

# **Expert Panel Report**

BC School Safety Association

## **Determining the Requirements for Occupational First Aid Services, Equipment and Facilities for BC Public Schools**

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### **Report Prepared for:**

British Columbia Public School Safety Association  
and the  
Workers' Compensation Board of British Columbia

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## Determining the Requirements for Occupational First Aid Services, Equipment and Facilities for BC Public Schools

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## 1.0 SUMMARY

The objective of this expert panel project is to identify the newly established latitude for employers to conduct risk assessments to determine the first aid services, equipment, attendants and facilities required for the effective rendering of first aid to injured workers employed at and for BC Public Schools.

The question before the Expert Panel to consider and to make recommendations is:

**What first aid services should the BC Public schools provide for workers during the course and times of their employment?**

The factors that will be considered include:

- a. statutory requirements
- b. regulatory requirements
- c. contributing factors
- d. student requirements
- e. available options and alternatives

This is not a report of statistical review and analysis, it is a report of the appropriateness of available options. The report conclusions are based on a qualitative analysis of the hazards of the worksite(s), the regulatory options available and the assessment of the information by a knowledgeable panel. It should be pointed out that analysis of the same information by different panel members may have resulted in some differences in conclusions, however, the chair of this panel considers that the conclusions reached accurately reflect the true risk of injury to workers and the appropriate level of first aid services, equipment and facilities required to address those risks.

Although, the appearance of the new first aid regulation contained in Part 3 of the OHS Regulation gives the outward appearance of a more flexible and performance-based regulation, in fact, for the vast majority of employers the end result of performing the risk assessments required, utilizing the guidelines, supplementary materials and recommendations provided by the WCB, will result in an identical requirement for first aid equipment, services, attendants and facilities. It is the opinion of

the author that, exceptional circumstances would have to be demonstrated in order to minimize the first aid requirements. It is also the opinion of the author that, given the responsibility of BC Public Schools to provide first aid treatment for students as well as staff, the implementation of the recommendations of the Guidelines and Supplementary Materials would provide BC Public Schools with an excellent demonstration of “Due Diligence” with respect to first aid.

### **Recommendation 1**

It is recommended that BC Public Schools adopt the requirements of the First Aid Guideline G3.16-2 “First Aid Assessment” in accordance with Table 1 or 2 as listed in Appendix 5 for those work activities occurring during normal school instruction hours. This means, that in most circumstances, the level of first aid services available to staff and students remains unchanged. Exceptions to this general recommendation are identified in this report.

### **Recommendation 2**

It is recommended that BC Public Schools adopt the requirements of the First Aid Guideline G3.16-2 “First Aid Assessment” in accordance with Table 1 or 2 as listed in Appendix 5 when ‘night school’ is scheduled and to support custodial, maintenance and grounds work when done as a component of maintaining the facility in which the education program is conducted.

### **Recommendation 3**

With the exception of field trips, it is recommended that due to the low risk of injury and the proximity of provincial ambulance service in most locations, first aid services required outside the normal instructional hours in a school consist of access to a Basic First Aid Kit and access to a telephone for contact with the Provincial Ambulance Service.

### **Recommendation 4**

In elementary schools, it is recommended that a second Level 1 attendant be placed in the school when the staff complement reaches 50. This would be in place of the requirement to upgrade the training of the Level 1 attendant to Level 2 in accordance with Table 1 and 2 in Appendix 5.

### **Recommendation 5**

It is recommended that schools and district sites establish first aid service levels in accordance with Tables 1 and 2 in Appendix 5 by a determination of the time needed by first responders (i.e. ambulance service or fire crews with first aid training) to arrive at the site. This would replace the need for Transportation Endorsement.

### **Recommendation 6**

It is recommended that, until the Field Trip Safety for BC Schools manual is completed, field trips be planned to provide for first aid in accordance with Table 1 or Table 2 (depending on travel time to hospital) of the supplementary material, "Recommended Minimum Levels of First Aid". This manual may make recommendations for first aid in isolated or remote locations. It is further recommended that for isolated or overnight field trips that the school district or individual schools establish communication protocols consistent with "Working Alone" procedures.

### **Recommendation 7**

This panel concluded that the course requirements for Level 1 and 2 attendants did not well prepare first aid attendants for the type of injuries experienced by school district staff and students. This panel makes the recommendation that training requirements for first aid attendants be considered by another panel.

## **2.0 Introduction and Objectives**

The B.C. School Safety Association is a non-profit association designed to promote the development and implementation of uniform best practices in health and safety in B.C. School Districts. It has received funding through the Workers' Compensation Board of B.C. to coordinate the activities of Expert Panels to develop priorities requiring improvement and the development of "best practice" models. One such priority identified has been the provision of first aid services, equipment and facilities for treatment of work related injuries for school district staff undertaking work related activities.

This Expert Panel was initiated with the overall goal of determining the first aid services, equipment and facilities for BC public Schools.

To carry out these objectives, the expert panel consisted of:

- Mr. Harry Carruthers, Chair, occupational health and safety consultant;
- Mr. Ken Emmons, School District 23 (Central Okanagan);
- Ms. Elaine Lucas, School District 27 (Cariboo - Chilcotin);
- Mr. Ken Lear, School District 39 (Vancouver);
- Mr. Robert Lawrence, School District 60 (Peace River North);
- Mr. John Bonnet, B.C. Public School Public Employers Association; and
- Ms. Jane Player, Industry Liaison, Workers' Compensation Board of B.C.

The methods involved gathering accident and injury data from the Workers' Compensation Board of B.C. for all School Districts in the province and accident and injury data from various school districts indicating the ratio and relationship of accident and injury data between school district employees and school district students.

Based on the experiences of the expert panel and statistics provided from the WCB and various school districts, the expert panel identified several work duties/tasks or functions where the hazard rating traditionally assigned to schools is considered inappropriate for determining first aid services, equipment and facilities. These included:

1. At school , outside normal school instruction hours
2. School meetings
3. Awards nights
4. Parent – Teacher conferences
5. Field trips
6. Sports activities

This report will describe the various alternative methods for providing appropriate first aid services for school district workers outside normal school instruction hours or while performing or attending school district activities other than those normally associated with the teaching functions. School districts are encouraged to monitor their injury rates and trends to ensure that any changes made to present levels of first aid services equipment or facilities have the beneficial effect of maintaining appropriate levels of first aid treatment for workers and students.

### **3.0 BACKGROUND**

BC Public Schools are employers under the *Workers Compensation Act* (WC Act) and therefore subject to and must comply with all the pertinent requirements of the WC Act, the WCB Occupational Health and Safety Regulation (OHSR) and all policies of the Workers' Compensation Board (WCB). For purposes of first aid the OHSR specifies the minimum standards required by the WCB for the provision of first aid services, equipment and facilities for the treatment of occupational injuries suffered by workers during the course of their employment. For most employers the requirements of the OHSR adequately address all persons at the employers' locations/worksites. BC Public Schools, however, are somewhat unique in terms of first aid requirements and coverage, in that the schools must also address the first aid needs of the students, which make up the majority of persons and injuries (Appendix A-2) at the worksites.

The BC Public Schools are also governed by the provisions of the BC School Act that outlines standards for such items as student conduct and care.

The specific requirements of the various governing legislations are detailed below.

### **4.0 ISSUES**

During the course of the review it came to the attention of the panel that there were specific circumstances where/when public schools were not in compliance with the previous first aid regulation. It is understood and believed that the schools, in these circumstances, are not in compliance with the new first aid regulation, guidelines or supplementary materials.

It was determined that, in most instances, the circumstances involve periods before or after normal instruction time and either involve a small number of staff preparing for the instruction day, coaching, in meetings, etc., or involves a large number of staff participating in events with an extremely low hazard or risk of injury such as staff meetings, parent-teacher nights, award nights, etc.

First aid attendants in public schools are designated from a variety of occupations. First aid attendants may be teachers, custodians, secretarial, administrative, management, or, even students (at least 16 years old). Every school district or individual school satisfies their need for first aid attendants in a manner that best suits their needs and availability.

Some of the particular circumstances facing school administrators when appointing first aid attendants include:

- Not all teaching staff commence or end their workdays at the same time. Some arrive early (prior to the instruction hours) for teaching preparation, coaching, etc., while others stay late for meetings, coaching, office work, etc. There is no consistent number of teachers outside normal instruction hours. Administrators may not know from one day to another how many teachers are on the premises outside normal teaching hours. Teaching staff that have been appointed the designated first aid attendant may have difficulty in responding quickly to render first aid because of their responsibility to their classroom students.
- Office staff normally work fixed hours. For the most part these hours are consistent with normal instruction hours plus approximately one-half hour prior to and after instruction hours. Office staff do not normally work during periods of sporting events, parent-teacher meetings, awards nights, evening sporting events, custodial hours off-site events, etc. While appointing office staff as designated first aid attendants would cover most instances of the higher risk activities for both students and staff, there are after-hour circumstances where coverage may not meet the requirements of the Regulation.
- Custodial staff would, in most instances undertake activities of higher risk than teaching, administrative and office staff. Custodial staff make up a small percentage of the total school staff and often work outside normal instruction hours. There would be many instances where custodial staff would be working without the need for a designated first aid attendant.
- Public schools, like many other industries/employers conduct some of their business outside normal working hours and away from the normal work location. Most employers that send workers to seminars or off-site meetings do not make provision for first aid coverage at these times. Occupational risk is at a minimum and provincial ambulance service is available. The author could find no instances where WCB Officers have issued non-compliance orders on employers or seminar organizers because of a lack of occupational first aid at seminars or off-site meetings. The risk is considered 'extremely low' and first aid

would be available through the provincial ambulance service. This is similar for school meetings such as parent-teacher meetings, awards nights staff meetings and the like. The risk of injury is minimal and there is availability of provincial ambulance service in cases of medical conditions, which pose high highest risk to staff and non-staff participants.

- In many situations, school staff cannot leave the premises to take injured workers to emergency medical care. This problem arises from the need to provide ongoing supervision to students who cannot be left alone. In such situations, emergency medical assistance is requested at the school. In rural areas, particularly, calling an ambulance to the school provides better care, and sooner, to workers with serious injury or health problems.

Examples of situations when school staff work outside the normal hours of instruction are listed in Appendix A-9. This list is not all-inclusive but serves to provide school districts and schools with the rationale for conducting risk assessments for the activities.

## **5.0 REGULATORY REQUIREMENTS AND DISCUSSION**

### **1 BC School Act**

The BC *School Act* (Appendix A-7) is the governing act for BC Public and Independent Schools. The act sets standards for all aspects of the operation of the schools. With respect to the provision of first aid to staff and students, the BC School Act is silent.

Part 6, Division 3, "Health and Other Support Services" outlines health and support services required for school boards. Generally the provisions of this Part of the *School Act* deal with the health inspections of schools, communicable diseases and staff medical examinations (see Sections 88 and 89 in Appendix A-7).

There are no specific provisions in the *School Act* that outline first aid services to be provided, however, the *School Act* makes reference to an expected general standard of care, contained in the Part 6, Division 2, "Powers and Duties", Section 76 (Appendix A-7).

It is, therefore, the conclusion of the Expert Panel that the requirements of the Workers' Compensation Board of BC are most relevant and comprehensive and are to be used in

determining the first aid equipment, supplies, services, attendants and facilities for BC Public Schools.

## **2 Workers Compensation Act**

The *Workers Compensation Act* is the primary legislation with respect to workers compensation and occupational health and safety. The Act establishes the authority of the WCB and the responsibilities of employers. *The Act* also establishes the authority of the WCB to make regulations. *The Act*, Part 3, Division 3, section 115 (Appendix A-1) states the general duties of employers.

## **3 WCB Occupational Health and Safety Regulation**

The Occupational Health and Safety Regulation establishes specific standards and requirements of compliance by employers, supervisors and workers. Until relatively recently the Occupational First Aid Regulation, previously known as the Industrial First Aid Regulations, was independent from the other occupational health and safety regulations. The First Aid Regulation was promulgated through different sections of the *WC Act*, had differing enforcement and punitive standards and processes and was published under separate cover.

In 1998 the Occupational First Aid Regulation became Part 33 of the Occupational Health and Safety Regulation. The regulation promulgation process, compliance requirements, etc., became consistent with the other parts of the OHS Regulation.

Prior to 2004, the Occupational First Aid Regulation was, historically, a very prescriptive regulation. Prescriptive regulations are those that predetermine the hazard or risk associated with the tasks undertaken by workers, mandate control measures and assign the responsibility for compliance with the prescribed control measures. No (or very little) discretion or latitude is left to the employer, joint health and safety committee, supervisors or workers in determining the appropriateness of the assigned risks or control measures in relation to the actual work being conducted, the level of training provided by the employer, the level of competence of the supervisors and workers, developed safe work procedures, work environment standards or any other health and safety initiatives undertaken by employers. The First Aid Regulation assumes that all employers within the same Classification Unit or performing the same work pose inherently the same risks to

workers. Employers have long-argued that prescriptive style regulations such as the First aid Regulation are, by their nature, excessively conservative. In promulgating broad sweeping prescriptive regulations, the WCB must assume one of two hypotheses:

1. The regulation assumes that all employers within the same Classification Unit or performing the same work expose workers to the same risks and, therefore, all employers subject their workers to the same injuries. The regulation must assume the worst-case scenario and prescribe control measures equal to the assumed risk. This would guarantee that employers would be required to supply the highest standard of first aid equipment, services and facilities for all the possible types of work and for all the types of work environments that workers could be subject to. Whether relevant or not, employers are required to supply first aid for injuries have no, or very little, probability of occurring.
2. The regulation assumes that employers have not undertaken any health and safety initiatives that would reduce the probability of workers being subject to any specific injury. Proactive employers with effective health and safety programs and stems in-place and with demonstrated reduction in injury frequency and severity are still required to provide the same level of first aid as those employers without effective programs. In general there are no health and safety initiatives that an employer can undertake that would mitigate the specific requirements of the First Aid Regulation.

The First Aid Regulation included fifty-two (52) specific regulation sections and seven (7) schedules, including six (6) tables. The First Aid Regulation included specific requirements with respect to the following:

- posting of signs
- communications
- first aid records
- location and condition of first aid facilities
- additional requirements for dressing stations and first aid rooms
- portable oxygen therapy
- drugs and medication
- blood and body fluids
- requirements for specific workplaces (health care facilities, fire departments, on water, lodgings, dispatch locations, multi-employer, separate locations transportation vehicles, restricted ambulance workplaces)
- authority, availability and participation of first aid attendant
- transportation of injured workers, transportation vehicles, mobile treatment centres, water and air transport

- qualifications of first aid attendant
- restrictions on first aid certification
- standards for instructors and training agencies
- requirements for number of workers at workplace, including supplies, equipment, facilities, first aid certificate (level and number required) and transportation
- requirements for first aid kits, emergency transportation vehicles, dressing stations, first aid rooms
- the hazard classification of industries and/or industrial undertakings.

The only latitude provided for in the First Aid Regulation is that allowing the employer to provide more first aid equipment, supplies and facilities specified. OHS Regulation, Part 33, section 33.2 states in part:

**Basic requirements**

- 33.2** (1) The first aid equipment, supplies, facilities and services specified by this Part are the minimum an employer must supply and make readily accessible to workers during work hours
- (2) First aid must be provided and maintained according to Schedules 1 to 7, unless the requirements of this Part specify otherwise.

After the required consultation with industry and in keeping with the governments mandate to deregulate Crown Corporations, Ministries, Boards, Commissions, etc., the WCB held public hearings with respect to proposed amendments to Part 33 of the OHS Regulation. After much industry input, the WCB proposed a major revision to Part 33. In essence, the WCB rescinded Part 33 and replaced it with a “performance-based” regulation contained in Book One, Core Requirements, Part 3, Rights and Responsibilities. For definitions of “prescriptive” and “performance-based”, see Appendix A-8 “Frequently Asked Questions”.

On March 30, 2004 the WCB implemented the current performance-based first aid regulation sections of the OHS Regulation, Part 3, sections 3.14 to 3.21 inclusive (Appendix A-3).

Although satisfying the employers’ need for flexibility in determining the appropriate first aid services required to treat work related injuries with a moderate or high probability of occurring, the present first aid regulation is so vague that compliance will be difficult to determine for employers without first aid knowledge and/or injury trend knowledge.

#### **4 Workers Compensation Board First Aid Guidelines**

After years of very prescriptive first aid regulations most employers are not familiar with the procedures for conducting risk assessments as required by sections 3.16 and 3.20. To assist employers in this endeavour, and to ensure that the risk assessments provide the information and assessment anticipated by the new first aid regulation, the WCB has developed the First Aid Guidelines and Supplementary Materials. Preliminary First Aid Guidelines came into effect on March 30, 2004. Revisions to these original guidelines became effective on November 1, 2004. The purpose of WCB guidelines is, in the opinion of the author, to provide guidance for employers in achieving compliance with specific regulations. This is particularly important for regulations that are new, complex and/or performance-based in nature. The new first aid regulation is all of the above.

As the occupational health and safety regulatory agency in British Columbia, the Workers' Compensation Board through its Occupational Safety Officers and Occupational Hygiene Officers (WCB Officers) are charged with the responsibility of assessing the compliance strategies and implementation processes of employers and for determining compliance with the Regulation. To assist both WCB Officers and employers (including management, supervisors, safety committee members and workers) in determining the minimum standards for regulatory compliance the WCB has developed Guidelines outlining the intent of the regulation and at least one method of achieving compliance.

The WCB has developed the following First Aid Guidelines and Supplementary Materials for assistance to employers and WCB Officers.

##### **OCCUPATIONAL FIRST AID GUIDELINES**

<b>Number</b>	<b>Title</b>
G 3.14 to 3.20	First Aid Guidelines for Employers
G 3.14	First aid attendant certification, qualification and general responsibilities
G 3.16-1	Employer's responsibilities
G 3.16-2	First aid assessment
G 3.17	Developing and implementing first aid procedures
G 3.17(1)-1	Implementing an early defibrillation program in the workplace
G 3.18(1)	Communication
G 3.18(2)	Availability of first aid attendant
G 3.19	First aid records
G 3.20	Multiple employer workplaces

## FIRST AID SUPPLEMENTARY MATERIALS

Assigned hazard rating list

Recommended minimum levels of first aid: tables 1-6 (Appendix A-5)

Types of first aid attendants and training programs

First aid kits: Recommended minimum contents

First aid facilities: recommended minimum criteria

Emergency vehicles and equipment

First Aid Guideline G3.16-1 "Employer's Responsibilities" provides an insight into the WCB philosophy with respect to the expectations of the WCB with respect to how they will measure an employer's compliance initiatives. G3.16-1 states in part:

Typically, employers would be expected to approximate the recommendations in the appropriate table in the "Recommended Minimum Levels of First Aid". However, after conducting an assessment, the employer may legitimately conclude that a different type of first aid service should be provided. 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 level of first aid service, supplies, equipment, and facility 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.

The employer's responsibility includes the following:

- Under section 3.16(2) and (3), conduct an assessment to determine the level of first aid service that must be provided for a workplace. See the step-by-step method in OHS Guideline G3.16-2.

When combined with the Supplementary Materials, the First Aid Guidelines provide a step-by-step method, with recommendations, that very closely follow the requirements of the old prescriptive First Aid Regulation previously contained in Part 33 of the OHS Regulation. Following the recommendations in the Guidelines and Supplementary Materials would almost certainly conclude with the employer being required to provide the same first aid equipment, services, attendant and facilities as Part 33 of the old Regulation. It is also evident from Guideline 3.16-2 that any consideration for differing from the recommended first aid is only for purposes of increasing the requirements.

Guideline G3.16-2, First Aid Assessment (Appendix A-4) recommends that the following criteria be considered when conducting a first aid risk assessment:

1. Identification of the Workplace
2. Determining the Hazard Rating
3. Determining the Surface Travel Time to Hospital
4. Determining the Number of Workers per Shift
5. Determining the First Aid services Required
6. Assessment Review

These criteria are identical to those used previously. The recommendations contained in the Supplementary Materials are, basically, extracts from Part 33 of the OHS Regulation.

If, as premised above, the recommendations of the First Aid Guidelines and the Supplementary Materials are equivalent, if not identical, to the requirements of the old Part 33 of the OHS Regulation, the logical question to address would be:

**If an individual school or a school district was in compliance with the old Part 33 of the OHS Regulation, and continued to maintain the same level of first aid services, would they remain in compliance with the requirements of Part 3, sections 3.14 to 3.21 of the current edition of the OHS Regulation?**

The WCB WebPages contains a “**Frequently Asked Questions**” section (Appendix A-8). There are two specific questions that are relevant to this question.

**Do I still have to conduct an assessment if I keep the level of first aid service set out in the previous regulation?**

Yes.

**Will an employer that was in compliance with the previous first aid regulation be in compliance with the new regulation?**

Yes. If an employer was in compliance with the previous first aid regulation, and if their workplace circumstances have not changed, they will be in compliance with the new regulation.

While the answers to these two questions appear to be in conflict, they are both valid. In circumstances where BC Public Schools have been in compliance with the previous (old) first aid regulation, continued compliance will ensure compliance with the new first aid regulation. Where BC Public Schools have not been, in some circumstances, in compliance with the previous first aid regulation, a risk assessment should be performed, for those circumstances, in order to determine the appropriate levels of first aid equipment, services, attendants and facilities.

**Conclusion:**

Although, the appearance of the new first aid regulation contained in Part 3 of the OHS Regulation gives the outward appearance of a more flexible and performance-based regulation, in fact, for the vast majority of employers the end result of performing the risk assessments required, utilizing the guidelines, supplementary materials and recommendations provided by the WCB, will result in an identical requirement for first aid equipment, services, attendants and facilities. It is the opinion of the author that, exceptional circumstances would have to be demonstrated in order to minimize the first aid requirements. It is also the opinion of the author that, given the responsibility of BC Public Schools to provide first aid treatment for students as well as staff, the implementation of the recommendations of the Guidelines and Supplementary Materials would provide BC Public Schools with an excellent demonstration of “Due Diligence” with respect to first aid.

## APPENDICES

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## APPENDIX A-1

### WORKERS COMPENSATION ACT PART 3 SECTION 115

#### General duties of employers

- (1) Every employer must
  - (a) ensure the health and safety of
    - (i) all workers working for that employer, and
    - (ii) any other workers present at a workplace at which that employer's work is being carried out, and
  - (b) comply with this Part, the regulations and any applicable orders.
- (2) Without limiting subsection (1), an employer must
  - (a) remedy any workplace conditions that are hazardous to the health or safety of the employer's workers,
  - (b) ensure that the employer's workers
    - (i) are made aware of all known or reasonably foreseeable health or safety hazards to which they are likely to be exposed by their work,
    - (ii) comply with this Part, the regulations and any applicable orders, and
    - (iii) are made aware of their rights and duties under this Part and the regulations,
  - (c) establish occupational health and safety policies and programs in accordance with the regulations,
  - (d) provide and maintain in good condition protective equipment, devices and clothing as required by regulation and ensure that these are used by the employer's workers,
  - (e) provide to the employer's workers the information, instruction, training and supervision necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace,
  - (f) make a copy of this Act and the regulations readily available for review by the employer's workers and, at each workplace where workers of the employer are regularly employed, post and keep posted a notice advising where the copy is available for review,
  - (g) consult and cooperate with the joint committees and worker health and safety representatives for workplaces of the employer, and
  - (h) cooperate with the Board, officers of the Board and any other person carrying out a duty under this Part or the regulations.

## APPENDIX A-2 INJURY STATISTICS

### First Aid Treatments – January to March 2004.

A random sampling of school districts provided statistics for the number of first aid treatments for staff and students in elementary schools and secondary schools. The statistical information was collated for the period of 1 January 2004 to 31 March 2004. As was pointed out by submitting school districts, the number of student first aid treatments reported is lower than actual treatments as not all minor treatments are recorded in the Treatment Log Books. All staff treatments are recorded in the Treatment Log Books as required by the OHS Regulation.

#### Elementary Schools

School District	Staff	Students
Cowichan Valley	0	6
School District 84	0	2
School District 54	3	14
School District 87	0	0
School District 69	2	4
School District 39	1	6
School District 59	2	53
School District 51	0	1
School District 54	3	14
School District 59	2	53
<b>TOTALS</b>	<b>13</b>	<b>153</b>

#### Secondary Schools

School District	Staff	Student
Cowichan Valley	1	4
School District 84	2	2
School District 54	3	4
School District 87	0	0
School District 69	2	8
School District 39	6	113
School District 58	0	10
School District 59	2	11
School District 51	1	6
School District 54	3	4
School District 59	2	11
<b>TOTALS</b>	<b>22</b>	<b>173</b>

## **APPENDIX A-3**

### **SECTION 3, OHS REGULATION**

**OCCUPATIONAL FIRST AID** [ADDED BY B.C. REG. 348/2003, EFFECTIVE MARCH 30, 2004.]

#### **3.14 Definitions**

In this section and in sections 3.15 to 3.21,  
"first aid" means

(a) in cases in which a person will need medical treatment, treatment for the purpose of preserving life and minimizing the consequences of injury until medical treatment is obtained, and

(b) treatment of minor injuries that would otherwise receive no medical treatment or that do not need medical treatment;

"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;

"injured worker" means a worker who suffers an injury during work;

"injury" includes an occupational disease or illness;

"medical certificate" means a report in a form acceptable to the Board from a physician registered under the Medical Practitioners Act as to a person's fitness to perform the functions of a first aid attendant.

#### **3.15 First aid attendant qualifications**

The employer must ensure that a person who is designated as a first aid attendant

(a) is at least 16 years old,

(b) has successfully completed the first aid training course or first aid examination developed or approved by the Board,

(c) has a first aid certificate in good standing at the required level issued by the Board or a person recognized by the Board, and

(d) meets any other requirements determined by the Board for designation as a first aid attendant.

#### **3.16 Basic requirements**

(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.

(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 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.

### **3.17 First aid procedures**

3.17 (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.

### **3.18 Communication and availability**

(1) 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.

(2) 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.

### **3.19 First aid records**

(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.

### **3.20 Multiple employer workplaces**

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 in accordance with the results of the assessment.

### **3.21 First aid attendant responsibilities**

(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.

(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.

(4) The first aid attendant does not have authority to overrule a worker's decision to seek medical treatment or the worker's choice of medical treatment.

## APPENDIX A-4 FIRST AID GUIDELINE G3.16-2

### G3.16-2 First aid assessment

Issued March 30, 2004

Section 3.16(2) and (3) of the Occupational Health and Safety Regulation states:

(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 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.

This guideline sets 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 recommended levels of first aid service mean. (See "[Recommended Minimum Levels of First Aid: Tables 1-6.](#)")

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 a [print-friendly version \(PDF 292 kb\)](#).

<b>Step 1: Identify the workplace.</b>
--

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 workforce 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, the WCB 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 the WCB 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 biohazardous material, 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 WCB web site under "First Aid Certification and Training": <http://firstaid.healthandsafetycentre.org/s/FAQ.asp> Look at past first aid records, incident reports, and WCB 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 the WCB.

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. WCB 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

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 workforce have 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 "Recommended Minimum Levels of First Aid" have different recommended levels of first aid service that are based on how long it takes to transport an injured person to hospital. Generally the greater the travel time to a hospital, the greater the need for first aid service. 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 recommended 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 recommended 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.
- 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.

<b>Step 5: Find the recommended first aid services for your workplace.</b>
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Step 5 looks at the recommended 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 recommended 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 recommended (see "First Aid Kits: Recommended Minimum Contents")
- Emergency transportation vehicle (ETV) equipment and industrial ambulance equipment, if recommended (see "Emergency Vehicles and Equipment")

- Dressing station or first aid room and equipment, if recommended (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 recommended 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 recommended. For recommendations on ETV's and industrial ambulances (and on a mobile treatment centre as an alternative), see "Emergency Vehicles and Equipment."

Where there is no recommendation for the employer to provide an emergency vehicle, the employer is required to pay for transporting the injured worker to initial medical treatment - see OHS Guideline G3.16-1. Keep in mind that some injured workers may require a vehicle that can take a stretcher and others may be able to sit in a vehicle. Transportation could be provided by B.C. Ambulance, a private ambulance service, taxi, or company vehicle, as appropriate.

(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 ETV's. The ETV should be appropriate for the terrain to be traversed and the injured or ill worker's condition. The recommended 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. Provide these as the minimum level that is adequate and appropriate for your workplace.

<p style="text-align: center;"><b>Step 6:</b> <b>Review your assessment.</b></p>
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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.

## APPENDIX A-5 RECOMMENDED MINIMUM LEVELS OF FIRST AID

**Table 1: Low-risk workplaces more than 20 minutes surface travel time to hospital**

Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation	Column 5 Other considerations
1	Personal first aid kit		transportation at employer's expense*	
2-5	Basic first aid kit		transportation at employer's expense*	
6-30	Level 1 first aid kit	Level 1	transportation at employer's expense*	
31-50	Level 1 first aid kit ETV equipment	Level 1 with Transportation Endorsement	transportation at employer's expense*	
51-75	Level 3 first aid kit Dressing station ETV equipment	Level 3	transportation at employer's expense*	
76 or more	Level 3 first aid kit First aid room ETV equipment	Level 3	ETV	

\* Transportation to medical treatment may include a taxi, a company vehicle, or an ambulance, depending on the injured or ill worker's condition.

**Table 2: Low-risk workplaces 20 minutes or less surface travel time to hospital**

Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation	Column 5 Other considerations
1			transportation at employer's expense*	
2-10	Basic first aid kit		transportation at employer's expense*	
11-50	Level 1 first aid kit	Level 1	transportation at employer's expense*	
51-100	Level 2 first aid kit Dressing station	Level 2	transportation at employer's expense*	Consider upgrade of certificate, transportation, and equipment if ambulance service access restricted.
101 or	Level 2 first aid kit	Level 2	transportation at	Consider upgrade of

more	First aid room		employer's expense*	certificate, transportation, and equipment if ambulance service access restricted.
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\* Transportation to medical treatment may include a taxi, a company vehicle, or an ambulance, depending on the injured or ill worker's condition.

**Table 3: Moderate-risk workplaces more than 20 minutes surface travel time to hospital**

Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation	Column 5 Other considerations
1	Personal first aid kit		transportation at employer's expense*	
2-5	Level 1 first aid kit	Level 1	transportation at employer's expense*	
6-15	Level 1 first aid kit ETV equipment	Level 1 with Transportation Endorsement	transportation at employer's expense*	
16-50	Level 3 first aid kit Dressing station ETV equipment	Level 3	ETV	
51-100	Level 3 first aid kit First aid room ETV equipment	Level 3	ETV	
101-300	Level 3 first aid kit First aid room Industrial ambulance equipment	Level 3	Industrial ambulance	
301 or more	Level 3 first aid kit First aid room Industrial ambulance equipment	2 Level 3	Industrial ambulance	

\* Transportation to medical treatment may include a taxi, a company vehicle, or an ambulance, depending on the injured or ill worker's condition.

**Table 4: Moderate-risk workplaces 20 minutes or less surface travel time to hospital**

Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation	Column 5 Other considerations
1	Personal first aid kit		transportation at employer's expense*	
2-5	Basic first aid kit		transportation at	

			employer's expense*	
6-25	Level 1 first aid kit	Level 1	transportation at employer's expense*	
26-75	Level 2 first aid kit Dressing station	Level 2	transportation at employer's expense*	Consider upgrade of certificate, transportation, and equipment if ambulance service access restricted.
76 or more	Level 2 first aid kit First aid room	Level 2	transportation at employer's expense*	Consider upgrade of certificate, transportation, and equipment if ambulance service access restricted.

\* Transportation to medical treatment may include a taxi, a company vehicle, or an ambulance, depending on the injured or ill worker's condition.

**Table 5: High-risk workplaces more than 20 minutes surface travel time to hospital**

Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation	Column 5 Other considerations
1	Personal first aid kit		transportation at employer's expense*	
2-5	Level 1 first aid kit	Level 1	transportation at employer's expense*	
6-10	Level 1 first aid kit ETV equipment	Level 1 with Transportation Endorsement	ETV	
11-30	Level 3 first aid kit Dressing station ETV equipment	Level 3	ETV	
31-50	Level 3 first aid kit First aid room ETV equipment	Level 3	ETV	
51-200	Level 3 first aid kit First aid room Industrial ambulance equipment	Level 3	Industrial ambulance	
201 or more	Level 3 first aid kit First aid room Industrial ambulance equipment	2 Level 3	Industrial ambulance	

\* Transportation to medical treatment may include a taxi, a company vehicle, or an ambulance, depending on the injured or ill worker's condition.

**Table 6: High-risk workplaces 20 minutes or less surface travel time to hospital**

Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation	Column 5 Other considerations
1	Personal first aid kit		transportation at employer's expense*	
2-15	Level 1 first aid kit	Level 1	transportation at employer's expense*	
16-30	Level 2 first aid kit Dressing station	Level 2	transportation at employer's expense*	Consider upgrade of certificate, transportation, and equipment if ambulance service access restricted.
31-300	Level 2 first aid kit First aid room	Level 2	transportation at employer's expense*	Consider upgrade of certificate, transportation, and equipment if ambulance service access restricted.
301 or more	Level 2 first aid kit First aid room	2 Level 2	transportation at employer's expense*	Consider upgrade of certificate, transportation, and equipment if ambulance service access restricted.

\* Transportation to medical treatment may include a taxi, a company vehicle, or an ambulance, depending on the injured or ill worker's condition.

**APPENDIX A-6**  
**FIRST AID RISK ASSESSMENT WORKSHEET & FLOW CHART**

**APPENDIX A-7  
BC SCHOOL ACT  
(EXCERPTS)**

**Division 2 — Powers and Duties**

Conduct

- 76** (1) All schools and Provincial schools must be conducted on strictly secular and non-sectarian principles.
- (2) The highest morality must be inculcated, but no religious dogma or creed is to be taught in a school or Provincial school.
- (3) The discipline of a student while attending an educational program made available by a board or a Provincial school must be similar to that of a kind, firm and judicious parent, but must not include corporal punishment.

**Division 3 — Health and Other Support Services**

Definition

**87.1** In this division, "**minister of health**" means the minister responsible for Part 3 of the *Health Act*.

Support services for schools

- 88** (1) A board must provide health services, social services and other support services for schools in accordance with any orders made by the minister.
- (2) If a board of school trustees is represented on a union board of health under section 43 (6) of the *Health Act*, the expenses payable by the school board must be included in the operating expenses of the school board.

School medical officer

- 89** (1) The minister of health must appoint for each school district a medical health officer under the *Health Act* as the school medical officer for that school district.
- (2) The minister of health may appoint persons other than school medical officers to perform any duties that he or she considers advisable in respect of the health inspection of schools, francophone schools and the students and francophone students of those schools.
- (3) A school medical officer appointed under subsection (1) has the same rights, powers and duties in respect of francophone schools located in the school district as that medical officer has for other schools in that district.

Inspection and closure of school

- 90** (1) A school medical officer must, as required by the minister of health, cause an inspection to be made of school buildings and school surroundings and must report to the board and the minister of health fully and in detail the result of all examinations and set out any recommendations in the report.
- (2) A school medical officer may require a board to close a school when the school medical officer considers that the health or safety of students is at risk.

#### Examinations and reports by school medical officer

- 91** (1) A school medical officer may and when required by the minister of health must examine or cause examinations to be made as to the general health of students of the schools in the school district.
- (2) If the school medical officer considers that the health condition of any student is such as to endanger the health or welfare of the students of a school or the employees of the board, the school medical officer must so report to the board, giving the name of the student concerned.
- (3) The board must promptly act on a report under subsection (2) and must remove from a school a student whose health condition is reported by the school medical officer as being dangerous.
- (4) A student who is removed from a school under subsection (3) must not be permitted to return to the school until he or she delivers to the board a certificate signed by the school medical officer permitting the student to return to the school.
- (5) If a teacher, principal, vice principal or director of instruction suspects a student is suffering from a communicable disease or other physical, mental or emotional condition that would endanger the health or welfare of the other students, the teacher, the principal, the vice principal or the director of instruction
- (a) must report the matter to the school medical officer, to the school principal and to the superintendent of schools for the district, and
  - (b) may exclude the student from school until a certificate is obtained for the student from the school medical officer or a private medical practitioner permitting the student to return to the school.
- (6) If a student is removed or excluded from school under subsection (3) or (5), the board must continue to make available an educational program for that student.

#### Board may require employee to undergo examination

- 92** (1) In this section, "**contractor**" means a person who is not an employee of a board and
- (a) is present at a school, or
  - (b) has contact with one or more students,
- because of a contract with a board.
- (2) On the advice of the school medical officer, a board may, by notice to an employee of the board or to a contractor, require the employee or the contractor to undergo an examination
- (a) by a medical practitioner, and to submit to the school medical officer a certificate signed by the medical practitioner setting out the medical practitioner's conclusions regarding the physical, mental and emotional health of the employee or contractor, or
  - (b) by a qualified person designated by the minister of health, and to submit to the school medical officer a certificate signed by the person conducting the examination setting out the person's conclusions regarding the physical, mental and emotional health of the employee or contractor.
- (3) If an employee fails without reasonable excuse to take the examination required under subsection (2) within 14 days from the date of receiving notice from the board under that subsection, the board may summarily dismiss the employee.
- (4) If a certificate submitted to the school medical officer under subsection (2) shows that the physical, mental or emotional health of the employee examined is such as to endanger the health or welfare of the students of the school, the board must

- (a) suspend the employee and not permit the employee to return to his or her duties until the board receives from the employee a certificate signed by the school medical officer permitting the employee to return to his or her duties, and
  - (b) if the employee is a member of the college, report the circumstances to the college.
- (5) An employee who fails to take an examination required under subsection (2) or who is suspended under subsection (4) must not be offered or accept a position with a board or a francophone education authority until the employee submits to the board or francophone education authority a medical certificate satisfactory to the board or francophone education authority or, if the employee is a member of the college, satisfactory to the college.
- (6) An employee who is granted a superannuation allowance on medical evidence of total and permanent disability must not be offered or accept a position with a board or a francophone education authority until he or she submits
- (a) to the minister, and
  - (b) if the employee is a member of the college, to the college,
- a medical certificate, satisfactory to the minister, that the disability no longer exists.
- (7) If a contractor fails to take the examination required under subsection (2) within 14 days from the date of receiving notice from the board under that subsection, the board may require the person who entered into the contract with the board to provide a replacement contractor.
- (8) Expenses necessarily incurred by a board under this section must be included in the operating expenses of the board.

## **APPENDIX A-8 FREQUENTLY ASKED QUESTIONS**

### **What is the difference between a "prescriptive" and "performance-based" first aid regulation?**

A prescriptive first aid regulation specifies an exact method of compliance that workplace parties are required to meet. For example, a prescriptive first aid regulation would identify the exact number of bandages that must be kept in a first aid kit.

In comparison, a performance-based occupational health and safety ("OHS") regulation sets an exact standard for first aid outcomes that workplace parties must meet. "Employers must provide for prompt delivery of workplace first aid" is an example of a performance-based regulation.

### **What is the primary benefit of a performance-based first aid regulation?**

A performance-based first aid regulation provides a balance between establishing strict standards for controlling risk while allowing workplace parties to determine appropriate measures for achieving compliance and meeting the standards set.

### **How will a performance-based first aid regulation affect employers?**

A performance-based regulation provides employers with greater flexibility in customizing their first aid service to the unique requirements of an individual workplace. However, with this flexibility comes the added responsibility of conducting a diligent assessment of first aid service requirements, and providing a level of service consistent with this assessment.

### **Do I still have to conduct an assessment if I keep the level of first aid service set out in the previous regulation?**

Yes.

### **What is the difference between an assessment, as required under section 3.16 of the amended Occupational Health and Safety Regulation, and a risk assessment?**

An employer, under section 3.16 of the amended Occupational Health and Safety Regulation ("OHSR"), must conduct a first aid assessment "of the circumstances of the workplace." The purpose of this assessment is to determine the level of first aid service required at a specific workplace. Some of the issues that must be considered include:

- The number of workers who may require first aid;
- The nature and extent of the risks and hazards in the workplace;
- The time that may be required to obtain emergency transportation.

A risk assessment is a complete analysis of work processes and job functions. Its purpose is to mitigate or eliminate workplace hazards. A risk assessment considers the effectiveness of administrative or engineered controls that may be in place, and the frequency of exposure to hazards that cannot be controlled. It should be noted that an employer may be required to conduct a risk assessment per section 3.16(2)(b) of the OHSR.

### **Will an employer that was in compliance with the previous first aid regulation be in compliance with the new regulation?**

Yes. If an employer was in compliance with the previous first aid regulation, and if their workplace circumstances have not changed, they will be in compliance with the new regulation.

**What is the difference between a regulation and a guideline?**

A regulation is a legal requirement that must be met by all workplaces under the jurisdiction of the WCB. A guideline is intended to assist with providing ways of complying with the legislation, not to provide an exclusive interpretation. Many sections of the Workers Compensation Act and the OHSR have associated guidelines. See the OHS Guidelines for Occupational First Aid: [PDF format \(205 KB\)](#) or [html](#).

**Can an employer default to the hazard rating assigned to their business?**

An employer can usually default to the Assigned Hazard Rating List in the OHS Guidelines. However, an employer-conducted first aid assessment may indicate that their work processes do not fit within a specific hazard rating category. It is important to note that under the new regulation (effective March 30, 2004) an employer is responsible for identifying and assigning the correct hazard rating to their business.

**Under what circumstances would an employer need to adjust their hazard rating?**

An employer may need to adjust their hazard rating if work processes and conditions, tools, equipment or the potential for injury are significantly different from the norms found within their industry classification. The OHS Guidelines contain information on how to calculate a hazard rating.

**How are the hazard ratings listed in the OHS Guidelines determined?**

The ratings are based upon work processes and conditions, tools, equipment, and the potential for injury within a given industry.

**Why does the OHSR only refer to "low risk" or "not low risk" workplaces, while the OHS Guidelines refer to hazard ratings of low, moderate, and high?**

[Section 3.16\(2\)\(b\)](#) of the OHSR requires that a determination be made of "the nature and extent of risks and hazards in the workplace, including whether or not a workplace, as a whole, creates a low risk of injury." The OHS Guidelines helps translate this determination into a suitable level of first aid service. The hazard ratings of low, moderate, and high hazard ratings allow an employer greater flexibility in providing a first aid service that supports the requirements of a specific workplace.

**How often must an employer conduct a first aid assessment?**

Each employer must conduct an annual first aid assessment. A further assessment may be required if there is a significant change in the employer's work processes or procedures.

**How will the WCB enforce the new regulation?**

WCB prevention officers will continue to inspect workplaces to ensure compliance with the Workers Compensation Act and OHSR. During a workplace inspection, an officer will review the level of first aid service provided, and determine if it meets the standard recommended in the OHS Guidelines and the requirements of the OHSR.

The officer will discuss the results of this review with the employer and the joint occupational health and safety committee / worker representative.

If the level of first aid service provided by employers does not meet the standard of the OHS Guidelines, or the requirements of the OHSR, the officer will offer consultative advice to employers regarding implementation of the new first aid amendments. If employers believe that a reduced level of first aid service is sufficient for circumstances of their workplace, they will be required to submit a written assessment detailing their rationale to the WCB.

Officers will ensure compliance with the first aid regulation by conducting follow-up site visits. Orders will be written on employers found to be in willful non-compliance of the first aid requirements - i.e., no first aid attendant, no equipment, no written procedures, etc. - in keeping with existing WCB practice.

**Will employers be given adequate time to implement the new first aid amendments to the OHSR?**

Employers are required to conduct an assessment and implement the needed level of first aid service immediately. However, if an in-depth job function analysis is required to determine an adjusted hazard rating for the workplace as a whole, an implementation period up to October 1, 2004 will be granted. Employers are expected to be in immediate compliance regarding all other aspects of first aid delivery.

**What happens if an employer's conclusion about the required level of first aid service differs from the conclusion reached by a WCB prevention officer?**

A prevention officer may make a decision to write an order, based on whether the conclusion reached by the employer is reasonable. When making a determination about an employer's "reasonable conclusion," a prevention officer considers if:

each part of the assessment was conducted diligently;

there are significant deviations from the levels of service suggested in the OHS Guideline;

the level of service recommended in the assessment will respond appropriately to the types of injuries likely to occur.

**What is meant by a "reasonable conclusion"?**

A reasonable conclusion means that the level of first aid service provided approximates the levels identified in the OHS Guidelines. If an employer's "reasonable conclusion" differs from the levels suggested in the OHS Guidelines, the employer will be expected to provide a rationale to the WCB.

**How does a WCB prevention officer determine if an employer is providing an appropriate level of first aid service?**

The OHS Guidelines contain descriptions of benchmark levels of appropriate first aid service. A prevention officer determines compliance with the first aid regulation by assessing if an employer has conducted a thorough workplace assessment. Based on this assessment, an employer must be able to provide injured workers with prompt first aid service and transportation to medical aid.

**Can an employer appeal a decision made by a WCB prevention officer?**

Yes. An employer may, within 90 days of receiving an order, request a review by the WCB Review Division.

**If a worker or the union disagrees with a WCB prevention officer's decision not to issue an order, can they appeal that decision?**

Yes. A worker or union may appeal the officer's decision not to issue an order.

**Must employers use certified first aid attendants?**

Depending on the circumstances of their workplace, employers must use first aid attendants that meet the standards of Occupational First Aid Level 1, Level 2, or Level 3. See the list of first aid tickets and certificates recognized by the WCB.

## APPENDIX A-9

### Situations When Staff Work Outside of Instructional Hours

ACTIVITY	Workplace	Hazard Rating	Travel time to Hospital or Ambulance Service	Number of Workers
Normal duties prior to regular instruction time	School	L	< 20 min.	unknown
Normal duties after regular instruction hours	School	L	< 20 min.	unknown
School meetings after regular instruction hours	School, off-site meeting rooms	L	< 20 min.	unknown
Awards nights	School	L	< 20 min.	unknown
Parent-teacher conferences after normal instruction hours	School	L	< 20 min.	unknown
Staff meetings outside regular instruction hours	School, school board offices	L	< 20 min.	unknown
Sporting events outside regular instruction hours	School, alternate school, community recreation centre	L	< 20 min.	unknown
Night School	School	L	< 20 min.	unknown
Custodial services outside regular instruction hours	School, district maintenance facility	L	< 20 min.	unknown
Field trips	Off-site	L	unknown	unknown

**Note:** With the exception of custodial services outside regular instruction hours and field trips the risk of injury arising out of the activity is very low. The probability of having to respond to a medical condition is far greater than that of a work related injury. Provided that the Provincial Ambulance Service can respond, on average within 20 minutes, the attendance of a designated first aid attendant is considered excessive.