Regional Update 2023 Content

This document must be used along with the Regional Update 2023 Delivery Guide and the existing first aid course materials.

Workplace First Aid

According to the Canada Labour Code, a workplace is any place where an employee is engaged in work for the employee's employer.

The Canadian Centre for Occupational Health and Safety (CCOHS) states that all Canadians have a fundamental right to a healthy and safe working environment. It explains that a health and safety program:

- Is a plan of action that is designed to prevent injuries and illness at work.
- Is required under Occupational Health & Safety (OH&S) legislation in most Canadian jurisdictions.
- Outlines the first aid requirements on a work site.

Each province and territory in Canada interprets workplace health and safety regulations differently, and there are some regulations that apply specifically to the federal government and other national organizations.

Employers and employees are responsible for ensuring that care is provided in a timely manner in an emergency.

Everyone on the work site should know how to access first aid assistance, including how to:

- Activate your workplace emergency response system.
- Call 911 or your local emergency number.
- Locate the first aid room.
- Summon the first aid attendant.
- Locate first aid kits and other equipment (such as AEDs).
- Understand the workplace protocol for the transport of ill or injured people.

To prepare for emergencies and disasters in the workplace, follow your employer's protocol.

! To better understand the regulations about training levels and mandatory first aid equipment, contact or refer to the website of your legislative workers' compensation body or visit the Canadian Red Cross's website.

Workplace First Aid Attendants

Employers must have a certain number of first aid attendants on the work site at all times. The size and type of workplace generally determines:

- The level of first aid training that workplace first aid attendants need.
- How many first aid attendants there must be.

First aid in the workplace can be governed by both national and provincial or territorial legislation. Workplace first aid attendants must be familiar with the legislation for the region that they work in.

! If you are employed as a workplace first aid attendant, you have the duty to act. Regulations require you to provide care to the level of your training and to document all incidents appropriately.

Requirements and Responsibilities for Workplace First Aid Attendants

A first aid attendant of a workplace must:

- Have current first aid certification at the required level.
- Maintain their knowledge and skills.
- Be prepared to respond both alone and as part of a first aid team.
- Provide all care in a professional manner.
- Thoroughly document any first aid-related actions.
- Process paperwork according to the legislative requirements for their region and workplace.
- Report to their supervisor and joint health and safety committee as required.
- Follow up with the ill or injured person approximately 3 days after the person returns to work.
- Be familiar with specific elements of their work site.
- Be physically and mentally able to provide care for ill or injured workers.
- Provide any ill or injured workers with care that is within the scope of their training.

- Refer ill or injured workers to advanced care if the illness or injury is beyond the scope of their training.
- Record the ill or injured person's signs or symptoms.
- Record any time that a worker is exposed to a contaminant.
- Be responsible for ill or injured workers' care until:
  - The worker reaches a care facility.
  - Emergency personnel take over.
  - Someone with the same or a higher level of first aid training takes over.

Workplace first aid attendants must accept ill or injured workers' decisions about their care. As a workplace first aid attendant, you cannot overrule an ill or injured worker's decisions about their care or treatments.

Workplace first aid attendants may also need to know other information, including:

- Where emergency equipment is located.
- How to properly complete documentation after a workplace incident.
- What their workplace's specific emergency procedures are.
- How to call for help in an emergency.

Trench Foot (Immersion Foot)

Trench (immersion) foot can happen when a person's lower limbs are exposed to water that is above freezing temperatures for more than 12 hours, but usually happens in water that is below 10° C (50° F). Trench foot typically occurs in construction workers and sailors who have survived shipwrecks in lifeboats or rafts with wet and constrictive clothing during adverse weather conditions. It is particularly likely if they are also surviving on a poor diet.

Prevent and Prepare

To prevent trench foot, people can:

- Keep their feet clean and dry.
- Wear proper-fitting boots.
- Wear wool or synthetic socks.
- Sleep in dry socks or barefoot.
- Dry and massage their feet twice a day.
- Eat a healthy, balanced diet.

Early Recognition: Check

A person with trench foot may initially have:

- Swollen, cold, and waxy feet.
- Peeling skin.
- Reduced sensitivity to touch.
- A wooden feeling in their feet.
- Delayed capillary refill time (their nail beds stay white after being squeezed).

After the person's foot warms up, they might have:

- Warm, dry, red skin.
- Blisters.
- Pain.
- Tingling or itching.
- Increased sensitivity to cold.

Access Help: Call

If a person's feet have redness, red streaks, blisters, or cracks that do not go away after basic foot care, advise them to contact their care provider.

First Aid Steps: Care

1. Get the person's foot warm, clean, and dry.
    - Handle the area gently and warm it slowly.
2. Elevate the injured foot or feet.
3. Continue to monitor the person and the affected area.

Recovery

If the person's skin is broken, advise them to watch for signs of infection.

Arteriosclerosis

One type of cardiovascular disease is called arteriosclerosis. Arteriosclerosis is a type of artery damage that occurs gradually.

When arteries are healthy, they are flexible and elastic. If the arteries thicken or stiffen, it can limit the blood flow to important parts of the body, like organs and tissues. This thickening or stiffening is called arteriosclerosis.

Types of Shock

There are different types of shock, depending on what caused it. Regardless of which type of shock a person is experiencing, First Aiders should provide the same care.

Hypovolemic Shock

The heart needs a certain amount of fluid to be able to pump blood around the body. When a person loses a large amount of blood (or other fluids), their heart can stop being able to move enough blood around their body and to their organs. This is called hypovolemic shock.

Cardiogenic Shock

Sometimes, the heart itself stops working properly and can no longer pump enough blood through the body. If this happens, the person experiences cardiogenic shock. This can happen if fluid builds up inside the heart, a blockage reduces the flow of blood to the heart, or the person experiences a chest injury.

Distributive Shock

Distributive shock happens when blood is circulated in an abnormal way: small blood vessels get more blood, and major organs like the brain and kidneys don't get enough. There are different types of distributive shock, depending on what caused it:

- Septic shock happens because of an infection.
- Anaphylactic shock happens because of a severe allergic reaction.
- Neurogenic shock happens because of a spinal cord injury.

Obstructive (Mechanical) Shock

Obstructive shock happens when something blocks blood flow in and out of the heart. This can happen if fluid or air builds up outside of the heart muscle.

Dissociative Shock

Sometimes, the blood does not carry oxygen to the body's cells like it normally does. When this happens, the person experiences dissociative shock. This can happen because of certain types of poisonings, such as carbon monoxide poisoning.

Hazards

The definition of a hazard is a danger or a risk. Risk at home, in the workplace and in public can be lessened by being prepared. Injuries are preventable. First Aiders keep safe by making wise choices, such as following safe work practices, and they teach friends and family about making wise choices as well. First Aiders also prepare to deal with emergencies by taking first aid courses and having the required supplies to respond to an emergency, such as a first aid kit. They know how to provide first aid in an emergency to ensure the safety and survival of those involved.

Refer to the legislation that governs your workplace for more information.

Inhalation Burns

If a person has inhaled superheated gas, chemicals, or smoke, they might have burns on their airway or lungs. This type of burn is called an inhalation burn and can happen to a person who was in a fire.

Prevent and Prepare

To prevent and prepare for inhalation burns:

- Make sure to have an exit plan prepared in case of fires.
- Follow your workplace safety protocols and wear all of the appropriate safety equipment.
- Follow the advice of your local health authorities if there are wildfires in your area.

Early Recognition: Check

If someone has an inhalation burn, they might:

- Tell you or show you that they have been burned.
- Have a black or sooty appearance around their mouth and nose.
- Have burns on their face.

Access Help: Call

Call 911 or your local emergency number and get an AED and a first aid kit any time that you suspect a person's airway or lungs may be burned.

First Aid Steps: Care

If you suspect that the person's airway or lungs may be burned, monitor the person's breathing closely while you wait for emergency personnel.

Recovery

Advise the person to watch for signs of breathing difficulties and call 911 or their local emergency number if they have trouble breathing; are incredibly tired; or have pale, ashen/greyish, yellowish, greenish, bluish, or purplish skin, particularly around their lips, ears, or fingers.

Chemical Burns

Chemical burns can be caused by wet or dry caustic chemicals. Be careful with burns that were caused by dry caustic chemicals, as these chemicals can spread or react if they get wet.

Prevent and Prepare

To prevent chemical burns:

- Store chemicals in their original containers.
- Wear protective gear when handling chemicals.
- Wash your hands after touching chemicals.
- Read the label before using chemical products.
- Be aware of the caustic plants in your area.
- Make sure that any potentially harmful chemical in the workplace is accompanied by its Safety Data Sheet (SDS), which contains information about the first aid for that chemical.
- If workers will be handling chemicals, make sure that they are aware of the risks and are trained in a hazardous materials training program.

Early Recognition: Check

If a person has a chemical burn:

- They may tell you or show you that they have been burned.
- Their skin may react with blisters or irritation, but this reaction may not happen right away.
- They will have signs of one or a combination of superficial, partial-thickness, or full-thickness burns.

Access Help: Call

Call 911 or your local emergency number and get an AED and a first aid kit any time that a person has a burn that was caused by a chemical.

First Aid Steps: Care

1. Wear personal protective equipment to avoid being burned yourself.
2. Brush any dry chemicals off the person's skin before flushing with water.
3. Flush the affected areas with large amounts of cool running water for at least 15 minutes, or until emergency personnel arrive.
    - A decontamination shower may be present, depending on the workplace.
4. Flush the chemicals away from areas of the body that have not been contaminated.
5. Remove any clothing that is wet or that has been contaminated by the chemical.
6. Refer to the appropriate Safety Data Sheet (SDS) for additional first aid measures, if it is available, but don't delay calling 911 or your local emergency number to do so.
7. Give emergency personnel a copy of the SDS, if possible.

Recovery

Advise the person to monitor their burn for signs of infection. If they develop warmth or pain around the site of the burn, they should contact their care provider.

Eye Injuries

! Eye injuries can have long-term consequences for a person's vision. You must always treat eyes with extreme care.

! Avoid touching the eye or putting pressure on or around it, as this can damage the eye more.

Prevent and Prepare

To help prevent eye injuries, people can:

- Wear the appropriate protective equipment for their workplace (such as safety glasses or welding gear).
- Wear the appropriate protective equipment when playing sports (such as a helmet with a visor or face protector for hockey).

- Wear protective eye gear when their eyes will be exposed to UV light, such as when they are in the sun (including in the winter).
- Wear eye protection that protects their eyes from direct or indirect radiation that might reach them from above, below, or sideways.

Early Recognition: Check

A person with an eye injury might:

- Feel pain and irritation in their eye.
- Have redness in their eye or the membrane of their eye (their conjunctiva).
- Find it difficult to open their eye.
- Have vision problems.
- Have a watery eye.
- Have an eye that looks deformed.
- Be sensitive to light.
- Sense something in their eye.
- Move their eyes in different directions.
- Have fluid or blood draining from their eye.
- Have swollen eyelids.
- Have cuts that are visible on their eye or the area around it.

Access Help: Call

Call 911 or the local emergency number and get an AED and a first aid kit if:

- There is an impaled object in or near the person's eye.
- The person's eye is out of its socket.
- The person's eye has been exposed to a chemical or caustic substance.

First Aid Steps: Care

There are many different possible eye injuries. Provide care for the appropriate injury as outlined below.

Recovery

The person should follow their care provider's instructions about caring for their eye injury.

Object Impaled in or Around the Eye

An impaled object is anything that has penetrated through the skin and is stuck in the tissues below.

Prevent and Prepare

To help prevent eye injuries, make sure to wear the appropriate protective eye gear for the activities that you participate in (see the Eye Injuries section for more details).

Early Recognition: Check

An object can become impaled in or around a person's eye when a force causes it to penetrate the skin and underlying tissue. For example, the person may have fallen onto an object.

An impaled object will be visibly sticking out of the person's eye or skin, and may cause the following signs and symptoms:

- Shock
- Pain
- Bleeding

Access Help: Call

Call 911 or your local emergency number and get an AED and a first aid kit any time there is an object impaled in or near a person's eye.

First Aid Steps: Care

1. Put on a pair of disposable gloves.
2. Have the person lie on their back and keep as still as possible.
3. Stabilize the object with bulky dressings but avoid putting pressure directly on the injury.
4. Cover **both** eyes with gauze or another light material.
5. Provide comfort and reassurance until emergency personnel arrive.

When both of the person's eyes are covered, continue talking to them until emergency personnel arrive. This can help to decrease their anxiety.

Recovery

The person should follow their care provider's instructions about caring for their eye injury.

Object in the Eye but Not Impaled

When an object like dust or an eyelash is "in a person's eye," it is sitting on the person's eyeball, which can be irritating.

Prevent and Prepare

To help prevent eye injuries, make sure to wear the appropriate protective eye gear for the activities that you participate in (see the Eye Injuries section for more details).

Early Recognition: Check

If someone has an object in their eye, they might have:

- Irritation.
- Watery or red eyes.
- A feeling that there is something in their eye.
- Blurred vision.

Access Help: Call

Advise the person to contact their care provider if you cannot remove the object by flushing it away with water as outlined in the steps below.

First Aid Steps: Care

1. Try to remove the foreign object by having the person blink several times.
2. Gently clean away any dirt around the eye, being careful to avoid getting any more material into the eye.
3. Gently flush the eye with running water, making sure the water runs away from the unaffected eye.

Recovery

Advise the person not to rub their eyes. The irritation from an object in a person's eye usually goes away on its own.

Eye Out of the Socket

Prevent and Prepare

To help prevent eye injuries, make sure to wear the appropriate protective eye gear for the activities that you participate in (see the Eye Injuries section for more details).

Early Recognition: Check

If a person's eye is out of their socket, they will have:

- An eye that is visibly out of its socket.
- Extreme anxiety.
- Pain.

Access Help: Call

Call 911 or your local emergency number and get an AED and a first aid kit any time a person's eye is out of its socket.

First Aid Steps: Care

Put on a pair of disposable gloves.

Either:

- Support the eye using a clean damp cloth.

Or

- Support the eye using a clean, disposable cup, and tape the cup to the person's face.

Recovery

The person should follow their care provider's instructions about caring for their eye injury.

Chemical in the Eye

There are many chemicals that can irritate or injure a person's eye, including workplace products and household cleaning products.

Prevent and Prepare

To help prevent eye injuries, make sure to wear the appropriate protective eye gear for the activities that you participate in (see the Eye Injuries section for more details).

Early Recognition: Check

If a person has a chemical or caustic substance in their eye, they might:

- Tell you that they got a chemical in their eye.
- Feel burning.
- Be in pain.
- Have an irritated eye.
- Lose vision.
- Have redness and swelling.
- Have an eye that is visibly damaged.

Access Help: Call

Call 911 or your local emergency number and get an AED and a first aid kit any time that a person's eye has been exposed to a chemical or caustic substance.

First Aid Steps: Care

1. Consult the appropriate Safety Data Sheet (SDS) for the substance, if it is available.
    - If you do not have access to the SDS, check the packaging for instructions or call your local poison centre.
    - Give emergency personnel a copy of the SDS, if possible.
2. Depending on what the SDS says, either brush powdered chemicals off the face with a gloved hand or cloth, or gently flush the eye with running water (making sure the water runs away from the unaffected eye) for at least 15 minutes, or until emergency personnel arrive.
    - Have the person remove any contact lenses during a rinse (only if they are not stuck to the eye).
3. Have the person remove any contaminated clothing.
4. Do NOT apply any other products without consulting a care provider.

! Avoid contaminating yourself with the chemical.

! The person may have also inhaled some of the chemical. Follow the instructions in the SDS about what to do if a person has inhaled the chemical.

Flushing the Person's Eye

You can use any form of clean running water to flush an eye injury. This includes:

- eye wash stations
- showers
- eye wash bottles
- running water from a tap
- water poured from bottles

It is important to clean the person's eyes immediately, so use whatever options you have available, even if you are on your way to an eye wash station.

Recovery

The person should follow their care provider's instructions about caring for their eye injury.

Flash Eye

Flash eye is like an eye sunburn that can happen if a person's eyes get exposed to too much UV (ultraviolet) light. This can happen from the sun or other sources of UV light, such as welder's torches or tanning beds. Flash eye is also sometimes called snow blindness, arc eye, or flash burn.

Prevent and Prepare

To help prevent flash eye, people can:

- Wear protective eye gear when their eyes will be exposed to UV light, such as when they are in the sun (including in the winter).
- Wear eye protection that protects their eyes from direct or indirect radiation that might reach them from above, below, or sideways.

Early Recognition: Check

A person with flash eye might have:

- A feeling that something is in their eyes.
- A burning sensation in their eyes.
- Blurred vision or loss of vision.
- Red and watery eyes.
- Light sensitivity.
- Headaches.
- Swelling around their eyes.

Access Help: Call

Flash eye usually passes on its own, but advise the person to contact their care provider if the symptoms get worse or last longer than a day.

First Aid Steps: Care

1. Move the person away from the source of UV light and reassure them.
2. If they are wearing contact lenses, advise them to remove them.
3. Encourage the person to protect and let their eyes rest as much as possible by:
    - Staying indoors.
    - Wearing sunglasses to relieve pain or discomfort.
    - Keeping their eyes closed as much as possible.
    - Covering their closed eyelids with a cool, damp cloth.
    - Putting saline solution or eye drops in their eyes to keep them moist.

Recovery

Advise the person to:

- Wear sunglasses when they are outside.
- Avoid wearing contact lenses until their eyes have healed.

Pelvis Injuries

The pelvis is the part of a person's body between their abdomen and legs. It contains the intestines, bladder, and reproductive organs. The only accurate way to diagnose a fracture is with an X-ray. Because a First Aider cannot diagnose what type of injury someone has, you should provide care for a suspected pelvis injury as if it is a fracture.

Early Recognition: Check

Pelvis injuries can occur in many ways, including from:

- Falls.
- Sudden or awkward movements.
- Direct hits or blows to a person's body.
- Repetitive actions, such as jogging, typing, or lifting.
- Twisting a limb.

The signs and symptoms of a pelvis injury include:

- Deformity.
- Swelling, which could be due to internal bleeding.
- A pool of blood under the skin (hematoma) or bruising at the site of the injury.
- Pain, difficulty, or both in moving the injured body part.
- An inability to walk or stand.
- A leg that looks shorter, twisted, or bent.
- A broken bone or bone fragments sticking out of the skin.
- A snapping or popping sound at the time of the injury.
- A feeling or sound like the bones in the injured area are grating.
- A limited ability or no ability to use the injured body part.
- Muscle cramps.
- Numbness or tingling.
- Signs of shock.

Access Help: Call

Always call 911 or your local emergency number and get an AED and a first aid kit if the person's pelvis is injured.

First Aid Steps: Care

If the person has been hit hard enough that they have a pelvis injury, their spine may also be damaged. Encourage the person to stay as still as possible until emergency personnel arrive.

If you must move a person with a pelvis injury, use a scoop stretcher if it is available. Because of the way that they are curved, these stretchers can be used without immobilizing the person, and are recommended for pelvis and head, neck, or spine injuries.

Frostbite

Frostbite is an injury in which the skin (and, in severe cases, the underlying tissues) freeze. Extremities, such as the toes, feet, fingers, hands, ears, and nose, are particularly prone to frostbite.

Superficial Frostbite

Superficial frostbite happens when the person's skin freezes but their underlying tissues do not. A person with superficial frostbite might get clear blisters after their skin thaws, but they generally do not lose much or any tissue.

Deep Frostbite

Deep frostbite happens when the tissues beneath the person's skin (which can include their tendons, muscles, and blood vessels) freeze. When someone has deep frostbite, ice crystals and swelling in their body begin to damage or destroy their body's cells, blood vessels, and nerves. The person might get dark blisters when their tissue thaws and they are more likely to lose tissue.

Prevent and Prepare

To help prevent frostbite:

- Never ignore numbness: If one of your extremities feels numb or tingly, you must take steps to warm it immediately. This could be by putting your hands under your armpits or by pulling your arms inside your jacket for direct skin-to-skin contact.
- Cover up vulnerable areas, such as your cheeks, nose, and ears, by wearing clothing that is appropriate for the weather (such as a scarf, winter hat, and mittens).

- Wear mittens instead of gloves when you can, as mittens will insulate your hands better.
- Insulate your feet as much as possible, but avoid footwear that is tight around your toes.
- Wear your clothing in layers and adjust them as necessary so that you feel warm but are not overheating and sweating.
- Keep yourself well-hydrated.
- Keep your clothing dry and change out of wet clothing as soon as possible.

Early Recognition: Check

The risk of frostbite is higher with:

- Moisture on the skin.
- Exposure to wind.
- Not enough insulation.
- Clothing or equipment that reduces or constricts blood flow.

The person's skin may look shiny and rosy when they are cold (a condition that is sometimes called "frost nip"). This is a warning that the person will get frostbite soon. If you see these signs, advise the person to move to a warmer environment or protect their skin with layers of clothing.

Superficial Frostbite

A person with superficial frostbite might have:

- Hardened skin.
- Skin that looks lighter than the area around it.
- Skin that has started to turn grey or yellow.
- Pain or stinging in the area, followed by numbness.

Deep Frostbite

A person with deep frostbite might have:

- Waxy skin that is colder than the area around it.
- Skin and underlying tissue that is hard and solid to the touch.
- Skin that is white, blue, black, or mottled.
- A complete loss of feeling in the frostbitten body part.

Access Help: Call

Call 911 or your local emergency number and get an AED and a first aid kit if:

- The person goes into shock.
- The person stops breathing.
- The person's level of responsiveness changes.
- The person is in a lot of pain.
- The person has moderate or severe hypothermia.

Otherwise, encourage the person to contact their care provider. Deep frostbite needs to be seen by a care provider.

First Aid Steps: Care

Because both hypothermia and frostbite are caused by exposure to the cold, you may be providing care for someone with the signs and symptoms of both conditions. Because hypothermia is more serious than frostbite, you should care for it before you care for the frostbite.

If an area of the person's body is frozen, it should not be allowed to thaw and then refreeze.

1. Remove the person from the cold environment.
    - If the person is cold and appears to not be breathing, check for signs of breathing for 60 seconds.
2. Have the person remove any wet clothing.
3. Place a gentle heat source on the person's armpits, chest, and upper back. Examples of gentle heat sources include hot water bottles or warming packs, wrapped in fabric.
    - Do not rub the exposed skin of someone who may have frostbite or hypothermia.
4. Wrap the person in dry material, such as blankets or coats.
5. If the person is responsive and able to swallow, offer them some food or a warm drink (no caffeine or alcohol).
6. If the person's skin is frozen, warm the affected area with warm water or body heat. Do not rub their skin or break any blisters.

Recovery

Dress the affected area with sterile gauze.

If multiple fingers or toes are affected, make sure to place gauze between each digit.

Two-Person CPR

Any time you do CPR, you must call 911 or your local emergency number and get an AED and first aid kit.

1. Person 1 begins compressions, counting out loud.
    - Do between 100 and 120 chest compressions per minute (roughly 2 compressions per second).
    - Let the chest rise after each compression.
2. Meanwhile, Person 2 calls 911 or the local emergency number and gets an AED and a first aid kit.
3. Person 2 attaches the AED pads, if available.
4. Person 2 opens the airway with a head-tilt/chin-lift (for an adult or child) or by putting them in the sniffing position (for a baby).
5. Every 30 compressions, Person 1 pauses compressions and Person 2 gives 2 breaths.
    - Interrupting chest compressions to deliver 2 rescue breaths should take less than 10 seconds.
    - Breathe with just enough air to cause the chest to rise.
6. Person 1 and Person 2 should switch places after every 5 cycles of 30 compressions and 2 breaths, when they are tired, or when the AED re-analyzes.

Considerations

- If you are unwilling or unable to give rescue breaths, do compression-only CPR.
- If the person has a stoma, give compression-only CPR.
- If the person is wearing a helmet, leave the helmet in place. If the helmet prevents you from reaching the person's mouth to give breaths, do compression-only CPR.
- If the person begins to vomit while you are giving CPR:
    - Roll the person onto their side, facing you.
    - Quickly wipe the person's mouth clean.
    - Roll the person onto their back and continue with CPR.

Adults

- If you're using a flat plastic shield as your barrier device, pinch the person's nostrils when giving rescue breaths.
- The depth of compressions should be 5 cm (2 in.), or about 3 fingers' width.
- If the person appears to be pregnant, roll up a soft object and place it under their right hip. The aim is to raise the right hip by 7.5 to 10 cm (3 to 4 in.), about 1 hand's width.

Children

- If you are using a flat plastic shield as your barrier device, pinch the child's nostrils when giving rescue breaths.
- Push down about one-third of the depth of the chest. Do not push down more than half of the chest's depth.

Babies

- If a CPR barrier device is available, you should still use it on babies.
- If using a pocket mask on a baby, orient the mask whichever way up gives the best seal. Do not lean on the baby's head to make the seal.
- If you're using a flat plastic shield as your barrier device, you need to cover the mouth and nose with your mouth while giving rescue breaths.
- Push down about one-third of the depth of the chest. Do not push down more than half of the chest's depth.
- When placing 2 fingers or thumbs on the baby's chest, you can use the nipple line or the armpit as a landmark.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a condition of the airways that causes a loss of lung function. The average Canadian with COPD is 65 years old or older and has a long history of smoking. However, the disease has been diagnosed in people who are as young as 40 years old.

Prevent and Prepare

To help prevent COPD, you can:

- Maintain a healthy lifestyle.
- Take steps to stop smoking cigarettes.

Early Recognition: Check

People who have been diagnosed with COPD may get colds or the flu more frequently, and they also experience shortness of breath under conditions that do not challenge most healthy people.

If a person has COPD, they might:

- Suddenly have shortness of breath and start gasping for air.
- Be sitting upright and leaning forward.

- Have a barrel-chested appearance.
- Have coarse rattling sounds in their lungs.
- Have swollen (distended) veins in their neck.
- Have pale, ashen/greyish, yellowish, greenish, bluish, or purplish lips.
- Breathe long breaths out through pursed lips.
- Have an oxygen system in their home.

Access Help: Call

Call 911 or your local emergency number and get an AED and a first aid kit if:

1. The person is more short of breath than usual.
2. The person has tried taking their COPD medication multiple times and their shortness of breath is not better.
3. The person has a fever and chills and is coughing up mucous (productive cough) that makes their shortness of breath worse.
4. The person stops breathing.

First Aid Steps: Care

People with COPD who are not acutely short of breath are usually receiving low concentrations of oxygen from a personal oxygen unit. If you notice that the person is having trouble breathing, you can hand them their personal oxygen unit.

If the person stops breathing, begin CPR immediately.

Recovery

The person should follow their care provider's instructions about caring for their COPD.

Transportation

Moving an Ill or Injured Person

When possible, you should avoid moving an injured or ill person to give them care. Unnecessary movement can cause the person additional injury and pain and may complicate their recovery.

Prevent and Prepare

Before you move an ill or injured person, you must consider the limitations of the situation. In order to move a person quickly and safely, consider:

- Any dangerous conditions at the scene.
- The person's size.
- Your physical ability.
- If there are others that can assist you.
- The person's condition.

If you do not consider these factors, you could get injured. If you become injured, you could become unable to move the person.

If you lift and carry a great deal of equipment during an emergency, you could experience back injuries or bone, muscle, or joint injuries. If this happens when you are trying to provide care, you will not be able to help, and another First Aider will have to provide care for you as well as any other ill or injured people.

To protect yourself and the ill or injured person when moving someone:

- Only try to move a person when you are sure that you can handle the rescue comfortably.
- Walk carefully, using short steps.
- Walk forward with the person, instead of backward, wherever possible.
- Always take the shortest, most direct route to your destination, as long as it is safe.
- Scan the pathway you want to use before moving so that you can identify potential hazards (such as slip hazards or poor lighting).

Body Mechanics

To reduce the risk of injuries, everyone involved in a lift or carry should use proper body mechanics (also called "biomechanics"). The basic principles of body mechanics that can be used for all lifts and moves include:

- When lifting, use the muscles of your legs, hips, buttocks, and abdomen. Never use the muscles of your back to move or lift the person.
- Keep the weight as close to you as possible. Reduce the distance you have to reach as much as possible.
- Keep your shoulders, hips, and ankles aligned while you lift. This will reduce twisting forces.
- Reduce the height and distance that you carry the person as much as possible.

- If you must carry the person over a longer distance, lift them in stages.
- Keep your wrists and knees in normal alignment. For example, keep your feet aligned with your knees, and avoid lifting with your wrists at awkward angles.

Reaching for a person or object incorrectly can injure the ligaments of your back. When reaching, engage your core and never twist your back.

Avoid reaching more than 15 to 20 cm (6 to 8 in.) in front of your body, as the muscles in your upper back and shoulders can only stay stretched in that position for a few seconds before you risk hurting yourself.

Early Recognition: Check

You may need to move a person if:

- There is an immediate danger (either a danger to you or to the person being rescued).
  - This could be from a fire, a lack of oxygen, a risk of drowning, a possible explosion, a collapsing structure, or an environmental hazard such as extreme cold.
- It is difficult to access other ill or injured people without moving someone.
  - For example, you may need to move a person with minor injuries so that you can access other people who may have life-threatening conditions.
- There is a barrier that makes it difficult to provide proper care without moving the person. For example, you need to perform CPR and:
  - You do not have enough room around the person to perform CPR properly. In this case, you should move them to somewhere with enough room.
- You are on a boat and the person needs rescue. In this case, you must get the person above deck.

Some rescue situations make gaining access to people especially challenging and require First Aiders with specialized training and equipment. This might happen if the ill or injured person is in a confined space. Confined spaces are particularly challenging because they:

- Have restricted entrances or exits due to their location, size, or structure.
- Can be dangerous for anyone who enters them (including emergency personnel). This might be because of:
  - Their design, construction, location, or atmosphere.
  - The materials or substances inside of them.
  - The work activities that are being carried out inside of them.

Access Help: Call

Call 911 or the local emergency number or make the call following your radio telephone procedures and get an AED and a first aid kit if a person needs to be transported.

First Aid Steps: Care

There are many different ways to move someone to safety. A move is successful if you can move the person without injuring yourself, injuring the person further, or taking unnecessary risks.

The different ways to move an ill or injured person include:

Walking Assist

You can use a walking assist to help a person who is responsive and needs help with walking. You can do a walking assist with one or two First Aiders.

To perform a walking assist:

1. Ask the person to stand up.
2. Place yourself on the person's weaker or injured side.
3. Place the person's arm across your shoulders and hold it in place with one of your hands.
4. Place your other hand around the person's waist.
    - Your body will act as a "crutch," supporting the person's weight while you both walk.
5. If there is someone else at the scene, they can support the person from the other side in the same way.

Two-Person Seat Carry

You can use a two-person seat carry to move someone who cannot walk if you do not suspect that they have a head, neck, or spine injury. You will need two First Aiders to perform this carry.

To perform the two-person seat carry:

1. Person 1 stands on one side of the ill or injured person and Person 2 stands on their other side.
2. Person 1 and Person 2 each put one arm under the ill or injured person's thighs and the other across their back.

3. Person 1 and Person 2 both reach under the person's legs and behind the person's back and hold onto the other First Aider's wrists.
4. Person 1 and Person 2 lift the person in the "seat" that is formed by their joined arms.

Clothes Drag

You can use a clothes drag to move a person that has a head, neck, or spine injury, as it helps keep their head and neck stabilized.

To perform a clothes drag:

1. Gather the person's clothing, such as a jacket or shirt, behind their neck.
2. Cradle the person's head using their clothing and your hands. Make sure to keep the person's head, neck, and back as straight as possible.
3. Pull the person to safety.

Blanket Drag

You can use a blanket drag to move a person if you are alone and do not have a stretcher.

To perform a blanket drag:

1. Kneel on one side of the person and spread out a blanket on their other side.
2. Gather half of the blanket and bring it up against the person's side.
3. Roll the person onto their side toward you, moving their body as one unit.
4. Tuck the gathered half of the blanket under the person as far as you can, and then roll the person back onto the blanket.
5. Reach under the person to ensure the fabric is entirely underneath them.
6. Wrap the blanket around the person.
7. Lift the blanket at the head end so that it cradles the person and then you can use it to drag them.

Considerations

- If you think you cannot move the person without hurting yourself, wait for emergency personnel.
- If there are other people at the scene who can assist you, work together.
- If the person is experiencing a life-threatening emergency and it is safe for you to do so, give them appropriate care before moving them.
- If you do not have access to a blanket, possible alternatives include a tarp, heavy plastic sheeting, or a sleeping bag.

Extremity Lift

You can move a person by using an extremity lift (also called a fore-and-aft lift) if you have someone else to help you and the person does not have a suspected head, neck, or spine injury or an injury to their pelvis, arms, or legs. You can use this move to lift an unresponsive person from the floor to a chair.

To perform an extremity lift:

1. Person 1 crouches at the ill or injured person's head. Person 2 kneels beside or between the person's knees.
2. Person 1 places one hand under each of the ill or injured person's shoulders and reaches through to hold onto the person's wrists. Person 1 should make sure that the person's back is close to their chest.
3. Person 2 slips their hands under the ill or injured person's knees.
4. When Person 1 signals, Person 1 and Person 2 lift the ill or injured person at the same time.

Piggy-Back Carry

You should use a piggy-back carry instead of a one-person lift or blanket drag if you are alone and need to transport a person over a long distance.

1. Put both of the person's arms over your shoulders.
2. Cross the person's arms, grasping their left wrist with your right hand and their right wrist with your left hand.
3. While holding the person's wrists, pull their arms close to your chest.
4. Squat down slightly.
5. Push your hips back toward the person to pick them up, keeping your waist slightly bent.
6. Stand up, keeping the person's weight on your hips.

Cradle Carry

You can use a cradle carry to transport a child, baby, or very light person by yourself.

1. Put one arm under the person's knees and the other arm around their back.
2. Stand up and pick the person up.

Four-Hand Seat

You can use a four-hand seat if you have another person to help you and you need to carry a person who is responsive and alert a medium distance. You can only use a four-hand seat if the person can stand on their own and hold themselves upright while you are moving them.

1. Person 1 and Person 2 each grab their own right wrist with their left hand, and the other person's left wrist with their right hand.
2. Person 1 and Person 2 squat down so their hands are low enough for the ill or injured person to sit on.
    - Make sure that you are lowering your hands by bending your knees, not by arching your back.
3. The ill or injured person sits on the four-hand seat.
4. Person 1 and Person 2 stand at the same time.
    - Bend your knees when picking the person up to avoid hurting your back.

Stretchers and Lifting Devices

There are many kinds of stretchers and lifting devices. The more common types are:

- scoop stretcher (clamshell)
- backboard
- basket stretcher
- multi-level stretcher (wheeled cot)
- flexible litter
- stair chair

You can use any of these stretchers to carry a person.

Scoop Stretcher

You can use a scoop stretcher (also called a clamshell) to lift a person from the ground to another kind of stretcher or backboard. You should only use scoop stretchers for lifting and not for carrying people across long distances. They let you lift people without moving or rolling them, but they do not let you examine the person's back unless you roll them over.

A scoop (or clamshell) stretcher can be helpful in marine and remote settings with long wait times for emergency personnel. Because of the way that they are curved, these stretchers can be used without immobilizing the person, and are recommended for pelvis and head, neck, or spine injuries.

If you suspect that a person has a pelvis or head, neck, or spine injury, make sure to avoid jostling their spine and pelvis as much as you can.

Backboard

You can use backboards (also referred to as spine boards or full boards) to lift people but not to carry them across long distances. They are made of plywood or plastic and are either rectangular in shape or tapered at one end. Backboards have holes cut along the sides that you can use to secure the person's body to the board with straps. Most boards are approximately 1.8 m (6 ft.) long. If you are using a backboard with a basket stretcher, you must be able to fit the board inside the stretcher.

Basket Stretcher

The basket stretcher, also called the Stokes basket, comes in various types and strengths. Basket stretchers are made of metal support frames with wire mesh or high-impact plastic liners. You can use stretchers for rescues and to lift people.

To use a basket stretcher:

1. Place blankets under the person to make them more comfortable.
2. Place a backboard or litter board on the bottom of the basket stretcher to make loading and unloading it easier.
    - If you are using a basket stretcher with a scoop stretcher, the scoop stretcher must be able to fit in the basket stretcher.
3. Secure the person to the stretcher if you will be carrying them over a long distance lowering or raising them off the ground (such as if you are moving them over a steep slope).

Multi-Level Stretcher

You can lower or raise multi-level stretchers by using the release handles at the end or side or the stretcher. Multi-level stretchers have wheels and adjustable head and leg sections. Each side of the stretcher has a safety rail, which you should not use to lift the stretcher. Multi-level stretchers are common in transportation vehicles, such as ambulances.

Flexible Litter

Flexible litters are made of synthetic materials with no rigid structure. They need to be used with a spinal immobilization device to provide rigidity. Flexible litters work well when moving people through narrow passageways. These litters wrap around the person, which means that they are not much bigger than the circumference of the person's body. Because they are flexible, you can also use them to carry people of many different sizes, including those for whom a basket stretcher may be restrictive.

Stair Chair

A stair chair is used to transport an ill or injured person in a seated position. Stair chairs are especially useful when there is a small elevator or staircase in which a longer stretcher will not fit. The wheels on a stair chair swivel to manoeuvre around tight corners and landings. Some stair chairs have caterpillar-style treads that make navigating stairs or steep terrain easier.

You can improvise a stair chair with a sturdy chair.

To improvise a stair chair:

1. Ask the person to sit in a chair, or pick them up and place them on the chair.
    - The chair should be sturdy and not have wheels.
2. Person 1 holds onto the sides of the chair's back with their palms facing inward.
3. Person 2 holds onto the chair's front legs and tilts it back onto its back legs.

If you are carrying the person a short distance or on a staircase:

1. Person 2 faces the ill or injured person and holds on to the chair's front legs.
2. Person 1 and Person 2 carry the chair and walk in the direction that the ill or injured person and Person 1 are facing.

If you are carrying the person over a longer distance:

1. Person 2 moves the ill or injured person's legs apart.
2. Person 2 backs up and squats so that the chair is behind them.
3. When Person 1 signals, Person 1 and Person 2 lift the person at the same time.
    - Bend your knees when picking up the chair to avoid hurting your back.

Improvised Stretcher

Any strong materials that are long enough to support the ill or injured person's body can be used to create an improvised stretcher. You can also use a board or poles for support.

Before you lift the person, make sure that they are secure on the stretcher and that the material that you chose is strong and will not tear.

To Make an Improvised Stretcher

1. Make sure that the materials you use for the stretcher are safe for both the ill or injured person and the people carrying it. The material you choose must be strong so that it will not tear when the person is lifted.
    - You could use materials like blankets, bed sheets, or sleeping bags to make a stretcher.

2. Make sure that the material is long and wide enough to support the person's entire body.
    - Ideally the stretcher should be about 60 cm (2 ft.) longer than the person's height.
3. Lay the person on the material. Try not to jostle them as you arrange the material. You may need to roll the person onto their side and place the material down, then roll them back on top of the material.
4. Make the stretcher comfortable if the person will be on it for a long period of time or if the travel will be rough.
    - You could add padding made of clothing or blankets to make the stretcher more comfortable.

To Lift an Improvised Stretcher

- Ensure that the person is secure on the stretcher.
- Gather enough people to help with lifting.
- Appoint a leader to oversee the transportation.
- Never run while carrying a stretcher.
- Always lift safely.

Considerations

- If you are on difficult terrain or a slippery surface, you may need more people to carry the stretcher safely.
- If you need to move the stretcher over a steep slope you can use ropes to help control the stretcher's descent or ascent.
- If you are creating a stretcher on a boat, put the person in a personal flotation device (PFD) before placing them on the stretcher, if possible.
- The person on the stretcher must have their ABCs and vital signs checked at intervals of no more than 5 minutes.
- Bend your knees when picking up a stretcher to avoid hurting your back.
- Ensure there are enough people to lift the stretcher without hurting anyone.
    - DO NOT lift a real person in the training session.

Care During Transportation

If a worker is acutely ill or injured or needs to be accompanied during transport to a care facility, their employer must ensure that the worker is accompanied by at least one First Aider, in addition to the operator of the transportation.

! Follow your workplace's guidelines on the transportation of ill or injured people.

You may decide to take the ill or injured person to care facility if:

- The person is your friend or family member.
- The person's injuries are minor and non-life-threatening.
- There is no risk of the person's condition getting worse.
- There is no risk of the person experiencing an altered level of responsiveness.

If you are transporting an ill or injured person:

- Obey traffic laws.
- Focus on driving: Take someone else with you to help keep the ill or injured person comfortable and to watch for any changes in their condition.
- Do not break the speed limit or cause an accident.
- Do not let an ill or injured person drive a motor vehicle for any reason.
  - Driving is a high-risk activity that requires concentration, so getting behind the wheel while ill or injured is extremely dangerous.
  - Even a person whose condition is mild could get worse while they are driving, which could affect their ability to safely operate the vehicle.
- If a first aid attendant must leave the work site to accompany a person to a care facility, their employer is responsible for making sure that there are enough first aid attendants onsite during operating hours to meet OHS regulations.

Triage

If there is a situation with multiple ill or injured people, it can be difficult for you to decide who to help first. In these cases, you should identify the people whose illnesses or injuries are the most immediately life-threatening.

For example, you should start by providing care for anyone:

- whose breathing is abnormal
- who has life-threatening bleeding

You can then provide care for anyone who is still able to speak and is not losing large amounts of blood.

Hazardous Materials

Hazardous materials in a workplace can include:

- Engine and machine emissions.
- Cargo.
- Fuel.
- Refrigeration chemicals (such as Freon).

Follow the instructions on all warning labels, tags, and placards.

Potentially Toxic Substances

Toxic substances can be gases, solids, or liquids, and can cause death, illnesses, or serious injuries. They can be harmful when they are swallowed or inhaled or when they come into contact with skin.

One toxic substance is carbon monoxide gas. Carbon monoxide gas can occur in hold fires, because of an explosion, in the waste gases of petroleum and oil-driven engines, and when cargoes of refrigerated meat decompose.

Certain refrigerated cargoes, including fruit, vegetables, and cheese, generate carbon dioxide when they are stored. If the refrigeration fails, food cargoes, especially meat, may generate poisonous and inflammable gases. This can be particularly dangerous if the cargo space is flooded. Some of the gases that cargoes can generate include:

- Carbon monoxide, which has no odour.
- Ammonia, which has a strong odour that smells like urine or sweat.
- Hydrogen sulphide, which smells like rotten eggs at low concentrations or sickeningly sweet at high concentrations. People may stop smelling it because their noses get used to the smell.
- Hydrogen, which has no odour.

These gases are extremely poisonous in large concentrations, and some of them are explosive.

Refrigerant gases such as ammonia vapour, carbon dioxide, or Freon displace oxygen, making the air unsafe to breathe. Freon produces a toxic substance when it is exposed to open flame.

Storage of Dangerous Goods

Every hazardous substance that is stored, handled, or used in a workplace must be managed to minimize its potential hazard for workers. Packages should be marked and labelled clearly and containers and transport units should have the warning placards on containers and transport units that national and international regulations require.

Workplace Hazardous Materials Information System (WHMIS)

Toxic substances can be vapours, gases, mists, sprays, dust, or fumes.

To help protect employees, the Canadian federal, provincial, and territorial governments created a system that provides workers and employers with information on the hazardous materials that they use. This class identification system is called the Workplace Hazardous Materials Information System (WHMIS). WHMIS was created to align with an international system for classifying hazardous materials called the Globally Harmonized System for the Classification and Labelling of Chemicals (GHS).

WHMIS requires employers to:

1. Clearly label hazardous materials, including all toxic substances.
2. Inform their employees about risks and precautions.

To help workers identify and handle hazardous materials safely, WHMIS uses:

- Labels that outline the risks, precautionary measures, and first aid that relate to the material.
- Safety Data Sheets (SDSs).
- Worker education.

Safety Data Sheets (SDSs) are documents that have summaries of all of the important technical information that workers need to know when working with a product. They list the hazards of the product as well as recommended safety precautions. An SDS must be available for every hazardous material at the work site and must be handed to any emergency personnel that attend the scene.

If you are required to work with or near controlled products, you must receive training in:

- The use of WHMIS labels and SDSs.
- Where SDSs are stored. They should be easily accessible.
- The procedures for safely using, storing, handling, and disposing of the hazardous materials.
- The procedures to follow if there is an emergency that involves hazardous materials.
- The specific codes that are used in your workplace. Pipes, pumps, and large containers that carry hazardous materials should be marked with these codes.

Injuries from hazardous materials can be prevented if employers and workers follow the instructions on all warning labels, tags, and placards in the workplace.

It is recommended to keep copies of all relevant SDSs in a location where first aid attendants can access them easily. The SDSs must also be available at all locations where the products are used, so that workers can consult them.

Psychological First Aid

National Crisis Number:

- Call 1-833-456-4566 toll free outside of Quebec (24/7).
- Call 1-866-277-3553 in Quebec (24/7).
- Visit talksuicide.ca.

Kids Help Phone can also support you:

- Call 1-800-688-6868 (24/7).
- Text CONNECT to 686868.
- Live Chat (7 p.m. to midnight ET).

Psychological First Aid (PFA) is the care that you provide for people who are suffering crisis events and experiencing overwhelming stress. It should be humane, supportive, practical, and sometimes preventative.

Psychological first aid includes providing compassionate emotional and practical support to people who are having difficulty coping. It can also include helping them to connect with the appropriate help so that they can feel calm and comforted.

You can give psychological first aid to anyone before, during, or immediately after crisis events. Although you can give psychological first aid anywhere safe, some situations may need more privacy. When you are giving psychological first aid, make sure to:

- Respect the person.
- Protect the person's dignity.
- Protect the person's integrity.
- Provide empathy.
- Provide protection.

Respect means knowing and honouring people's rights. This includes the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women, the United Nations Declaration on the Rights of Indigenous Peoples Act, and Canadian human rights legislation. Each of these instruments outlines the right to freedom of religion and culture.

Dignity means recognizing people's own power and ability to make decisions. It also means understanding their need to uphold their cultural roles and teachings. This does not mean accepting harmful practices.

Integrity means being honest in your interactions. Make sure to clearly state what is possible or impossible. This is critical in establishing trusting relationships.

Empathy means listening and caring. By listening, you acknowledge other people's realities and the trauma that they have experienced.

Protection means providing safe environments for everyone. If you know that someone is unsafe or needs help, you can make a referral or contact emergency personnel.

Types of Stress

When giving psychological first aid, there are different types of stress to consider:

Day-to-day stresses are ordinary, everyday annoyances and stresses. These include:

- Arguments with your partner.
- Driving in bad weather.
- Job interviews.
- Project deadlines.

Cumulative stress, or distress, adds up over time. It can include:

- Struggling to pay rent with a low income.
- Working long hours over time.
- Hurtful relationships.

Extreme or traumatic stress happens from specific traumatic incidents. It includes:

- Natural disasters.
- The death of a pet.
- Losing a job.
- Experiencing or witnessing car accidents.

Vicarious or secondary stress happens when people are exposed to traumatic events that happen to other people. It can happen if you:

- Hear stories about serious losses.
- Support someone who has is experiencing traumatic stress.
- Are over-exposed to violent or upsetting stories in the media.

Prevent and Prepare

There are different systems and factors that can help prevent and prepare for psychological first aid emergencies:

Support systems allow a person to handle the effects of stress. They can include a person's relationships, communities, cultures, and societies. They can be biological, psychological, or social.

Resiliency is the ability to cope and realign from adverse effects. It is based on skills, knowledge, experience, actions, and behaviour.

Coping is the process of:

- Adapting to new situations.
- Dealing with difficult circumstances.
- Trying to solve problems.
- Trying to reduce or tolerate stress or conflict.

Personal factors are the specific factors that work together to keep you balanced. They include psychological, physical, personal, spiritual, professional, and emotional factors. Determine your personal factors before entering a stressful environment.

You can help to prevent and prepare for your own psychological needs by thinking of the "Look, Listen, Link, Live" cycle:

- LOOK for signs of stress within yourself.
- LISTEN to what those signs are saying about what you need.
- LINK those signs and your needs with things that you can do to meet those needs.
- LIVE by using coping strategies to help maintain your resiliency.

Early Recognition: Check

When you are caring for others, look out for these signs that may indicate a psychological first aid emergency:

- Signs of stress.
- Signs of distress, which might include uncontrollable sobbing, an inability to care for their own basic needs, silence, or delusions.
- Basic needs not being covered.
- Signs of violence.

Make sure that you are also paying attention to any nonverbal communication from the person.

Access Help: Call

If you are providing psychological first aid in a workplace, you may have a legal obligation to report the incident. Make sure that you know:

- The policies of your organization.
- Your provincial or territorial child protection laws.
- When to call 911 or your local emergency number and when to call a community crisis line.

If someone is not an immediate danger to themselves or others, there are options to link them with care outside of 911 or your local emergency number.

When to Call 911 or Your Local Emergency Number

If someone is at risk of harm to themselves or others, you should help the person get appropriate support by calling 911 or your local emergency number.

First Aid Steps: Care

1. Approach the person and ask them about their needs and concerns.
2. Provide a calm, safe space for them to share how they are feeling.
3. Help them link to support.
4. Be mindful of your behaviour as you interact with the person.

Recovery

Recovering from a psychological first aid emergency does not mean that the person has to get back to where they were. It means that they can move forward with purpose with the help of appropriate support.

Connecting with resources can be part of the person's recovery, as well as being part of prevention and care. Some resources include:

- The person's care provider.
- The person's local Canadian Mental Health Association (CMHA).
- The CMHA's BounceBack service, which is free mental health coaching over the phone for people 15 years and older who are experiencing low mood, mild-to-moderate depression and anxiety, stress, or worry.
- The Government of Canada's Wellness Together portal, which offers free counselling, online courses, self-guided programs, and peer support groups.

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