

Occupational First Aid

Minor Wound Care—Refresher

Instructors Guide



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Minor Wound Care Refresher Instructor Guide

This review course is a one day, or two four hour session refresher course designed to provide the certified first aid attendant practice on a variety of minor wound care topics to create a more effective first aid program in the work place.

The course consists of 2 modules involving 7.5 hours of classroom attendance. Coffee and lunch breaks are not included in the 7.5 hours and must be scheduled separately. Pre- reading for the modules is essential. There are no lectures as all attendees must be currently certified.

PREREQUISITES

All participants must be currently certified with either an Occupational Level 3 or Level 2 first aid certificate.

CERTIFICATION

This program does not replace local training requirements for the workplaces of British Columbia, nor does it meet any certification requirements of the local insurance provider.

INTENTION

Instructors and course participants are encouraged to assist in improving pre-hospital care of injured workers by promoting:

- Workplace compliance with Occupational First Aid Regulations
- Effective interaction between attendants, employers and workers
- Review of currently certified skills to render better patient care and decisions related to that care

Criteria for this refresher course are based on applicable sections of the Occupational First Aid, A Reference and Training Manual

INSTRUCTOR CERTIFICATION

This course was created with the intention that a qualified Occupational First Aid Level 2/3 instructor would facilitate the program.

***AS THIS IS NOT A COURSE WHERE CERTIFICATION WILL BE ISSUED AND ALL PARTICIPANTS MUST BE CERTIFIED TO ATTEND, IT WOULD BE UP THE EMPLOYER TO ALLOW ANY PERSON WITH THE APPROPRIATE BACKGROUND TO FACILITATE THE PROGRAM**

MODULE 1

OBJECTIVE

Each participant will review assessments, management and identification of minor wounds that are within the scope of Occupational Level 3 certificate holders practice for return to work and medical aid referral. The approach will follow the guidelines in the Occupational First Aid, A Reference and Training Manual.

LESSON OUTLINE

- Soft tissue injury management for closed wounds
- Follow up assessment and management
- Documentation

INSTRUCTIONAL TECHNIQUES

Practice -group work
 -participant practice

REFERENCE MATERIALS AND EQUIPMENT

- Occupational First Aid, A Reference and Training Manual
- First Aid equipment based on recommendations for a First Aid Dressing station

Required pre-reading:

Chapter 11 (106)	Part 5	Nosebleeds
Chapter 20	Part 7	Eye Injuries
Chapter 25	Part 9	First Aid Room Techniques
Chapter 27	Part 9	Skin and Soft Tissues
Chapter 28	Part 9	Inflammation
Chapter 29	Part 9	Soft Tissue Injuries
Chapter 31	Part 9	A.S.T.D's
Chapter 32	Part 10	Skeletal System
Chapter 33	Part 10	Sprains, Dislocations, Fractures
Chapter 34(247,249-250)		Immobilization
Chapter 35(251)	Part 10	Upper Limb Injuries
Chapter 35(257-258)		Hand & Finger Fractures/Dislocation
Chapter 36(267)	Part 10	Ankle Sprains
Chapter 39	Part 11	Burns
Training Guide		
Appendix C		Worker Handouts

INSTRUCTOR INFORMATION

All candidates attending this refresher course have been certified to be Occupational Level 3 attendants for the workplaces of British Columbia. The intention of the day is not to prepare a candidate for an examination but to build on existing skills and experience. The instructor's job becomes more of that of a facilitator to refresh and remind students in areas that retention on a 3 year certificate fails them.

These exercises should be conducted as Participant Practice, at the participants own speed under the supervision of the instructor. If consistent mistakes are noted, restart the rotation using the Military Drill process until the end of the assessment, however, allow the participants to demonstrate the treatment without coaching. Correct treatments individually to allow the participant to think without being coached.

The main focus of the drills is to regain competency in the Modified Scene Assessment, Modified Primary Survey and Secondary Survey for the walk-in patient. For a consistent method of practice, both patient and attendant must act out their appropriate roles. Both participants must start the drill standing and practice the walk-in patient communication portion. Materials must be used and not simulated.

Depending on the available time the participants may be able to practice filling out multiple First Aid Records. At least one will be practiced and collected by the instructor to go into the class/participant file. Example First Aid Records will be provided as handouts that have been filled out for the injuries covered throughout the day.

PARTICIPANT PRACTICE 1-01 MANAGEMENT OF AN ANKLE SPRAIN (30MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a simple sprained ankle

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you hurt you ankle? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair (or lay the patient down on the bed if no other way to elevate injury to support)

- Have patient take their own shoes and socks off both feet and elevate injury however possible

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must be able to visually see the injury at this point

6. Based on minimal swelling and ability to bear weight make proper decision

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required
- Physically examine limb for point tenderness
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which toe am I touching?
- Assess motor function- wiggle all your toes
- Conduct a full Range of Motion assessment

9. Apply Ice pack for 10 minutes- uninterrupted

- If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be

10. After the removal of the ice pack

- Reassess the ankle for new swelling or increased pain

11. Using (2) Elastocrepe bandages,
 - Apply a spica wrap starting distal and working proximal
 - Try to keep spica pattern $\frac{1}{2}$ " to $\frac{3}{4}$ " apart for best support
12. Reassess circulation after the wrap to ensure the wrap isn't too tight
 - Distal colour and temperature
13. Have patient stand and bear weight on the injured foot
 - Confirm support is felt and wrap is comfortable/ not too tight
 - Have patient put their shoes and socks back on
14. Discuss patient's responsibilities and wound care regarding type of injury
 - Elevate whenever possible- notify supervisor of this recommendation
 - Ice periods- come back to any Level 3 attendant every 1-2 hours for Ice
 - Bandage must be removed for ice pack and reapplied by the attendant
 - Inform them it will be sore the following day that is normal as the inflammation stage is a 5 day process
 - Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
 - A decision will be made after 3-4 days based on improvement and healing whether this injury can be continued to be treated at the first level.
 - Discuss patients limitations to a supervisor based on Range of Motion findings
15. First Aid Record
 - Verbalize completion/ Give appropriate Handout on Sprains
 - Review the example provided

PARTICIPANT PRACTICE 1-02 MANAGEMENT OF AN TENDONITIS OF THE WRIST
(30MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a tendonitis of the wrist

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Did anything hit your wrist? Is your work area left safe?
- Did you let your supervisor know you were reporting this?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered, sit the patient in the treatment chair,

- have patient pull up their sleeve if not already done and support on a pad

4. Wash hands (verbalize 30seconds) and don gloves

- washing is required, gloves are up to the attendants discretion as there is no blood

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must be able to visually see the injury at this point

6. Based on minimal swelling and mechanism with no trauma make proper decision

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint- make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required
- Physically examine limb for point tenderness
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which finger am I touching?
- Assess motor function- wiggle all your fingers
- Conduct a full Range of Motion assessment

9. Apply Ice pack for 10 minutes- uninterrupted
 - If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be
10. After the removal of the ice pack
 - Reassess the ankle for new swelling or increased pain
11. Using an (1) Elastocrepe bandages and a formed, padded working splint,
emphasize need for safety when making working splints with metallic splints. Attendants must be aware of possible sharp edges when bending, forming and applying splints
 - Apply a spica wrap starting distal and working proximal
 - Try to keep spica pattern $\frac{1}{2}$ " to $\frac{3}{4}$ " apart for best support
12. Reassess circulation after the wrap to ensure the wrap isn't too tight
 - Distal colour and temperature
13. Have patient stand and bear weight on the injured foot
 - Confirm support is felt and wrap is comfortable/ not too tight
 - Have patient put their shoes and socks back on

14. Discuss patient's responsibilities and wound care regarding type of injury

- Elevate whenever possible- notify supervisor of this recommendation
- Ice periods- come back to any Level 3 attendant every 1-2 hours for Ice
- Bandage must be removed for ice pack and reapplied by the attendant
- Inform them it will be sore the following day that is normal as the inflammation stage is a 5 day process
- Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
- A decision will be made after 3-4 days based on improvement and healing whether this injury can be continued to be treated at the first level.
- Discuss patients limitations to a supervisor based on Range of Motion findings

15. First Aid Record

- Verbalize completion
- Give appropriate Handout on Tendonitis

PARTICIPANT PRACTICE 1-03 MANAGEMENT OF A SPRAINED KNEE (45MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a sprained knee with medical history

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you hurt you knee? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair (or lay the patient down on the bed if no other way to elevate injury to support)

- Have patient take their own shoes and socks off both feet and elevate injury however possible

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must be able to visually see the injury at this point

6. Based on minimal swelling and ability to bear weight make proper decision

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint- make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health

PATIENT STATES THEY HAVE HAD ORTHOSCOPIC KNEE SURGERY 7 MONTHS AGO AND THIS IS THE FIRST TIME SINCE THAT THE KNEE HAS HURT LIKE THIS

8. Based on the past history make a proper decision

- Surgery with a 12 month time frame
- No trauma to cause a workplace related injury
- Medical Aid referral

9. Assess baseline vitals

- Time Vitals taken
- Respirations- rate and quality per minute
- Pulse- rate and strength per minute
- Glasgow Coma Scale- E.V.M score and total
- Pupils-size and reaction to light
- Skin- temperature, colour and condition

10. Finish off History taking

- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

11. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required
- Physically examine limb for point tenderness
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which toe am I touching?
- Assess motor function- wiggle all your toes
- Conduct a full Range of Motion assessment

12. Apply Ice pack for 10 minutes- uninterrupted

- If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be, however remind the participants***do not offer non prescription drugs if the patient is going to medical aid***

13. After the removal of the ice pack

- Reassess the knee for new swelling or increased pain

14. Using (4) Elastocrepe bandages,

- Apply a spica wrap starting distal and working proximal
- Try to keep spica pattern $\frac{3}{4}$ " to 1 " apart for best support

15. Reassess circulation after the wrap to ensure the wrap isn't too tight

16. Have patient stand and bear weight on the injured leg

- Confirm support is felt and wrap is comfortable/ not too tight

17. Discuss patient's responsibilities and wound care regarding type of injury

- Elevate whenever possible- notify supervisor of this recommendation
- Ice periods- come back to any Level 3 attendant every 1-2 hours for Ice
- Bandage must be removed for ice pack and reapplied by the attendant
- Inform them it will be sore the following day that is normal as the inflammation stage is a 5 day process
- Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
- A decision will be made after 3-4 days based on improvement and healing whether this injury can be continued to be treated at the first level.
- Discuss patients limitations to a supervisor based on Range of Motion findings

18. First Aid Record

- Verbalize completion
- Review the example provided

Instructor should field and answer any questions

Demonstrate any wraps that created issues for the participants

*******15MIN COFFEE BREAK*******

PARTICIPANT PRACTICE 1-04 MANAGEMENT OF A LOOSE FOREIGN BODY IN THE EYE (30MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a superficial eye injury

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you had your incident? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair

- Have patient cover up their eye with a sterile gauze

4. Wash hands for 30 seconds

***Instructors must have attendants physically wash their hands for real as this practice involves physically touching another participants' eyelids *- EXPLAIN HEALTH AUTHORITY RECOMMENDATIONS FOR HOW TO WASH HANDS APPROPRIATELY.**

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must brush off face with dry gauze while eye is still covered
- Have patient open eye and question and look to identify where object is

6. Based on complaint and mechanism of NO velocity make proper decision

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health
 - Confirm NO contacts are being worn or make-up
 - If there is, then the patient must remove to allow the attendant to help
- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

8. Modified Head to Toe Assessment

- Focus on the eye ***CONFIRM OBJECT DOES NOT FEEL SHARP***
- Physically examine eye with a pen light by pulling lids up and down
Use magnification devices as required
- Compare colour to unaffected eye
- Assess sensory function- assess vision of both eyes
- Assess motor function- look up down, left and right

If the injury is determined to be the result of FLASH BURN, at this point cold compresses could be used as well as if non prescription drugs are purchased for the worksite first aid program this is where the proper application would be

9. Fill up an eye cup with company provided eye wash

- Have patient open eye wide with clean hands and place eye cup firmly to eye
- Patient tilts their head back and looks up down left and right with cup firmly against eye
- Have patient tilt their head forward and take the cup from the patient
- Examine contents of cup for debris
- Strain through gauze to confirm no debris
- Repeat step if irritation is still experienced by patient

2 tries per eye

10. Instruct the patient, with clean hands, to gently pull eyelid down over lower lid and release

- Repeat step if irritation is still experienced by patient

2 tries per eye

11. Reexamine the eye with good lighting to identify a shift

- Reassess the vision of both eyes

12. Stand behind the patient; have them face straight up to the ceiling
 - Brace the patients head against your abdomen or in treatment chair
 - Wet the tips of at least 2 cotton tipped applicators
 - Evert either upper lid or lower lid
 - Gently touch wet tip of applicator to object and remove

2 tries per eye

If there is another Level 3 attendant on shift and the patient isn't experiencing additional discomfort due to attempted treatments, another attendant could be consulted to make additional attempts.

13. Flush eye with eyecup full of eye wash to help relieve irritation.
14. Reexamine patient's vision prior to allowing worker to return to work
15. Discuss patient's responsibilities and wound care regarding type of injury
 - Minor irritation is usually felt for 15-20 min after removing object from the eye
 - Inform patient if irritation continues for more than that time frame, to return and the patient may have to go to medical aid or,
 - If the level of discomfort becomes worse to immediately return to first aid, or have someone notify first aid
 - Inform them to return at the start of their next shift for follow up
 - If irritation persists and you are not at work then you may go to medical aid but notify the attendant or supervisor as soon as possible.
 - Discuss proper Personal Protective Equipment to avoid future issues

16. First Aid Record

- Verbalize completion

PARTICIPANT PRACTICE 1-04 MANAGEMENT OF A SOAP IN EYE (20MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a mild chemical injury to the eye

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you had your incident? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair or at the flushing station

- Have patient immediately flush hands and face with eye wash station of sink for a start of 30min

4. Immediately get the Safety Data Sheet for the chemical involved

*** INSTRUCTOR MUST PROVIDE A COPY OF AN S.D.S ON MILD DETERGENT***

- Read instructions under First Aid Measures for eye contact and follow
- Call Poison control 1-800-567-8911 to confirm treatment

5. Wash hands for 30 seconds

- Attendant should acknowledge required Personal Protective Equipment stated on the S.D.S

***Instructor must have attendants physically wash their hands for real as this practice involves physically touching another participants' eyelids *- EXPLAIN HEALTH AUTHORITY RECCOMMENDATIONS FOR HOW TO WASH HAND APPROPRIATELY.**

6. Modified Rapid Body Survey

- Do you hurt anywhere else? Describe the type of pain?
- After required flushing is complete
- Attendant must brush off face with dry gauze while eye is still covered
- Have patient open eye and question if there is still the same type of pain experienced with contact of chemical

7. Based on complaint, mechanism of injury and information the Safety Data Sheet and Poison control have given make proper decision

- No Dr. or Medical Aid needed at this point
- Return To Work

8. Modified Secondary Survey

- History of Chief Complaint –make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health
 - Confirm NO contacts are being worn or make-up
 - If there is, then the patient must remove to allow the attendant to help
- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

9. Modified Head to Toe Assessment

- Focus on the eye
- Physically examine eye with a pen light by pulling lids up and down
 - Use magnification devices as required
 - Examine for chemical solids
- Compare colour to unaffected eye
- Assess sensory function- assess vision of both eyes
- Assess motor function- look up down, left and right

10. Flush eye with eyecup full of eye wash to help relieve irritation.
11. Reexamine patient's vision prior to allowing worker to return to work
12. Discuss patient's responsibilities and wound care regarding type of injury
 - Minor irritation is usually felt for 15-20 min after removing object from the eye
 - Inform patient if irritation continues for more than that time frame, to return and the patient may have to go to medical aid or,
 - If the level of discomfort becomes worse to immediately return to first aid, or have someone notify first aid
 - Inform them to return at the start of their next shift for follow up
 - If irritation persists and you are not at work then you may go to medical aid but notify the attendant or supervisor as soon as possible.
 - Discuss proper Personal Protective Equipment to avoid future issues
13. First Aid Record
 - Verbalize completion

Instructor should field and answer any questions

***If there is available time prior to lunch Review Arc Flash, Penetrating/
Protruding Eye injuries, Chemical Burns and Thermal Burns**

***IF TIME PERMITS TO FACILITATE TWO ROTATIONS OF THE NEXT FOLLOW UP
DRILL ON A BACK STRAIN**THIS FOLLOW UP DRILL CAN ALSO BE USED WITH
THE SECOND MODULE IF TIME IS AVAILABLE AT THE END OF THE DAY***

*******30 minute Lunch*******

PARTICIPANT PRACTICE 1-05(2-09) MANAGEMENT OF A FOLLOW UP ON A BACK STRAIN (15MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a follow-up to a back strain that happened the previous day

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?- optional
- Were you the only one hurt?-optional
- Does your supervisor know where you are?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair

- Place a pillow for the back on the chair

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant should be able to visually see the injury at this point

6. Based on minimal discomfort,

- The patient showed no mobility issues
- The pain does not appear to be showing increased discomfort

The proper decision is:

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –Refer to original First Aid Record and sequence
- Chief Complaint/ P.P.Q.R.R.S.T.'s- looking for deteriorating symptoms
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance since last seen
- Allergies- name and past reaction or any new reactions
- Review of systems- any symptoms aside from minor discomfort the patient may be feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required to examine for redness
- Physically examine area for marked increased tenderness
- Compare pulses, colour and temperature to distal limb
- Assess sensory function- which toe am I touching?
- Assess motor function- wiggle your toes
- Conduct a full Range of Motion with the patient standing

9. Apply Ice pack for 10 minutes- uninterrupted- (optional)
 - If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be
10. After the removal of the ice pack
 - Reassess the wound for new swelling or increased pain
15. Discuss patient's responsibilities and wound care regarding type of injury
 - Question if the change of work activity feels to be helping rest the part - notify supervisor of the result of this question
 - Ice periods- come back to any Level 3 attendant every 1-2 hours for application and recording
 - Inform them it will continue to be sore the following day that is normal as the inflammation stage is a 5 day process
 - Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
 - A decision will be made after 3-4 days based on improvement and healing and with a change of work activity whether this injury can be continued to be treated at the first level.
 - Discuss patients limitations to a supervisor if any
16. First Aid Record
 - Verbalize completion/ Give appropriate Handout on Back Strains
 - Complete as a group a First Aid Record on the Follow up

INSTRUCTOR WILL COLLECT THE FIRST AID RECORD AFTER COMPLETION FOR CLASS/ STUDENT FILE

AN EXAMPLE WILL BE PROVIDED FOR THE PARTICIPANTS TO KEEP

MODULE 2

OBJECTIVE

Each participant will review assessments, management and identification of minor wounds that are within the scope of Occupational Level 3 certificate holders practice for return to work and medical aid referral. The approach will follow the guidelines in the Occupational First Aid Reference and Training Manual.

LESSON OUTLINE

- Soft tissue injury management for open wounds
- Follow up assessment and management
- Documentation

INSTRUCTIONAL TECHNIQUES

Practice -group work
 -participant practice

The arm laceration practiced in 2-01 will become the follow-up practical session 2-02. Instructors must tell participants to keep the dressings and bandages on their arm after being the patient in 2-01.

PARTICIPANT PRACTICE 2-01 MANAGEMENT OF A 1-3CM LACERATION TO THE UPPER LIMB (30MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a simple laceration to the inner arm or finger

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you hurt you cut yourself? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair and cover the wound with sterile gauze with an abdominal pad under.

- **DO NOT** encourage pressure unless significant bleeding is taking place as this helps clean out the wound

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must be able to visually see the injury at this point

6. Based on minimal swelling,

- the laceration is under 3cm,
- the laceration doesn't appear to involve deeper structures ,
- the laceration is not over a joint or,
- creating a flap or jagged edged
- is not on the face
- Or contaminated with organic material

The proper decision is:

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required
- Physically examine limb for point tenderness
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which finger am I touching?
- Assess motor function- bend your elbow, wrist and wiggle your fingers

9. Apply Ice pack for 10 minutes- uninterrupted

- If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be

10. After the removal of the ice pack

- Reassess the wound for new swelling or increased pain

11. Keep a gauze pad covering the wound

- clean around the wound with mild antibacterial detergent
- clean/ flush the inside of the wound with a 30ml container of saline that has the ability to be squeezed for pressure to irrigate

12. Apply sterile gauze and pressure to control any new bleeding

- thoroughly dry the area

13. To ensure skin closures stay in place for 7-10 days

- apply Friar's Balsam and let dry

14. Apply at least 1 skin closure for every cm of laceration
 - ensure the edges of the wound stay together
15. Dress and bandage the wound
 - Apply a non adherent pad
 - Extra layers of sterile gauze as required
 - And roller gauze to secure
16. Reassess circulation after the wrap to ensure the wrap isn't too tight
 - Distal pulses, colour and temperature
17. Discuss patient's responsibilities and wound care regarding type of injury
 - Elevate whenever possible- notify supervisor of this recommendation
 - Ice periods- come back to any Level 3 attendant for recording
 - Inform them it will be sore the following day that is normal as the inflammation stage is a 5 day process
 - Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
 - A decision will be made after 3-4 days based on improvement and healing whether this injury can be continued to be treated at the first level.
 - Discuss patients limitations to a supervisor if any
 - Confirm Tetanus shot within the previous 5 years (high risk) or 10years (general public) – patients have 36 hours to update if outdated
18. First Aid Record
 - Verbalize completion/ Give appropriate Handout on Small Wounds
 - Review the example provided

PARTICIPANT PRACTICE 2-01 MANAGEMENT OF A FOLLOW UP ON A LACERATION TO THE UPPER LIMB (45MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a follow-up to a simple laceration to the inner arm or finger after 2 days

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?- optional
- Were you the only one hurt?-optional
- Does your supervisor know where you are?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair

- Cut off old dressing with lister bandage scissors, carefully
- cover the wound with sterile gauze with an abdominal pad under.

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must be able to visually see the injury at this point

6. Based on minimal swelling,

- Minor redness and heat,
- Not significantly more swollen or tender,
- No pus ,
- Lymph nodes are not swollen and tender
- No red streaks travelling proximal

The proper decision is:

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –Refer to original First Aid Record and sequence
- Chief Complaint/ P.P.Q.R.R.S.T.'s- looking for deteriorating symptoms
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance since last seen
- Allergies- name and past reaction or any new reactions
- Review of systems- any symptoms aside from minor discomfort the patient may be feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required to examine for red streaks
- Physically examine limb for marked increased tenderness
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which finger am I touching?
- Assess motor function- bend your elbow, wrist and wiggle your fingers

9. Apply Ice pack for 10 minutes- uninterrupted- (optional)

- If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be

10. After the removal of the ice pack

- Reassess the wound for new swelling or increased pain

11. Keep a gauze pad covering the wound

- clean the bandaged area with mild antibacterial detergent
- carefully clean the closures and directly around the wound near closures with an alcohol wipe and let everywhere wiped air dry.

12. If any skin closures have fallen off, re-apply

- To ensure skin closures stay in place for 7-10 days apply Friar's Balsam and let dry prior to re-applying

13. Dress and bandage the wound

- Apply a non adherent pad
- Extra layers of sterile gauze as required
- And roller gauze to secure

14. Reassess circulation after the wrap to ensure the wrap isn't too tight

- Distal pulses, colour and temperature

15. Discuss patient's responsibilities and wound care regarding type of injury

- Elevate whenever possible- notify supervisor of this recommendation
- Ice periods- come back to any Level 3 attendant for recording
- Inform them it will be sore the following day that is normal as the inflammation stage is a 5 day process
- Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
- A decision will be made after 3-4 days based on improvement and healing whether this injury can be continued to be treated at the first level.
- Discuss patients limitations to a supervisor if any

16. First Aid Record

- Verbalize completion/ Give appropriate Handout on Small Wounds
- Complete as a group a First Aid Record on the Follow up

INSTRUCTOR WILL COLLECT THE FIRST AID RECORD AFTER COMPLETION FOR CLASS/ STUDENT FILE

AN EXAMPLE WILL BE PROVIDED FOR THE PARTICIPANTS TO KEEP

PARTICIPANT PRACTICE 2-03 APPLY A LARGE ARM SLING WITH A TRANSVERSE SLING (20MINUTES)

Participants will work in groups of two

Participants will practice applying a large arm sling with a transverse sling to a seated or standing patient

After slings are practiced review the indications of use for this type of sling

- **Shoulder dislocations or fractures**
- **Any time a full arm splint is applied to a fracture, this sling is used for support**

*******15MIN COFFEE BREAK*******

PARTICIPANT PRACTICE 2-04 APPLY A TRIANGULAR ARM SLING (TUBE SLING) WITH A TRANSVERSE SLING (20MINUTES)

Participants will work in groups of two

Participants will practice applying a triangular (tube) arm sling with a transverse sling to a seated or standing patient

After slings are practiced review the indications of use for this type of sling

- **Clavicle (collar bone) fractures**
- **Any time a short arm splint is applied to a fracture this sling is used for support**
- **Also used for elevation purposes**

PARTICIPANT PRACTICE 2-05 MANAGEMENT OF A PUNCTURE WOUND
(25MINUTES)

Participants will work in groups of two

**Participants will practice the assessments, recording and treatments of a simple
puncture wound to the heel from a 1" nail**

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you hurt you cut yourself? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair

- Have patient remove both shoes and socks and elevate
- cover the wound with sterile gauze with an abdominal pad under.
- **DO NOT** encourage pressure unless significant bleeding is taking place as this helps clean out the wound

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must be able to visually see the injury at this point

6. Based on minimal swelling,

- the object was only 1" going through the bottom of the average sole of a shoe ,
- the puncture doesn't appear to involve deeper structures ,
- the puncture is not to a joint or,
- the puncture is not to a tendon area
- is not on the face

The proper decision is:

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required
- Physically examine limb for point tenderness
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which toe am I touching?
- Assess motor function- bend your knee, ankle and wiggle your toes

9. Apply Ice pack for 10 minutes- uninterrupted

- If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be

10. After the removal of the ice pack

- Reassess the wound for new swelling or increased pain

11. Keep a gauze pad covering the wound

- clean around the wound with mild antibacterial detergent
- clean/ flush the inside of the wound with a 30ml container of saline that has the ability to be squeezed for pressure to irrigate
- soak in 20 parts saline to 1 part green soap for 20 min

12. Apply sterile gauze and pressure to control any new bleeding

- thoroughly dry the area

13. Dress and bandage the wound

- Apply a non adherent pad
- Extra layers of sterile gauze as required
- And roller gauze to secure

14. Reassess circulation after the wrap to ensure the wrap isn't too tight

- Distal pulses, colour and temperature

15. Discuss patient's responsibilities and wound care regarding type of injury

- Elevate whenever possible- notify supervisor of this recommendation
- The wound must be cleaned and soaked 3-4 times a day for the first 48hrs in 20 parts saline to 1 part antibacterial soap
- Ice periods- come back to any Level 3 attendant for recording
- Inform them it will be sore the following day that is normal as the inflammation stage is a 5 day process
- Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
- A decision will be made after 3-4 days based on improvement and healing whether this injury can be continued to be treated at the first level.
- Discuss patients limitations to a supervisor, if any
- Confirm Tetanus shot within the previous 5 years (high risk) or 10years (general public) – patients have 36 hours to update if outdated

16. First Aid Record

- Verbalize completion/ Give appropriate Handout on Small Wounds
- Review the example provided

PARTICIPANT PRACTICE 2-06 MANAGEMENT OF A SUBUNGUAL HEMATOMA
(25MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a simple subungual hematoma from a pinch incident

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you hurt you cut yourself? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair

- Support hand on table or counter
- cover the wound with sterile gauze with an abdominal pad under.

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must be able to visually see the injury at this point

6. Based on minimal swelling,

- The mechanism of injury
- Ability to still move the injured area

The proper decision is:

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required
- Physically examine limb for point tenderness
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which finger am I touching?
- Assess motor function- bend your wrist, and wiggle your fingers

9. Apply Ice pack for 10 minutes- uninterrupted

- If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be

10. After the removal of the ice pack

- Reassess the wound for new swelling or increased pain

11. Keep a gauze pad covering the wound

- clean around the wound and effected nail with mild antibacterial detergent
- place injured finger on a firm surface
- don face protection
- heat up a paper clip or use a nail drill, if one has been provided
- release in the center of the pressure area
- if it doesn't release the first attempt, retry, exercise caution though as it may be easy to put too much pressure into an already weakened nail

12. Apply sterile gauze

- no pressure to control any new bleeding as you want the pressure to release
- re-clean around the injury site with mild antibacterial detergent and saline
- flush with saline
- thoroughly dry the area

13. Now that all pressure has been released

- Reassess the wound for new swelling or point tenderness
- Indicates a possible broken phalange and a change in decision to medical aid

14. Dress and bandage the wound

- Apply a non adherent pad
- And Tube Gauze or,
- Apply a simple band-aid

15. If a wrap is used re assess circulation after the wrap to ensure the wrap isn't too tight

16. Discuss patient's responsibilities and wound care regarding type of injury

- Elevate whenever possible- notify supervisor of this recommendation
- If throbbing sensation develops again come back for an additional pressure release
 - Release the same way as the first time or,
 - Soak in hot water and Epsom or Table salt solution
- Ice periods- come back to any Level 3 attendant for recording
- Inform them it will be sore the following day that is normal as the inflammation stage is a 5 day process
- Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
- A decision will be made after 3-4 days based on improvement and healing whether this injury can be continued to be treated at the first level.
- Discuss patients limitations to a supervisor, if any

17. First Aid Record

- Verbalize completion/ Give appropriate Handout on Small Wounds
- Review the example provided

PARTICIPANT PRACTICE 2-07 MANAGEMENT OF A MINOR WOUND(25MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a simple 1ST and 2nd degree burn to the forearm

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you hurt you cut yourself? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair

- Support hand under cool potable running water so the water pressure indirectly hits the wound for 20min or until patient feels relief or,

- If potable water is not available, then cold compresses with sterile gauze soaked in saline with an ice pack to keep cool.

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant must be able to visually see the injury at this point

6. Based on size of area and depth of tissue involved,

- Not over a joint
- Not on the hands, feet or groin
- 1st degree burn isn't to 40-50% body surface area
- Not on the face (R.T.C)
- Not 10% body Surface area or more (R.T.C)
- No evidence that there is 3rd degree

The proper decision is:

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –make sure all details are recorded
- Chief Complaint/ P.P.Q.R.R.S.T.'s
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance
- Allergies- name and past reaction
- Review of systems- any symptoms aside from pain the patient is feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required
- Physically examine limb for point tenderness
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which finger am I touching?
- Assess motor function- bend your wrist, and wiggle your finger

9. Apply water to cool or cold compresses - uninterrupted

- If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be

10. After the removal from cooling

- Reassess the wound for new swelling or increased pain

11. Keeping a burn clean is crucial to avoid infection

- clean around the wound without touching the wound area with mild antibacterial detergent solution
- flush off any soap residue with saline
- apply a water soluble burn ointment, if provided
- **NEVER** apply cream if sending to medical aid
- If no cream is provided then a dry sterile non adherent pad only
- Wrap lightly with roller gauze to allow the wound to breath

12. If a wrap is used re assess circulation after the wrap to ensure the wrap

isn't too tight

- Assess and compare distal pulses, colour and temperature

13. Discuss patient's responsibilities and wound care regarding type of injury

- Elevate whenever possible- notify supervisor of this recommendation
- Keep dressing dry and clean, if the dressing becomes soiled, immediately return to first aid for an redressing
- Inform them it will be sore the following day that is normal as the inflammation stage is a 5 day process
- Inform them to return at the start of every shift for the next 3-4 days
- A decision will be made after 3-4 days based on improvement and healing whether this injury can be continued to be treated at the first level.
- Discuss patients limitations to a supervisor, if any

14. First Aid Record

- Verbalize completion/ Give appropriate Handout on Minor Burns
- Review the example provided

PARTICIPANT PRACTICE 2-08 MANAGEMENT OF OCCUPATIONAL DERMATITIS
(20MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a simple occupational dermatitis due to skin contact with solvent

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?
- Were you the only one hurt?
- Is the area safe where you hurt you cut yourself? Does your supervisor know?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair

- If the patient has any contaminated clothing have then remove it and place it outside the first aid room
- Immediately place wound site under cool water to wash and flush for a 30 minute start

4. Immediately get the Safety Data Sheet for the chemical involved

- *** INSTRUCTOR MUST PROVIDE A COPY OF AN S.D.S ON SOLVENT***

- Read instructions under First Aid Measures for skin contact and follow
 - Call Poison control 1-800-567-8911 to confirm treatment
5. Wash hands for 30 seconds
- Attendant should acknowledge required Personal Protective Equipment stated on the S.D.S
6. Modified Rapid Body Survey
- Do you hurt anywhere else?
 - Attendant must be able to visually see the injury at this point
7. Based on minimal symptoms –only intense itching sensation
- Ability to still move the injured area
 - No evidence of chemical burns

The proper decision is:

- No Dr. or Medical Aid needed at this point
- Return To Work

8. Modified Secondary Survey
- History of Chief Complaint –make sure all details are recorded
 - Chief Complaint/ P.P.Q.R.R.S.T.'s
 - Past Medical History –anything relevant to the injury location or health
 - Medications –name, dosage, frequency, compliance
 - Allergies- name and past reaction
 - Review of systems- any symptoms aside from pain the patient is feeling

9. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required
- Physically examine limb for burns
- Compare pulses, colour and temperature to uninjured limb
- Assess sensory function- which finger am I touching?
- Assess motor function- bend your wrist, and wiggle your fingers

10. Flush as long as the S.D.S and Poison control instructed - uninterrupted

- If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be

11. After the removal from the cool water

- Reassess the wound for new swelling or increased pain

12. As long as symptoms have subsided, a medicated barrier cream could be applied if provided by the employer

13. Dress and bandage the wound

- Apply a non adherent pad
- And roller gauze -OPTIONAL

14. If a wrap is used re assess circulation after the wrap to ensure the wrap is not too tight

15. Discuss patient's responsibilities and wound care regarding type of injury

- Minor irritation is usually felt for 15-20 min after removing object from the eye
- Inform patient if irritation continues for more than that time frame, to return and the patient may have to go to medical aid or,
- If the level of discomfort becomes worse to immediately return to first aid, or have someone notify first aid
- Inform them to return at the start of their next shift for follow up
- If irritation persists and you are not at work then you may go to medical aid but notify the attendant or supervisor as soon as possible.
- Discuss proper Personal Protective Equipment to avoid future issues

16. First Aid Record

- Verbalize completion/ Give appropriate Handout on Small Wounds
- Review the example provided

***IF TIME PERMITS TO FACILITATE TWO ROTATIONS OF THE NEXT FOLLOW UP**

DRILL ON A BACK STRAINTHIS FOLLOW UP DRILL CAN ALSO BE USED WITH**

THE FIRST MODULE IF TIME IS AVAILABLE BEFORE LUNCH*

***IF THERE IS NO TIME TO FACILITATE 2 ROTATIONS FIELD ANY QUESTIONS FROM**

THE DAY

PARTICIPANT PRACTICE 2-09/(1-05) MANAGEMENT OF A FOLLOW UP ON A BACK STRAIN (15MINUTES)

Participants will work in groups of two

Participants will practice the assessments, recording and treatments of a follow-up to a back strain that happened the previous day

1. Modified Scene Assessment

- What Happened?
- Did you fall? Hit your head, neck or back?- optional
- Were you the only one hurt?-optional
- Does your supervisor know where you are?

2. Modified Primary Survey

- Stance
- Colour
- Anxiety
- Breathing Distress

3. Based on the information gathered sit the patient in the treatment chair

- Place a pillow for the back on the chair

4. Wash hands (verbalize 30seconds) and don gloves

5. Modified Rapid Body Survey

- Do you hurt anywhere else?
- Attendant should be able to visually see the injury at this point

6. Based on minimal discomfort,

- The patient showed no mobility issues
- The pain does not appear to be showing increased discomfort

The proper decision is:

- No Dr. or Medical Aid needed at this point
- Return To Work

7. Modified Secondary Survey

- History of Chief Complaint –Refer to original First Aid Record and sequence
- Chief Complaint/ P.P.Q.R.R.S.T.'s- looking for deteriorating symptoms
- Past Medical History –anything relevant to the injury location or health
- Medications –name, dosage, frequency, compliance since last seen
- Allergies- name and past reaction or any new reactions
- Review of systems- any symptoms aside from minor discomfort the patient may be feeling

8. Modified Head to Toe Assessment

- Focus on the injured limb or area only
- Expose as required to examine for redness
- Physically examine area for marked increased tenderness
- Compare pulses, colour and temperature to distal limb
- Assess sensory function- which toe am I touching?
- Assess motor function- wiggle your toes
- Conduct a full Range of Motion with the patient standing

9. Apply Ice pack for 10 minutes- uninterrupted- (optional)
 - If non prescription drugs are purchased for the worksite first aid program this is where the proper application would be
10. After the removal of the ice pack
 - Reassess the wound for new swelling or increased pain
15. Discuss patient's responsibilities and wound care regarding type of injury
 - Question if the change of work activity feels to be helping rest the part - notify supervisor of the result of this question
 - Ice periods- come back to any Level 3 attendant every 1-2 hours for application and recording
 - Inform them it will continue to be sore the following day that is normal as the inflammation stage is a 5 day process
 - Inform them to return at the start of every shift for the next 3-4 days and throughout for ice periods
 - A decision will be made after 3-4 days based on improvement and healing and with a change of work activity whether this injury can be continued to be treated at the first level.
 - Discuss patients limitations to a supervisor if any
16. First Aid Record
 - Verbalize completion/ Give appropriate Handout on Back Strains
 - Complete as a group a First Aid Record on the Follow up

INSTRUCTOR WILL COLLECT THE FIRST AID RECORD AFTER COMPLETION FOR CLASS/ STUDENT FILE

AN EXAMPLE WILL BE PROVIDED FOR THE PARTICIPANTS TO KEEP