

OHS Guidelines

Part 3

Occupational First Aid

Guidelines to accompany the
Occupational Health and Safety Regulation

Issued by
WorkSafeBC
(the Workers' Compensation Board of B.C.)

G3.14 to 3.20 *First aid guidelines for employers*

Issued March 30, 2004; Revised November 1, 2004; Editorial Revision February 1, 2008

The first aid guidelines cover the following:

- Information regarding WCB Standard OFA1: Certification of Occupational First Aid Attendants – see OHS Guideline 3.14
- The employer's responsibility for providing first aid services and transportation to medical aid – see OHS Guideline G3.16
- Conducting an assessment to determine the level of first aid service required in the workplace – see OHS Guideline G3.16
- First aid procedures – see OHS Guideline G3.17
- Implementing an early defibrillation program in the workplace - see OHS Guideline G3.17(1)-1
- Communications with the first aid attendant and to obtain assistance – see OHS Guideline G3.18(1)
- Availability of the first aid attendant – see OHS Guideline G3.18(2)
- Acceptable first aid records – see OHS Guideline G3.19
- Multiple employer workplaces – see OHS Guideline G3.20

The following supplementary materials support these guidelines; all but the first of these documents are included at the end of the first aid guidelines:

- Assigned Hazard Rating List
- Types of First Aid Attendants and Training Programs
- First Aid Kits: Recommended Minimum Contents
- First Aid Facilities: Recommended Minimum Criteria
- Emergency Vehicles and Equipment

If you wish to print all the first aid guidelines with supplementary materials, these are available in PDF format (289KB) on the WCB web site:

http://www2.worksafebc.com/PDFs/firstaid/First_aid_guidelines.pdf

In addition, you may wish to print the first aid assessment flow chart (91KB):

http://www2.worksafebc.com/PDFs/firstaid/First_aid_assessment_flowchart.pdf

and the first aid assessment worksheet (79KB):

http://www2.worksafebc.com/PDFs/firstaid/First_aid_assessment_worksheet.pdf

G3.14 *First aid attendant certification, qualifications and general responsibilities*

Issued November 1, 2004

Section 3.14 of the *OHS Regulation* states:

...

"*first aid attendant*" means a person who holds a valid first aid certificate issued by the Board or by a person recognized by the Board and who is designated as a first aid attendant by the employer;

...

In order to clarify the definition of "first aid attendant" under section 3.14 of the *OHS Regulation*, qualifications of attendants under section 3.15 of the *OHS Regulation*, and responsibilities of attendants under section 3.21 of the *OHS Regulation*, the Board has issued *WCB Standard OFA1: Certification of Occupational First Aid Attendants*.

This standard explains how a person becomes certified to act as an attendant in the workplace, the terms and conditions of certification, the general responsibilities of the attendant in the workplace, and the disciplinary actions the WCB may take if an attendant does not meet his or her responsibilities.

The standard is located at:

<http://www2.worksafebc.com/Publications/OHSRegulation/WCBStandards.asp?ReportID=33295>

G3.16 First aid assessment

Issued March 30, 2004; Revised February 1, 2008

Regulatory excerpt

Section 3.16 of the *OHS Regulation* ("Regulation") states:

- (1) The employer must provide for each workplace such equipment, supplies, facilities, first aid attendants and services as are adequate and appropriate for
 - (a) promptly rendering first aid to workers if they suffer an injury at work, and
 - (b) transporting injured workers to medical treatment.
- (1.1) The type and quantity of equipment, supplies, facilities, first aid attendants and services referred to in subsection (1) must be no less than is required by Schedule 3-A.
- (1.2) The quality, maintenance and use of equipment, facilities and methods of transportation referred to in this section must be acceptable to the Board.
- (2) For the purpose of complying with subsection (1), the employer must conduct an assessment of the circumstances of the workplace, including
 - (a) the number of workers who may require first aid at any time,
 - (b) the nature and extent of the risks and hazards in the workplace, including whether or not the workplace as a whole creates a low, moderate or high risk of injury,
 - (c) the types of injuries likely to occur,
 - (d) any barriers to first aid being provided to an injured worker, and
 - (e) the time that may be required to obtain transportation and to transport an injured worker to medical treatment.
- (3) The employer must review the assessment under subsection (2)
 - (a) within 12 months after the previous assessment or review, and
 - (b) whenever a significant change affecting the assessment occurs in the employer's operations.
- (4) First aid equipment, supplies and facilities must be kept clean, dry and ready for use, and be readily accessible at any time a worker works in the workplace.

Purpose of guideline

The purpose of this guideline is to set out a step-by-step method for employers to follow when conducting an assessment of the workplace to determine an adequate and appropriate level of first aid coverage. These steps cover the requirements listed in section 3.16(2) and (3). The steps are designed to help employers determine which table applies to their workplace and what the required levels of first aid service mean. (See [Schedule 3-A Minimum Levels of First Aid](#) Tables 1-6 ("Schedule 3-A") in the *Regulation*.) Also see, at the end of these Guidelines: First Aid Kits: Recommended Contents, First Aid Facilities: Recommended Criteria, and Emergency Vehicles and Equipment).

Most employers will not need all the information provided in this guideline. A flow chart and worksheet are available to help you do the first aid assessment for your workplace. Where you may need additional information as you work through the flow chart, the chart refers to the appropriate part of the first aid guidelines. These guidelines are also available in PDF:

http://www2.worksafebc.com/PDFs/firstaid/First_aid_guidelines.pdf

Employer's responsibility to conduct an assessment

Schedule 3-A in the *Regulation* specifies mandatory minimum levels of first aid, including what type of first aid kits, facilities, and equipment are required. Schedule 3-A does not specify required contents or criteria for the first aid kits, facilities and equipment. The content and criteria of first aid kits, facilities and equipment should be based on the assessment performed under section 3.16(2). This recognizes that persons working in the workplace will generally have a greater awareness of its circumstances and needs than WorkSafeBC. Employers are expected to exercise good judgment in performing the assessment.

Once employers have identified the required minimum levels of first aid in Schedule 3-A, they should consult the appropriate table in *First Aid Kits: Recommended Minimum Contents*, *First Aid Facilities: Recommended Minimum Criteria*, and *Emergency Vehicles and Equipment*, found at the end of this guideline. Typically, employers would be expected to approximate the recommendations in the appropriate tables. However, after conducting an assessment, the employer may legitimately conclude that the nature of the necessary first aid kit, facility or equipment is different from that which is recommended in the appropriate table. If the recommendations in the tables are not followed, employers are expected to demonstrate that the assessment was conducted diligently and led to a reasonable conclusion about the content or nature of first aid kit, facility and equipment required at the workplace. If their assessment results in levels different from those suggested in the tables, given the circumstances at the workplace, the employer is expected to explain and provide a rationale for the differences. An assessment must not result in levels lower than the mandatory minimums required by Schedule 3-A.

If workers of two or more employers are working at the same workplace at the same time, the prime contractor is responsible for conducting the assessment and providing the first aid services identified by the assessment. See OHS Guideline G3.20.

Conducting the assessment

Step 1:

Identify the workplace.

First identify the workplace for which first aid is required. As a result of this step, you may determine that you have more than one workplace. An assessment of the first aid requirements for *each* workplace must be done.

Is the workplace at one location only?

For most workplaces with one location, there is one workplace. However, if there is more than one location or if there are lodgings, there may be more than one workplace.

Consider the factors in the following table to see if they apply to your workplace. In any situation, the factors may point to different conclusions. It is then necessary to weigh those factors indicating one workplace against those indicating separate workplaces. After considering all the factors, you should choose the option that provides the greatest level of first aid service.

Location factors

Factor No.	Factor	Indication of one workplace	Indication of separate workplaces
1	Location or locations are under the control of one employer.	Yes	
2	Location leased by one employer is part of a larger property which may be leased to others.		Yes
3	Locations controlled by one employer are separated by locations controlled by other employers.		Generally yes, but depends on circumstances. See 6.
4	Locations of one employer are more than 20 minutes apart from each other.		Yes
5	A public roadway separates locations of one employer from each other in an urban area.		Yes
6	Locations of one employer are 20 minutes or less from each other in a rural area.	Yes	
7	Though adjoining, locations of one employer are separated by physical barriers.		Yes
8	Though controlled by one employer, the locations are under separate administrative structures.		Yes

Lodgings

Lodgings at or near the workplace, generally within 20 minutes, should be considered part of the workplace. First aid service should be based on the total work force present at the place of work and in the lodgings at any time. This does not apply to a company town or to motels or hotels where workers have lodgings in a nearby town.

The employer providing lodgings may allow other employers on the site to accommodate their workers there. The employer providing the lodgings is responsible for ensuring that first aid service is provided for all workers in the lodgings, unless other arrangements are made.

Lodgings that are not at or near the workplace may be considered a separate workplace. The level of first aid service must be determined by conducting an assessment based on the number of workers in the lodgings. This includes workers such as cooks and cleaners who perform their daily work there as well as others who work elsewhere but spend free time there.

The employer may be able to provide the required first aid services for the lodgings and the workplace by moving the same first aid personnel and equipment from one place to the other as the workers move.

Multiple employer workplaces

See OHS Guideline G3.20 for more information on multiple employer workplaces where there is a prime contractor.

At the end of Step 1

An assessment is required for each workplace identified in Step 1. If you are using the worksheet provided on the web site, fill in a separate sheet for each workplace since the requirements may be different.

Step 2:

Determine the hazard rating as low (L), moderate (M), or high (H).

The workplace can be assigned an overall rating that indicates the nature and extent of the risks and hazards in the workplace. The step-by-step approach in this guideline uses three levels of hazard rating: low, moderate, and high.

(a) Is my industry listed in the Assigned Hazard Rating List?

To assist in the assessment, WorkSafeBC has assigned ratings of low, moderate, and high to various industries in an "Assigned Hazard Rating List." The list reflects the previous Schedule 7 in Part 33 (prior to March 30, 2004). The new designations correspond to former hazard ratings:

- C in Schedule 7 = Low (L)
- B in Schedule 7 = Moderate (M)
- A in Schedule 7 = High (H)

If your industry is not in the "Assigned Hazard Rating List," it is probably because there is a wide variation in the industry as to the job functions, work processes, or tools and equipment. You can calculate a hazard rating using the adjustment calculation in (d) of this step, or you may call WorkSafeBC at 604-276-3100 or toll-free at 1-888-621-7233 and talk to an officer who can help you with this part of the assessment.

(b) Are the job functions, work processes, and tools used in my workplace typical of the industry?

You need to determine if the assigned rating is appropriate and make a rating adjustment if the circumstances warrant it. The overall workplace rating is based on typical job functions, which are designated as low risk or high risk. There is no moderate level for job *functions*, but the percentage of workers doing high-risk job functions and the amount of time they spend doing those job functions determines whether a workplace has an overall hazard rating of moderate or high.

Generally, to determine the level of risk of a job function, you should analyze the work conducted at the workplace to identify:

- Conditions that exist or may develop during or at the end of the job
- The work processes and the tools or equipment required for the job function
- The past record of injuries, accidents, and other relevant circumstances associated with the job function

The following lists will help you determine whether your workplace has typical low-risk or high-risk job functions.

Typical low-risk job functions

- Administrative and clerical tasks
- Retail tasks
- Service sector tasks (such as hospitality and tourism)
- Professional, financial, and business services
- Training or teaching

Typical high-risk job functions

- Working in the presence of a biological agent designated as a hazardous substance in section 5.1.1 of the *Regulation*, toxic substance, or chemical, which, if released, would result in workers needing immediate medical treatment as a result of inhalation or eye or skin contact
- Working in the presence of equipment or machinery containing substances under high pressure, substances that may explode or catch fire, or substances that may react dangerously when combined with another process material
- Using tools, equipment, or machinery for high-speed grinding, cutting, chipping, or drilling
- Operating equipment or machinery where rollover is possible
- Working near mobile equipment where there is a possibility of a worker being struck
- Working at elevations
- Entering confined spaces where toxic atmospheres may exist or develop
- Entering excavations greater than 1.2 metres (4 feet) in depth
- Working in proximity to high-voltage lines
- Being exposed to unusual risk of injury due to violence, drowning, animals, heat or cold, or falling objects
- Working with, or in proximity to, firearms or explosives
- Working where there are other hazard factors that may expose workers to risk of serious injury or occupational disease

If you decide that your workplace is not typical of the industry and that the assigned hazard rating is not appropriate, you can assess your level of risk and hazards in another way. See Step 2(d) below.

(c) Consider the type of injuries likely to occur, by looking at past incidents, near-misses, and injuries. Are these typical for this hazard rating?

The evaluation of types of injuries that can potentially occur is important, as varying levels of first aid attendants and supplies are required to promptly render first aid for varying types of injuries. For example, if a first aid attendant may need to move a person on a spine board, the workplace requires a Level 3 attendant or a Level 1 or 2 attendant with a Transportation Endorsement. If you want to know what the different levels of first aid courses cover, you can find this on the first aid web site under “Certification and Training”: <http://www2.worksafebc.com/Topics/FirstAid/FAQ.asp>

Look at past first aid records, incident reports, and WorkSafeBC time-loss claims history to see the type of injuries that have occurred in the past. You may be able to get information on typical injury trends from an industry association or WorkSafeBC.

If the hazard rating from the “Assigned Hazard Rating List” is appropriate, use that rating (L, M, or H) in Step 3. Or you may decide to use a higher hazard rating. If you have determined the appropriate hazard rating, you do not need to do the hazard rating adjustment in Step 2(d), which follows. Record this hazard rating on your worksheet.

(d) Do I want to calculate a different rating, more specific to my workplace?

Instead of using the table, you have the option of determining the hazard level using generally accepted principles and methods. The method in this guideline is one acceptable way to calculate an adjustment and is similar to methods used in other jurisdictions. WorkSafeBC officers may ask to see a written assessment or an explanation of your calculation of hazard rating.

Hazard rating adjustment

The following factors are considered when determining the overall hazard rating of the workplace:

- The primary function of the business and whether it accounts for the majority of the work at the workplace
- The ratio of low-risk job functions to high-risk job functions

The calculations will use the extent of individual worker exposures to establish the overall workplace rating as low, moderate, or high. These ratings determine the appropriate level of first aid service.

Calculating the extent of exposure to high-risk job functions follows these principles:

- A worker's exposure to a hazard is assessed by looking at the percentage of time the worker is exposed to the hazard.
- If a worker is exposed to more than one high hazard at the same time, the percentage of exposure is multiplied by the number of hazards.
- If a worker is exposed to the same or different high hazards at different times, the percentages of exposure are added.

A rating could be adjusted up or down as a result of the calculations. Here is the method for adjusting between low and moderate

- A **low** hazard rating would be adjusted **up** to a **moderate** hazard rating if **either** of the following occurs:
 - 30% or more of the workers have individual total exposures of greater than 20% to a high-risk job function, **or**
 - 50% or more of the workers have individual total exposures of greater than 10% to a high-risk job function
- A **moderate** hazard rating would be adjusted **down** to a **low** hazard rating if **both** of the following occur:
 - 70% or more of the workers have individual total exposures of 20% or less to a high-risk job function, **and**
 - 50% or more of the workers have individual total exposures of 10% or less to a high-risk job function

Here is the method for adjusting between moderate and high

- A **moderate** hazard rating would be adjusted **up** to a **high** hazard rating if **either** of the following occurs:
 - 30% or more of the workers have individual total exposures of greater than 75% to a high-risk job function, **or**
 - 50% or more of the workers have individual total exposures of greater than 50% to a high-risk job function
- A **high** hazard rating would be adjusted **down** to a **moderate** hazard rating if **both** of the following occur:
 - 70% or more of the workers have individual total exposures of 75% or less to a high-risk job function, **and**
 - 50% or more of the workers have individual total exposures of 50% or less to a high-risk job function

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It is expected that every workplace will have low-risk job functions. Therefore, it is generally expected that employers will start by assuming the workplace has a low hazard rating and will then move to a moderate or high rating if required. Adjustments are calculated from one level to the next, so it is a two-step process to go from low to moderate to high.

Example

To use the above calculations, you will need to identify the job functions for each worker (or for each group of workers doing the same job functions). Find out what percentage of time is spent doing each job function; you will need the percentage of time doing high-risk job functions for the calculations.

For example, in a lumber yard/retail hardware store, there are nine workers. Three workers do the same job. Each spends:

- 5% of the time trimming boards with a chop saw (high risk)
- 10% of the time operating and working around a fork lift (high risk)
- 80% of the time loading stock on dollies (low risk)
- 5% of the time doing cleanup (low risk)

Therefore, each of these three workers has an individual total exposure of 15% to high-risk job functions (obtained by adding 5% + 10%). The result is that 33% of the work force has individual total exposures of 15%.

The remaining six workers do sales and office work, all spending 100% of their time in low-risk job functions. They have no exposure to high-risk job functions.

Although a lumber yard is listed as moderate in the “Assigned Hazard Rating List,” this particular lumber yard has lower-than-expected exposures to high-risk job functions. When the adjustment calculation is applied, the moderate hazard rating is adjusted down to a low hazard rating because both of the following conditions apply:

- 70% or more of the workers (in this case, 9 out of 9 workers) have exposures of 20% or less to high-risk job functions
- 50% or more of the workers (in this case, 6 out of 9 workers) have exposures of 10% or less to high-risk job functions

At the end of Step 2

Record your hazard rating (L, M, or H) on the worksheet and use it in the next step.

Step 3:

Consider surface travel time to hospital.

Tables 1–6 in [“Schedule 3-A Minimum Levels of First Aid”](#) in the *Regulation* have different levels of first aid service that are based on how long it takes to transport an injured person to a hospital and the number of workers per shift.

The definition of “hospital” for the purpose of the assessment is “a hospital or diagnostic and treatment centre that has an emergency department or resuscitation area and a physician on duty, or immediately available on call, during the hours when workers might need these services.”

(a) Does it take more than 20 minutes to travel to hospital (by road or water) during working hours?

The calculation of time is based on the normal time to safely transport an injured worker on a stretcher by land or water, having consideration for the weather, road conditions, traffic patterns, and other factors that may affect travel and are likely to prevail during working hours.

Check that the hospital or treatment facility

- Has an emergency department or resuscitation area
- Has a physician on duty or immediately available on call
- Is open during your working hours

Facilities with the designation *hospital, health care centre, clinic, diagnostic and treatment centre, first aid post, and diagnostic facility* offer different levels of patient care and various hours of operation. Some of these facilities have B.C. Ambulance bypass protocols in place. Bypass protocols are put in place if the local clinics or hospitals are unable to receive trauma patients during certain hours. The same “bypass” rules may apply to accepting the employer’s emergency transportation vehicle or industrial ambulance.

As a result of the hours of service at the nearest treatment facility, you may find that the hospital for the day shift is closer than the hospital available for the night shift, and therefore a different table with different required first aid services would be used for the different shifts.

At the end of Step 3

On the worksheet, record the distance from hospital and the table for your workplace

- Travel time of more than 20 minutes: Use Table 1 for L rating, Table 3 for M rating, or Table 5 for H rating.
- Travel time of 20 minutes or less: Use Table 2 for L rating, Table 4 for M rating, or Table 6 for H rating.

Step 4:

Determine the number of workers on a shift.

For each workplace, the assessment must include the number of workers who may require first aid at any given time. The term “workers” includes managers and supervisors.

(a) Are all the workers at one location during the shift?

If yes, this is the number of workers (including managers and supervisors) to count.

If there are workers who are dispatched from a central workplace or workers in lodgings, they may need to be included in the first aid requirements for the central workplace. You can use the following method to count these workers.

Dispatched workers

Include dispatched workers within 20 minutes’ surface travel time from the central workplace

- Count as one worker each dispatched worker who stays within 20 minutes’ surface travel time from the central workplace for more than 50% of the shift.
- Count one-quarter of the number of workers who stay within 20 minutes’ surface travel time from the central workplace for 10% to 50% of the shift (but are farther away for the rest of the shift).
-

It is required that dispatched workers who work alone and travel more than 20 minutes from the central workplace carry their own first aid personal kit. See “First Aid Kits: Recommended Minimum Contents.”

Workers in lodgings provided by the employer

- Include workers in lodgings at or near the workplace (within 20 minutes’ travel time). The number of workers per shift should include all workers on shift and those in the lodgings.

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- As determined in Step 1, if the lodgings are more than 20 minutes from the workplace, the lodgings should be considered a separate workplace and have a separate first aid assessment.

(b) How many workers per shift are there?

Count the number of workers for each shift. Use the table you identified in Step 3 and find the number of workers per shift in Column 1.

At the end of Step 4

You have now determined which row in your table to use for each shift. The next step will take you through the remaining columns corresponding to the row you have just identified for the number of workers on a shift in your workplace. If there is more than one shift with different requirements, complete the information for each shift.

Step 5:

Find the required first aid services for your workplace.

Step 5 looks at the required level of first aid coverage needed for your workplace by looking at each column of the row you selected in your table in the previous step. Keep in mind the type of injuries that could potentially occur in your workplace – see Step 2(c). This will help you decide whether the required minimum service is adequate and appropriate for your workplace.

- (a) Look at Column 2 of your table from Step 3. What supplies, equipment, and facilities are needed? Column 1 lists the following:
- The level of first aid kit required, and its recommended contents (see “First Aid Kits: Recommended Minimum Contents”)
 - Emergency transportation vehicle (ETV) equipment and industrial ambulance equipment, if required (see “Emergency Vehicles and Equipment”)
 - Dressing station or first aid room and equipment, if required (see “First Aid Facilities: Recommended Minimum Criteria”)
- (b) Is this adequate for the type of injuries expected and the distance to medical treatment? Consider the past need for first aid services and the type of injuries that are likely to occur in your workplace. If necessary upgrade the facility from that given in the table. See Step 5(f) below for examples.
- (c) Look at column 3 of your table. What level of first aid attendant is needed? Column 3 lists the level of first aid attendant and the number of attendants if more than one is required for your workplace. For information on the levels of first aid certification, see “Types of First Aid Attendants and Training Programs.”
- (d) Is this adequate for the type of injuries expected and the distance to medical treatment? Consider the past need for first aid services and the type of injuries that are likely to occur in your workplace. If necessary, upgrade the level or number of attendants from that given in the table. See Step 5(f) below for examples.
- (e) Look at Column 4 of your table. What transportation is needed? Column 4 lists whether an emergency vehicle is required. For recommendations on ETVs and industrial ambulances (and on a mobile treatment centre as an alternative), see “Emergency Vehicles and Equipment.”
- (f) Are there any barriers to reaching medical treatment? This question helps you consider whether there is any potential delay in transporting an injured worker to medical treatment. These include the ambulance response time and remote locations.

Consider the factors that affect the response time of the ambulance service

- Distance from the workplace to the ambulance centre
- Availability of a full-time crew or a part-time crew on call
- Obstructions on the access route to the workplace or other barrier likely to delay the arrival of an ambulance service. For example:
 - Regularly recurring temporary obstructions or barriers, such as railway lines used on a daily basis with railcars blocking access at some point in the day
 - Temporary obstructions or barriers of an isolated nature, such as long-term road closure
 - Permanent obstructions or barriers on the access road, such as cross ditching
- Areas in the workplace that are not safely accessible to the ambulance service, such as access which requires specialized training to effect rescue
- Rough terrain or other similar circumstances that prevent the ambulance from accessing the workplace

If an ambulance is not able to access the workplace, appropriate upgrading includes replacing a Level 2 attendant with a Level 3 attendant and supplying ETV equipment to facilitate preparing a patient for transport. See “Emergency Vehicles and Equipment” for more information on ETVs. The ETV should be appropriate for the terrain to be traversed and the injured or ill worker’s condition. The situations for upgrading are listed in the tables in Column 5 (Other Considerations).

Keep in mind the types of potential injuries you identified in Step 2(c). Make sure that the level of attendant and the supplies and equipment are sufficient to deal with any identified delays in reaching medical treatment.

At the end of Step 5

You have determined the first aid services appropriate for your workplace. Add this information to the worksheet. First aid services must meet or exceed the minimum levels required in Schedule 3A.

Step 6:

Review your assessment.

The first aid assessment must be reviewed annually or whenever a significant change in operations occurs. Keep written records of the results of your review.

G3.17 Developing and implementing first aid procedures

Issued March 30, 2004

Section 3.17 of the *Occupational Health and Safety Regulation* states:

- (1) The employer must keep up-to-date written procedures for providing first aid at the worksite including
 - (a) the equipment, supplies, facilities, first aid attendants and services available,
 - (b) the location of, and how to call for, first aid,
 - (c) how the first aid attendant is to respond to a call for first aid,
 - (d) the authority of the first aid attendant over the treatment of injured workers and the responsibility of the employer to report injuries to the board,

- (e) who is to call for transportation for the injured worker, and the method of transportation and calling, and
 - (f) prearranged routes in and out of the workplace and to medical treatment.
- (2) The employer must post the procedures conspicuously in suitable locations throughout the workplace or, if posting is not practicable, the employer must adopt other measures to ensure that the information is effectively communicated to workers.
- (3) The first aid attendant and all other persons authorized to call for transportation for injured workers must be trained in the procedures.

There are samples of written first aid procedures for reference on the first aid web site under "Forms and Records": <http://www2.worksafebc.com/Topics/FirstAid/FAQ.asp>

Drills

To ensure the effectiveness of the employer's first aid service, a drill should be held at least once each year to test:

- Workers' awareness of the way to summon first aid, the effectiveness of the communication system, and the ability of the first aid attendant to respond to being summoned
- The capacity of the first aid service to treat injuries or illnesses of the type likely to occur in the workplace

Maintaining the system

The employer should assign personnel to manage the first aid service at the workplace. That person's duties should include ensuring that the required attendants, supplies, facilities, and equipment are always available. This would include ensuring that attendants are replaced when they are absent or leave the employ of the employer and that supplies are replenished as they are used.

G3.17(1)-1 Implementing an early defibrillation program in the workplace

Issued September 30, 2004

Section 3.17(1) of the *Occupational Health and Safety Regulation* states:

The employer must keep up-to-date written procedures for providing first aid at the worksite including

- (a) the equipment, supplies, facilities, first aid attendants and services available,
- (b) the location of, and how to call for, first aid,
- (c) how the first aid attendant is to respond to a call for first aid,
- (d) the authority of the first aid attendant over the treatment of injured workers and the responsibility of the employer to report injuries to the Board,
- (e) who is to call for transportation for the injured worker, and the method of transportation and calling, and
- (f) prearranged routes in and out of the workplace and to medical treatment.

An early defibrillation program in the workplace has three main elements: an automated external defibrillator (AED) that meets acceptable technical standards, oversight by a medical director, and training of first aid attendants and other authorized persons in the use of the AED. These will be supplemented by written procedures.

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This guideline sets out technical standards for AEDs, the role of the medical director, training standards for the designated first aid attendant and other authorized persons, and the requirements for written procedures.

An early defibrillation program is not specifically required by the *OHS Regulation*, but if one is established, then the AED is considered to be first aid equipment, and its use is governed by relevant provisions in the *OHS Regulation*, particularly section 3.17(1). AED training is not included in WCB occupational first aid course curriculum; therefore, additional training will be required in order for this equipment to be used at the worksite.

Section 3.17(1)(a) requires employers to keep up-to-date written procedures for providing first aid at the worksite including the equipment, supplies, facilities, first aid attendants and services available. If the employer chooses to implement an early defibrillation program the written procedures must outline the program according to this guideline and describe how the equipment will be integrated into the first aid response for that worksite.

The early defibrillation program should be integrated with the employer's emergency first aid response plan.

Because the introduction of an early defibrillation program has potential consequences for the health and safety of workers, it is expected that the employer will consult with the joint occupational health and safety committee, or worker health and safety representative, as applicable, on proposals to introduce the use of AED equipment.

Early Defibrillation Devices – technical standards

These devices (termed *automated external defibrillators* or *AEDs*) should meet three minimum criteria to be acceptable for use in the workplace in BC. They should be:

1. Currently licensed for use as an external defibrillator in Canada by Health Canada (see Health Canada, Medical Devices Bureau of the Therapeutic Products Directorate (www.mdall.ca),
2. Automated (semi-automatic) in operation (the only type licensed for use at this time in Canada), and
3. Capable of storing both electrocardiographic and AED event data.

AED Medical Director

Where an early defibrillation program exists in the workplace, the program should be under the direction of an AED Medical Director. The Medical Director will:

1. Be a physician licensed to practice medicine in British Columbia by the College of Physicians and Surgeons of British Columbia,
2. Be familiar with early defibrillation clinical and technical issues,
3. Be responsible for the security and management of patient clinical information including any electronic data from an AED unit, and
4. Provide a letter of confirmation to the employer, confirming he or she is the AED Medical Director for that site's early defibrillation program.

The employer at a workplace with an early defibrillation program will make the letter of confirmation from the AED Medical Director available on request of a Board officer, as required under section 179(3) of the *Workers Compensation Act*.

Training standards for early defibrillation responders

1. The AED Medical Director will set out in writing, for the employer, the expected criteria to which the early defibrillation responders must be trained.
2. It is expected that these criteria will meet or exceed the early defibrillation standards of the Heart and Stroke Foundation of Canada and that recertification in early defibrillation will occur yearly.
3. Among other things, section 115(2)(e) of the *Workers Compensation Act* requires that the employer provide the information, instruction and training to workers necessary to ensuring the health and safety of other workers at the workplace. For those workers who will use AEDs this includes

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information and instruction necessary for the safe use of the equipment. Also, section 3.17(3) of the *OHS Regulation* requires first aid attendants and other persons authorized to call for transportation of injured workers to be trained in these procedures.

4. The employer is responsible for maintaining records of early defibrillation training and certification for each early defibrillation responder at the worksite. The employer will make these records available on request of a Board officer.

Designated first aid attendant & other authorized persons

Where an early defibrillation program exists in the workplace, the designated first aid attendant is in charge of the emergency first aid care of the patient, including the delivery of early defibrillation until the patient is transferred to a higher medical authority.

This does not preclude other trained individuals in the workplace from administering first aid, cardiopulmonary resuscitation or early defibrillation in the absence of or while awaiting the arrival of the designated attendant.

Written procedures

1. Written procedures are required by section 3.17(1) of the *OHS Regulation* and must include any procedures or protocols associated with the employer's early defibrillation program, including the means of designating workers who are authorized to use AEDs, a list of persons so authorized, and the means of use of equipment.
2. The procedures and protocols should be sanctioned by the AED Medical Director.
3. The procedure and protocols should also address:
 - a. The assurance of ongoing clinical support for early defibrillation responders.
 - b. Integration of the use of AEDs within the organization's written procedures for providing first aid.
 - c. Clinical documentation (written and/or electronic) of an event where early defibrillation was deployed, including security of and maintenance of this documentation, which is required by section 3.19 of the *OHS Regulation*
 - d. The storage, inspection, and maintenance of AED equipment (See section 3.17(1)(a)).

G3.18(1) Communications

Issued March 30, 2004

Section 3.18(1) of the *Occupational Health and Safety Regulation* states:

The employer must provide an effective means for

- (a) communication between the first aid attendant and the workers served, and
- (b) the first aid attendant to call for assistance.

This guideline suggests suitable means of communication between the first aid attendant and workers.

There is an "effective means" of communication if workers throughout the workplace know how to alert the first aid attendant that service is required. That system could consist of a whistle, siren, series of lights, pager, two-way radios, or portable phones that the first aid attendant would see or hear and that would enable the attendant to know where to respond.

"Assistance" in section 3.18(1)(b) may include assistance from other workers, the B.C. Ambulance Service, or another ambulance service acceptable to the Board.

G3.18(2) Availability of first aid attendant

Issued March 30, 2004

Section 3.18(2) of the *Occupational Health and Safety Regulation* states:

The employer must not assign, and the first aid attendant must not undertake, employment activities that will interfere with the attendant's ability to receive and respond to a request for first aid.

This guideline discusses how to ensure that the first aid attendant is available to render first aid promptly, as required by section 3.16(1).

In order to provide effective treatment, the equipment, facilities, and attendant must be accessible and first aid must be administered to the worker as soon as practicable after the injury or disease, in accordance with the practices and standards found in the attendant's training program.

The following principles apply in determining whether the first aid service has been properly provided:

- An attendant should actually be present in the area served, during all working hours. This includes periods such as lunch or coffee breaks when workers are on shift and at the workplace but not actually working.
- The attendant, equipment, and facilities must be ready to receive the injured worker or to depart to where the worker is situated without delay, usually within 3 to 5 minutes of being summoned. (This allows the attendant time to clean up as needed, either take off coveralls or put on clean coveralls, and obtain the first aid kit.)
- The location of the central first aid service should be readily accessible. A service will be readily accessible where it is within 10 minutes' walking time (or driving time, where vehicles are normally used for general movement within the workplace) for all workers in a workplace. Alternatively, the service is readily accessible where the attendant can reach injured workers within 10 minutes' walking time (or driving time) to render first aid.

Backup for absent first aid attendant

Absences from the workplace by first aid attendants may be planned (such as vacations or medical appointments) or unplanned (such as travelling with an injured worker to hospital or being absent because of sickness). Since it is foreseeable that planned and unplanned absences will occur, the employer will be expected to have a procedure for dealing with them.

Where planned absences may leave on duty fewer than the required number of attendants, the employer should have a substitute first aid attendant available as soon as the absence commences. With regard to unplanned absences, an absence of up to approximately half a shift is permissible until a replacement attendant is in place.

G3.19 First aid records

Issued March 30, 2004

Section 3.19 of the *Occupational Health and Safety Regulation* states:

- (1) The employer must maintain at the workplace, in a form acceptable to the board, a record of all injuries and exposures to contaminants covered by this Regulation that are reported or treated.
- (2) First aid records must be kept for at least 3 years.

- (3) First aid records are to be kept confidential and may not be disclosed except as permitted by this Regulation or otherwise permitted by law.
- (4) First aid records must be available for inspection by an officer of the board.
- (5) Workers may request or authorize access to their first aid records for any treatment or report about themselves.

This guideline outlines what form of record-keeping is acceptable to the Board and what access to records is needed.

Acceptable record-keeping

Records containing the following information are acceptable to the Board:

- The full name and occupation of the worker
- The date and time of injury or report of exposure or illness
- The date and time the injury, exposure, disease, or illness was reported to the employer or employer's representative
- The name of witnesses
- A description of how the injury, exposure, disease, or illness occurred
- A description of the nature of the injury, exposure, disease, or illness
- A description of the treatment given and any arrangements made relating to the worker
- A description of any subsequent treatment given for the same injury, exposure, disease, or illness
- The signature of the attendant or person giving first aid, and if possible, the signature of the worker receiving treatment

Access to records

Policy Item R3.19-1 states:

Where a person is entitled to have access under section 3.19, the access need not extend to all of the records. It should be limited to the minimum necessary to satisfy the purpose for which the access is required. If, for instance, access is required to investigate a claim for compensation, it would be limited to the records of the individual making the claim.

G3.20 Multiple employer workplaces

Issued March 30, 2004; Editorial Revision February 1, 2008

Regulatory excerpt

Section 3.20 of the *OHS Regulation* ("Regulation") states:

If workers of 2 or more employers are working at a workplace at the same time, the prime contractor must

- (a) conduct an assessment of the circumstances of the workplace under section 3.16(2) in relation to all the workers in the workplace, and
- (b) do everything that is reasonably practicable to establish and maintain the first aid equipment, supplies, facilities, first aid attendants and services required under section 3.16.

Purpose of guideline

The purpose of this guideline is to discuss the role of the prime contractor in providing first aid services. It also considers situations where a group of employers with adjacent workplaces provide a common first aid service.

Role of the prime contractor

The prime contractor will normally set up a central first aid service for the whole workplace or arrange for a subcontractor to do this. The prime contractor is the person defined under the *Workers Compensation Act* (“Act”) as the owner of the workplace unless the owner enters into a written agreement with another party to assume the responsibilities of the prime contractor.

Where the first aid service is provided by agreement with another person or persons, the following guidelines are recommended:

- The service should meet the requirements as to hazard classification, distance from hospital, and number of workers per shift of each workplace using it.
- In considering the accessibility of the service, the demands on it by all workplaces using it must be considered. The number of workers per shift used to determine the level of service is the total number of workers in all these workplaces. In addition, consider any use of the service by members of the public visiting these workplaces.
- In determining the location of the service, consider the need to provide first aid promptly. Also consider whether any workplaces are likely to create greater hazards and therefore make more use of the service.
- The level and location of the service must allow for any restrictions on access that may occur at peak work periods.
- Each employer participating in the service must separately comply with the obligation in section 3.19(1) to maintain records of all injuries and manifestations of disease at their own workplace. The service may also keep central records.
- The service and each employer must restrict access to any first aid records to the persons authorized by section 3.19(3). Any person who has access to the records must under section 3.19(5) keep them confidential except as required for the legitimate purpose of their access.
- The employer retains full legal responsibility for providing all first aid services for the workplace as required by Part 3 of the *Regulation*. If the service does not meet an obligation imposed on the employer, WorkSafeBC will hold the employer responsible, not the person agreeing to supply the service.

G3.21 Suspension and cancellation of first aid certificates

Issued August 31, 2007

Regulatory excerpt

Section 3.21 of the *OHS Regulation* (“*Regulation*”) states:

- 1) The first aid attendant must
 - (a) promptly provide injured workers with a level of care within the scope of the attendant's training and this Part,
 - (b) objectively record observed or reported signs and symptoms of injuries and exposures to contaminants covered by this *Regulation*, and
 - (c) refer for medical treatment workers with injuries considered by the first aid attendant as being serious or beyond the scope of the attendant's training.

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- (2) A first aid attendant must be physically and mentally capable of safely and effectively performing the required duties, and the Board may at any time require the attendant to provide a medical certificate.
- (3) The first aid attendant is responsible, and has full authority, for all first aid treatment of an injured worker until responsibility for treatment is accepted
 - (a) at a place of medical treatment,
 - (b) by an ambulance service acceptable to the Board, or
 - (c) by a person with higher or equivalent first aid certification.

Section 195 of the *Workers Compensation Act* (“*Act*”) provides:

- 195 (1) If the Board has reasonable grounds for believing that a person who holds a certificate issued under this Part or the regulations has breached a term or condition of the certificate or has otherwise contravened a provision of this Part or the regulations, the Board may, by order,
- (a) cancel or suspend the certificate, or
 - (b) place a condition on the use of that certificate that the Board considers is necessary in the circumstances.
- (2) An order under this section suspending a certificate must specify the length of time that the suspension is in effect or the condition that must be met before the suspension is no longer in effect.

Purpose of guideline

This guideline sets out the circumstances in which WorkSafeBC will consider suspending or cancelling a first aid certificate, and discusses the process by which first aid certificates are suspended or cancelled.

Background

Occupational first aid certificates are issued to first aid attendants by first aid agencies on behalf of WorkSafeBC. These agencies enter into an agreement with WorkSafeBC that permits them to issue first aid certificates to individuals.

WorkSafeBC has the authority to suspend or cancel these first aid certificates under s. 195 of the *Act*.

Where a WorkSafeBC certification or prevention officer (officer) learns of circumstances that may indicate a lack of competence or misconduct on the part of a first aid attendant, the officer may consider suspending the attendant’s certificate. The Manager of Certification Services may then consider further action, which could involve cancellation of the certificate.

When may a first aid certificate be suspended or cancelled?

Under section 195 of the *Act*, WorkSafeBC may cancel or suspend a first aid certificate where it has “*reasonable grounds for believing*” that the holder has

- Breached a term or condition of the certificate
- Contravened a provision of Part 3 of the *Act* or the *Regulation*

Section 3.21 of the *Regulation* sets out the requirements for the first aid attendant. The failure of an attendant to meet these obligations would be a contravention of the *Regulation* for the purposes of s. 195

and may provide grounds for the suspension or cancellation of the certificate. Such circumstances would include failing to

- Promptly provide injured workers with a level of care within the scope of the attendant's training and in accordance with sections 3.14 through 3.21 of the *Regulation*
- Objectively record observed or reported signs and symptoms of injuries and exposures to contaminants
- Refer for medical treatment workers with injuries considered by the first aid attendant as being serious or beyond the scope of the attendant's training
- Be physically and mentally capable of safely and effectively performing the required duties

Policy D12-195 -1 sets out an additional list of inappropriate conduct for first aid attendants, which may be considered to be failing to provide workers with an appropriate level of care under s. 3.21, including

- Smoking while assessing or treating an injured worker and/or while handling oxygen therapy equipment, or permitting others to do so
- Failing to use the assessment and injury treatment techniques outlined in first aid training courses unless conditions precluded them
- Conduct that poses an unreasonable threat to the safety and well-being of other workers or the public
- Removing themselves from being able to see or hear any summons for first aid at a workplace
- Abandoning an injured worker after beginning assessment or treatment
- Refusing to treat an injured worker when acting as a designated first aid attendant
- Treating or transporting an injured worker while impaired or under the influence of drugs or alcohol

Failing to provide competent care, failing to ensure first aid records are kept, and using intoxicants while on duty are common grounds for suspending and/or cancelling of certificates.

Process for suspending or cancelling a first aid certificate

There are two stages to suspending and/or cancelling of an occupational first aid certificate. The first stage, a temporary suspension, involves an officer seizing the certificate from the attendant and forwarding it to the Manager of Certification Services. The second stage involves the Manager of Certification Services reviewing the circumstances leading to the suspension and making a determination on what further action should be taken. The Manager may cancel the certificate, return it to the attendant, or place conditions based on the review.

Stage 1: Officer's Interim Suspension

Before a first aid certificate may be suspended or cancelled, WorkSafeBC must have "reasonable grounds for believing" that a contravention of the *Act* or *Regulation* or a breach of the terms of the attendant's certificate has occurred. While a finding of "reasonable grounds" does not require absolute proof that circumstances amounting to non-compliance have occurred, it does require that the officer undertake an investigation of the circumstances in question to ensure the suspension or cancellation is reasonable.

The officer's investigation should include the following:

1. Review the employer's incident investigation document
2. Review the worksite written procedures to ensure there is clear direction for attendant response

3. Inspect attendant training and orientation records
4. Provide the attendant an opportunity to offer his/her account of the circumstances
5. Interview all persons who may have relevant information before making the decision to suspend the certificate

Once the investigation is complete, and the officer thinks there are reasonable grounds for concluding that the attendant has failed to comply with the *Act*, *Regulation*, or the terms of the certificate, the officer will

1. Issue an Order to Worker suspending the first aid certificate

This order must specify the length of time that the suspension is in effect (as required by s. 195(2) of the *Act*). The duration of the suspension may be up to seven days pending review by the Manager of Certification Services.

Note: The officer may also consider issuing orders to the employer or other workplace parties in connection with the circumstances, as appropriate.

2. Notify the employer of the suspension of the certificate
3. Forward evidence supporting the suspension, any evidence offered by the attendant in his/her defense, and the outcome of the employer's investigation to Certification Services

Stage 2: Cancellation or Other Action

Once the officer's evidence is forwarded to Certification Services, the Manager of Certification Services will undertake a review of the circumstances and make a final determination with respect to the first aid certificate. This may include issuing a warning, placing a condition on the certificate, further suspension, or cancellation of the certificate.

The type of action the Manager takes will depend on the circumstances of each case. Factors that will be considered include

- The risk of harm to workers caused by the breach, the potential severity of that harm, and the number of workers put at risk
- The potential for future risk to workers should the attendant be allowed to continue to provide services
- Whether the breach was caused by carelessness, recklessness, willful blindness, or intentionally
- The need to maintain public or stakeholder confidence in first aid services in general

Once the Manager has made a determination, a letter is forwarded to the attendant notifying him/her of the Manager's decision and specifying the conditions under which reinstatement may occur. The letter also advises of the right to appeal. A "Request for Review" form is included with the letter.

The employer is notified if the attendant's certificate is cancelled. The training agency that issued the certificate is also notified of the cancellation.

Review and Appeal

Section 96.2(1)(c) of the *Act* provides that a person may request a review officer to review "a Board order, a refusal to make a Board order, a variation of a Board order or a cancellation of a Board order respecting an occupational health or safety matter under Part 3." Please refer to the "Reviews and Appeals" section of the [OFA1 Standard](#).

Assigned Hazard Rating List

“L” represents low; “M” represents moderate; “H” represents high
 N.E.S. means not elsewhere specified

Abrasives-Mfg.	M	Beverages-Alcoholic-Mfg.	M	Catering—Industrial	L
Acetylene Gas-Mfg.	H	Beverage-Non Alcoholic-Mfg.	M	Catering, N.E.S.	L
Acetylene Welding	M	Bicycle Repair Shops	L	Causeways or Jetties—Construction	H
Acids-Mfg.	M	Billiard Equipment-Installation or		Cement-Mfg.	M
Acoustical Contractors	M	Repairs	M	Cement Blocks-Mfg.	M
Adding Machines-Mfg. or repairs	L	Billiard Parlours	L	Cement Products-Mfg., N.E.S.	M
Aerials—Erection	H	Biscuits-Mfg.	M	Cement Work, N.E.S.	M
Air Conditioning Contractors	M	Blacksmithing	M	Cemetery Operations	M
Air Transportation-Air Personnel	M	Blasting Work as a Business	H	Chair Lifts or Ski Tows-Operation	M
Air Transportation-Ground Personnel	M	Blinds-Venetian-Metal-Mfg.	M	Charcoal-Mfg.	M
Airport Construction	H	Blinds-Venetian-Wooden-Mfg.	M	Chemicals-Mfg., N.E.S.	M
Alcoholic Beverages-Mfg.	M	Blinds-Window-Cloth-Mfg.	M	Chicken Catching	L
Alkalis-Mfg.	M	Boarding Car Operations	L	Chimney Cleaning	M
Aluminum—Smelter	H	Boats-Plastic-Mfg.	M	Christmas Tree Cutting	M
Ambulance Service	M	Bodies-Truck or Trailer-Mfg.	M	Christmas Tree Farms-Operation	M
Amusement Parks	L	Boilers-Installation or Removal	H	Cigars-Mfg.	L
Animal Breeding	M	Boilers-Mfg.	H	Clay Mining	H
Animal Foods—Canning	M	Bolts-Mfg.	M	Clay Ornaments-Mfg.	L
Apartment Buildings—Operation	L	Bookbinding	L	Cleaning-Buildings-Steam-External	M
Apiary	L	Booming Ground Operations	H	Cleaning—Chimney	M
Appliance Rental	L	Booming or Log Sorting	H	Cleaning Compounds-Mfg.	M
Appliances-Household Electrical		Bowling Alleys	L	Cleaning or Dyeing Service	L
-Mfg. or Repairs	M	Bowling Equipment-Installation		Cleaning—Windows	M
Appliances-Transmission Line—		or Repairs	M	Clerical Employees-Supplying	
installation	H	Bowling-Lawn—Clubs	L	as a Business	L
Architecture	L	Boxes-Cardboard or Plastic-Mfg.	M	Clinics	L
Argent Recovery Process	L	Boxes-Wooden—Works	H	Cloth-Mfg.	M
Armaments-Mfg.	H	Bricks-Mfg.	M	Cloth Window Blinds or	
Armature Rewinding-Small Motors		Bridge Construction	H	Clothing-Mfg.	M
-No Installation Work	M	Bridge Operations	L	Clubs—Private	L
Armature Winding, N.E.S.	M	Broadcasting Stations	L	Coal Mining	H
Arsenical Products-Mfg.	M	Brooms or Brushes-Mfg.	M	Coal Yards—Operation	M
Artificial Ice-Mfg.	M	Builders Supply Yards	M	Coffee—Roasting	M
Artificial Insemination Station	M	Building Construction	H	Coffins-Wooden-Mfg.	M
Artificial Limbs-Mfg.	M	Building Construction-		Cold Storage Plants	H
Asbestos Mining	H	Non Industrial, N.E.S.	H	Collection—Fish	M
Asphalt Paving Material-Mfg.	H	Building Moving	H	Collection—Kelp	M
Asphalt Roofing-Application	M	Buildings-Apartments or Commercial		Commercial Buildings-Operation	L
Asphalt Roofing, Shingles, Siding		—Operation	L	Commercial Properties-Operation	L
or Tile-Mfg.	M	Buildings-Electrical Wiring	M	Communication Systems	M
Assaying	M	Buildings—Insulation	M	Compressed Sawdust Fire Logs-Mfg.	M
Auctioneering Establishment	L	Buildings-Steam Cleaning—External	M	Concrete Beams-Prestressed-Mfg.	M
Auto Courts or Trailer Courts	L	Bulldozer Operations as a Business	H	Concrete Products-Mfg., N.E.S.	M
Automobile Driving Schools	L	Bus Lines-Maintenance or Operation	M	Concrete Work-Reinforced, N.E.S.	M
Automobile Painting, Repairs or Sales	M	Bus Services-Chartered—Operation	L	Confectionery-Mfg.	M
Automobile Rental	L	Buttons-Mfg.	L	Consulting Engineering	L
Automobile Springs-Mfg.	M	Cabarets	L	Containers-Cardboard or Plastic-Mfg.	M
Awnings-Mfg.	M	Cabinet making without Machinery	M	Cooperage	H
Babbitt-Mfg.	M	Cable Television Service	L	Corrosion-Control—Electrical	L
Baggage Transfer Service	M	Cafes or Coffee Shops	L	Cosmetics-Mfg.	L
Bags-Plastic or Paper-Mfg.	M	Canning Animal Foods	M	Creosoting	M
Bags or Trunks-Mfg.	M	Canning Meats	M	Crop-dusting or Spraying by Aircraft	H
Bakeries or Distribution of Bakery		Canning or Packing Fruits or		Crushing—Stone	M
Products	M	Vegetables	M	Cultivation—Oyster	M
Barber Shops	L	Canning or Processing Fish	M	Curing Hides	M
Barber Supply Houses	L	Canoes—Construction	M	Curling Rinks	L
Barrels-Wooden-Mfg.	H	Cans-Mfg.	M	Cushions-Mfg.	M
Bath Service-Steam	L	Canvas Work-Mfg.	M	Dairy Farming	H
Batteries-Mfg.	M	Car Wash	L	Dairy Products—Distribution	M
Beauticians' Supply Houses	L	Cardboard Boxes-Mfg.	M	Dam—Construction	H
Beauty Salons	L	Carpenter Shops	M	Dance Halls as a Business	L
Beds-Iron or Bedsprings-Mfg.	M	Carpet Laying	M	Delicatessen Products-Mfg.	M
Beekeeping	L	Carpets-Mfg.	M	Delivery Service	M
Belting-Rubber-Mfg.	M	Cartage or Express Service	M	Demolition-Bldgs.	H
Berry Farms	M	Cash Registers-Mfg. or Repairs	L	Dental Laboratories	L

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Dental Supply Houses	L	Ferries	M	Hardboard-Mfg.	H
Department Stores	L	Fertilizer-Fish-Mfg.	M	Hats-Mfg.	L
Diamond Drilling	H	Fertilizer-Mfg., N.E.S.	M	Hauling	M
Diaper Service	L	Film Distribution	L	Hauling Logs	H
Die Casting or Die Making	M	Finance	L	Hay Farming or Haying	H
Digging-Water Well	H	Fire-fighting	H	Health Clubs or Spa	L
Display Painting-Shop Only	L	Fish-Canning or Processing	M	Heating Equipment-Installation or Servicing, N.E.S.	M
Distilleries	M	Fish Collection	M	Heating Plants or Systems, N.E.S.	M
Distribution of Automatic Amusement, Music or Vending Machines or Devices	M	Fish Fertilizer or Fish Oil-Mfg.	M	Hides-Curing or Wholesale Raw	M
Domestic or other Household Employees	L	Fish Wholesaling	M	Hobby Shops	L
Drapes-Mfg.	L	Fishing	M	Hog Farming	M
Dredging	H	Fishing-Independent Operators	M	Hop Growing	M
Drilling-Diamond	H	Flakeboard-Mfg.	H	Horse Race Courses	L
Drilling N.E.S.	H	Floor Cleaning or Floor Waxing Service	L	Horticultural Nurseries	L
Drilling-Oil or Gas Well, N.E.S.	H	Floor Laying	M	Hose-Rubber-Mfg.	L
Drilling-Oil or Gas Well-Offshore	H	Florists	L	Hospitals	M
Drilling-Water Well	H	Flour Mills	M	Hospitals-Government	M
Driving Schools	L	Flumes-Construction	H	Hospitals-Veterinary	L
Drugs-Mfg.	M	Flying Schools	M	Hot Metal Operations	H
Dry-cleaning-Clothing	L	Food Products-Mfg., N.E.S.	M	Hotels	L
Dry Docks-Construction	H	Food Products-Misc.-Mfg.	M	Household Electrical Appliances-Mfg. or Repairs	M
Dry Docks-Operation	H	Foundries	H	Household or Other Domestic Employees	L
Drywall Contractors	M	Freighting, N.E.S.	M	House Moving or Raising	H
Dyeing	L	Frozen Dinners-Mfg.	L	Ice-Artificial-Mfg.	M
Dykes-Construction or Repair	H	Fruit-Canning or Packing	M	Ice Cream-Mfg.	M
Egg Farming	L	Fuel Yards or Fuel Distribution	M	Ice Distribution, Handling or Harvesting	M
Electric Contractors	M	Fumigating Service	L	Ice Rinks	L
Electric Light and Power Plants-Construction by an Electric Light and Power Company for the purpose of its Business	H	Funeral Undertaking	L	Industrial Catering	L
Electric Light and Power Plants and Lines-Operation	M	Fur Goods Industry	L	Industrial Properties-Operation	L
Electric Lighting Systems-Construction or Installation, N.E.S.	H	Furnaces-Mfg.	M	Industrial Testing	M
Electric Railways-Maintenance or Operation	H	Furniture-Mfg.	M	Ink-Mfg.	M
Electric Welding	M	Furniture-Making-without Machinery	M	Insecticides-Mfg., N.E.S.	M
Electrical Appliances-Household-Mfg. or Repairs	M	Furniture-Metal-Mfg.	M	Installation-Boilers, Engines or Machinery	H
Electrical Control Panels-Mfg.	M	Furniture-Upholstering	L	Insulating-Buildings	M
Electrical Corrosion Control	L	Galvanizing	M	Insurance	L
Electrical Wiring of Buildings	M	Garages	M	Interior Decorating or Designing Service	L
Electroplating	M	Garbage Collection Service	M	Iron Beds-Mfg.	M
Elevators-Installation-Mfg. or Repairs	M	Gardening (Exclusive of market gardening) or Landscape Gardening	M	Iron Works-Ornamental-Installation	M
Employers' Associations	L	Gas-Acetylene-Mfg.	H	Irrigation Works-Operation or Maintenance	M
Enamelling-Metal	M	Gas-Natural-Distribution System Operation (Exclusive of Trans-Provincial Pipeline Systems)	M	Janitor Service	M
Enamelling-Porcelain	M	Gas-Natural-or Oil Pipeline Construction	H	Jetties or Causeways-Construction	H
Engineering-Consulting	L	Gas or Oil Producers-Explorers-Developers	H	Jewellery-Mfg.	L
Engines-Installation or Removal	M	Gas or Oil Well Drilling, N.E.S.	H	Junk Dealers	H
Engines-Mfg.	M	Gas or Oil Well Drilling-Offshore	H	Kelp Collection	M
Engraving	L	Gas or Oil Well Servicing by means of Service Rigs	H	Kiln Drying	H
Envelopes-Mfg.	M	Gas or Oil Well Servicing by means other than Service Rigs	H	Kilns-Lime	M
Equipment-Heavy-Sales, Service, Rental or Repair	M	Gas-Propane-Distribution	H	Knitting Mills	M
Excavation Work as an industry	H	Geophysical Contractors	H	Labour Unions	L
Excelsior-Mfg.	M	Glass Bottles or Jars-Reconditioning or Mfg.	H	Laminated Beams-Mfg.	M
Explosives-Mfg.	H	Glass Cutting-Polishing-Grinding	M	Lamp Shades-Mfg.	L
Exterminating Service	L	Glass Products-Mfg., N.E.S.	M	Land Clearing or Grading as an Industry	H
Extracts-Flavouring-Mfg.	M	Golf Courses, Ranges or Clubs	L	Land Surveying	M
Farm Labour Supply (* Adopt the hazard classification of the commodity group to which labour is supplied.)	*	Grain Elevators	M	Landscape Gardening	M
Farm Services (where not directly related to other farming industries. This category covers the use of harvesting equipment)	H	Grain Farming	H	Lathing	M
Feed Lots	H	Grain Lining	H	Laundry Service	M
Feed or Farm Supply Dealers	M	Gravel Pits	H	Law Business	L
		Gravel or Tar Roofing	M	Lawn Bowling Clubs	L
		Gravelling-Roads, Runways or Sidewalks	M	Lead Articles-Mfg.	M
		Greenhouse-Operation	M	Leather Goods-Repairs, N.E.S.	L
		Guns-Mfg.	M	Leather Good Shops-Assembly or Repairs	L
		Gypsum-Mfg.	M	Lens Grinding	L
		Hairdressing Establishments	L	Licensed Public Houses or Lounges when operated by a separate company	L

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Light and Power Plants	M	Natural Gas Distribution Systems-		Pianos-Mfg. or Repairs	L
Lighting Fixtures-Mfg.	M	Operation (Exclusive of Trans-		Picture Framing	L
Lighting Systems-Electric		Provincial Pipeline Systems)	M	Piers-Construction	H
Construction or Installation, N.E.S.	M	Natural Gas or Oil Pipelines-		Pile Driving	H
Lime Kilns	M	Operation	M	Pilot Car Service	L
Lime Quarrying	H	Navigation Services	H	Pipe Fitting	M
Linen Supply Service	L	Neon Signs-Installation or Mfg.	M	Pipeline-Oil or Natural Gas-	
Linoleum Laying	M	Night Clubs	L	Construction	H
Lithographing	M	Non-Alcoholic Beverages-Mfg.	M	Pipeline-Oil or Natural Gas-	
Locksmiths	L	Non-Industrial Building		Operation	M
Lodging Houses-Operation	L	Construction, N.E.S.	H	Pipe-Wooden-Mfg.	H
Logging	H	Noodles-Mfg.	L	Pitch-Mfg.	M
Log Hauling	H	Nurseries-Horticultural	L	Planing Mills	H
Log Sorting or Booming	H	Nursing Homes	L	Plaster Ornaments-Mfg.	L
Logs-Sawdust-Compressed-Fire-Mfg.	M	Nuts-Mfg.	M	Plastering	M
Lumber-Kiln Drying	H	Offshore Oil or Gas Well Drilling	H	Plastic Bags-Mfg.	M
Lumber Yards	M	Oil Distribution	M	Plastic Boats-Mfg.	M
Macaroni-Mfg.	M	Oil-Fish-Mfg.	M	Plastic Boxes-Containers-Mfg.	M
Machine Shops	M	Oil or Gas Producers-Explorers-		Plastics-Small Articles-Assembly	L
Machinery-Installation or Removal	M	Developers	H	Plastics or Synthetic Resins-Mfg.	M
Machinery-Rental	M	Oil or Gas Well Drilling, N.E.S.	H	Plating	L
Manufacturers' Agents	L	Oil or Gas Well Drilling-Offshore	H	Plumbing or Heating	M
Marina Operation	M	Oil or Gas Well Servicing by		Plywood-Mfg.	H
Marine Elevators-Installation	M	means of Service Rigs	H	Pole Manufacturing Plants-Operation	
Marine Railway Operation	H	Oil or Gas Well Servicing by		-when such operation is conducted as	
Marine Salvage	H	means other than Service Rigs	H	a separate industry	H
Masonry	M	Oil or Natural Gas Pipelines-		Police Services	H
Matches-Mfg.	M	Construction	H	Polish-Mfg.	M
Mats-Rubber-Mfg.	M	Oil or Natural Gas Pipeline-		Porcelain Enamelling	M
Mattresses-Mfg.	M	Operation	M	Pottery-Mfg.	L
Meat Packers	M	Oil Refining	M	Poultry Dressing or Processing	M
Meat Pies-Mfg.	M	Optical Goods-Mfg.	L	Poultry Farming	L
Meat Products-Prepared-Curing-		Orchards	M	Poultry Hatcheries (Where not a	
Smoking-Mfg.	M	Ore-Reduction, N.E.S.	H	farming operation)	L
Meats-Canning	M	Ornamental Iron Work-Installation	M	Power and Light Plants or Lines-	
Meats-Wholesaling	M	Ornamental Iron Work-Mfg.	M	Electric-Operation	M
Medicines-Mfg.	L	Outboard Motors-Repair or Service	M	Precision Instruments-Assembly	M
Messenger Service	M	Oxygen-Compressed or Liquefied-Mfg.	M	Prestressed Concrete Beams-Mfg.	H
Metal Articles-Sheet-Mfg.	M	Oyster-Cultivation	M	Printing	L
Metal Enamelling	M	Packing or Canning Fruit or		Private Clubs	L
Metal Furniture-Mfg.	M	Vegetables	M	Private Schools, N.E.S.	L
Metal Mining	H	Packing-Meat	M	Processing or Canning Fish	M
Metal Pipe-Mfg.	H	Pails-Wooden-Mfg.	M	Propane Gas-Distribution	H
Metal Products-Small-Assembly	M	Paint-Mfg.	M	Public Utilities, N.E.S.	M
Metal-Scrap-Handling	H	Painting	M	Publishing when accompanied with	
Metal-Sheet-Erection or Repairs	M	Painting-Automobile	M	Printing	M
Metal-Stamp-Assembly	M	Painting-Show-card or Display-		Pulp or Paper	H
Metal Venetian Blinds-Mfg.	M	Shop Only	L	Putty-Mfg.	M
Metalware-Small-Mfg., N.E.S.	M	Painting-Steel Frame	M	Quarrying-Gravel, Sand or Shale	H
Microwave Systems	L	Panels-Electrical-Control-Mfg.	M	Quarrying-Lime	H
Milling-Flour	M	Paper-Asphalt or Building-Mfg.	H	Quarrying-Stone	H
Milling-Rice	M	Paper Bags-Mfg.	M	Rabbit Farming	L
Mining-Clay	H	Paper Hanging	L	Race Courses-Horse	L
Mining-Coal	H	Paper Mills	H	Radar Systems-Installation or	
Mining-Metal	H	Paper Products-Mfg., N.E.S.	M	Maintenance	M
Mink Farming	L	Paper-Tar-Mfg.	M	Radio Broadcasting	L
Mixed Farming (eg. grains,		Parcel Delivery Service	M	Radios-Mfg. or Repairs	L
cattle, hogs)	H	Park Operations	L	Railway Construction or Demolition,	
Monument Lettering or Setting	L	Parking Lots	L	N.E.S	
Mops-Mfg.	M	Patrolmen-Private	L	Railway Maintenance, N.E.S.	H
Motels	L	Paving Material-Asphalt-Mfg.	H	Ranching	H
Motion Picture Houses-Operation	L	Peanut Butter-Mfg.	L	Real Estate	L
Motion Picture Production	M	Peat Digging or Processing	H	Reduction-Ore, N.E.S.	H
Mouldings-Rubber-Mfg.	M	Pharmaceuticals-Mfg.	L	Refining-Oil	M
Moving Buildings	H	Phenol and like Petrochemicals,		Refrigeration Equipment-Installation	
Moving and Storage	M	Mfg., N.E.S.	M	or Repairs, N.E.S.	M
Mucilage-Mfg.	M	Photographic Film Processing or		Refrigerators-Mfg.	M
Mushroom Growing	M	Photography Studios	L	Reinforced Concrete Work	M
Nails-Mfg.	M	Physicians' Supply Houses	L	Removal-Boilers, Engines or	
		Physiotherapy Equipment-Mfg. or		Machinery	H
		Repairs	L	Rental-Appliances	L

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Rental-Automobiles or Trucks	L	Shale Pits	H	Tennis Clubs	L
Rental-Machinery-Heavy Equipment	M	Sheep Farming	M	Tents-Mfg.	M
Repair-Dykes	H	Sheet Metal Work	M	Terrazzo Laying	M
Repair-Elevators	M	Shingle or Shake Mills	H	Terra Cotta-Mfg.	M
Repair-Outboard Motors and other small Gasoline Engines	M	Shingles-Asphalt-Mfg.	H	Testing-Industrial-Laboratories	M
Repair-Refrigeration Equipment, N.E.S.	M	Shipbuilding-Canoes or Rowboats	M	Textiles-Mfg., N.E.S.	M
Repair-Sheet Metal	M	Shipbuilding-Steel	H	Theatres-Operation	L
Repair-Steel Frame	M	Shipbuilding-Wooden	H	Threshing	H
Repair of all Vessels	H	Shipping Services, N.E.S.	M	Tile-Asphalt-Mfg.	M
Reservoirs-Construction	H	Ships-Operation	L	Tile Contractors	M
Resin-Synthetic-Compounds-Mfg.	M	Shoe Repairing	L	Tiles-Mfg.	M
Resin-Synthetic-Mfg.	M	Shoe-Mfg.	M	Tinning	M
Rest Homes	L	Shopping Centres-Operation	L	Tinware or Tinware Products-Mfg.	M
Restaurants	L	Showcard Painting-Shop Only	L	Tires-Rubber-Mfg.	M
Retail Stores	L	Showcard Painting-Shop Only	L	Toilet Preparations-Mfg.	L
Rice Milling	M	Sidewalks-Gravelling or Surfacing	M	Tools-Rental	L
Road Construction	H	Siding-Asphalt-Mfg.	M	Tourist Resorts (Where not a part of a ranch operation)	L
Roads-Gravelling or Surfacing	M	Silverplating	L	Toys-Wooden-Mfg.	M
Rock Tunnelling, N.E.S.	H	Sintering-Tungsten	M	Trade Unions	L
Rock Wool-Mfg.	M	Skating Rinks	L	Trailer Courts	L
Roller Rinks	L	Ski-Tows-Operation	M	Trailer Rental or Leasing	L
Rolling Mills	H	Small Metal Products-Assembly	L	Trailers or Truck Bodies-Mfg., N.E.S.	M
Roofing-Asphalt-Mfg.	M	Small Rubber Goods-Mfg.	L	Training Walls to Deflect Water-Construction	H
Roofing Contractors	M	Smelter-Aluminum	H	Tramways or Cable Cars	M
Roofing-Tar or Gravel	M	Snow or Ice Removal as a Business	M	Transmission Line Appliances-Installation	H
Roofing-Tar Saturated-Felt-Mfg.	M	Soap-Mfg.	M	Transmission Lines or Ducts-Construction	H
Roofing Waterproof Fabric-Mfg.	M	Soya Bean Paste-Mfg.	L	Travelling Wood Saws	M
Rooming Houses having ten or more bedrooms	L	Spaghetti-Mfg.	M	Tree Service	M
Ropes-Mfg.	M	Spices-packaged-Mfg.	M	Truck Bodies or Trailers-Mfg., N.E.S.	M
Rowboats-Construction	M	Spikes-Mfg.	L	Truck Rental	L
Rubber Belting-Mfg.	M	Spinning Mills	M	Trucking, N.E.S.	M
Rubber Goods-Small-Mfg.	L	Spokes-Wooden-Mfg.	M	Trucking-Logs	H
Rubber-Small Articles-Assembly	L	Springs-Automobile-Mfg.	M	Trunks or Bags-Mfg.	M
Rubbish Removal	M	Stamps-Metal-Assembly	M	Tugboat Operation	M
Runways-Gravelling or Surfacing	M	Stamps-Rubber-Mfg.	M	Tungsten-Sintering	M
Sails-Mfg.	M	Stationery-Mfg.	M	Tunnelling, N.E.S.	H
Salts-Mfg.	M	Staves or Heads-Mfg.	H	Tunnelling-Coal Mine	H
Salvage-Marine	H	Steam Bath Service	L	Tunnelling-Metal Mine	H
Sanatoria	L	Steam Cleaning Buildings-External	M	Tunnelling-Rock	H
Sand Blasting	M	Steel Fabrication	H	Twines-Mfg.	M
Sand Pits	H	Steel Frame Erection or Repairs	H	Typewriters-Mfg. or Repairs	L
Sanitation Service	M	Steel Frame Painting	M	U-Drive Establishments	L
Sash and Door Factories	H	Steel Shipbuilding	H	Upholstering	L
Sausage or Sausage Casings-Mfg.	M	Stevedoring	H	Vacation Resorts	L
Saw-Mfg. or Repairing	M	Stockyards	M	Vacuum Cleaners-Mfg. or Repairs	L
Sawdust Fire Logs-Compressed-Mfg.	M	Stone Crushing	M	Varnish-Mfg.	M
Sawdust Yards	M	Stone Cutting or Dressing	M	Vegetable Farming	M
Sawmills	H	Stores-Retail	L	Vegetable Greenhouses	M
Scaffolding Rental	M	Stoves-Mfg.	M	Vegetables-Canning or Packing	M
Scales-Assembly	M	Street Cleaning	M	Veneer-Mfg.	H
School Bus Service-Operation	L	Stucco-Mfg.	M	Venetian Blinds-Metal-Mfg.	M
Schools-Driving-Automobile	L	Sugar-Mfg.	M	Venetian Blinds-Wooden-Mfg.	M
Schools-Municipal	L	Supplying Clerical Employees as a Business	L	Vessels-Repair	H
Schools-Private, N.E.S.	L	Supplying Manpower other than Clerical Employees as a Business	L	Vessels-Steel Construction	H
Scrap Metal-Handling	H	Surfacing-Roads, Runways or Sidewalks	M	Vessels-Wooden-Construction	H
Security Service	L	Synthetic Resin Compounds-Mfg.	M	Veterinary Hospitals	L
Seed Farming	M	Synthetic Resins-Mfg.	M	Vineyards	L
Septic Tank Service	M	Syrups-Mfg.	L	Warehouses-Public-Operation	M
Service of Outboard Motors or other Small Gasoline Engines	M	Tailor Shops	L	Washing Machines-Mfg. or Repairs	L
Service Stations	L	Tanks-Erection or Installation	H	Watch Repairs or Mfg.	L
Servicing Heating Equipment, N.E.S.	M	Tanneries-Operation	M	Waterproof Roofing Fabric-Mfg.	M
Servicing of Oil or Gas Wells by means of Service Rigs	H	Tar-Mfg.	M	Water Transportation	M
Servicing of Oil or Gas Wells by means other than Service Rigs	H	Tar or Gravel Roofing	M	Water Well Digging or Drilling	H
Sewer Construction, Sewers or Sewage Disposal Plants or Systems	H	Tar Saturated Felt Roofing-Mfg.	M	Waterworks or Water Treatment Plants or Systems-Construction or Operation-Not Municipal	H
		Taxi Cab Business	L	Waxes-Household-Mfg.	M
		Tea Blending	L		
		Telegraph Systems-Operation	L		
		Telephone Systems-Operation	L		
		Television Receivers-Mfg. or Repairs	L		

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Weaving Mills	M
Weed Control Products-Mfg., N.E.S.	M
Weed Control Service	L
Welding Shops	M
Well Digging or Drilling-Water	H
Wells-Oil or Gas-Servicing by means of Service Rigs	H
Wells-Oil or Gas-Servicing by means other than Service Rigs	H
Whaling	M
Wharf Operations	H
Wharves-Construction	H
Wholesale Establishment, N.E.S.	L
Wholesale Fish	M
Wholesale Meats	M
Wholesale Raw Hides	L
Wholesalers, N.E.S.	L
Window Blinds-Cloth-Mfg.	M
Window Blinds-Venetian-Metal-Mfg.	M
Window Blinds-Venetian-Wooden-Mfg.	M
Window Cleaning	M
Wire, Wire Fence or Wire Products-Mfg.	M
Wood Filler-Mfg.	M
Wood Preserving	H
Wood Saws-Travelling	M
Wood Yards Operation	M
Wooden Barrels-Mfg.	H
Wooden Box Works	H
Wooden Coffins-Mfg.	M
Wooden Pipe-Mfg.	H
Wooden Spokes or Toys-Mfg.	M
Wooden Venetian Blinds-Mfg.	M
Wooden Vessel -Construction	H
Woodworking Shops	M
Wreckers, Auto	H
X-ray Equipment-Mfg. or repairs	M

Recommended Minimum Levels of First Aid

Note: As of February 1, 2008, the recommended minimum levels of first aid have been replaced with required minimum levels of first aid. See [Schedule 3A - Minimum Levels of First Aid](#) in the *OHS Regulation*.

Types of First Aid Attendants and Training Programs

WorkSafeBC recognizes three types of Occupational First Aid attendants: Level 1, Level 2, and Level 3. WorkSafeBC has developed training courses for each of these levels as well as endorsement training courses that are available to Level 1, Level 2, and Level 3 attendants.

All certificates and certificate endorsements are valid for 2 years. Extensions of the duration of certificates are not permitted.

Level 1 First Aid Certificate

Level 1 certification requires successful completion of an Occupational First Aid Level 1 training course. This is a 7-hour course. Renewal of Level 1 certification requires successful completion of the full course. In some circumstances, restricted Level 1 certificates may be issued to firefighters employed by municipal fire departments who have not taken the course.

Level 2 First Aid Certificate

Level 2 certification requires participation in a 36-hour training course and passing an examination acceptable to WorkSafeBC. Renewal is normally accomplished by retaking the course and exam; however, the candidate may elect to take the exam without additional training. Based on qualifications and experience, restricted Level 2 certificates may be issued to physicians and registered nurses in hospitals and to firefighters in municipal fire departments who have not taken the course.

Level 3 First Aid Certificate

Level 3 certification requires participation in a 70-hour training course and passing an examination acceptable to WorkSafeBC. Renewal is normally accomplished by retaking the 70-hour course, or a 35-hour refresher course, before taking the exam; however, the candidate may elect to take the exam without additional training.

Transportation Endorsement

A Transportation Endorsement for a Level 1 or Level 2 first aid certificate requires the certificate holder to successfully complete a 7-hour Occupational First Aid Transportation Endorsement training course.

Other training courses, providing they meet specific standards set by WorkSafeBC and are approved by WorkSafeBC, may qualify candidates for equivalent Level 1, 2, and 3 certification, or a transportation endorsement. These other courses, however, cannot be titled Occupational First Aid Level 1, Occupational First Aid Level 2, Occupational First Aid Level 3, or an Occupational First Aid Transportation Endorsement.

First Aid Kits: Recommended Minimum Contents

[Schedule 3-A Minimum Levels of First Aid](#): Tables 1–6 in the *OHS Regulation*, indicate in Column 2 the level of first aid kit required for different workplaces.

Personal first aid kit

These items must be kept clean and dry. A weatherproof container is recommended.

1	pressure dressing
6	sterile adhesive dressings, assorted sizes, individually packaged
1	11et-sized instruction card advising the worker to report any injury to the employer for entry in the first aid records, and instructions on how the worker is to call for assistance
6	14 cm x 19 cm wound cleansing towelettes, individually packaged

Basic first aid kit

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended.

12	14 cm x 19 cm wound cleansing towelettes, individually packaged
30	hand cleansing towelettes, individually packaged
50	sterile adhesive dressings, assorted sizes, individually packaged
6	10 cm x 10 cm sterile gauze dressings, individually packaged
2	10 cm x 16.5 cm sterile pressure dressings with crepe ties
2	20 cm x 25 cm sterile abdominal dressings, individually packaged
4	cotton triangular bandages, minimum length of base 1.25 m
2	safety pins
1	14 cm stainless steel bandage scissors or universal scissors
1	11.5 cm stainless steel sliver forceps
6	cotton tip applicators
1	2.5 cm x 4.5 m adhesive tape
1	7.5 cm x 4.5 m crepe roller bandage
1	pocket mask with a one-way valve and oxygen inlet
6	pairs of medical gloves (preferably non-latex)
1	instruction card advising workers to report any injury to the employer for entry in the first aid records, and how a worker is to call for assistance

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Level 1 first aid kit

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended for all items except the blankets. Blankets should be readily available to the first aid attendant.

3	blankets
24	14 cm x 19 cm wound cleaning towelettes, individually packaged
60	hand cleansing towelettes, individually packaged
100	sterile adhesive dressings, assorted sizes, individually packaged
12	10 cm x 10 cm sterile gauze dressings, individually packaged
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties
2	7.5 cm x 4.5 m crepe roller bandages
1	2.5 cm x 4.5 m adhesive tape
4	20 cm x 25 cm sterile abdominal dressings, individually packaged
6	cotton triangular bandages, minimum length of base 1.25 m
4	safety pins
1	14 cm stainless steel bandage scissors or universal scissors
1	11.5 cm stainless steel sliver forceps
12	cotton tip applicators
1	pocket mask with a one-way valve and oxygen inlet
6	pairs of medical gloves (preferably non-latex)
	first aid records and pen

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Level 2 first aid kit

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended for all items except the blankets. Blankets should be readily available to the first aid attendant.

3	blankets
24	14 cm x 19 cm wound cleaning towelettes, individually packaged
150	sterile adhesive dressings, assorted sizes, individually packaged
12	10 cm x 10 cm sterile gauze dressings, individually packaged
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties
10	20 cm x 25 cm sterile abdominal dressings, individually packaged
12	cotton triangular bandages, minimum length of base 1.25 m
2	2.5 cm x 4.5 m rolls of adhesive tape
2	5 cm x 4.5 m rolls of adhesive tape
6	7.5 cm x 4.5 m crepe roller bandages
1	500 ml sterile 0.9% sodium chloride solution (saline) in unbreakable container
1	60 ml of liquid antibacterial soap in unbreakable container
1	universal scissors
1	11.5 cm stainless steel sliver forceps
1	penlight or flashlight with batteries
1	7.5 cm x 4.5 m esmarch gum rubber bandage
6	pairs of medical gloves (preferably non-latex)
1	portable oxygen therapy unit consisting of a cylinder (or cylinders) containing compressed oxygen, a pressure regulator, a pressure gauge, a flow meter and a non-rebreathing mask (may be kept in a separate container from the other supplies)
1	oropharyngeal airway kit (may accompany the portable oxygen therapy unit)
1	manually operated self-inflating bag-valve mask unit with an oxygen reservoir (may accompany the portable oxygen therapy unit)
6	patient assessment charts
	first aid records and pen
1	pocket mask with a one-way valve and oxygen inlet

Level 3 first aid kit

The level 3 first aid kit is the same as the level 2 kit except that, in addition, one portable suction unit is recommended.

First Aid Facilities: Recommended Minimum Criteria

[Schedule 3-A Minimum Levels of First Aid](#) in the *OHS Regulation* (“*Regulation*”), contains the minimum levels of first aid required for various workplaces. Tables 1-6 indicate in column 2 whether or not a first aid facility is required, and, if a facility is required, what type (dressing station or first aid room). This document gives guidance on how to set up a first aid facility and some specific recommendations for dressing stations and first aid rooms. It also includes recommendations for portable oxygen therapy equipment and oxygen powered resuscitators, which may be part of the necessary equipment in the facility, as well as recommendations for the storage and safe-keeping of drugs and medicines if these are kept in the first aid facility.

Under section 3.16(4) of the *Regulation*, a first aid facility must be kept clean, dry, ready for use and must be readily accessible at any time a worker works in the workplace.

General recommendations for all first aid facilities

Location and access

A first aid facility should be located as near as practicable to the work area or areas it is to serve. It should be a room within a building or, if this is not practicable, a tent, vehicle, or other suitable structure.

The first aid facility should be designed and located for easy entrance to and exit from the facility for a worker requiring stretcher transport. A stretcher should not have to be tipped or turned to enter or exit the first aid facility.

In remote areas, building a first aid facility may not be practicable. However, the facility should be at least of the same design and construction as workers' lodgings. If trailers are provided for workers' lodgings, a trailer should be provided for the first aid facility.

When a tent is used, it should

- Be of the same size and have the same equipment as a first aid room or dressing station, as appropriate
- Be fitted with a non-porous floor that can be cleaned with soap and water
- Have a source of heat that will provide sufficient warmth for good patient care (maintaining body temperature)

A first aid facility may be locked to prevent theft and vandalism or for other appropriate reasons. If so, there must be effective means of immediate access during all working hours.

Utilities

The facility should be adequately illuminated, heated, and ventilated. It should have a sink plumbed with hot and cold running water or, if this is not practicable, an alternative system for supplying fresh, potable water. If showering may be a required treatment for chemical exposure, the facility should have a shower or have a shower facility as near as practicable.

It may be impracticable to plumb a first aid facility in certain situations, such as where the facility is a trailer on a construction site or the work is at a remote location. In these cases, one of the following alternative sources of water, with means to heat it, may be considered until a permanent source of water can be connected:

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- The facility has an internal tank able to hold a minimum of 45 litres (10 gallons) of fresh potable water which can be pumped into the facility's sink. The water in this tank must be changed daily, or changed weekly if treated for the prevention of contamination.
- The facility is connected to a hose or water line from a fresh potable water outlet that can be pumped into the facility's sink.
- The facility has an insulated container able to hold about 20 litres (5 gallons) of fresh potable water changed daily to prevent contamination.
- A fresh water supply company provides fresh water in a bottle or jug attached to a hot/cold dispenser.

Other recommendations

Since the facility must be kept clean and sanitary, a non-porous floor covering is recommended.

The facility should have a notice conspicuously displayed outside the door or in the area, indicating how to call and where to find the attendant.

The first aid facility is also subject to the general requirements relating to workplace premises in the *Regulation*, for example, sections 6.33 to 6.41 (biological agents) and sections 4.81 to 4.83 (environmental tobacco smoke).

Smoking is not permitted in a first aid facility, and "No Smoking" signs should be conspicuously posted.

Using a first aid facility for purposes other than first aid

A first aid facility may be used for purposes other than first aid if

- It is immediately available for first aid treatment
- The facility is not at a remote workplace (more than two hours' surface travel from a hospital)
- The minimum floor area needed for first aid is maintained
- Such use will neither impede the treatment of an injured worker nor pose a hazard to workers

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Additional recommendations for dressing stations

In addition to the previous recommendations for a facility, a dressing station should be at least 4.3 square metres (48 sq ft). It should have the following dressing station equipment:

3	blankets
6	metal splints, minimum length 60 cm
1	refuse pail with lid
1	package of paper towels
1	bifocal magnifier with head strap, 12.5 cm focus
1	eye cup
6	safety pins
1	11.5 cm stainless steel sliver forceps
1	14 cm stainless steel bandage scissors
1	oral thermometer
1	nail brush
1	penlight or flashlight with batteries
50	patient assessment charts
1	first aid record book, and pencil or pen
1	150 ml liquid antibacterial soap
4	cold packs
20	tongue depressors
50	cotton tip applicators
2	30 gram tubes water soluble burn treatment
1	100 ml liquid adhesive tape remover
100	sterile adhesive dressings, assorted sizes, individually packaged
24	sterile skin closures, individually packaged
6	20 cm x 25 cm sterile abdominal dressings, individually packaged
3	30 cm x 40 cm sterile abdominal dressings, individually packaged
4	sterile eye pads, individually packaged
100	7.5 cm x 7.5 cm gauze sponges
24	7.5 cm x 7.5 cm sterile gauze dressings, individually packaged
24	10 cm x 10 cm sterile gauze dressings, individually packaged
4	7.5 cm x 4.5 m crepe roller bandages
2	10 cm x 16.5 cm sterile pressure dressings, with crepe ties
1	7.5 cm x 4.5 m adhesive crepe bandage
2	2.5 cm x 4.5 m rolls of adhesive tape
2	5 cm x 4.5 m rolls of adhesive tape
1	7.5 cm x 4.5 m esmarch gum rubber bandage
2	5 cm x 1.8 m conforming gauze roller bandages
2	7.5 cm x 1.8 m conforming gauze roller bandages
12	cotton triangular bandages, minimum length of base 1.25 m
1	#01 - 4.5 m tubular finger bandage with applicator
1	500 ml sterile 0.9% sodium chloride solution (saline)
1	kidney basin
1	wash basin
1	cold instrument sterilizer
1	4.5 litre non-rusting germicidal solution for instrument tray
1	chair suitable for treating injured worker with non-porous surface or covered with non-porous material

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Additional recommendations for first aid rooms

In addition to the previous recommendations, a first aid room should be at least 9.3 square metres (100 sq ft). It should have

- Storage cupboards
- A counter
- A toilet, or have a toilet facility as near as practicable

At a remote workplace (more than 2 hours' surface travel time to a hospital), a first aid room should be equipped to provide reasonable overnight care for two injured workers and be used exclusively for first aid purposes.

A first aid room should have the following equipment:

3	blankets
1	bed approximately 2 m long x 75 cm wide and 75 cm high, with a mattress having a non-porous surface or covered with non-porous material
2	pillows with non-porous surface or covered with non-porous material
4	sheets
1	refuse pail with lid
1	package of paper towels
1	eye cup
18	safety pins
2	4.5 kg sand bags
1	11.5 cm stainless steel sliver forceps
1	15 cm stainless steel thin nosed plier-type forceps
1	14 cm stainless steel bandage scissors
1	universal scissors
1	oral thermometer
1	nail brush
1	penlight or flashlight with batteries
50	patient assessment charts
1	first aid record book, and pencil or pen
36	14 cm x 19 cm antiseptic towelettes, individually packaged
1	150 ml liquid antibacterial soap
1	eye lamp, self illuminating, magnifying
6	cold packs
12	expanded metal splints, minimum length 60 cm
50	tongue depressors
100	cotton tip applicators
2	30 g tubes water soluble burn treatment
1	100 ml liquid adhesive tape remover
150	sterile adhesive dressings
48	sterile skin closures
6	20 cm x 25 cm sterile abdominal dressings, individually packaged
6	sterile eye pads, individually packaged
6	30 cm x 40 cm sterile abdominal dressings, individually packaged
200	7.5 cm x 7.5 cm gauze sponges

72	7.5 cm x 7.5 cm sterile gauze dressings, individually packaged
72	10 cm x 10 cm sterile gauze dressings, individually packaged
6	10 cm x 16.5 cm sterile pressure dressings with crepe ties
2	2.5 cm x 4.5 m adhesive crepe bandages
4	2.5 cm x 4.5 m rolls of adhesive tape
3	5 cm x 4.5 m rolls of adhesive tape
6	7.5 cm x 4.5 m crepe roller bandages
1	7.5 cm x 4.5 m esmarch gum rubber bandage
4	5 cm x 1.8 m conforming gauze roller bandages
4	7.5 cm x 1.8 m conforming gauze roller bandages
24	cotton triangular bandages, minimum length of base 1.25 m
2	#01 - 4.5 m tubular finger bandage with applicator
2	500 ml sterile 0.9% sodium chloride solution (saline)
1	kidney basin
1	wash basin
1	cold instrument sterilizer
1	4.5 litre non-rusting germicidal solution for instrument tray
1	chair suitable for treating injured worker with non-porous surface or covered with non-porous material
1	portable urinal, if overnight care may be required
1	bedpan, if overnight care may be required

Portable oxygen therapy equipment

When a Level 2 or 3 attendant is necessary at the workplace, portable oxygen therapy equipment should be available. The equipment should

- Be capable of supplying 15 litres per minute of oxygen
- Contain enough oxygen to supply this rate from the time of initial application to the arrival at medical treatment, plus 15 minutes

Oxygen therapy equipment should comply with *CSA Standard CAN/CSA Z305.3.M87, Pressure Regulators, Gauges, and Flow Metering Devices for Medical Gases*, or a similar acceptable standard.

“No Smoking” signs or markings should be plainly visible on oxygen therapy equipment.

An oxygen cylinder should be hydrostatically tested on refilling if five years have elapsed since the previous test or, if there has been no previous test, since the date of manufacture. The test date should be marked on the cylinder.

Oxygen powered resuscitators

An oxygen powered resuscitator may be used where a worker is injured and entrapped in a toxic atmosphere. An oxygen powered resuscitator should be maintained and operated in accordance with the manufacturer’s specifications.

Only a person trained in the use of the specific equipment should operate it. This training should include a minimum of 4 hours’ training in the safe operation of the equipment from the supplier or other qualified person. The training must include all facets of the equipment’s operation, handling, and storage. Refresher training or practice should take place every six months, and a training record of the initial, and subsequent, training should be maintained by the employer.

Drugs and medicine

Each drug use should be recorded in the first aid record unless the administration of a drug or medication to a worker is required for a condition that is not work-related. A worker may request an entry be made even if the purpose for taking the drug was not work-related.

Non-prescription drugs

Non-prescription drugs supplied by the employer should be under the control of the attendant or other authorized representative of the employer.

Non-prescription drugs must be used in accordance with the drug manufacturer's recommendations or specific instructions from a physician or qualified practitioner.

Before supplying non-prescription drugs or medications to a worker where there are no specific instructions from a physician or qualified practitioner, the first aid attendant should

- Be familiar with the side effects, contra-indications, and indications for use listed by the manufacturer (of particular concern are drugs or medications that cause drowsiness or interfere with alertness and manual dexterity required by workers to perform their duties)
- Inform the worker of any side effects or contra-indications
- Not supply drugs or medication past the expiry date
- Obtain a history of events leading up to the worker asking for relief
- Determine if the worker is currently taking any medication and, if so, the appropriateness of taking additional medication
- Where required, make an entry in the first aid records

Prescription drugs

A first aid treatment area or kit should not contain prescription drugs and medications unless approved in writing by a physician or qualified practitioner. This includes both prescription drugs for a poison unique to a workplace, such as cyanide or hydrofluoric acid, and prescription drugs for the treatment of a specific worker's condition, such as angina or diabetes. The *Compendium of Pharmaceuticals and Specialties* should be referenced to determine what constitutes a "prescription" drug.

The storage, safe keeping, and use of prescription drugs and medications must be in accordance with the written instructions given by the prescribing physician or qualified practitioner. Where required, make an entry in the first aid records

Any letter from a physician or qualified practitioner regarding prescription drugs should identify

- The specific workplace or worker for which the prescribed drug or medication is required
- The specific reasons for use
- The method of application
- The expiry date of authorization

Emergency Vehicles and Equipment

[Schedule 3-A Minimum Levels of First Aid](#) in the *OHS Regulation* (“*Regulation*”), contains the minimum levels of first aid required for various workplaces. Tables 1-6 indicate in column 4 whether or not an emergency vehicle is required, and, if an emergency vehicle is required, what type (emergency transportation vehicle or industrial ambulance) is necessary or mandatory or is to be available at the workplace. This document gives guidance on the use of emergency vehicles and the equipment needed and suggests when a mobile treatment centre might be used in place of a first aid facility and emergency vehicle. It also provides recommendations for air transport when that is the primary means to getting an injured worker to medical treatment.

Note that WorkSafeBC does not approve of any particular makes or models of emergency vehicles and does not register vehicles.

General guidelines for emergency vehicles

Emergency vehicles must be maintained and operated in accordance with the general requirements relating to vehicles in the *Regulation* and with any other applicable statutes and regulations.

Smoking is not permitted in a vehicle when it is used for transporting an injured worker, and a plainly visible “no smoking” sign should be posted in the vehicle.

Location and access

Where a vehicle is needed to transport an injured worker, the vehicle should be immediately available for use and capable of being dispatched to the accident scene within 3 to 5 minutes of being required. It should be located where it will best serve the workers who are most likely to need an emergency vehicle.

The attendant should not operate the vehicle when this may interfere with the required first aid treatment.

Vehicle requirements

Sometimes an employer may have different vehicles used for different parts of the journey to treatment. The following are recommended for each vehicle:

- The vehicle should be capable of traversing the area it is intended to serve.
- It should have a minimum headroom of 1 metre (3.3 feet).
- It should provide protection from the natural elements and dust.
- It should provide warmth sufficient for good care for the injured worker, with the patient compartment heated enough to maintain normal body temperature when the injured worker is covered with three blankets. The source of heat must not be a hazard to the occupants of the vehicle when oxygen is in use.
- It should have effective voice communication between the operator and the attendant in the treatment area of the vehicle.
- It should have a means of effective communication with the scene of an accident. For example:
 - The driver has a two-way radio that has a direct link with another two-way radio at the scene of the injured or ill worker.
 - The driver has a two-way radio that has a link with the employer’s central dispatch centre, which has voice communication via a radio or radiotelephone with workers at the scene.

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- It should have effective communication with the hospital. For example:
 - The driver has a two-way radio that has a direct link with the hospital.
 - A radiotelephone in the vehicle can contact the hospital directly.
 - A two-way radio or radiotelephone in the vehicle has a link with the employer's central dispatch centre, which has voice communication via a telephone or radiotelephone with the hospital.
 - The emergency vehicle is accompanied to the hospital by another vehicle that is equipped with a radiotelephone or two-way radio that can contact the hospital directly and its driver can communicate with the emergency vehicle.
- Vehicles that transport injured or ill workers do not need to have mounted emergency lights or an audible signal (such as sirens). Before obtaining this type of equipment, the employer or the company supplying the vehicle should consult with the Department of Licensing and Compliance at the Insurance Corporation of British Columbia (ICBC).

Additional recommendations for an emergency transport vehicle (ETV)

In addition to the general recommendations for emergency vehicles, an ETV should be capable of transporting at least one worker on a stretcher. It should have a means of restraining a stretcher and have enough padding to prevent excessive jarring of the injured worker.

An ETV should contain the following equipment:

1	set of hard cervical collars covering all adult sizes (or 2 adjustable hard cervical collars)
1	spine board with handholds, no less than 44 cm x 1.8 m x 2 cm, acceptable to WorkSafeBC, and seven 1.8 m x 5 cm heavy velcro straps or equivalent to secure an injured worker
1	stretcher (Whenever an injured worker may require transport over rough terrain a basket stretcher or other carrying device acceptable to WorkSafeBC must be used. The basket stretcher must have a spine board with handholds and retainer straps and a suitable mattress or padding)
6	blankets (Three of these blankets may be the blankets needed with the Level 1, 2, or 3 kit at the workplace unless weather conditions at the workplace require more for the safe treatment or transport of injured workers, in which case suitable weather-resistant protection may also be needed)
2	4.5 kg sand bags
2	vomit bags

When a Level 3 first aid attendant is necessary, the following should be added:

1	set of splints, to include	- 2 splints (1 cm x 10 cm x 1 m notched with 2.5 cm padding)
		- 1 splint (1 cm x 10 cm x 1.5 m notched with 2.5 cm padding)

Additional recommendations for an industrial ambulance

In addition to the general recommendations for emergency vehicles, an industrial ambulance should

- Be used only for first aid treatment and transportation of injured workers, under the direction of the first aid attendant

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- Be capable of accommodating at least two workers on stretchers
- Have adequate lighting in the patient compartment, allowing the attendant to see and assess the injured or ill worker and complete documentation, without the use of a flashlight
- Contain a roll cot or basket stretcher properly secured and cushioned against excessive jarring

An industrial ambulance should contain the same equipment as an ETV plus a set of lower limb splints.

Mobile treatment centre (MTC)

An MTC is an industrial ambulance that also has

- A sink with running water or, if this is not practicable, an alternative system for supplying fresh, potable water
- Minimum headroom of 1.8 metres (6 feet) in the treatment area, sufficient for the attendant to treat the injured worker
- Dressing station equipment

An MTC may be used in place of a first aid facility and emergency vehicle (ETV or industrial ambulance). This is recommended only when all the following circumstances apply:

- The workplace does not provide overnight accommodation for workers.
- Where the workplace is more than 2 hours' surface travel time from a hospital, another vehicle suitable for transporting an injured worker is also provided.
- When used in place of a first aid room, the MTC contains the necessary first aid room equipment.

Air transport

If air transport is the primary or only means of transporting an injured worker to medical treatment, the following arrangements and equipment are recommended:

- Make arrangements with an air service, before the start of work, to ensure that an appropriate aircraft will be reasonably available during operations.
- The aircraft should be capable of transporting a stretcher patient and a first aid attendant, allowing the attendant sufficient room to provide emergency treatment en route, if required.
- A list of radio frequencies to be used between the air carrier and the workplace should be included in the written procedures required by section 3.17(1) of the *OHS Regulation*. The coordinates of the workplace should be included in the written procedures.
- First aid equipment should be suitable for the aircraft to be used, including a stretcher or spine board that will fit in the aircraft and that does not allow movement or excessive jarring of the injured or ill worker during air transport. Employers are responsible for ensuring that attendants are properly trained in the use of the equipment.
- If weather or other factors could unreasonably delay the use of aircraft, alternative transportation options should be provided, where practicable.

The attendant has training to decide whether air or surface transportation is most appropriate for the injured or ill worker.