

You're concerned that the driver may collapse and you would prefer having them supine with C-spine control while you continue the assessment. You can see the driver is not fully alert. They have an open airway, are breathing normally, and their skin looks normal. You know the driver 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 their 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.	<p>Perform a scene assessment, wearing gloves:</p> <ul style="list-style-type: none"> Identify hazards. What happened? How many injured? 	<ul style="list-style-type: none"> No danger 5 m fall while bucking trees One
2.	<p>Approach the worker from the line of sight, with a first aid kit and blanket.</p> <p>Identify yourself as you attempt to talk to the worker and assess the level of consciousness.</p>	<p>The worker is talking and is obviously conscious, complaining of lower back pain.</p>
3.	<p>Activate the worksite emergency response procedures.</p> <p>Instruct the co-worker calling the ambulance to say there is a responsive adult who has fallen 5 m off a ladder and to report back.</p>	<p>The worker is in great pain and is unable to get up.</p> <p>In rural worksites this may be a company ETV.</p>
4.	<p>Tell the worker not to move. 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.</p>	<p>Worker allows the attendant to support the head.</p>
5.	<p>Hand off the support of the head to a co-worker by giving clear directions.</p>	

Step	Assessment	Response
6.	<p>Perform a primary survey:</p> <ul style="list-style-type: none"> • 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). <ul style="list-style-type: none"> a. Conduct a rapid body survey to check for massive bleeding and obvious fractures. 	<ul style="list-style-type: none"> • 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.	<p>Apply a rigid hard collar:</p> <ul style="list-style-type: none"> • 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. 	

Step	Assessment	Response
	<ul style="list-style-type: none"> 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.	<p>Position the worker on a scoop stretcher and secure the worker in place:</p> <ul style="list-style-type: none"> Before using a scoop 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. This 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 technique to position the worker into the basket stretcher.	

4.5: Packaging a conscious patient requiring spinal motion restriction using a rigid hard collar and a long spine board

Step	Assessment	Response
1.	<p>Perform a scene assessment, wearing gloves:</p> <ul style="list-style-type: none"> Identify hazards. What happened? How many injured? 	<ul style="list-style-type: none"> No danger 5 m fall while bucking trees One
2.	<p>Approach the worker from the line of sight, with a first aid kit and blanket.</p> <p>Identify yourself as you attempt to talk to the worker and assess the level of consciousness.</p>	<p>This worker is talking and is obviously conscious, complaining of lower back pain.</p>
3.	<p>Activate the worksite emergency response procedures.</p> <p>Instruct the co-worker calling the ambulance to say there is a responsive adult who has fallen 5 m from a tree. Instruct the co-worker to report back.</p>	<p>The worker is in great pain and is unable to get up.</p> <p>In rural worksites this may be a company ETV.</p>
4.	<p>Tell the worker not to move. 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.</p>	<p>Worker allows the attendant to support the head.</p>
5.	<p>Hand off the support of the head to a co-worker by giving clear directions.</p>	

Step	Assessment	Response
6.	<p>Perform a primary survey:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.	<p>Apply a rigid hard collar:</p> <ul style="list-style-type: none"> • 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. 	

Step	Assessment	Response
	<ul style="list-style-type: none"> • 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 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.	<p>Position the worker on a long spine board and secure the worker in place:</p> <ul style="list-style-type: none"> • 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 helpers 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. 	

Step	Assessment	Response
11.	Verbalize lifting the worker into the basket stretcher and securing the worker for transport.	

Module 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 spinal motion restriction

5.1: Module introduction

Goal of Module 5

This module introduces techniques for packaging conscious patients when there are no spinal concerns and describes what to do if a 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, wearing gloves: <ul style="list-style-type: none">Identify hazards.What happened?How many injured?	<ul style="list-style-type: none">No dangerA worker developed chest pain while working in a remote areaOne
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.

Step	Assessment	Response
4.	<p>Perform a primary survey:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.	<p>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.) First ensure that the worker does not have an allergy to ASA.</p>	
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.	

Step	Assessment	Response
11.	Verbalize loading into the basket stretcher and ETV.	
12.	Continue to monitor the worker and reassess the ABCs every five minutes.	
The patient becomes unresponsive		
13.	<p>Repeat the primary survey:</p> <ul style="list-style-type: none"> • 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. <p>Begin 30:2 CPR.</p> <p>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).</p>	<ul style="list-style-type: none"> • No response to voice or pain • The worker is not breathing normally <p>Push hard, push fast</p>

Module 6

Practical session — packaging an unconscious patient

- 6.1 Module introduction
- 6.2 Packaging an unconscious patient for transport

6.1 Module introduction

Goal of Module 6

This module introduces techniques for safely packaging unconscious patients.

Delivery format

This module consists of one hour of practical time on the floor to review packaging techniques for transporting unconscious patients. You will require gloves and a basic 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, wearing gloves: <ul style="list-style-type: none">Identify hazards.What happened?How many injured?	<ul style="list-style-type: none">No dangerThe worker is a known diabetic who collapsed on the floor at workOne
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. Instruct the co-worker calling the ambulance to say that there is an unconscious diabetic who requires medical aid.	In rural worksites this may be a company ETV.

Step	Assessment	Response
4.	<p>Perform a primary survey:</p> <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 (¾ prone).	Ensure that 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 ¾-prone position.	

Step	Assessment	Response
10.	Strap the worker to the scoop stretcher in a manner that ensures the worker remains $\frac{3}{4}$ prone and does not compromise breathing.	
11.	Verbalize loading into the basket stretcher and ETV.	

Module 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

This module describes how to provide ongoing care during the transport of an ill or injured worker.

Delivery format

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

7.2 Caring for a patient while in transport

Once you have loaded the patient into the back of the emergency transport vehicle, there are several things that you should do immediately:

- Reassess the injured worker's ABCs to ensure nothing critical has changed while loading into the ETV.
- Ensure that the stretcher is secured properly in place.
- Organize all equipment required for the ongoing assessment and care of the injured worker so it's within easy reach. This prevents the attendant from having to get up or move around during transport.
- Ensure that the driver understands where they are going (e.g., meeting the site advanced attendant or BCEHS at a specific location, driving all the way to medical aid).
- Prepare to give notification to the next level of care.

You must notify the next level of care via phone or radio with following information:

- Who you are
- Patient's age (if known)
- Mechanism of injury
- What you found during the primary survey
- What you did during the primary survey
- Any other pertinent information
- Estimated time of arrival (ETA) to medical aid

Sample phone conversation

“This is Kelly, the first aid attendant at Cyprus Mills. We are en route to you with a 42-year-old worker who fell 24 feet out of a tree and landed head-first on the ground. The patient is conscious and is complaining of neck pain. We have applied SMR to the patient and should arrive at your facility in about 30 minutes.”

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

- Basic and intermediate attendants: Reassess the worker’s ABCs every five minutes.
- Intermediate attendants: Complete a secondary survey (vital signs, history, head to toe) and manage any wounds.

If the worker deteriorates while en route, resist the urge to tell the driver to drive faster. This could increase the risk of an accident, which puts everyone involved in danger. The worker will not do well if the ETV is involved in an accident while en route. In addition, attendants cannot work properly in the back if they are being jostled around.

If the worker loses consciousness and stops breathing normally, assume cardiac arrest has occurred:

- Instruct the driver to pull over as soon as it is safe to do so and come into 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 one is 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 (e.g., advanced attendant, industrial paramedic, BCEHS, hospital staff):

- 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, but rather 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 (i.e.,

the NEXUS rule — used by advanced attendants, industrial paramedic, BCEHS staff, and hospital personnel).

After the call:

- Clean all equipment appropriately. (There should be written procedures for this activity.)
- Complete any documentation required (e.g., the first aid record).
- Look after your personal health (i.e., watch for signs of critical incident stress, and know who you can talk to if you find it developing).

Module 8

Practical session – review scenarios

8.1 Module introduction

8.2 Review scenarios

8.1 Module introduction

Goal of Module 8

This module provides time for practical application of the transportation information learned in the course.

Delivery format

This module consists of 90 minutes of practice on the floor.

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 need gloves, a basic first aid kit, and appropriate packaging materials.

8.2 Review scenarios

Scenario 1

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

Scene assessment:	
• Hazards	None
• What happened?	4.5 m (15 ft.) fall from a shed roof
• How many injured?	One
Primary survey:	
• LOC	Conscious and screaming

• Call 911 or activate workplace emergency response procedures	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	10 cm (4 in.) 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 workplace emergency response procedures	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 workplace emergency response procedures	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, $\frac{3}{4}$ -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 workplace emergency response procedures	Direct helper to call
• Airway and breathing: <ul style="list-style-type: none"> • Head-tilt chin-lift • Look, listen, feel for 5–10 seconds • Hand off to a helper 	Normal breathing noted
• Assess circulation	Skin is normal, warm, dry
• Rapid body survey	Small amount of blood on top of head (no ongoing bleeding)
• Position worker $\frac{3}{4}$ -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, ¾-prone positioning

Scene assessment:	
• Hazards	None
• What happened?	Seizure, no trauma
• How many injured?	One
Primary survey:	
• LOC	No response, eyes closed
• Call 911 or activate workplace emergency response procedures	Direct helper to call
• Airway and breathing: <ul style="list-style-type: none"> • Head-tilt chin-lift • Look, listen, feel for 5–10 seconds • Hand off to a helper 	Normal breathing noted
• Assess circulation	Skin is normal, warm, sweaty
• Rapid body survey	Worker has urinary incontinence
• Position worker ¾ prone	
• Cover the worker with a blanket	

Transport:
<ul style="list-style-type: none"> • Position on device (clamshell or spine board).
<ul style="list-style-type: none"> • Secure to device.
<ul style="list-style-type: none"> • Verbalize loading into basket stretcher and ETV.
<ul style="list-style-type: none"> • Notify hospital.

Scenario 6

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

Scene assessment:	
<ul style="list-style-type: none"> • Hazards 	None
<ul style="list-style-type: none"> • What happened? 	Onset of chest pain while working
<ul style="list-style-type: none"> • How many injured? 	One
First primary survey:	
<ul style="list-style-type: none"> • LOC 	Conscious, lying supine
<ul style="list-style-type: none"> • Call 911 or activate workplace emergency response procedures 	Direct helper to call
<ul style="list-style-type: none"> • C-spine control 	No trauma, not required
<ul style="list-style-type: none"> • Assess airway 	Worker is talking
<ul style="list-style-type: none"> • Assess breathing 	No obvious distress
<ul style="list-style-type: none"> • Assess circulation 	Skin is cool, pale, dry
<ul style="list-style-type: none"> • Rapid body survey 	Worker complains of chest pain, has had one previous heart attack

<ul style="list-style-type: none"> Cover the worker with a blanket 	
<ul style="list-style-type: none"> 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). First ensure that the worker does not have an allergy to ASA. 	
Transport:	
<ul style="list-style-type: none"> Position on device in position of comfort (clamshell or spine board). 	
<ul style="list-style-type: none"> Secure to device. 	
<ul style="list-style-type: none"> Verbalize loading into basket stretcher and ETV. 	
<ul style="list-style-type: none"> Notify hospital. 	
En route to hospital (after student does notification):	
<ul style="list-style-type: none"> Worker loses consciousness 	
<ul style="list-style-type: none"> Remove padding, lay supine, repeat primary survey: 	
<ul style="list-style-type: none"> Reassess LOC 	No response, eyes closed
<ul style="list-style-type: none"> Airway and breathing: <ul style="list-style-type: none"> Head-tilt, chin-lift Look, listen, feel for 5–10 seconds 	No breathing noted
<ul style="list-style-type: none"> Start 30:2 CPR <ul style="list-style-type: none"> Classroom safety note: Do not perform chest compressions or ventilate the “patient” for real — simulation only 	
<ul style="list-style-type: none"> Direct driver to pull over when it is 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

9.2 Summary and closing

9.1 Module introduction

Goal of Module 9

This module summarizes all learning activities in this course and provides space for you to ask questions. Learners who successfully demonstrate course skills will receive a transportation endorsement certificate. Lastly you will complete course evaluations.

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.
- Complete course evaluations.
- Thank you!