First Aid Record Keeping and Reporting

1.0 Objective & Intent

The objective of this SOP is to establish a standardized procedure for the accurate recording, secure maintenance, and timely reporting of all first aid incidents occurring within the cabinet and millwork manufacturing facility. This procedure ensures compliance with WorkSafeBC regulations (OHS Regulation Part 3 – Rights and Responsibilities, and Part 33 – Occupational First Aid) and supports continuous improvement of workplace safety by providing data for hazard trend analysis.

Proper first aid record keeping is a legal requirement under WorkSafeBC. Failure to maintain accurate records can result in regulatory penalties, compromised worker care, and missed opportunities to identify and mitigate recurring hazards. This SOP mitigates the risk of non-compliance and ensures that every incident, no matter how minor, is documented to protect both the worker and the employer.

2.0 Operational Scope

This procedure applies to all first aid attendants, supervisors, safety officers, and any personnel responsible for administering or documenting first aid within the cabinet and millwork manufacturing facility. It covers all first aid incidents, including minor cuts, abrasions, burns, eye injuries, sprains, strains, and any other injury or illness requiring first aid treatment, regardless of whether the worker requires time off or medical treatment beyond first aid.

The scope includes all production areas, assembly lines, finishing booths, warehouse and shipping zones, maintenance shops, and administrative offices. This SOP does not replace the requirement for immediate emergency response; it governs the documentation and reporting process that follows the administration of first aid.

3.0 Hazard Identification & Mandatory PPE

While this SOP focuses on record keeping, the act of documenting an incident may expose the first aid attendant or safety officer to secondary hazards, including exposure to blood or other bodily fluids, contaminated surfaces, and psychological stress from dealing with injured workers. The following controls and PPE are mandatory when handling first aid records that involve potential exposure to biohazards.

- Biohazard Exposure: Risk of contact with blood, saliva, or other bodily fluids during treatment or while cleaning the first aid area.
- Contaminated Surfaces: Risk of cross-contamination from used bandages, gauze, or medical waste.
- Psychological Stress: Risk of emotional distress for the first aid attendant when dealing with serious injuries.
- Nitrile Disposable Gloves (CSA certified, single-use) – worn when handling any bodily fluids or contaminated materials.
- Safety Glasses or Face Shield – if there is a risk of splashing.
- Disposable Apron or Gown – if significant exposure to fluids is anticipated.
- Closed-toe, non-slip footwear – required in all production areas.

4.0 Required Safety Equipment & Tools

The following equipment and tools are required to properly document, store, and report first aid incidents. All items must be maintained in good condition and readily accessible in the first aid room or designated safety office.

- WorkSafeBC-approved First Aid Record (Form 7) or equivalent digital record system (e.g., SafeDesk incident log).

- Lockable filing cabinet or secure digital database for storing completed first aid records (minimum 3 years retention).
- Pen and waterproof notepad for initial field notes (if digital system is not immediately available).
- Biohazard waste disposal bags and container for contaminated PPE and dressings.
- Hand sanitizer and handwashing station (soap, water, paper towels) in the first aid area.
- Copy of the facility's Incident Reporting Policy and WorkSafeBC OHS Regulation Part 3.
- Access to a telephone or two-way radio to call for emergency medical services if required.
- Personal lock and LOTO kit – only if the incident involves machinery and the area must be secured before documentation.

5.0 Step-by-Step Safety Procedure

1. Assess the scene for safety before approaching the injured worker. Ensure the area is free of ongoing hazards (e.g., moving machinery, chemical spills, electrical risks). If the area is unsafe, do not enter; call for emergency response and secure the perimeter.
2. Administer first aid according to your level of certification and the facility's first aid protocols. Do not delay treatment to begin documentation. Stabilize the worker and address life-threatening conditions first.
3. Once the worker is stable and immediate care is provided, collect the following information from the worker or witnesses: full name, job title, department, date and time of incident, exact location, description of how the injury occurred, type of injury, and any equipment or substances involved.
4. Complete the WorkSafeBC First Aid Record (Form 7) or enter the data into the approved digital system (e.g., SafeDesk) within 30 minutes of the incident. Include all details: worker information, injury description, treatment provided, name of first aid attendant, and any referrals to medical professionals.
5. If the incident involves a serious injury or fatality (as defined by WorkSafeBC), immediately notify the Plant Safety Officer and do not disturb the scene. The Safety Officer will contact WorkSafeBC within 24 hours and secure all records.
6. Dispose of all contaminated PPE and first aid waste in the designated biohazard container. Wash hands thoroughly with soap and water for at least 20 seconds after removing gloves.
7. File the completed first aid record in the secure, lockable filing cabinet or digital database. Ensure the record is accessible only to authorized personnel (safety officer, HR, management) and is retained for a minimum of 3 years from the date of the incident.
8. Within 24 hours, the Safety Officer or designated supervisor must review the record and determine if a formal incident investigation is required. If the incident indicates a systemic hazard (e.g., recurring laceration from the same machine), initiate a hazard assessment and corrective action plan.
9. Submit a summary of all first aid incidents to the Joint Health and Safety Committee (JHSC) at the next regular meeting. This summary must include incident counts, types of injuries, and any trends identified. Do not include worker names to maintain confidentiality.
10. If the worker is referred to a physician or hospital, follow up within 48 hours to obtain a medical report (if the worker consents) and update the first aid record with the outcome. File the medical report separately in the worker's confidential medical file.