

## **1.0 INTRODUCTION**

All employees have a duty of care to fellow employees, contractors and members of public to provide assistance when required, including calling on expert assistance when necessary.

First aid/emergency assistance is a means of supporting fellow employees, contractors and members of public while awaiting professional medical assistance.

## **2.0 SCOPE**

To ensure all employees and contractors have the appropriate first aid representation.

## **3.0 REFERENCES**

- New Brunswick Regulation 2004-130
- NB Power Corporate Safety Manual

## **4.0 TERMS AND DEFINITIONS**

Stationary Operations - is referring to any employee whose work is located at a Plant or Office location. For example, Head Office, Generation Plants, Regional Offices, etc.

Field Operations – this includes employees located in Transmission and Customer Service/ Distribution other than administration / office workers.

Local Management Representative – either a supervisor or management tasked with the responsibility to identify training for employees.

## **5.0 ROLES AND RESPONSIBILITIES**

Local management representative is responsible to identify employees to be designated as first aid providers holding valid first aid certificates with training in artificial respiration and cardio-pulmonary resuscitation.

Plant management is responsible for ensuring each plant's requirements for first aid personnel holding valid first aid certificates with training in artificial respiration and cardio-pulmonary resuscitation.

Employees are required to participate in training and provide first aid services as required.

## **6.0 STANDARD**

### **6.1 Training**

All designated first aid providers are to be trained to the minimum level as set out in Section 8 (2) and hold a valid first aid certificate issued by an agency referred to in Section 8 (3) of the New Brunswick Regulation 2004-130.

- a) Any Line Work  
All NB Power personnel and contractors engaged in line work shall hold a valid first aid certificate and be trained in artificial respiration and cardio-pulmonary resuscitation.
  - b) Confined Spaces  
Employees designated as safety persons for confined spaces shall hold a valid first aid certificate and be trained in artificial respiration and cardio-pulmonary resuscitation.
  - c) Other
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All other NB Power locations shall meet the minimum guidelines as identified in Regulation 2004-130.

### **6.2 Emergency Communication Procedure**

An emergency communication procedure is established in order for employees to summon assistance in the event of an illness or accident of an employee.

The communication procedure shall

- (a) be in writing,
- (b) describe how to contact assistance,
- (c) provide directions to the place of employment and instructions as to how to access the place of employment, and
- (d) be posted in a conspicuous place at the place of employment.

Where the posting of the emergency communication procedure is not practicable, each employee shall be informed of the contents of the emergency communication procedure.

### **6.3 Emergency Transportation Procedure**

There shall be, in writing, a transportation procedure that describes arrangements for the transportation of injured or ill employees from the place of employment to the nearest health care facility.

Where it is necessary to move an injured or ill employee from an isolated site to another place in order to transfer to an ambulance, an employer shall ensure that the transportation is by a means that;

- (a) is suitable, considering the distance to be travelled and the types of serious injuries or illnesses that may occur,
- (b) affords protection against the weather,
- (c) is equipped with a means of two-way voice communication with the emergency medical services to which the injured or ill employee is being transported, and
- (d) is of sufficient size and suitability to accommodate a stretcher and accompanying persons where required.

For Field Operations, emergency communication and transportation plan must be documented on the tailboard.

It is emphasized that the injured person may not be the best judge of their condition, especially in the case of specific trauma events. Where a decision is made to transport the injured person to a medical facility by means other than an ambulance, and the first aid provider in attendance believes there is a possibility their condition may worsen, transport shall only take place if the injured person is accompanied by at least one first aid provider who is not the operator of the transportation. Otherwise, 911 shall be called and an ambulance summoned.

### **6.4 Refusal of First Aid / Medical Attention**

When an employee refuses first aid treatment against the advice of a first aid provider, an ambulance may be called at the discretion of the first aid provider and employee in charge.

The employee who is refusing medical attention, by not taking the advice of the first aid provider or ambulance attendant, must leave the worksite.

Any employee refusing treatment must complete the Form 425 "Refusal of First Aid / Medical Attention.

### **6.5 First Aid Kits**

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First aid kits in accordance with New Brunswick Regulation 2004-130 will be provided and maintained at all worksites. In work environments where specific injuries and illnesses such as burns, lacerations or poisoning may occur, additional suitable items need to be provided. (i.e.: burn kits).

The first aid kit must be readily accessible and clearly visible to all concerned. First aid kits should be portable or mounted in such a way as to allow them to be easily removed and carried to an injured person.

Where the posting of a sign is not practicable, each employee shall be informed of the location of first aid kits.

#### **First Aid Rooms**

A first aid room will be provided and maintained "where there are more than one hundred employees employed at any one time at a place of employment."

The complement for the first aid kits, trained employees and first aid rooms are detailed in the *New Brunswick Regulation 2004-130*.

#### **6.6 First Aid Records**

Written records detailing the name of the injured person, description of the injury, the treatment and care provided, description of the incident, and the name of the person(s) providing emergency care must be maintained. It is the responsibility of the attending first aid responder to ensure the record is completed as soon after the event as possible. The H&S Incident (145) e-form is a written record.

### **7.0 APPENDIX**

- Refusal of First Aid / Medical Attention Form

#### **DOCUMENT APPROVAL/REVISION RECORD**

| <b>Revision #</b> | <b>Date<br/>yyyy/mm/dd</b> | <b>Revision Summary</b>  | <b>Author</b> | <b>Reviewed By</b> | <b>Approved By</b> |
|-------------------|----------------------------|--|---------------|--------------------|--------------------|
| 02                | 2019/01/02                 | Complete revision<br>New "Refusal of First Aid/Medical Attention" Form | N.Allen       | R.Condon           | N.Poirier          |

*R. Condon*

Acting Director of  
Total Health & Safety



**Énergie NB Power**

Form/ Formulaire 0425  
Rev. 2018/10

**Refusal of First Aid / Medical Attention**

Date (yyyy-mm-dd): \_\_\_\_\_

I understand that I may have an injury/condition and the possible consequences have been explained to me. I understand that the First Aid Provider may not be aware of the full extent of the injury/illness, which may become apparent only by examination by a physician. It is my decision to refuse:

Assessment:                       Treatment:                       Transport:

|                 |                   |
|-----------------|-------------------|
| <b>Name:</b>    | <b>Signature:</b> |
| <b>Company:</b> | <b>Telephone:</b> |
| <b>Witness:</b> | <b>Signature:</b> |

**Reason for Refusal:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee verbalizes understanding of risks:                      Yes                       No

**Advice given to employee:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Aid Provider advised employee to follow up with a medical facility or family physician:                      Yes                       No

|                  |                   |
|------------------|-------------------|
| <b>Provider:</b> | <b>Signature:</b> |
| <b>Time:</b>     |                   |