

# OHS Guidelines for Part 3: Occupational First Aid

Preliminary Revision: June 2024

Preliminary revision

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## *Introduction*

In April 2023, WorkSafeBC's Board of Directors approved [amendments to Part 3 of the OHS Regulation](#), relating to the provision of occupational first aid. These amendments will take effect November 1, 2024.

To support interpretation and compliance, the Prevention Practices, Quality, and Engineering department, in consultation with internal and external advisory committees, has drafted guidelines to assist employers prepare for the implementation of these new provisions. Draft versions of these guidelines were posted for consultation during the month of April, 2024 and feedback from interested parties was incorporated into this preliminary revision.

*Note: Numbering and associated naming conventions for sections within this proposed draft may change prior to November 1, 2024.*

### ***G3.15(b)-1 – Registered nurses in health care facilities [New]***

Issued November 1, 2024

*Reason for change: This guideline replaces G3.15(b)-1 Health care facilities. The guideline has been updated to reflect a new process for recognizing a subset of nursing licenses — registered nurses (RNs) and registered psychiatric nurses (RPNs) — as being equivalent to first aid certificates. Physicians and nurse practitioners are not recognized as first aid attendants in order to clearly delineate when a worker receives medical care (which must be reported to WorkSafeBC as a claim) vs. first aid only. Licensed Practical Nurse licenses are not automatically accepted as equivalent to first aid certification because the scope of practice expected from LPNs is limited to providing care to clients with “stable or predictable states of health,” which is inconsistent with the requirements of first aid attendants. LPN and other medical licence holders not specifically addressed by this guideline are required to attend a first aid training course prior to accepting a position as an occupational first aid attendant.*

#### **Regulatory excerpt**

Section 3.15 of the *OHS Regulation* ("Regulation") states:

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

- (a) is at least 16 years old,
- (b) [repealed]
- (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.

Section 55 of the *Workers Compensation Act* ("Act") states:

The Board may do the following:

- (a) supervise the training of and train occupational first aid attendants and instructors;
- (b) appoint examiners and conduct examinations for the purposes of this section;
- (c) issue certificates to occupational first aid attendants and instructors, and renew and amend those certificates;
- (d) enter into arrangements by which other persons provide training, give examinations and issue, renew and amend certificates for the purposes of this section;
- (e) establish fees for the purposes of this section.

#### **Purpose of guideline**

The purpose of this guideline is to enable nurses to act as occupational first aid attendants in health care facilities. This guideline outlines the requirements for licence recognition for nurses.

### **Acceptance of Registered Nurse and Registered Psychiatric Nurse licences as intermediate first aid certificates in limited health care settings**

Registered nurses (RNs) and registered psychiatric nurses (RPNs) are trained in wound care and basic lifesaving interventions as part of the licensing competencies required by the British Columbia College of Nurses and Midwives (BCCNM).

WorkSafeBC has entered into arrangements with the Health Authorities as permitted by section 55 of the *Act* to recognize BCCNM licences as first aid certificates in limited health care facilities directly operated by B.C. health authorities or Providence Health Care. This includes facilities in the following health care classification units (CUs):

- 766001 – Acute care\*
- 766011 – Long-term care\*
- 766019 – Short-term care\*

This recognition is non-transferable to health care settings operated by other employers or other industries.

*(\*Note – the list of facilities to which this provision applies may be updated based on pending feedback from healthcare providers.)*

#### **Requirement**

Health authorities may utilize RNs or RPNs as occupational first aid attendants — intermediate level — in health care facilities operated by a health authority or Providence Health. To use nurses as first aid attendants, the health authority or its delegate must document that the respective nurse has met all of the following requirements:

- Hold a valid Registered Nurse or Registered Psychiatric Nurse licence from the British Columbia College of Nurses and Midwives
- Reviewed and completed the [jurisprudence package\\*](#) or completed other training that covers the topics outlined in the jurisprudent package prior to commencing work
- Completed a Basic Life Support course within the past 3 years

*(\*Note – the jurisprudence package will be updated prior to the November 1 enactment of the Regulation.)*

At the request of a WorkSafeBC prevention or certification officer, an employer must produce documentation verifying that the respective RN has met the requirements for licence recognition. This may be in the form of a letter from a health authority or its delegate.

First aid services, including where health care facilities use nurses as first aid attendants, must comply with all other sections of the first aid regulation, including designating first aid attendants, and developing written first aid procedures.

#### **Suspending or revoking acceptance of alternative licences**

WorkSafeBC may revoke the acceptance of an individual BCCNM licence holder as a first aid attendant without impacting the validity of their medical licence. Medical licences issued by BCCNM may only be revoked or suspended by BCCNM and practice concerns which come to

the attention of WorkSafeBC will be referred to the licensing board for investigation and appropriate remedy.

Refer to [G3.21](#) for additional details.

*G3.15(b)-2 Municipal fire departments (retired)*

*G3.15(b)-3 EMA licence holders (retired)*

*G3.15(b)-4 – EMA licence holders working as first aid attendants [New]*

*Reason for change: This guideline replaces G3.15(b)-2 Municipal fire departments and G3.15(b) - 3 EMA licence holders. The guideline has been updated to reflect a new process for recognizing emergency medical assistant (EMA) licences as being equivalent to first aid certificates.*

**Regulatory excerpt**

Section 3.15 of the *OHS Regulation* ("Regulation") states, in part:

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

...

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

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

...

Section 55 of the *Workers Compensation Act* ("Act") states:

The Board may do the following:

(a) supervise the training of and train occupational first aid attendants and instructors;

(b) appoint examiners and conduct examinations for the purposes of this section;

(c) issue certificates to occupational first aid attendants and instructors, and renew and amend those certificates;

(d) enter into arrangements by which other persons provide training, give examinations and issue, renew and amend certificates for the purposes of this section;

(e) establish fees for the purposes of this section.

### **Purpose of guideline**

The purpose of this guideline is to describe the obligations of employers when deploying Emergency Medical Assistant (EMA) licence holders as occupational first aid attendants. WorkSafeBC has entered into arrangements with the Emergency Medical Assistants Licensing Board (EMALB), as outlined in section 55 of the *Act*. The purpose of this arrangement is to enable EMA licence holders to act as occupational first aid attendants in industry.

### **Acceptance Emergency Medical Assistant (EMA) licences as first aid certificates**

Wound care and basic lifesaving interventions are included in the licensing competencies required by the British Columbia Emergency Medical Assistance Licensing Board (EMALB).

The scope of practice for EMAs include the first aid competencies outlined in *CSA Z1210-17 First aid training for the workplace — curriculum and quality management for training agencies*.

WorkSafeBC has entered into arrangements with the Emergency Medical Assistant Licensing Board (EMALB) as permitted by section 55 of the *Act*. Recognition of EMALB licences as first aid certificates is permitted in all occupational settings, under the conditions of the licence issued.

### **Requirement**

The following current and valid EMA licences are recognized alternative qualifications for occupational first aid attendants:

- First Responder (EMA FR) — intermediate first aid certificate
- Emergency Medical Responder (EMR) — advanced first aid certificate
- Primary Care Paramedic (PCP) — advanced first aid certificate
- Advanced Care Paramedic (ACP) — advanced first aid certificate
- Critical Care Paramedic (CCP) — advanced first aid certificate

### **Employer obligations when employing first aid attendants with EMA Licence**

Employers must ensure that first aid attendants with alternative qualifications have a working understanding of their responsibilities as occupational first aid attendants, in accordance with G3.15(d). Employers may elect to do one of the following:

- Have first aid attendants with alternative qualification complete the [Jurisprudence package](#)\* prior to commencing work
- Provide on-the-job training that covers the topics outlined in the Jurisprudence package
- Have evidence that the EMA license holder previously completed the Jurisprudence package

(\*Note – the Jurisprudence package linked above will be updated prior to the November 1 enactment of the Regulation.)

### **Operational scope of EMALB licence holders**

EMALB licences used in industry are subject to operational limitations (refer to the [EMALB Position Statement on Operational vs. Legal Scope of Practice](#)). Workplaces that employ EMAs as first aid attendants are expected to restrict the legal scope of practice of EMA licence holders

to those that align with the competencies listed in CSA Z1210-17 for advanced first aid attendants, unless medical oversight by a physician registered with the BC College of Physicians and Surgeons is in place, along with supplemental written procedures.

Operational scope for EMAs acting as first aid attendants without medical oversight should clarify the following:

- First aid attendants may not administer prescription drugs or medications. First aid attendants may assist workers to self-administer medication for which they have a prescription if the patient provides a letter from their physician\*. First aid attendants may provide injured workers with non-prescription (over-the-counter) medications purchased by the employer for use at the worksite, if appropriate to do so.\*
- First aid attendants must initiate immediate transfer to hospital for any injured worker who meets rapid transport criteria\*

\* Refer to [Occupational First Aid: A Reference and Training Manual](#) for additional details on these requirements.

### **Suspending or revoking acceptance of alternative licences**

WorkSafeBC may revoke the acceptance of an individual EMA licence holder as a first aid attendant without impacting the validity of the medical licence. Medical licences issued by EMALB may only be revoked or suspended by EMALB, and practice concerns that come to the attention of WorkSafeBC will be referred to the licensing board for investigation and appropriate remedy.

Refer to [G3.21](#) for additional details on suspending and revoking alternative licences.

### ***G3.15(c) Proof of certification [Revised]***

Issued September 6, 2018, Revised consequential to Regulatory Amendment November 1, 2024

*Reason for change: This guideline has been updated to provide guidance on the acceptance of digital certificates and the employer's responsibility for ensuring the validity of first aid certificates prior to assigning a worker to duty as a first aid attendant.*

### **Regulatory excerpt**

Section 3.15 of the *OHS Regulation* ("Regulation") states, in part:

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

...

- (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

...



### **Purpose of guideline**

This guideline is to outline the requirements for proof of certification at the workplace.

### **Requirement**

Before assigning a first aid attendant to duty, employers must take reasonable measures to confirm that a worker has a valid first aid certificate (or other credential accepted under the provisions of section 3.15) that is in good standing and accepted by WorkSafeBC. First aid Certificates and other credentials accepted by WorkSafeBC are listed on [WorkSafeBC.com: Certificates accepted in B.C.\\*](https://www.worksafebc.com/certificates-accepted-in-bc) Employers are expected to keep a copy of the attendant's certificate, and provide it to a WorkSafeBC prevention or certification officer upon request. It is recommended that employer's track the expiration date of first aid certificates to ensure first aid attendants receive re-certification as required. Where practical to do so, first aid certificates should be posted at the worksite for review by workers who may receive first aid.

First aid attendants must produce their original certificate or a verifiable digital certificate to their employer prior to their first shift as a first aid attendant, or to a WorkSafeBC prevention or certification officer upon request within a reasonable period of time. Acceptable verifiable digital certificates permit the validity of the certificate to be confirmed through an on-line database maintained by the training agency. Employers should not accept digital photographs of certificates, where the authenticity of the certificate cannot be validated. Digital photographs may be accepted by WorkSafeBC prevention officers as sufficient evidence of training, if the employer can confirm the certificate is valid.

First aid attendants are also expected to notify their employer of any changes to the status of their license or certification that could impact their ability to provide first aid services.

(\*Note that the list of certificates accepted in BC will be updated prior to November 1, 2024).

### **G3.16 First aid assessment [Revised]**

Issued March 30, 2004; Revised February 1, 2008; Editorial Revision September 6, 2018; Editorial Revision October 30, 2018; Editorial Revision January 17, 2022; Revised consequential to Regulatory Amendment November 1, 2024

*Reason for change: This guideline has been updated to reflect regulatory provisions enacted on November 1, 2024. Guidance has been updated and enhanced to provide additional clarity on the two-part duty of employers to ensure first aid provisions are adequate for specific workplace conditions.*

### **Regulatory excerpt**

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

- (1) An employer must provide for each workplace
  - (a) at least the equipment, supplies, facilities, first aid attendants and services required by Schedule 3-A, and
  - (b) any additional equipment, supplies, facilities, first aid attendants and services that are necessary to ensure that workers who suffer an injury at work can be
    - (i) promptly provided first aid, and
    - (ii) promptly transported to medical treatment.
- (2) For the purpose of complying with subsection (1)(b), the employer must prepare a written assessment that sets out at least the following information:
  - (a) the number of workers present;
  - (b) the locations of workers;

- (c) the nature and extent of the risk and hazards in the workplace;
  - (d) the types of injuries likely to occur;
  - (e) any barriers to first aid being provided to an injured worker;
  - (f) the time that may be required to obtain transportation and to transport an injured worker to medical treatment and the methods of transportation available.
- (3) The employer must review and update 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.
- (3.1) An assessment under subsection (2) must be prepared, reviewed and updated in consultation with the joint committee or the worker health and safety representative, as applicable.
- (4) An employer must ensure that the equipment, supplies and facilities required by subsection (1) are
- (a) suitable for their intended use,
  - (b) clean, dry and ready for use, and
  - (c) readily accessible

### **Purpose of guideline**

This guideline explains the process for determining first aid coverage. This guidance is designed to help employers establish which table in [Schedule 3-A — Minimum Levels of First Aid](#) sets out the minimum first aid services for their workplace, and provides clarity on additional factors that must be considered when determining first aid services.

For the purpose of this guideline, the term “first aid services” should be taken to include first aid equipment, supplies, facilities, and first aid attendants.

### **Employer's two-part duty.**

Section 3.16(1) sets out a two-part duty to determine the level of first aid supplies required at any given workplace. Section 3.16(1)(a) requires an employer to determine the minimum levels of first aid based on the employer's hazard rating, location and nature of workplace, and number of workers. Section 3.16(1)(b) requires employers to fully evaluate the circumstances unique to the workplace to determine any additional first aid equipment, supplies, facilities, attendants, and services necessary to ensure compliance with this regulation. Consideration of both parts must be done in consultation with the joint committee or worker health and safety representative and documented in a written first aid assessment required by section 3.16(2).

### **Determining your minimum first aid requirements — Section 3.16(1)(a)**

Minimum first aid services are determined by assessing three factors:

1. The number of workers present at the workplace
2. Hazard rating
3. The class of workplace (which includes consideration of both the remoteness and the accessibility of the workplace)

### **Step 1: Number of workers present at the workplace**

When determining minimum first aid requirements, employers should calculate the maximum number of workers present at the workplace during a typical shift. All workers — including managers, supervisors, and administrative staff who are regularly present at the workplace — must be included in the worker count under this provision, regardless of whether they are normally exposed to the hazards of the workplace.

Where the number of workers consistently varies between shifts, separate assessments may be conducted for each shift.

Section 13 of the *Workers Compensation Act* defines a “workplace” as “any place where a worker is or is likely to be engaged in any work and includes any vessel, vehicle or mobile equipment used by a worker in work”.

Consider the following factors when determining if an area or building is part of a single workplace, or may be considered a separate workplace for the purpose of establishing first aid requirements:

**Factors supporting a single workplace:**

- Fixed work locations under the control of a single employer
- Multiple employer workplaces where a prime contractor has been established

**Factors supporting separate workplaces:**

- Locations leased by one employer that are part of a larger property leased to others
- Locations controlled by one employer that are separated by locations controlled by other employers
- Locations of one employer that are more than 10 minutes apart from each other, or where physical barriers might prevent a first aid attendant from reaching an injured worker in less than 10 minutes (note that this factor should not be used to decrease minimum first aid requirements in high-risk remote industries, such as forestry, where workers work in small groups over large areas)
- A public roadway separates locations of one employer from each other in an urban area
- Locations under separate administrative structures, controlled by one employer

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, the option that provides the greatest level of first aid service should be chosen.

**Determining number of workers for workplaces that dispatch workers or that have transient workers**

All workers who regularly attend a workplace must be included in the worker count for that workplace, even if they are on site only briefly.

When determining the minimum first aid requirements for a workplace, employers should count dispatched or transient workers as follows:

- Count as one worker each dispatched worker who stays within 10 minutes' surface travel time from the workplace for more than 50% of the shift.
- Count one-quarter of the number of workers who travel more than 10 minutes' surface travel time from the workplace more than 50% of the shift.

- Pro-rate the number of transient workers based on an estimation of the time they attend the workplace. For example, if a warehouse has eight loading bays that are serviced by a fleet of delivery trucks throughout the day, the employer may determine that it is reasonable to include an additional eight workers for the purpose of determining first aid requirements at the warehouse, if that is the maximum number of delivery drivers that are likely to be at the workplace at any given time.

Separate first aid assessment(s) are required for dispatched workers when they are not present at the central location.

## Step 2 Determine your hazard rating

“Hazard rating” – is defined in section 1(1) of Schedule 3-A as “how hazardous the workplace is, expressed as low, moderate, or high, relative to all other workplaces.” For the convenience of stakeholders, WorkSafeBC assigns a relative hazard rating to each classification unit (CU) based on claims statistics and knowledge of common risks and hazards typically associated with workplaces assigned to the CU.

Hazard ratings assigned by WorkSafeBC can be found on the classification unit description sent to employers with their assessments rate letter every year. Hazard ratings they can also be accessed on worksafebc.com: [Find your classification unit, industry, or rate.](#) (\*Note – WorkSafeBC is working on creating an easier way to access hazard ratings assigned to CUs. This link will be updated with a new link as soon as it is available or by November 1, 2024)

The hazard rating assigned by WorkSafeBC should be considered the minimum acceptable hazard rating for workplaces of employers assigned to that CU, with the following exceptions:

**Separate administrative locations** – Administrative locations that meet the criteria of being separate workplaces (refer to step 1), where the substantive hazards of the industry are not present may consider themselves a low hazard workplace for the purpose of determining minimum first aid requirements.

**Multiple-employer workplaces where the work is phased** – Where the prime contractor of a multiple-employer workplace provides first aid services on a project where work is phased. For example:

- A prime contractor in the Integrated Forestry Management classification unit (703008) with a hazard rating of high is providing first aid services when the only work being conducted is tree planting with hazard rating of medium — a hazard rating of medium may be used.
- A prime contractor in Industrial General Construction classification unit (721028) with a hazard rating of high is providing first aid services when the only work being conducted is window installation with hazard rating of medium — a hazard rating of medium may be used.

**Hazard rating for unassigned classification units:**

Where a hazard rating is not available for a particular classification unit (e.g., new classification units, deposit accounts), employers should use the hazard rating associated with a comparable and aligned CU to determine minimum first aid services.

**Using hazard ratings for alternative classification units:**

Employers should consider using the hazard rating associate with an alternative classification unit under the following circumstances:

- Where the work being performed at a separate workplace is not generally consistent with work described in the employer’s classification unit description and poses a greater risk to workers (e.g., a home renovation store performing installation services on a construction site)
- Where “supporting activities” conducted in support of the main business activity are conducted at a separate workplace and pose a greater risk to workers than the main business activity (e.g., a warehouse or distribution location of a large retail employer)
- Large employers with a variety of functional groups operating at separate workplaces (e.g., municipalities, school districts, utility providers)

Using a hazard rating associated with an alternative CU must not be used to reduce an employer’s hazard rating during certain tasks, times, or areas of a workplace, when the work is generally consistent with the employer’s CU.

The decision to use the hazard rating for an alternative classification unit should be made in consultation with worker representatives and the employer’s joint committee, where these resources exist. Justification for the selection of an alternative classification unit must be adequately documented on the written first aid assessment required by section 3.16(2).

Selecting an alternative classification unit for the purpose of determining minimum first aid levels has no bearing on the classification unit assigned to the employer for the purpose of WorkSafeBC assessments.

**Step 3: Determine the workplace class (Remote and/or less accessible)**

There are two primary factors that must be assessed when considering the location of workers: remoteness and accessibility. The minimum first aid requirements established by Schedule 3-A combine these two factors to define workplace class:

- A “class 1 workplace” means a workplace other than a class 2, 3 or 4 workplace
- A “class 2 workplace” means a workplace that is a remote workplace but not a less-accessible workplace
- A “class 3 workplace” means a workplace that is a less-accessible workplace but not a remote workplace
- A “class 4 workplace” means a workplace that is both a remote workplace and a less-accessible workplace

*Remote workplaces* are defined under Schedule 3-A to be those workplaces which, under normal travel conditions, an ambulance that is a motor vehicle cannot travel from its base in 30 minutes or less, but does not include a ferry. “Normal travel conditions” should be determined by the average time it takes to drive to (or from) the nearest ambulance station by a motor vehicle following the rules of the road, during the normal working hours of the

employer's workplace (refer to "Determining additional first aid service requirements" later in this guideline for additional considerations on normal travel time).

The location of the nearest BCEHS ambulance station, if not already known, may be found using online mapping tools (search for BCEHS Ambulance Station).

*Less-accessible workplaces* are defined under Schedule 3-A as workplaces that include work areas that cannot be safely accessed by ambulance personnel. Less-accessible workplaces include both workplaces that cannot readily be reached by an ambulance travelling by land, as well as those where an ambulance attendant may not be able to access an injured worker safely. BCEHS will generally not access the following areas:

- Backcountry areas that are only accessible by ATV, snowmobile, or similar
- Areas where the only means of access involves steep or slippery slopes or embankments (without walkways)
- Areas with rough or complex terrain
- Areas where there is a significant risk of avalanche, landslide, flood, or other natural hazards

Where workers can reasonably be expected to be working in areas like these, the workplace should be considered less-accessible for the purpose of determining minimum first aid requirements.

BCEHS will also not rescue injured workers from hazardous work areas such as:

- Confined spaces or where there is a risk of entrapment
- Underground work
- Excavations
- Areas that are only accessible by ladders, scaffold, or temporary work platforms
- Work at high angles, or where an unguarded fall hazard exists
- (work on or over water)
- Areas requiring specialized PPE or areas where hazardous atmospheres may exist.

Workplaces where workers may be working in hazardous areas should also be considered less accessible, unless:

- 1) The workplace is not remote, nor otherwise less accessible, and
- 2) The employer has developed alternative provisions to safely rescue workers in accordance with the requirements of section 4.13 of the *Regulation*. For the purpose of this section, "safely rescue" will be taken to mean:
  - Moving the injured worker from the hazardous area to an area accessible to BCEHS in a way that will not cause additional injury or further exacerbate pre-existing injuries or illnesses. This will generally include packaging and transporting an injured worker in accordance with the practices taught in the transportation endorsement course, unless impractical to do so (for example, for workers working in a bucket truck that can be lowered to the ground, or workers working in confined spaces who remain on a harness that allows them to be pulled from the hazardous area)
  - Where practicable to do so, and without putting the first aid attendant at unreasonable risk, nor delaying transport to an area accessible to BCEHS, provide immediate and on-going first aid to the injured worker during the rescue. The level of

first aid provided during rescue should be sufficient to address injuries likely to arise in the less-accessible area.

Workplaces located on roads that cannot be made accessible to BCEHS ambulance must be considered both less-accessible and remote.

**Step 4 – Determine minimum first aid requirements in Schedule 3-A**

Minimum first aid requirements for a workplace are determined by referring to Tables 3-1 to 3-4 in Schedule 3-A, using the information established in Steps 1, 2, and 3 above:

- a) Determine which Schedule 3-A reference table to use based on the class of workplace established in Step 3:

Class	Description from Step 3		Schedule 3-A reference table
	Greater than 30 minutes from ambulance base?	Less-accessible workplace?	
Class 1	No	No	3-1
Class 2	Yes	No	3-2
Class 3	No	Yes	3-3
Class 4	Yes	Yes	3-4

- b) Identify the correct row of the table based on the number of workers at the workplace established in Step 1.
- c) Identify the correct column of the table based on the hazard rating of the workplace established in Step 2.
- d) Determine the minimum requirements for first aid kits, first aid attendants, and emergency transportation requirements (where required) identified in the intersecting cell of the table.

Where the requirements for first aid facilities are specified, additional information on the requirements for these facilities can be found in G-Schedule 3-A (D2) 3 – 1 – Minimum requirements for first aid equipment]. Where a requirement for emergency transportation is identified, the number of workers capable of being transported at the same time will also be specified.

**Determining additional first aid service requirements — Section 3.16(1)(b)**

In addition to determining the minimum requirements for first aid, employers must also consider the unique circumstances of the workplace to verify that the minimum requirements are sufficient to meet the regulatory requirement of ensuring injured workers can be promptly provided first aid and transport to medical treatment.

The following additional factors must be considered as part of the employer’s first aid assessment:

- **Nature and extent of risk and hazards in the workplace**

Employers are expected to enhance the minimum requirements for first aid services set out by Schedule 3-A based on specific hazards and risks present at the employer’s workplace. More information about identifying hazards in the workplace can be found on worksafebc.com: [Identifying hazards](#). Employers must consider enhancing first aid services when hazards are identified that are unique to the workplace, workers, or not typical of the employer’s classification unit (see below for examples).

- **Types of injuries likely to occur**

Employers are expected to consider the types of injuries that may reasonably be expected at the workplace to ensure that minimum first aid services are adequate to promptly treat and transport workers. Information on the types of injuries that have previously occurred at the employer’s workplace or similar workplaces can be found in:

- Past first aid records, incident reports, and claims history
- Industry health and safety associations
- WorkSafeBC statistics (refer to [Industry health and safety data](#))
- Academic research and media websites

Some examples of hazards and risks that may warrant the consideration of additional equipment, supplies, facilities, and/or attendants are provided in the following table:

Hazard or risk	Additional first aid services
Possible exposure to chemicals or toxins whose safety data sheet recommends the use of specific first aid measures to counteract toxic effects	Maintain neutralizing compounds, or antidotes (e.g., calcium gluconate for the treatment of hydrofluoric acid burns)
Probability of intense physical exertion, or risk of exposure to electrical hazards.	Accessibility and training on automatic external defibrillator (AED) (where practicable to supply and maintain)
Likely contact with hot surfaces or liquids	Maintain cooling packs, burn dressing, and/or other suitable treatment options (e.g., hydrogel, burn sheets)
Occupational risk factors that could lead to psychological injury	Consider providing first aid attendants (or other workers) training on recognizing and responding to mental health emergencies.
Workers work at heights or around hazards that are likely to result in spinal injuries in areas where BCEHS response may be delayed	Provide equipment for spinal immobilization and transportation (ETV equipment), and train attendants in the appropriate procedures
Workers may be exposed to extreme temperatures	Maintain equipment suitable to treat hypothermia (cold stress) or hyperthermia (heat stress), as applicable

If an employer chooses to provide naloxone at the workplace to treat over-exposure to opioids, the employer must ensure first aid attendants have received training in the appropriate and safe use of this substance. Some first aid courses may provide instruction in the administration of naloxone.



- **Barriers to first aid**

Employers must consider additional barriers that could potentially limit or delay a worker’s access to first aid. Examples of potential barriers may include:

Barriers to first aid	Possible means to address
Physical obstacles or accessibility challenges first aid attendant may encounter at the workplace	<ul style="list-style-type: none"> <li>• Eliminate obstacles</li> <li>• Provide alternative means to access areas</li> <li>• Embed first aid attendants into crews</li> </ul>
Areas where workers may be unable to communicate their need for first aid or assistance (e.g., where workers may work alone or in isolation, or in areas without access to phones or other means of communication)	<ul style="list-style-type: none"> <li>• Provide alternative means of communication</li> <li>• Assign workers to work with others</li> <li>• Provide regular check-ins (refer to sections <a href="#">4.20.1 – 4.23</a> of the <i>Regulation</i> for more information)</li> </ul>
Workplace is large and workers work over large areas	Consider the number and distribution of first aid attendants and equipment to ensure timely response (10 minute walking time) to all areas of the workplace
Where the employer expects first aid attendants to treat members of the public or others who may be present at the workplace, who were not counted in the number of workers used to determine minimum first aid requirements.	Ensure the number of first aid attendants and procedures are sufficient to provide treatment to workers without undue delay
Language or cultural barriers between first aid attendants and injured workers	Consider providing additional first aid attendants or additional training to existing attendants and/or workers to reduce perceived or actual barriers
Other hazardous areas that require specialized training or controls to access	Provide additional training or equipment to first aid attendants to enhance access to hazardous areas, if necessary

Where barriers are identified, it is expected that employers will take all reasonable efforts to eliminate, reduce, or otherwise address those barriers through the provision of appropriate first aid equipment, procedures, and trained personnel.

- **Specialized equipment required for worker transportation and evacuation**

For less-accessible workplaces, employers are expected to maintain equipment necessary to safely move a worker to an area accessible to first aid attendants and BCEHS personnel. This requirement is indicated in Schedule 3-A by either the requirement for an advanced first aid attendant or the requirement for one or more first aid attendants with transportation endorsement. Equipment necessary to safely move an injured worker will normally include the ETV equipment listed in G-Schedule 3-A (D2) 6 Emergency transportation [Editorial revision] unless alternative means of safe transport is provided.

- **The time that may be required to obtain transportation and to transport an injured worker to medical treatment and the methods of transportation available**

Employers must also consider known barriers that may affect BCEHS response time, or time to transport to hospital such as:

- Road or weather conditions which may make a workplace inaccessible to BCEHS or may prevent air transportation from flying.
- Barriers between workplace and hospital or ambulance station (such as train crossings, lift bridges, temporary road closures, construction zones), if there is no other method of accessing the workplace and these could result in significant delays.
- Hours of operation, doctor availability, hospital diversion protocols, or routine closures of BCEHS stations that would significantly impact transport time to hospital.

These factors may be temporary or permanent, but when they are known or reasonably foreseeable they should be factored into the employer's risk assessment. "Reasonably foreseeable" includes those that are known to the employer or workers through previous experience or observation, or that are widely publicized in the news or social media outlets.

Where barriers to transport are identified, the employer should take all reasonable measures to eliminate or otherwise minimize the impact of these barriers on the time it may take to transport a worker to medical treatment. Consider providing supplemental emergency transportation to safely transport an injured worker to hospital or to meet BCEHS enroute and/or a higher level of first aid attendant and equipment to better manage injuries while waiting for BCEHS. First aid procedures should be updated as well to consider these barriers (e.g., in the event of a worker injury, consider hospital emergency room availability in transport decisions).

### ***G3.16(2) Documenting the first aid assessment [New]***

A written first aid assessment detailing the employer's consideration of the factors for both section 3.16(1)(a) and section 3.16(1)(b) must be available for every workplace. The employer's written assessment must document both the minimum first aid services required and any additional services to address the requirements under section 3.16(1)(b). When documenting additional factors under section 3.16(b), employers may group hazards and/or only document the factors that require additional supplies or equipment necessary to ensure prompt first aid or transport to medical treatment.

The assessment must not result in a level of first aid services lower than the mandatory minimums required by Schedule 3-A, except as provided in guideline Step 2 Determine your hazard rating.

WorkSafeBC has developed a template assessment tool that may be used to document the employer's first aid assessments. An online first aid assessment tool has also been integrated into the online [My health & safety resources](#) tool\*.

(\*Note: Both the template and the enhancements to "My health & safety resources" are in development. The template assessment is expected to be available by mid June and the on-line tool will be available by November 1, 2024.)

**First aid assessments for temporary work locations or for workers who are dispatched to various workplaces.**

Employers must consider how workers will receive first aid and be transported to medical care in the event of a serious injury, even when workers are working away from the employer's main location. This may mean coordinating first aid services with employers of other workplaces, or ensuring first aid services are available to respond to injuries that occur at temporary work locations.

Where workers perform similar tasks at many different locations throughout the day (e.g. delivery drivers, repair technicians, community care workers), employers may consider conducting a "task-based" first aid assessment that applies to multiple locations. Task based assessments should only be used for tasks where the number of workers, nature and extent of risks, and other elements of the first aid assessment are similar. Task-based assessments are expected to be reviewed by worker health and safety representatives or joint health and safety committees, as applicable, prior to use.

Employers may also develop template assessment documents that enable workers to update the assessment with information specific to the workplace, as applicable.

### ***G3.16(3) Reviewing first aid assessments [New]***

Issued November 1, 2024

#### **Regulatory excerpt**

Section 3.16(3) of the *OHS Regulation* ("*Regulation*") states:

- The employer must review and update 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.

#### **Purpose of guideline**

The purpose of this guideline is to provide guidance on what changes would be considered "significant" for the purpose of triggering a review of a first aid assessment.

#### **Reviewing first aid assessments**

Section 3.16(3) requires first aid assessments to be reviewed and updated every 12 months or whenever a significant change affecting the assessment occurs.

Significant changes in the employer's operations that would require an employer to review and update the first aid assessment include:

- Changes in the maximum number of workers present at the workplace
- The class of the workplace changes (accessibility or remoteness changes).
- The nature and extent of risks and hazards in the workplace changes through the introduction of new or different equipment, processes, tasks, or workplace conditions
- WorkSafeBC updates the hazard rating assigned to the employer's classification unit
- Where changes to barriers or routes are identified that may affect first aid response, transportation requirements, or BCEHS response or travel time

Employers should document the date of when a first aid assessment was reviewed and who was involved in the review process so compliance with the requirements of this section can be verified. If changes are required following the review, a new assessment document should be completed in consultation with workers.

### ***G3.16(3.1) Involving workers in first aid assessments [New]***

Issued November 1, 2024

#### **Regulatory excerpt**

Section 3.16(3.1) of the *OHS Regulation ("Regulation")* states:

An assessment under subsection (2) must be prepared, reviewed and updated in consultation with the joint committee or the worker health and safety representative, as applicable.

#### **Purpose of guideline**

The purpose of this guideline is to provide direction to employers on involving workers in preparation and review of first aid assessments.

#### **Involving workers in first aid assessments**

Section 3.16(3.1) requires first aid assessments to be prepared, reviewed, and updated in consultation with the joint health and safety committee or worker health and safety representative. Workers who are performing work are in the best position to inform the employer of hazards and risks associated with the tasks being performed, “near-miss” incidents that have occurred in the past, as well as potential challenges that may be experienced when accessing the workplace. As such, employers should encourage meaningful involvement of the joint committee or worker representative in conducting first aid assessments to establish the appropriate level of first aid equipment, training, and supplies. This may include such things as:

- Including the joint committee or worker representatives in workplace inspections and walkthrough surveys to identify risks and hazards that may impact first aid assessments
- Providing the committee or representative with information on past injuries and incidents, incident response, and drills to assist them in evaluating the effectiveness of current procedures and services

Where a workplace is required to have a joint committee (20 or more workers, or where required by order) or worker health and safety representative (between 9 and 19 workers), these parties must be consulted in the development and review of first aid assessments. Where these parties are not familiar with the workplace or hazards being assessed, it may also be necessary to seek the input of other workers who have this knowledge. While completing first aid assessment with the direct involvement of worker representatives is the preferred method of involvement, consultation with joint committees or worker representative may take various forms to accommodate workplace realities. Some options for consultation may include:

- Engage the committee or worker representative in developing task-specific assessments for common jobs performed by workers (as relevant).
- Develop a process to have the committee or worker representative regularly review first aid assessments conducted by crews and provide feedback on any concerns noted.
- Explore options for committee members or worker representatives to participate in assessments remotely by telephone or video call.

- Have committees designate alternative workers to assist the employer in conducting first aid assessments on the committee's behalf. If this is done, it should be documented in the committee's terms of reference and a process for training and reporting back to the committee established.

### **Small workplaces without a joint committee or designated worker health and safety representative**

Smaller workplaces are also expected to involve workers in the first aid assessment process. Worker input on assessments can be obtained during regular monthly meetings with workers (as required by [section 3.2](#) of the *Regulation*), as part of a job safety analysis, tailgate meetings, toolbox talks, or pre-job safety meetings.

### ***G3.17 Developing and implementing first aid procedures [Revised]***

Issued March 30, 2004; Editorial Revision September 6, 2018; Revised consequential to November 1, 2024 Regulatory Amendments

*Reason for change: This guideline has been updated to reflect requirements of regulatory amendments. Additional information on new requirements under this section has been added.*

### **Regulatory excerpt**

Section 3.17 of the *Occupational Health and Safety Regulation* ("Regulation") states, in part:

- (1) The employer must keep up-to-date written procedures for providing first aid at the worksite workplace 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,
    - (c.1) if there are any barriers to first aid being provided to injured workers, how injured workers will be accessed and moved,
  - (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 methods of transportation and calling, and
    - (e.1) if emergency transportation is required by section 3 of Schedule 3-A, the location of the method of emergency transportation, 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.

...

## Purpose of guideline

The purpose of this guideline is to provide additional information on the development and implementation of written first aid procedures.

## First aid procedures

Written procedures should provide the information required by this section:

- **Equipment, supplies, facilities, first aid attendants, and services available**

Procedures should include the names of first aid attendants, where practicable, and their first aid certification level, as well as a description of first aid equipment and supplies available at the worksite.

- **Coordination of multiple first aid attendants**

Some workplaces may require multiple first aid attendants. The purpose of multiple attendants is to ensure adequate response to major incidents and to ensure adequate first aid coverage. When multiple designated attendants are present, the following should be considered and incorporated in the written procedures:

- In workplaces where first aid attendants have different levels of certification, procedures should state that the designated attendant with the higher certification should be the lead attendant for serious incidents and serious injuries. For minor injuries, any designated attendant may provide care and complete the required documentation. Lower level attendants should consult with the higher level attendant to ensure that the higher level attendant has no additional treatment options to offer the injured worker prior to discharge.
- For work locations with multiple attendants with the same level of certification, procedures should include instructions on how to determine which attendant will be the lead attendant for major events, serious incidents, or serious injuries (for example, person who has been attendant for longest, first on scene, etc).
- Where a workplace has multiple first aid attendants, procedures should identify how attendants are to respond (for example, attendants working and responding on different floors of a building). For major events, serious incidents, and serious injuries, all designated attendants should respond, or the employer should develop alternative procedures to ensure sufficient attendants respond to provide optimal first aid treatment to injured workers.
- Employers must consider the requirements of [section 3.21\(3\)](#) when developing response procedures. Once care is initiated, an attendant cannot hand off care to an attendant with a lower level of certification.

- **The location of, and how to call for, first aid**

Procedures should instruct workers on how to obtain first aid for both minor injuries and serious injuries. Procedures should also include instructions on the expected response of first aid attendants when it may be necessary to either transport the injured worker or request emergency services. The location of first aid equipment and supplies must be included in the procedures; a map is sometimes helpful for this purpose.

Methods of summoning first aid attendants may include whistles, sirens, lights, pager, two-way radios, or portable or cell phones that a first aid attendant would see or hear and that would enable the first aid attendant to know where to respond.

- **Instructions on how the first aid attendant is to respond to a call for first aid**

In many workplaces, first aid attendants perform other tasks in addition to their duties as first aid attendants. If any procedures are required to enable the first aid attendant to leave their assigned duties, those should be included in the first aid procedures.

- **Authority of the first aid attendant over the treatment of injured workers**

First aid procedures should state that the first aid attendant is in charge of the first aid management of injured workers until responsibility of care is handed off to pre-hospital emergency medical personnel, medical aid (i.e., walk-in clinic or hospital), or a person with higher or equivalent first aid certification, or the first aid attendant has determined the injured worker may return to work (refer to G3.21(3) for additional information). Workers have the right to refuse treatment.

The first aid attendant's decisions about first aid and the need for medical attention must not be over-ruled by supervisory personnel. This includes decisions on:

- The necessity of transporting the worker to hospital
- The method of transportation
- The necessity of accompanying the injured worker during transportation

- **Responsibility of the employer to report injuries to WorkSafeBC**

First aid procedures must require workers to report injuries arising out of the course of work to their employer. [Section 150](#) of the *Workers Compensation Act* requires that employers report work-related injuries or illnesses to WorkSafeBC.

To ensure that these requirements are met, first aid procedures should instruct workers to report all work related injuries or illnesses to their supervisor and/or to the first aid attendant — regardless of whether or not they wish to receive treatment. A first aid record meeting the requirements of section 3.19 must be created for all injuries, illnesses, and exposures reported or treated (refer to [G3.19](#) for additional information).

- **Instructions on how injured workers will be accessed and moved to an area accessible to BCEHS**

Where the workplace (or areas of the workplace) are not accessible to BCEHS attendants, first aid procedures should detail equipment and personnel required to access and move an injured worker to an accessible location. For less-accessible workplaces that have developed separate rescue procedures for less-accessible areas, first aid procedures may reference those. This element is not required if all of areas of the workplace are accessible to BCEHS.

- **Procedures for transporting an injured worker to medical services**

First aid attendants receive training on when to refer workers to medical aid. First aid procedures should include procedures for:

- How an injured worker will be transported to hospital or medical services (e.g., walk-in clinic) if the worker is ambulatory and their condition is stable and not life-threatening
- How an injured worker will be transported to hospital if the worker is not ambulatory, or their condition is unstable or life-threatening (per rapid transport criteria [link to come])

Methods of transportation may include, a taxi, ride-hail, or by a co-worker in a company or other vehicle that is appropriately insured, maintained, and meets any other applicable requirements of Part 17 of the Regulation. Employers retain responsibility for ensuring the injured worker is safely transported without undue delay, and must be able to show due diligence in this regard.

In addition to identifying the mode of transportation to be used, procedures should also include the following information:

- Who is responsible for arranging transportation for the injured worker
- Directions to the nearest hospital and non-emergency medical treatment facility
- Instructions for using equipment or procedures that may be used to safely move an injured worker to an area accessible by BCEHS (if applicable)
- Information BCEHS may require to access workplace
- The location of emergency transportation, as applicable
- Who will communicate with the worker's emergency contact and what information may be shared

- **Procedures for transporting a worker from remote workplaces**

In remote workplaces — where BCEHS ambulance services may be significantly delayed, or where the nearest medical facility available to treat workers is more than two hours away from the workplace (considering hospital bypass protocols that may be in place) — employers should consider providing alternative or supplementary methods of emergency transport for seriously injured workers, where crew size makes this practicable. This may mean employers provide and maintain a vehicle meeting the requirements of Schedule 3-A section 6, or arrange for the availability of emergency air transportation (refer to [G3.17.1](#) for additional information on air transport). This procedure is only required for remote work locations.

- **Maintaining the system**

Procedures should also include roles and responsibilities for ensuring appropriate first aid services are maintained and available to the workplace. This may include assigning responsibilities for:

- Scheduling and assigning first aid attendants to ensure adequate coverage for each shift
- Managing work or obtaining alternative first aid services in the event of an unplanned absence of a first aid attendant
- Tracking and scheduling recertification of first aid attendants, and replacing them when they are absent or leave the employer or assigned work location
- Regularly inspecting first aid supplies and equipment and replenishing supplies as they are used
- Inspecting and maintaining emergency transportation vehicles



- **Ensuring workplace first aid programs are inclusive of all workers**

Workers seeking first aid treatment have the right to fair and equitable treatment by first aid attendants. Employers are responsible for ensuring that all workers are treated with respect and without discrimination, including both those seeking first aid, and those providing first aid services.

Training first aid attendants and other workers in the principles and practices of equity, diversity and inclusion (EDI), and integrating these principles into an employer's first aid program, can enhance the effectiveness and inclusivity of the program. The following are some examples how EDI principles may be considered when developing or enhancing a first aid program:

- **Equipment** — Ensure that the equipment available, especially personal protective equipment (PPE), is suitable for workers of various sizes. For example, first aid kits often come with large-sized gloves, which may not fit all first attendants.
- **Accessibility** — Ensure that signage and written procedures are provided in languages accessible to the workforce. Develop processes to bridge language gaps or other barriers between first aid attendants and the workforce they support.
- **Worker engagement** — Support processes to routinely gather feedback from all workers, and make enhancements to the first aid program accordingly.

More information on EDI principles and practices can be found in the [Employment equity toolkit](#) from the BC Office of the Human Rights Commissioner.

### **Training workers on first aid procedures**

Training workers on first aid procedures is required as part of new worker orientation (refer to [Section 3.23\(h\)](#) of the *Regulation*) and procedures should be regularly reviewed with workers to ensure they are understood by all.

### **3.17(2) Communicating first aid procedures to workers [New]**

Issued November 1, 2024

#### **Regulatory excerpt**

Section 3.17(2) of the *OHS Regulation* ("Regulation") states:

(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.

#### **Purpose of guideline**

The purpose of this guideline is to provide examples of other measures to ensure information is effectively communicated to workers.

#### **Other means of communicating first aid procedures**

It is important for all workers to understand the employer's first aid procedures and be able to easily access these procedures for reference in the event of an incident involving injury to a worker. Where practicable, first aid procedures should be physically printed and posted

throughout the workplace. However, on temporary worksites or where workers work away from the head office, posting procedures may not be the most effective means of ensuring workers read, understand, and have quick access to first aid procedures.

Other methods of making procedures readily accessible to workers may include:

- For workers who use regularly use cell phones to communicate with the workplace, provide procedures by QR code, website, app, or other mobile-friendly platform.
- For office-based workers, or workers who have ready access to a computer, procedures may be made available on an intranet or shared drive. Be sure workers are trained how to find first aid procedures and that they can be found quickly. Confirm this as part of drill and/or workplace inspections.
- For mobile workers, consider providing copies of first aid procedures in vehicles. Include a confirmation of procedure documents on vehicle checklists or inspections.
- Include copies of first aid procedures in first aid kits or with other first aid supplies or equipment.

Involve workers in the selection of communication methods that will work best for the workforce. A combination of methods may be needed to ensure first aid procedures have been effectively communicated to all workers.

Construction projects and multiple-employer workplaces may have first aid procedures available in the first aid room. Employers (not prime contractors) are responsible for ensuring relevant information is translated to their employees where necessary.

### ***G3.17(4) Drills [New]***

Issued November 1, 2024

#### **Regulatory excerpt**

Section 3.17(4) of the *OHS Regulation* (“*Regulation*”) states:

(4) At least once each year and whenever the procedures change, the employer must ensure that drills are conducted to ensure that

(a) the procedures are effective, and

(b) workers, first aid attendants and other persons referred to in subsection (3) are capable of fulfilling their roles and responsibilities.

#### **Purpose of guideline**

The purpose of this guideline is to provide additional guidance around the requirement for first aid drills, and what factors should be considered when designing drills.

#### **Drills**

Drills for first aid provide the employer and workers with an opportunity to test the effectiveness of first aid procedures. Drills provide workplace parties with a chance to practice their roles and responsibilities, which helps to ensure an effective response in the event of a real emergency. Drills also provide an opportunity to identify and resolve potential challenges or deficiencies in the employer’s written first aid procedures.

Procedures and processes that should be assessed during first aid drills include:

- The ability of first aid attendants or other workers to access equipment, supplies, and first aid facilities
- Workers' familiarity with how to call for first aid and the location of first aid equipment
- How effectively the first aid attendant(s) can be summoned and respond to both minor and serious injuries
- How effectively an injured worker can be accessed and moved, and if there are any barriers present in the workplace
- How effectively an injured worker can be prepared (packaged) and transported to an area accessible to BCEHS, if required
- Whether first aid attendants are familiar with documentation and reporting requirements

A first aid drill should include mock scenarios that support the evaluation of the effectiveness of the procedures listed above. If the workplace requires first aid equipment and procedures that exceed the minimum requirements of Schedule 3-A, those procedures should be incorporated into the annual drill.

BCEHS should not be contacted for the purpose of conducting first aid drills. Information on what to expect when calling 911 that may be incorporated into drills is available on the [BCEHS website](#).

### **Worker safety during drills**

Drills should reasonably approximate the expected response to an incident requiring first aid, up to the point of transport by ETV. Drills should be designed in such a way that they do not pose an undue hazard to workers or the public and first aid attendants participating in the drill. Where necessary to ensure worker safety, dummies may be used to simulate injured workers when testing procedures for transporting an injured worker to an ETV or area accessible to BCEHS. If a drill of a particular first aid procedure poses an undue hazard to workers or others, a table-top exercise may be used to supplement drill activities, if it will allow for an effective evaluation of the employers' procedures.

### **Post-drill**

The results of the drill and any subsequent changes to first aid procedures should be shared with all first aid attendants, as well as with the joint health and safety committee or worker health and safety representative as applicable.

### **When to conduct drills**

Drills should be conducted as soon as practicable following the implementation of procedures, at least annually, and when procedures change.

Drills must also be conducted when there are substantive changes to written first aid procedures. A substantive change in procedures may include:

- Change in required transportation methods (e.g., taxi to ETV)

- Substantial change in the method for summoning the designated first aid attendant (e.g., switching from two-way radio to a flashing light)
- Change in the workplace class (e.g., class 2 - remote to class 3- less accessible)
- Change to the level of first aid certification required (e.g., basic to advanced)
- Change to rescue procedures that impact first aid procedures

Changes that are not considered to be substantial include:

- First aid procedures that are same, but with varied locations for medical aid (i.e., walk-in clinic or hospital)
- Changes to the location of the closest ambulance station without impacting the workplace class
- Variations in who is acting as designated first aid attendant

### Workplace and workforce considerations

The following table provides guidance on when drills should be conducted based on the characteristics of the workplace or workforce.

Workplace characteristics	Drill considerations
Single or multiple employer* fixed location	<ul style="list-style-type: none"> <li>• Annually at each fixed location, and when procedures change</li> </ul>
Single or multiple employer* working at various temporary locations**	<ul style="list-style-type: none"> <li>• Annual drill at one location, provided procedures remain substantively the same</li> <li>• If procedures vary substantially between locations, then multiple drills will be required</li> </ul>

\* For multi-employer locations, drills should be initiated by the prime contractor unless there are other arrangements made in writing

\*\* For the purpose of conducting drills, a temporary location will be considered any location where workers are located for less than a year.

Note: Reviewing a real incident requiring first aid will not generally be considered an acceptable alternative to a drill as this practice may discourage the identification of deficiencies and/or introduce privacy or other concerns for injured workers, first aid attendants, and employers.

### Documenting first aid drills

Employers should maintain drill records to establish compliance with the requirements of section 3.17(4). Drill records should contain the following information:

- Date and time of drill
- Names and rolls of participants
- Brief summary of scenario tested
- Summary of observations and outcomes, including any deficiencies identified
- Any corrective actions taken

If significant deficiencies are observed, or the drill cannot be conducted as intended, employers should address any deficiencies and perform the drill again, if procedures change significantly.

### ***G3.17.1 Air transportation [Revised]***

Issued September 6, 2018; Revised consequential to November 1, 2024 Regulation Amendments

*Reason for change: This guideline has been updated to reflect requirements of regulatory amendments. Additional information on new requirements under this section has been added, including additional information about when air transportation should be considered as the primary means for emergency transportation.*

#### **Regulatory excerpt**

Section 3.17.1 of the *OHS Regulation* ("Regulation") states:

If air transportation is the primary or only method for transporting an injured worker, all of the following requirements must be met:

- (a) before the start of operations in a workplace, arrangements must be made with an air service to ensure that
  - (i) an appropriate aircraft is reasonably available to the workplace during those operations, and;
  - (ii) without limiting subparagraph (i), there is at least
    - (A) one stretcher in the aircraft, or
    - (B) one stretcher, at the workplace, that is compatible with the aircraft;
- (b) the arrangements in paragraph (a) must include procedures for
  - (i) the employer to determine the availability of appropriate aircraft before the start of each work day, and
  - (ii) the air service to notify the employer if an appropriate aircraft ceases to be available;
- (c) a system must be provided that enables the pilot of the aircraft and the first aid attendant attending to an injured worker to communicate at all times when the aircraft is in transit to the location of the injured worker and during transport of the injured worker to medical treatment.

#### **Purpose of guideline**

The purpose of this guideline is to outline when and what arrangements are required for air transport of injured or ill workers.

#### **Air transport**

If air transport is the only reasonable means of accessing the work location, employers must arrange for emergency air transport for seriously injured workers. Employers should also plan to use air transport as the primary method for transporting a seriously injured worker to hospital if air transport is the primary means of accessing the work location or when the surface travel time to hospital is greater than two hours.

If air transport is the method used to transport an injured worker to medical treatment, the following arrangements and equipment are recommended:

- 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 *Regulation*. The co-ordinates of the workplace — or another method to determine and communicate the co-ordinates of the workplace to the air carrier — should be included in the written procedures.
- First aid equipment should be suitable for the aircraft to be used, including a stretcher or lifting device 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 first aid attendants are properly trained in the use of the equipment.
- Ensure an appropriate landing spot for the aircraft exists that will not endanger the pilot or people on the ground, unless provisions are in place for long-line extraction.
- Ensure all persons who may be involved in the loading of an injured person into an aircraft (not just first aid attendants) are adequately trained in the procedures associated with that activity.

Refer to the WorkSafeBC bulletin [Air evacuation in forestry operations](#) for additional considerations.

Where practicable, air transportation should be used to transport seriously injured workers to medical care if it is likely to save 30 minutes or more in total transport time. However, where air transportation may not be readily available at all times (such as during poor weather conditions, where there is lack of suitable landing site, or when air transport may be temporarily unavailable), employers should develop alternative land transport plans wherever practicable. If air transportation is the primary method of transport, employers should avoid conducting high-risk work when air transportation is unavailable. Where multiple emergency transportation methods are available, the decision on which method of transport should be used rests with the first aid attendant, taking into account risks and benefits for the injured or ill worker.

### ***G3.18(1) Communications [no change]***

Issued March 30, 2004; Editorial Revision September 6, 2018

#### **Regulatory excerpt**

Section 3.18(1) of the *OHS Regulation* (“*Regulation*”) states:

- (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.

#### **Purpose of guideline**

The purpose of this guideline is to outline suitable means of communication between the first aid attendant and workers.

### **Effective communication**

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 first aid attendant to know where to respond.

### **Assistance**

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

### ***G3.18(2) Availability of first aid attendant [Housekeeping changes]***

Issued March 30, 2004; Editorial Revision September 6, 2018

*Reason for change: Guidance has been updated to include information relating to when Schedule 3-A requires multiple first aid attendants to be present at the workplace.*

### **Regulatory excerpt**

Section 3.18(2) of the *OHS Regulation* ("*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.

### **Purpose of guideline**

This guideline discusses how to ensure that the first aid attendant is available to render first aid promptly, as required by sections 3.16(1) and 3.18(2) of the *Regulation*.

### **Availability**

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 illness, in accordance with the practices and standards found in the first aid attendant's training program.

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

- A first aid attendant should 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.
- When multiple attendants are required by Schedule 3-A, it is expected that the required number of first aid attendants will normally be present in the workplace during all working hours covered by the first aid assessment. First aid attendants can provide cross-coverage for scheduled breaks.
- First aid attendant(s), 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 first aid 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 first aid 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.

If a first aid attendant is unexpectedly absent, an employer is expected to have a replacement first aid attendant in place within half a shift. If no first aid attendant is available due to unplanned absence, employers should avoid conducting high-risk work. For workplaces that require first aid attendants with different levels of certification, high-risk work should be avoided when the first aid attendant with the higher level of certification is absent.

### ***G3.19 First aid records [Editorial revision]***

Issued March 30, 2004; Revised March 5, 2013; Editorial Revision September 6, 2018; Editorial Revision November 1, 2024

*Reason for change: Guidance has been updated to provide instructions on the revision of first aid records. Worker delegates have been added to the list of individuals who may access first aid records under specific circumstances, and additional information on privacy considerations has been added.*

### **Regulatory excerpt**

Section 3.19 of the *OHS Regulation* ("*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.



### **Purpose of guideline**

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

### **Acceptable record-keeping**

Records containing the following information are acceptable to WorkSafeBC:

- 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 names 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 (return to work/medical aid/ambulance/follow-up)
- A description of any subsequent treatment given for the same injury, exposure, disease, or illness
- The signature or equivalent of the attendant or person giving first aid, and if possible, the signature of the worker receiving treatment
- If records are kept and stored electronically, they must be stored within Canada

### **Revising first aid records**

First aid records must be completed as thoroughly as possible by a first aid attendant as soon as practicable after completing treatment. In small work places that do not require a first aid attendant, or when workers are injured away from the workplace, a first aid record may be completed by another person who administers care, or a supervisor, if the worker does not receive treatment from a first aid attendant. First aid records should not be revised or updated by anyone other than the person who created the record, except to add administrative information that was unavailable at the time of the incident. Any revisions made to first aid records should be made in a clear and traceable way (e.g. single cross-out with change initialed).

### **Access to records**

Only people who have a need to review first aid records may have access. For example, this may include the following:

- A worker's direct supervisor
- The injured worker, or a designated representative (access to their own records only)
- A person designated by the employer to manage or audit health & safety, compensation claims, and/or return-to-work programs at the workplace
- First aid attendants at the workplace
- Prime contractors, if required for the purpose of coordinating health and safety of the workplace
- A WorkSafeBC prevention officer

Where a person is entitled access to first aid records, access may not extend to all records. First aid records should be treated as personal medical information, and anyone accessing these records must keep the information confidential in accordance with applicable privacy legislation. Access is limited to the minimum information necessary to satisfy the purpose for which access

is required. If, for example, access is required to investigate a claim for compensation, it would be limited to the records of the individual making the claim.

Joint committee members and worker health and safety representatives generally do not need full access to first aid records. A report containing a summary of the records is generally sufficient for committee purposes. Prime contractors should also be provided with summary information, where sufficient for the required purpose.

First aid records are owned by the employer of the injured worker. In a multiple-employer worksite, records may be maintained by the employer providing the first aid services, however records must be provided to the injured worker's employer once the employer's work on the project is complete. First aid records must be retained by the injured worker's employer for at least three years.

### ***G3.20 Multiple employer workplaces [Editorial revision]***

Issued March 30, 2004; Editorial Revision February 1, 2008; Editorial Revision November 1, 2024

*Reason for change: Guideline has been updated to reflect regulatory amendments and for clarity*

#### **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**

On multiple-employer workplaces, 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 first aid service is provided by agreement with another person or persons, the following guidance applies:

- The first aid services provided must be appropriate for the hazard rating, workplace class (refer to guideline [G3.16](#))
- The service provided should be adequate, taking into account the anticipated needs of all employers using the service. The calculation for determining the service level is based on the total number of workers across all workplaces per shift. Additionally, it is important to factor in any usage of the service by members of the public who may be visiting these workplaces (refer to G3.16 – Barriers to first aid).
- Employers must be informed of any changes or temporary deficiencies in first aid services that may impact an employer's compliance with first aid requirements.
- When deciding on the appropriate location for first aid services, prioritize the swift provision of first aid. Additionally, assess whether certain workplaces pose higher risks, leading to a potentially increased demand for the service.
- The level and location of the service must consider any barriers to access that may occur during peak work periods.
- Each employer participating in the service must separately comply with the obligation in section 3.19(1) of the *Regulation* to maintain records of all injuries and exposures to contaminants 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. Any person who has access to the records under section 3.19 must keep them confidential except as required for the legitimate purpose of their access.

Despite any arrangement made by a prime contractor, the employer retains full legal responsibility for providing first aid services for their workers as required under section 3.16 of the *Regulation*. If the level of first aid service does not meet this requirement, WorkSafeBC will hold the employer responsible, not the person agreeing to supply the service.

***G3.21(1) Suspension and cancellation of first aid certificates [Editorial revision]***

Issued August 31, 2007; Editorial Revision September 6, 2018; Editorial Revision April 6, 2020; Editorial Revision November 1, 2024

*This guideline has been revised to add information relating to first aid attendants that hold alternative licences, accepted as equivalent to first aid certification.*

**Regulatory excerpt**

Section 3.21 of the *OHS Regulation* ("*Regulation*") states, in part:

- (1) The first aid attendant must
  - (a) promptly provide injured workers with a level of first aid within the scope of the first aid attendant's training and this Part,
  - (b) objectively record observed or reported signs and symptoms of injuries and exposures

...

### **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 section 96 of the *Workers Compensation Act* (“*Act*”).

Where a WorkSafeBC certification or prevention 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 first aid 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 96 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 an OHS provision of the *Act* or the *Regulation*

Section 3.21 of the *Regulation* sets out the requirements for first aid attendants. The failure of a first aid attendant to meet these obligations would be a contravention of the *Regulation* for the purposes of section 96 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 first aid 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 first aid attendant's training
- Be physically and mentally capable of safely and effectively performing the required duties

Policy item [P2-96-1](#) sets out an additional list of inappropriate conduct for first aid attendants, which may constitute failing to provide workers with an appropriate level of care under section 3.21 of the *Regulation*, including the following:

- 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 an occupational first aid certificate. The first stage, a temporary suspension, involves a WorkSafeBC officer seizing the certificate from the first aid 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 of Certification Services may cancel the certificate, return it to the first aid 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 first aid 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 WorkSafeBC 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:

- Review the employer's incident investigation document
- Review the worksite's written first aid procedures to ensure there is clear direction for attendant response
- Inspect attendant training and orientation records
- Provide the attendant an opportunity to offer his/her account of the circumstances
- 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 first aid attendant has failed to comply with the *Act*, *Regulation*, or the terms of the certificate, the officer will conduct the following:

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 section 96(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 their 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 of Certification Services takes will depend on the circumstances of each case. Factors that will be considered include the following:

- 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 intentionally, or through carelessness, recklessness, or the purposeful neglect of relevant facts
- The need to maintain public or stakeholder confidence in first aid services in general

Once the manager of Certification Services has made a determination, a letter is forwarded to the first aid attendant notifying them 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 first aid attendant's certificate is cancelled. The training agency that issued the certificate is also notified of the cancellation.

**Suspending or revoking acceptance of alternative licences**

If a WorkSafeBC officer thinks there are reasonable grounds for concluding that a medical licence holder that is acting as a first aid attendant in accordance with G3.15(b) – 1 or G3.15(c) – has failed to comply with the *Act*, *Regulation*, or the terms of recognition outlined in the guideline, the officer will conduct the following:

1. Issue an Order to Worker to the first aid attendant under section 22(1) of the *Act*. The order must specify that the attendants may not act as a first aid attendant for seven days pending review by the manager of Certification Services.
2. The officer will issue an inspection report to the employer notifying them of the suspension and issuing other related orders to the employer or other workplace parties in connection with the circumstances, as appropriate.
3. Forward evidence supporting the suspension, any evidence offered by the attendant in their 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 review of the circumstances and, if warranted, refer the matter to the appropriate licensing board for investigation and appropriate corrective actions. WorkSafeBC may revoke the acceptance of an individual medical licence holder as a first aid attendant, however only the applicable Licensing Board may impose conditions on the terms of the individual's medical licence.

### **Review and appeal**

[Section 268\(1\)\(a\)](#) of the *Act* provides that a person may request a review officer to review "a Board order respecting an occupational health or safety matter under the OHS provisions, a refusal to make such an order, or a variation or cancellation of such an order."

### **G3.21(2) Attendant fit for duty [Revised]**

(Formerly titled "Medical prerequisites")

Issued September 6, 2018; Revised November 1, 2024

*Reason for change: Reference to a self-declaration of fitness has been removed from this guideline, along with the conditions evaluated for the purpose of considering a first aid attendants or candidates fitness as some of these criteria may conflict with Human Rights legislation.*

### **Regulatory excerpt**

Section 3.21(2) of the *OHS Regulation* ("Regulation") states:

- (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 first aid attendant to provide a medical certificate.

### **Purpose of guideline**

The purpose of this guideline is to outline the fitness requirements for candidates and for occupational first aid attendants.

### **Attendant fit for duty**

A first aid attendant must be physically and mentally capable of safely and effectively performing the required duties. If a first aid attendant is temporarily incapable of performing their duties to injury, illness or other factors, the employer must reassign the role.

### **Medical certificate**

To determine that a first aid attendant is physically and mentally capable of safely and effectively performing the required duties, a certification of medical fitness may be required by WorkSafeBC for attendants of any certification level. If required, a medical certificate of the first aid attendant's or candidate's fitness must be submitted from a physician on a form acceptable to WorkSafeBC. Payment for the medical examination is the responsibility of the first aid attendant or candidate, unless an alternative agreement exists between a worker or workers and an employer to the effect that the employer will be responsible for payment either at no cost or some cost to the worker

### **G3.21(3) – First aid attendant responsibilities – Options for discharging responsibilities for care [New]**

Preliminary Issue November 1, 2024

### Regulatory excerpt

Section 3.21(3) of the *Occupational Health and Safety Regulation* (“*Regulation*”) states:

(3) The first aid attendant is responsible, and has full authority, for the provision of first aid to an injured worker until responsibility for treatment is accepted

- (a) at a place of medical treatment,
- (b) by an ambulance personnel, or
- (c) by a person with higher or equivalent first aid certification.

### Purpose of guideline

This guideline provides clarity around the options first aid attendants have for discharging their responsibility under this section, particularly at workplaces where there may be multiple first aid attendants with differing levels of first aid certification.

### Options for discharging responsibility for care

If worker is critically injured (meets criteria for rapid transport provided as part of first aid training) or non-ambulatory, the first aid attendant with the highest level of training should provide care during transport, unless responsibility for care is transferred to a person with an equivalent or higher level of certification, a BCEHS paramedic, or a place of medical treatment.

For less serious injuries, once first aid has been rendered and the injured worker is determined to be stable, ambulatory, and not in need of additional first aid, the first aid attendant has the following options for discharging their responsibility for treatment:

- Refer worker to medical treatment – If the first aid attendant, in consultation with the injured worker, determines that care during transport is not required, then a worker may be transported to medical treatment by a supervisor or other worker (including a first aid attendant with less training).
- Advise the worker they may return to work – If the first aid attendant determines that the worker’s injury does not require additional medical attention beyond first aid, the attendant may discharge the worker back to work. Workers always have the option to seek medical treatment beyond the level of first aid for all injuries.

### *G-Schedule 3-A (D2) 3 – 1 – Minimum requirements for first aid equipment [New kit & equipment lists]*

(Replaces G3.16(1.1))

Issued November 1, 2024

*Reason for change: Kits contents have been updated to align with CSA Z1220 – 17 – First aid kits for the workplace*

### Purpose of guideline

The purpose of this guideline is to outline the recommended type and quantity of equipment, supplies, and facilities as required by [Schedule 3-A](#) of the *OHS Regulation* (“*Regulation*”). An



assessment under section 3.16(1)(b) of the *Regulation* may indicate additional equipment. This may also involve ensuring additional training for the designated first aid attendant.

The kit contents are aligned with the Canadian Standards Association standard [CSA Z1220-17 First aid kits for the workplace](#).

Note that all workplace first aid kit contents should be made of latex-free materials.

#### Personal first aid kit (based on CSA Z1220 Type 1: Personal first aid kit)

Description	Quantity
Adhesive bandages, sterile, assorted sizes (standard strip, large fingertip, knuckle, large patch)	16
Gauze pad, sterile, individually wrapped, 7.6 × 7.6 cm (3 in. × 3 in.)	6
Conforming stretch bandage, relaxed length, individually wrapped, 5.1 cm × 1.8 m (2 in. × 2 yd.)	1 roll
Compress/pressure dressing with ties, sterile, 10.2 × 10.2 cm (4 in. × 4 in.)	2
Triangular bandage, cotton, with 2 safety pins, 101.6 × 101.6 × 142.2 cm (40 in. × 40 in. × 56 in.)	1
Adhesive tape, 2.5 cm × 2.3 m (1 in. × 2.5 yd.)	1 roll
Antiseptic wound cleansing towelette, individually wrapped	6
Hand/skin cleansing towelette, individually wrapped (or equivalent)	4
Examination gloves, disposable, medical grade, one-size, non-latex, powder free	2 pairs
Biohazard waste disposal bag (single use)	1
Splinter forceps/tweezers, fine point, stainless steel, minimum 11.4 cm (4.5 in.)	1
Contents list	1
Blank first aid records	

#### Basic kit (based on CSA Z1220 Type 2: Basic first aid kit — Medium)

Description	Quantity
Adhesive bandages, sterile, assorted sizes (standard strip, large fingertip, knuckle, large patch)	50
Gauze pad, sterile, individually wrapped, 7.6 × 7.6 cm (3 in. × 3 in.)	24
Abdominal pad, sterile, individually wrapped, 12.7 × 22.9 cm (5 in. × 9 in.)	2
Conforming stretch bandage, relaxed length, individually wrapped, 5.1 cm × 1.8 m (2 in. × 2 yd.)	2 rolls
Conforming stretch bandage, relaxed length, individually wrapped, 7.6 cm × 1.8 m (3 in. × 2 yd.)	2 rolls

Description	Quantity
Compress/pressure dressing with ties, sterile, 10.2 × 10.2 cm (4 in. × 4 in.)	4
Triangular bandage, cotton, with 2 safety pins, 101.6 × 101.6 × 142.2 cm (40 in. × 40 in. × 56 in.)	4
Adhesive tape, 2.5 cm (1 in.)	4.6 m
Antiseptic wound cleansing towelette, individually wrapped	50
Hand/skin cleansing towelette, individually wrapped (or equivalent)	12
CPR resuscitation barrier device with one-way valve (barrier type or pocket mask)	1
Examination gloves, disposable, medical grade, one-size, non-latex, powder free	8 pairs
Biohazard waste disposal bag, single use	2
Bandage scissors, stainless steel	1
Splinter forceps/tweezer	1
Emergency blanket (Emergency blanket, aluminized, non-stretch polyester, minimum 132 × 213 cm (52 in. × 84 in.))	1
Arterial bleed tourniquet (windlass or ratcheting type)	1
Medical grade face-mask	6
Face shield or safety eyewear	2
Contents list	1
Blank first aid records	

**Intermediate kit (based on CSA Z1220 Type 3: Intermediate first aid kit — Medium)**

Description	Quantity
Adhesive bandages, sterile, assorted sizes (standard strip, large fingertip, knuckle, large patch)	50
Gauze pad, sterile, individually wrapped, 7.6 × 7.6 cm (3 in. × 3 in.)	24
Gauze pad, sterile, individually wrapped, 10.2 × 10.2 cm (4 in. × 4 in.)	12
Non-adherent dressing, sterile, individually wrapped, 5.1 × 7.6 cm (2 in. × 3 in.)	8
Abdominal pad, sterile, individually wrapped, 12.7 × 22.9 cm (5 in. × 9 in.)	2
Conforming stretch bandage, relaxed length, individually wrapped 5.1 cm × 1.8 m (2 in. × 2 yd.)	2 rolls
Conforming stretch bandage, relaxed length, individually wrapped, 7.6 cm × 1.8 m (3 in. × 2 yd.)	2 rolls
Compress/pressure dressing with ties, sterile, 10.2 × 10.2 cm (4 in. × 4 in.)	2
Compress/pressure dressing with ties, sterile, 15.2 × 15.2 cm (6 in × 6 in)	2

Description	Quantity
Triangular bandage, cotton, with 2 safety pins, 101.6 × 101.6 × 142.2 cm (40 in × 40 in × 56 in)	4
Arterial bleed tourniquet (windlass, or ratcheting type)	1
Adhesive tape, 2.5 cm (1 in)	4.6 m
Elastic support/compression bandage, 7.6 cm (3 in.)	2
Eye dressing pad, sterile, and eye shield with elastic strap	2 sets
Cold pack or equivalent	2
Antiseptic wound cleansing towelette, individually wrapped	50
Hand/skin cleansing towelette, individually wrapped (or equivalent)	12
A source of glucose as recommended by Diabetes Canada**	2 doses
CPR pocket mask with one-way valve	1
Examination gloves, disposable, medical grade, one-size, non-latex, powder free	8
Biohazard waste disposal bag (single use)	4
Bandage scissors, stainless steel (with angled, blunt tip) minimum 14 cm (5.5 in)	1
Splinter forceps/tweezers, fine point, stainless steel, minimum 11.4 cm (4.5 in)	1
Splint, padded, malleable, minimum size 10.2 × 61 cm (4 in. × 24 in.)	1
Emergency blanket, aluminized, non-stretch polyester, minimum 132 × 213 cm (52 in. × 84 in.)	2
Contents list	1
Medical grade face-mask	6
Face shields or safety eyewear	2
Blank first aid records	

**Advanced first aid kit (based on CSA Z1220 Type 3: Intermediate first aid kit — medium, includes oxygen kit)**

Description	Quantity
Adhesive bandages, sterile, assorted sizes (standard strip, large fingertip, knuckle, large patch)	50
Gauze pad, sterile, individually wrapped, 7.6 × 7.6 cm (3 in. × 3 in.)	24
Gauze pad, sterile, individually wrapped, 10.2 × 10.2 cm (4 in. × 4 in.)	12
Non-adherent dressing, sterile, individually wrapped, 5.1 × 7.6 cm (2 in. × 3 in.)	8
Abdominal pad, sterile, individually wrapped, 12.7 × 22.9 cm (5 in × 9 in)	2

Description	Quantity
Conforming stretch bandage, relaxed length, individually wrapped 5.1 cm × 1.8 m (2 in. × 2 yd.)	2 rolls
Conforming stretch bandage, relaxed length, individually wrapped, 7.6 cm × 1.8 m (3 in. × 2 yd.)	2 rolls
Compress/pressure dressing with ties, sterile, 10.2 × 10.2 cm (4 in. × 4 in.)	2
Compress/pressure dressing with ties, sterile, 15.2 × 15.2 cm (6 in × 6 in)	2
Triangular bandage, cotton, with 2 safety pins, 101.6 × 101.6 × 142.2 cm (40 in × 40 in × 56 in)	4
Arterial bleed tourniquet (windlass, or ratcheting type).	1
Adhesive tape, 2.5 cm (1 in)	4.6 m
Elastic support/compression bandage, 7.6 cm (3 in.)	2
Eye dressing pad, sterile, and eye shield with elastic strap	2 sets
Cold pack or equivalent	2
Antiseptic wound cleansing towelette, individually wrapped	50
Hand/skin cleansing towelette, individually wrapped (or equivalent)	12
A source of glucose as recommended by Diabetes Canada*	2 doses
CPR pocket mask with one-way valve	1
Examination gloves, disposable, medical grade, one-size, non-latex, powder free	8
Biohazard waste disposal bag (single use)	4
Bandage scissors, stainless steel (with angled, blunt tip) minimum 14 cm (5.5 in)	1
Splinter forceps/tweezers, fine point, stainless steel, minimum 11.4 cm (4.5 in)	1
Splint, padded, malleable, minimum size 10.2 × 61 cm (4 in. × 24 in.)	1
Emergency blanket, aluminized, non-stretch polyester, minimum 132 × 213 cm (52 in. × 84 in.) or woolen	2
Contents list	1
Medical grade face-mask	6
Face shields or safety eyewear	2
Portable oxygen therapy unit consisting of a cylinder of compressed oxygen, a pressure regulator, a pressure gauge, a flow meter, non-rebreathing mask, and nasal cannula	1
Oropharyngeal airway kit	1
Manually operated self-inflating bag-valve mask with an oxygen reservoir	1
Digital pulse oximeter	1
Portable suction unit	1

Description	Quantity
Penlight or flashlight	1
Blank first aid records	
Patient assessment charts	

\* Diabetes Canada considers a dose to be 15 g of carbohydrate. A dose can consist of:

- 15 g of glucose in the form of glucose tablets
- 15 ml (3 tsp) or 3 packets of table sugar, dissolved in water
- 5 cubes of sugar
- 150 ml of juice or regular (non-diet) soft drink
- 6 Life Saver™ candies (1 piece = 2.5 g of carbohydrate)
- 15 ml (1 tbsp) of honey

### ***G-Schedule 3-A (D2) 4 – 1 – Dressing stations and first aid rooms [Revised]*** **Dressing station**

A dressing station should be at least 4.2 square metres (48 sq. ft.), and have the following dressing station equipment:

Description	Quantity
Blankets	3
Refuse pail with lid	1
Bifocal magnifier with head strap	1
Eye cup	1
Bandage scissors	1
Forceps	1
Penlight or flashlight	1
Wound cleansing towelettes	24
150 mL liquid soap	1
Cold packs	2
Sterile adhesive dressing, assorted sizes, individually packaged	100
Sterile skin closures, individually packaged	24
20 cm x 24 cm abdominal dressings, individually packaged	6
30 cm x 40 cm abdominal dressings, individually packaged	3
7.5 cm x 7.5 cm gauze sponges	100
Conforming stretch bandage, relaxed length, individually wrapped 5.1 cm x 1.8 m (2 in. x 2 yd).	2 rolls
Conforming stretch bandage, relaxed length, individually wrapped, 7.6 cm x 1.8 m (3 in. x 2 yd.)	2 rolls

Description	Quantity
7.6 x 7.6 sterile gauze dressing (individual)	24
10 x 10 sterile gauze dressing (individual)	24
Compress/pressure dressing with ties, sterile, 15.2 cm × 15.2 cm (6 in × 6 in)	2
Adhesive crepe bandage	1
Adhesive tape	9 m or 2 x 4 m rolls
5 x 1.8 conforming gauze bandages	2
7.5 x 4 conforming gauze bandages	2
Cotton triangular bandages	6
Splint: padded, malleable, minimum size 10.2 × 61 cm (4 in. × 24 in.)	1
Tubular finger bandage with applicator	1
Kidney basin	1
Wash basin	1
Cold instrument sterilizer & solution	1
Chair suitable for treating injured workers	1
Blank first aid records	
Patient assessment charts	

Note: Where first aid kits are not readily accessible to the dressing station, additional PPE for first aid attendants and an additional CPR pocket mask with one-way valve should be kept in the dressing station.

### First aid rooms

A first aid room should be at least 9.3 square metres (100 sq. ft.). It should have storage cupboards, counter space, and a toilet (or have a toilet facility as near as practicable). The following equipment should be included:

Description	Quantity
Woolen blankets	3
Refuse pail with lid	1
Bifocal magnifier with head strap	1
Eye cup	1
Bandage scissors	1
Forceps	1
Thin plier forceps	1

Description	Quantity
Penlight or flashlight	1
Wound cleansing towelettes	36
150 mL liquid soap	1
Cold packs	4
Sterile adhesive dressing, assorted sizes, individually packaged	100
Sterile skin closures, individually packaged	48
20 cm x 24 cm abdominal dressings, individually packaged	6
30 cm x 40 cm abdominal dressings, individually packaged	3
7.5 cm x 7.5 cm gauze sponges	200
Conforming stretch bandage, relaxed length, individually wrapped 5.1 cm x 1.8 m (2 in. x 2 yd).	2 rolls
Conforming stretch bandage, relaxed length, individually wrapped, 7.6 cm x 1.8 m (3 in. x 2 yd.)	2 rolls
7.6 x 7.6 sterile gauze dressing (individual)	50
10 x 10 sterile gauze dressing (individual)	50
Compress/pressure dressing with ties, sterile, 15.2 x 15.2 cm (6 in x 6 in)	4
Adhesive crepe bandage	2
Adhesive tape	9 m or 2 x 4 m rolls
5 x 1.8 conforming gauze bandages	4
7.5 x 4 conforming gauze bandages	4
Cotton triangular bandages	6
Splint, padded, malleable, minimum size 10.2 x 61 cm (4 in. x 24 in.)	3
Tubular finger bandage with applicator	1
Kidney basin	1
Wash basin	1
Cold instrument sterilizer & solution	1
Chair suitable for treating injured workers	1
Bed, approximately 2 m long X 75 cm wide, with a mattress having a non-porous surface or covered with a non-porous material	1
Pillow with non-porous surface or covered with non-porous materials	1
Portable urinal (if overnight care is required)	1
Bedpan (if overnight care is required)	1
Blank first aid records	
Patient assessment charts	

Note: Where first aid kits are not readily accessible to the first aid room, additional PPE for first aid attendants and an additional CPR pocket mask with one-way valve should be provided in the first aid room.

## **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 transportation by stretcher or alternative carrying device.

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 adhere to the following:

- 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 not be a hazard when oxygen is in use and 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 ventilated, illuminated, and heated & cooled as required to maintain patient comfort. 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 of a reasonable temperature. 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.

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:



- 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 and 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 first aid attendant, and if necessary, how to unlock and access the facility.

The first aid facility is also subject to the general requirements relating to workplace premises in the *Regulation*, such as [sections 6.33 to 6.41](#) (biological agents) and [sections 4.80.1 to 4.83j](#) (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 the following exists:

- It is immediately available for first aid treatment
- The facility is not at a workplace more than 2 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

### *G-Schedule 3-A (D2) 4 - 2 Hospital and acute care facilities [Editorial revision]*

(Formerly G3.16(1.2) Acceptable first aid facility)

Issued December 15, 2017; Editorial Revision November 1, 2024

Reason for change: Minor editorial changes to wording to clarify that other methods of moving a worker who is non-ambulatory are acceptable (does not have to be stretcher – wheelchair or other mode of transport may be acceptable, if available).

### Regulatory excerpt

Section 3.16(1) of the *OHS Regulation* ("*Regulation*") states:

(1) An employer must provide for each workplace

(a) at least the equipment, supplies, facilities, first aid attendants and services required by Schedule 3-A, and

(b) any additional equipment, supplies, facilities, first aid attendants and services that are necessary to ensure that workers who suffer an injury at work can be

(i) promptly provided first aid, and

(ii) promptly transported to medical treatment.

### **Purpose of guideline**

The purpose of this guideline is to outline the requirements that will allow an acute care facility or hospital to use the emergency department area or, in the case of a diagnostic and treatment centre, the emergency resuscitation area, as a workplace first aid facility acceptable to WorkSafeBC.

### **Requirements**

An acute care health facility with an emergency department area or, in the case of a diagnostic and treatment centre, the emergency resuscitation area, may designate that area as the workplace first aid facility (dressing station or first aid room as required), provided that an assessment is conducted and recorded to ensure the following:

- Prompt access to first aid services is available to all workers at all times (regardless of public wait times or triage issues)
- Confidentiality of first aid records is maintained
- The emergency area has at least one sink plumbed with hot and cold water within easy access of the patient care area
- Toilet facilities are located in or close to the emergency area for quick and easy access
- First aid procedures clarify how an injured worker who requires transport is to be moved from the location of injury to the designated treatment area. For example:
  - Contacting the BC Ambulance Service for transport within the facility, or
  - Ensuring injured workers are transported using appropriate equipment, by workers who are trained in patient handling and transport.

### ***G-Schedule 3-A (D2) 6 Emergency transportation [Editorial revision]***

This guideline 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.

#### **General guidelines for emergency vehicles**

Emergency vehicles used to transport workers must be of a design and construction in accordance with Part 17 of the Regulation. Emergency vehicle designed to operate on highways should meet all applicable [Canada Motor Vehicle Safety Standards](#), and 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 emergency vehicles 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 first aid attendant should not operate the vehicle when an injured worker is being transported.

#### **Emergency transport vehicle (ETV) requirements**

- The ETV 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 must provide protection from natural elements and dust.
- It should provide warmth and cooling sufficient for good care for the injured worker, with the patient compartment able to maintain normal body temperature.
- The source of heat must not be a hazard to the occupants of the vehicle when oxygen is in use.
- It must 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 satellite phone with workers at the scene.
  - In areas with good coverage, cell phones may be used.
- 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 or BCEHS.
  - A radio or satellite telephone in the vehicle can contact the hospital or BCEHS directly.
  - A two-way radio or satellite telephone 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 or BCEHS.
  - The emergency vehicle is accompanied to the hospital by another vehicle that is equipped with a radio or satellite telephone or two-way radio that can contact the hospital directly and its driver can communicate with the emergency vehicle.
  - In areas with good coverage cell phones may be used.

In addition to the applicable first aid kit, an ETV should also contain the following:

**ETV / Transport equipment**

Description	Quantity
Set of hard cervical collars covering all adult sizes (or 2 adjustable hard cervical collars), plus a head immobilizer	1
Commercial lifting device with handholds, and securing straps to secure an injured worker	1
Stretcher, basket stretcher, or other equipment appropriate for the worksite terrain to facilitate the transport of an injured worker — equipment should have retainer straps and a suitable mattress or padding	1
Blankets — should be wool or similar fabric to ensure blankets can be used for padding and securing the patient as required	6
Lower limb splints, minimum 1 m in length with suitable padding	2
Vomitus bags	2
Cotton triangular bandages or other equipment to support limb and patient immobilization (such as quick straps)	6

**Industrial ambulance and mobile treatment centres****Industrial ambulance**

In addition to the general recommendations for an ETV, an industrial ambulance should also have the following:

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

**Mobile treatment centre (MTC)**

An MTC is an industrial ambulance that also has the following:

- 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 first aid attendant to treat the injured or ill worker
- Dressing station equipment

As a result of an employer's first aid assessment, an MTC may be used in place of a first aid facility and emergency vehicle. When using an MTC in place of a dressing station or first aid room, the MTC should contain the same first aid equipment as outlined for those facilities. Where the workplace is more than 2 hours' surface travel time from a hospital, another vehicle suitable for transporting an injured worker (ETV or industrial ambulance) should also be provided.

It is not recommended to use an MTC as a first aid facility when the workplace provides overnight accommodation.

**BCEHS ambulance as emergency transport**

For rescue operations or other coordinated emergency response, a BCEHS ambulance is an acceptable alternative for an emergency transportation vehicle, if it is present at the workplace and available to transport injured workers.

Preliminary revision