

Issued consequential to April 3, 2017 Regulatory Amendment; Editorial Revision April 6, 2020

Regulatory excerpt

Sections 3.26(2) and (3) of the *OHS Regulation* ("*Regulation*") state:

- (2) An employer must ensure that, with respect to each of the employer's joint committees, a written evaluation is conducted annually by
 - (a) the co-chairs of the joint committee or, with respect to each co-chair, the member or members of the joint committee designated by the co-chair, or
 - (b) the employer or a person retained by the employer.
- (3) The evaluation must contain, but is not limited to, the following information:
 - (a) whether or not, throughout the period of time that is the subject of the evaluation,
 - (i) the joint committee met the membership requirements under section 33(a) to (d) of the *Workers Compensation Act*,
 - (ii) worker representatives on the joint committee were selected in accordance with section 34 of the *Workers Compensation Act*,
 - (iii) employer representatives on the joint committee were selected in accordance with section 35 of the *Workers Compensation Act*,
 - (iv) the joint committee fulfilled each of its duties and functions under section 36 of the *Workers Compensation Act*,
 - (v) the joint committee met regularly as required under section 37(2) of the *Workers Compensation Act*,
 - (vi) the employer met the requirements under section 39 of the *Workers Compensation Act* in respect of the written recommendations sent to the employer by the joint committee with a written request for a response from the employer, if any,
 - (vii) each member of the joint committee received the time off from work the member was entitled to receive under section 40 of the *Workers Compensation Act*,
 - (viii) each member of the joint committee attended the occupational health and safety training courses the member was entitled to attend under section 41 of the *Workers Compensation Act*,
 - (ix) the employer provided to the joint committee the equipment, premises, clerical personnel and information the employer was required to provide under section 42 of the *Workers Compensation Act*,
 - (x) the joint committee prepared reports of its meetings and provided copies to the employer as required under section 43(1) of the *Workers Compensation Act*,
 - (xi) the employer met the requirements of posting and keeping posted committee information as set out in section 44 of the *Workers Compensation Act*, and
 - (xii) each member of the joint committee received the instruction and training the employer was required to ensure was provided to the member under section 3.27 of this regulation;
 - (b) an assessment of the effectiveness of the joint committee's rules of procedure as established under section 37(1) of the *Workers Compensation Act*;
 - (c) an assessment of the overall effectiveness of the joint committee.

Section 36 of the *Workers Compensation Act* ("*Act*") states:

A joint committee has the following duties and functions in relation to its workplace:

- (a) to identify situations that may be unhealthy or unsafe for workers and advise on effective systems for responding to those situations;
- (b) to consider and expeditiously deal with complaints relating to the health and safety of workers;
- (c) to consult with workers and the employer on issues related to occupational health and safety and occupational environment;
- (d) to make recommendations to the employer and the workers for the improvement of the occupational health and safety and occupational environment of workers;
- (e) to make recommendations to the employer on educational programs promoting the health and safety of workers and compliance

with the OHS provisions and the regulations and to monitor their effectiveness;

(f) to advise the employer on programs and policies required under the regulations for the workplace and to monitor their effectiveness;

(g) to advise the employer on proposed changes to the workplace, including significant proposed changes to equipment and machinery, or the work processes that may affect the health or safety of workers;

(h) to ensure that accident investigations and regular inspections are carried out as required by the OHS provisions and the regulations;

(i) to participate in inspections, investigations and inquiries as provided in the OHS provisions and the regulations;

(j) to carry out any other duties and functions prescribed by regulation.

Purpose of guideline

The purpose of this guideline is to provide direction in choosing an evaluation tool to meet the requirement for a written evaluation of the effectiveness of a joint committee.

Background

The joint committee is a key element of the internal responsibility system. Its purpose is to act as a forum for the employer and workers to work together to improve health and safety in the workplace. A well functioning committee permits health and safety issues to be brought forward and acted upon quickly and effectively, and will contribute significantly to health and safety in the workplace.

Section 3.26 requires a written evaluation to be conducted annually to determine the effectiveness of the joint committee. The intent of the evaluation is to determine whether the joint committee is generally in compliance with the *Act* and *Regulation*, and to assess whether the joint committee has been effective in fulfilling its role so that improvements can be considered and implemented.

Written evaluation

The obligation is on the employer to ensure a written evaluation is carried out. In accordance with section 3.26(2), the evaluation itself may be undertaken by the co-chairs of the committee or by a person retained by the employer.

The minimum topics that the evaluation must include are set out in section 3.26(3) of the *Regulation*. Section 3.26 requires the evaluation to review a number of procedural elements, such as whether membership requirements were met, reports were prepared and posted, etc. Section 3.26 also requires that the evaluation include an assessment of the overall effectiveness of the joint committee. The purpose of the evaluation is to allow a joint committee, after a year of operation, to examine its effectiveness and implement improvements in following years.

In looking at overall effectiveness, those undertaking the review should be particularly mindful of the duties and functions of the joint committee contained in section 36 of the *Act*, as required by section 3.26(3)(a)(iv) of the *Regulation*. The evaluation should consider how well the committee has functioned to fulfill each of those duties and functions and should identify specific areas where improvements can be made and how those improvements can be implemented.

Evaluation tool

In order to assist those persons conducting the evaluation, WorkSafeBC has developed an evaluation tool that includes all of the required elements of the evaluation. It can be found online at:

<https://www.worksafebc.com/en/health-safety/create-manage/joint-health-safety-committees>.

Use of this specific tool is not mandatory; other tools can be used as long as they meet or exceed all the requirements for an evaluation as specified in section 3.26(3) of the *Regulation*. Employers may want to review Certificate of Recognition (COR) audit tools for joint committees, or create a customized tool for their committee capturing all the required elements.

G3.27 Minimum training requirements for new joint committee members or worker health and safety representatives

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Regulatory excerpt

Sections 3.27(2) to (5) of the *OHS Regulation* ("*Regulation*") state:

(2) The employer must ensure that each member of the employer's joint committees who was selected on or after April 3, 2017 to be a member receives, as soon as practicable but no more than 6 months after becoming a member, a total of at least 8 hours of instruction and training, as set out in subsection (4).

(3) The employer must ensure that the worker health and safety representative at each of the employer's workplaces who was selected on or after April 3, 2017 to be a representative receives, as soon as practicable but no more than 6 months after becoming a representative, a total of at least 4 hours of instruction and training, as set out in subsection (5).

(4) The instruction and training referred to in subsection (2) must include the following topics:

- (a) the duties and functions of a joint committee under section 36 of the *Workers Compensation Act*;
 - (b) the rules of procedure of the joint committee as established under or set out in section 37 of the *Workers Compensation Act*;
 - (c) the requirements respecting investigations under sections 69 to 72 of the *Workers Compensation Act*;
 - (d) the requirements respecting inspections under sections 3.5, 3.7 and 3.8 of this regulation and how to make regular inspections under section 3.5 of this regulation
 - (e) the requirements respecting refusal of unsafe work under section 3.12 of this regulation;
 - (f) the requirements respecting the evaluation of joint committees under section 3.26 of this regulation.
- (5) The instruction and training referred to in subsection (3) must include the topics described in subsection (4)(a), (c), (d) and (e).

Purpose of guideline

The purpose of this guideline is to clarify the time frame requirements for training of new joint committee members and to outline training options to meet the minimum training requirements.

Time frame for training

Training for new joint committee members and worker health and safety representatives must be provided as soon as practicable, but no more than six months after becoming a member. Section 1.1 of the *Regulation* defines "practicable" as something that is "reasonably capable of being done." Therefore the training must be done as soon as it is reasonably capable of being done. Six months is an outer time limit that should only be reached in limited circumstances.

Training options

Worker health and safety representatives

Worker health and safety representatives are required in every workplace with more than nine but fewer than 20 workers regularly employed.

New representatives require a minimum of four hours of training that encompasses the topics outlined in sections 3.27(4)(a), (c), (d), and (e) of the *Regulation*. WorkSafeBC has developed a four-hour online training program that is available to all workers at:

<https://www.worksafebc.com/en/health-safety/education-training-certification/joint-health-safety-committee-member>.

This training may be completed at the worker's convenience and pace; a record of successful completion will be available for printing and/or emailing.

Employers may choose other formats for training including using external providers who offer training that meets the requirements listed above or internal training designed to meet the requirements.

The instruction and training provided to worker representatives should include the following learning outcomes:

- (a) Explain the purposes of the *Act*, *Regulation*, and OHS Guidelines
- (b) Summarize the duties and functions of a worker representative
- (c) Explain the role of the worker representative in accident investigations, regular inspections, and the work refusal process
- (d) Summarize educational requirements for worker representatives (section 41 of the *Act* and section 3.27 of the *Regulation*)
- (e) Explain worker protection in relation to prohibited action (section 47 of the *Act*)
- (f) Identify when an employer is required to consult with the worker representative

Joint committee members

Joint committee members are required in every workplace with 20 or more workers regularly employed.

New committee members require a minimum of eight hours of training that encompasses all of the topics outlined in section 3.27(4) of the *Regulation*. WorkSafeBC has developed a course that can be delivered in a variety of formats, including blended learning (independent e-learning and in-class facilitated), traditional classroom, or facilitator-led webinar.

The materials for this course (facilitator guide, student guide, and tools) are available for downloading at:

<https://www.worksafebc.com/en/health-safety/education-training-certification/joint-health-safety-committee-member>.

Employers may choose other formats for training including using external providers who offer training that meets the requirements listed above or internal training designed to meet the requirements.

The requirements allow flexibility regarding delivery methods and do not require the training to occur in one session.

The instruction and training provided to the Joint Health and Safety Committee members should include the following learning outcomes:

- (a) Explain the purposes of the *Act*, *Regulation*, and OHS Guidelines
- (b) Summarize the duties and functions of the joint committee
- (c) Explain the role of the joint committee in accident investigations, regular inspections, and the work refusal process
- (d) Summarize educational requirements for joint committee members (section 41 of the *Act* and section 3.27 of the *Regulation*)
- (e) Conduct an individual needs assessment for the purposes of selecting training in accordance with section 41
- (f) Explain worker protection in relation to prohibited action (section 47 of the *Act*)
- (g) Identify when an employer is required to consult with the joint committee
- (h) Differentiate between the roles of the committee co-chairs and joint committee members
- (i) Explain the purpose of a joint committee's Terms of Reference (or Rules of Procedure)
- (j) Apply the policies and procedures outlined in the joint committee's Terms of Reference
- (k) List the traits of an effective joint committee and explain the purpose of conducting an evaluation of the joint committee's effectiveness

Mandatory training

Section 3.27 requires employers to ensure training is provided for new members of a joint committee, or new worker health and safety representatives, selected on or after April 3, 2017.

Under employment standards legislation (administered by the Employment Standards Branch of B.C.), employers are required to pay for the training employees need in order to learn how to do their job at the employer's business, and the time spent in that training is considered work. Training on how to perform the role of a joint committee member or worker health and safety representative is considered training employees need to perform their job.

Educational leave entitlement

Under section 41 of the *Act*, each member of a joint committee and each worker health and safety representative is entitled to eight hours of annual educational leave for the purposes of attending occupational health and safety training courses. This educational leave is an entitlement, and in accordance with section 3.27(10), is in addition to the mandatory minimum training for new members of a joint committee and new worker health and safety representatives.

G3.28 Participation in employer incident investigations

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Regulatory excerpt

Section 3.28 of the *OHS Regulation* ("*Regulation*") states:

For the purposes of section 70(2) of the *Workers Compensation Act*, the following activities are prescribed:

- (a) assisting the persons carrying out the investigation with gathering information relating to the investigation;
- (b) assisting the persons carrying out the investigation with analyzing the information gathered during the investigation;
- (c) assisting the persons carrying out the investigation with identifying any corrective actions necessary to prevent recurrence of similar incidents.

Section 70 of the *Workers Compensation Act* ("*Act*") states:

- (1) An investigation required under this Division must be carried out by persons knowledgeable about the type of work involved and, if they are reasonably available, with the participation of the employer or a representative of the employer and a worker representative.
- (2) For the purposes of subsection (1), the participation of the employer or a representative of the employer and a worker representative includes, but is not limited to, the following activities:
 - (a) viewing the scene of the incident with the persons carrying out the investigation;
 - (b) providing advice to the persons carrying out the investigation respecting the methods used to carry out the investigation, the scope of the investigation, or any other aspect of the investigation;
 - (c) other activities, as prescribed by the Board.
- (3) The employer must make every reasonable effort to have available for interview by a person conducting the investigation, or by an

officer, all witnesses to the incident and any other persons whose presence might be necessary for a proper investigation of the incident.

(4) The employer must record the names, addresses and telephone numbers of persons referred to in subsection (3).

Purpose of guideline

The purpose of this guideline is to clarify the requirement for participation in employer incident investigations.

Participation in employer incident investigations

Section 69 of the *Act* specifies which incidents must be investigated by an employer, and requires that both a preliminary investigation (section 71) and a full investigation (section 72) be conducted. Section 70 of the *Act* specifies that these investigations must be carried out by persons knowledgeable about the type of work involved. It also requires the participation of the employer or employer representative, and a worker representative, if they are reasonably available.

Pursuant to section 70(2) of the *Act* and section 3.28 of the *Regulation*, the participation of a worker representative includes, but is not limited to, the following:

- Viewing the scene of the incident with the persons carrying out the investigation
- Providing advice respecting the methods used to carry out the investigation, the scope of the investigation, or any other aspect of the investigation
- Assisting the persons carrying out the investigation with:
 - Gathering information relating to the investigation
 - Analyzing the information gathered during the investigation
 - Identifying any corrective actions necessary to prevent recurrence of similar incidents

Ensuring participation

Employers are expected to ensure the participation of worker representatives in incident investigations as this plays an important part in maintaining healthy and safe workplaces. For more information on how this may be achieved, and concerns about inadequate participation, please refer to OHS Guideline [G-P2-70-1 Participation by worker representatives in incident investigations](#).

G3.1 Occupational health and safety program

Issued March 30, 2004; Revised October 26, 2005; Revised May 17, 2006; Editorial Revision February 1, 2008; Editorial Revision February 12, 2009; Revised May 29, 2018; Editorial Revision April 6, 2020

Regulatory excerpt

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

3.1 (1) An occupational health and safety program as outlined in section 3.3 must be initiated and maintained

(a) by each employer that has

(i) a workforce of 20 or more workers, and

(ii) at least one workplace that is determined under section 3.16(2)(b) to create a moderate or high risk of injury, or

(b) by each employer that has a workforce of 50 or more workers.

(1.1) If subsection (1)(a) or (b) applies to the employer, the occupational health and safety program applies to the whole of the employer's operations.

(2) Despite subsection (1) an occupational health and safety program may be required in any workplace when, in the opinion of an officer, such a program is necessary.

Purpose of guideline

The purpose of this guideline is to:

1. Provide criteria for counting workers in an employer's workforce for considering whether an occupational health and safety ("OHS") program is required under section 3.1(1) of the *Regulation*
2. Provide WorkSafeBC prevention officers with factors to consider when exercising their discretion under section 3.1(2)
3. Discuss benefits of OHS programs
4. Provide additional information on occupational health and safety management systems (OHSMSs).

Criteria for counting workers for the purpose of section 3.1(1)

In determining the number of workers for the purpose of section 3.1(1), the following workers should be considered part of the employer's workforce, regardless of how they or their employers define their status:

- Workers employed for more than one month
- Workers who are employed for less than one month, but have worked for the employer periodically.

Note: Other sections of the *Regulation* and *Workers Compensation Act* ("Act") also have requirements that relate to the number of workers. For criteria for counting workers for other requirements, refer to the following:

- OHS Guideline [G3.16 First aid assessment](#)
- *Prevention Manual* [Policy Item P2-31-1: Joint Committees - When a Committee is Required](#)

Considerations for prevention officers when exercising their discretion under section 3.1(2)

In addition to those employers who are required to initiate and maintain an OHS program under section 3.1(1), some other types of employers should also initiate and maintain health and safety programs. Section 3.1(2) provides that an OHS program may be required in any workplace when, in the opinion of a prevention officer, such a program is necessary.

A prevention officer who encounters a situation where all of the following conditions are present should consider requiring the employer to initiate and maintain an OHS program pursuant to section 3.1(2) of the *Regulation*:

- The employer has a workforce of less than 20 workers
- Those workers are exposed to high risks
- An OHS program is essential to the health and safety of workers.

In deciding whether to require an OHS program in the above situation, the prevention officer should consider whether such a program could be effectively initiated and maintained by the employer for each workplace where work is being performed for the benefit of that employer.

Benefits of an OHS program for all workplaces

Even though an employer may not be required to initiate and maintain an OHS program, OHS programs can provide a number of benefits. For example, OHS programs enable an employer to control its occupational health and safety risks, improve health and safety performance, communicate its health and safety commitments and policies to staff, and provide a framework for attaining its health and safety goals and objectives. Further, OHS programs assist with implementation by delineating roles, responsibilities, and accountability for tasks, including checking and corrective action as the program evolves. A properly implemented OHS program can be expected to reduce injuries and the associated costs of disability and lost production hours.

Occupational health and safety management systems

Whether for a small or large employer, occupational health and safety can be managed in the same way that the employer manages other facets of the organization's activities (e.g., quality, production, environment, finances, customer service, etc.). An OHSMS can help organizations reduce or prevent injuries, illnesses, and fatalities in the workplace by providing a framework for corporate behaviour in OHS management. An OHSMS relies on commitment, leadership, and worker participation to achieve its outcomes.

The Canadian Standards Association (CSA), the International Organization for Standardization (ISO), and other standard setting agencies have developed standards establishing minimum requirements and good practices for OHSMSs.

G3.1-2 Farm labour contractors and growers - Responsibilities and OHS programs

Issued July 5, 2007; Editorial Revision February 1, 2008; Editorial Revision January 1, 2009; Editorial Revision consequential to August 4, 2015 Regulatory Amendments; Editorial Revision April 6, 2020

Regulatory excerpt

Responsibilities for worker health and safety are established by the *Workers Compensation Act* ("Act") and the *OHS Regulation* ("Regulation"). Farm labour contractors are considered to be the employers of the farm workers they provide to agricultural operations. As such they have responsibilities under the *Act*, for example in section 21. They also have responsibilities under the *Regulation*, for example for occupational health and safety programs under section 3.1.

Section 21 of the *Act* states:

21 General duties of employers

(1) Every employer must:

(a) ensure the health and safety of

(i) all workers working for that employer, and

(ii) any other workers present at a workplace at which that employer's work is being carried out, and

(b) comply with the OHS provisions, the regulations and any applicable orders.

(2) Without limiting subsection (1), an employer must

(a) remedy any workplace conditions that are hazardous to the health or safety of the employer's workers,

(b) ensure that the employer's workers

- (i) are made aware of all known or reasonably foreseeable health or safety hazards to which they are likely to be exposed by their work,
 - (ii) comply with the OHS provisions, the regulations and any applicable orders, and
 - (iii) are made aware of their rights and duties under the OHS provisions and the regulations,
- (c) establish occupational health and safety policies and programs in accordance with the regulations,
- (d) provide and maintain in good condition protective equipment, devices and clothing as required by regulation and ensure that these are used by the employer's workers,
- (e) provide to the employer's workers the information, instruction, training and supervision necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace,
- (f) make a copy of this Act and the regulations readily available for review by the employer's workers and, at each workplace where workers of the employer are regularly employed, post and keep posted a notice advising where the copy is available for review,
- (g) consult and cooperate with the joint committees and worker health and safety representatives for workplaces of the employer, and
- (h) cooperate with the Board, officers of the Board and any other person carrying out a duty under the OHS provisions or the regulations.

Section 3.1 of the *Regulation* states:

3.1 When program required

- (1) An occupational health and safety program as outlined in section 3.3 must be initiated and maintained
- (a) by each employer that has
 - (i) a workforce of 20 or more workers, and
 - (ii) at least one workplace that is determined under section 3.16 (2) (b) to create a moderate or high risk of injury, or
 - (b) by each employer that has a workforce of 50 or more workers.
- (1.1) If subsection (1)(a) or (b) applies to the employer, the occupational health and safety program applies to the whole of the employer's operations.
- (2) Despite subsection (1) an occupational health and safety program may be required in any workplace when, in the opinion of an officer, such a program is necessary.

Purpose of guideline

The purpose of this guideline is to

- Provide background information on farm labour contractors (FLCs) and their role as employers of farm workers
- Describe circumstances in which the contractor has an obligation to establish a formal occupational health and safety program, and lists the elements that would typically be covered in the programs
- Describe circumstances in which informal programs are required, and what they would include
- Discuss the occupational health and safety responsibilities of growers who use contractors to provide services of farm workers in their operations
- Provide five examples of how the responsibilities of FLCs apply to the protection of farm workers, in comparison to the responsibilities of the grower: worker transport vehicles, personal protective equipment, first aid, protection from hazardous materials, and training

Farm labour contractors and their responsibilities as employers

Farm labour contractors are licensed under the *Employment Standards Act*. Lists of licensed FLCs are maintained by the Employment Standards Branch at <http://www.labour.gov.bc.ca/esb/agriculture/flclist.htm>, along with information on the crops serviced and the number of workers for which the FLCs are bonded. In April 2007, about 100 FLCs were listed, bonded for approximately 6,900 workers.

Most FLCs provide services to the vegetable, berry, nursery, and greenhouse sectors, but some deal in other sectors such as poultry, tree fruits, and vineyards. Most are based in the Lower Mainland and Fraser Valley, but a number operate elsewhere, particularly in the Okanagan region.

FLCs are considered employers because of the nature of their contractual arrangements with farm workers. As such they have all the responsibilities of employers under the *Act* and the *Regulation*.

When do requirements for formal OHS programs apply?

OHS Guideline G3.1 (Occupational health and safety program) provides detailed information on the application of section 3.1 of the *Regulation*. It discusses how to count workers for the purposes of determining whether a formal occupational health and safety (OHS) program is required,

and outlines considerations that will be used by WorkSafeBC prevention officers when exercising their discretion to require a formal OHS program under [section 3.2](#) of the *Regulation*. A brief summary of the main points from the guideline is provided below.

Workers are included in the count if they are employed for more than a month. In addition they are included if they have currently worked for less than a month but have previously worked periodically for the employer. As noted in section 3.1(1.1) of the *Regulation* the count of workers covers all the operations of the employer. This is particularly important to an FLC who provides workers to a number of different farming operations. The count is to include *all* workers who work for the FLC, not just to those assigned to a particular farming operation.

As noted in section 3.1(1) of the *Regulation*, if an employer employs workers in at least one moderate or high risk operation there must be a formal OHS program if the total workforce in all operations is 20 workers or more. For all other situations there must be at least 50 workers in the count before a formal OHS program is required. (*Most FLCs are bonded for workforces of 20 or more workers and are likely to be involved in at least one moderate risk operation.*)

The hazard rating for a farm labour contractor is based on the hazard rating for the farming operations to which the FLC provides the workers. Unless a hazard assessment demonstrates otherwise, most of the operations typically serviced by FLCs are moderate risk. Examples include: berry farms, greenhouse operations, vegetable farms, and orchards. In any case where an FLC provides workers to at least one moderate risk operation, the FLC must provide a formal OHS program for all their workers if they have a total workforce of 20 or more workers, regardless of whether the FLC's other workers are engaged in low risk work.

Under section 3.1(2) of the *Regulation* a prevention officer may require a formal OHS program even if it is not required under section 3.1(1). This may apply where the workforce is less than 20 workers, but the workers are exposed to high risk and it is considered that an OHS program is essential to the health and safety of workers.

(Note that for a grower, the obligations to provide a formal OHS program will also apply at the workplace(s) operated by the grower, depending on the level of risk in the workplace(s) and the total number of workers working in the workplace(s) for the periods of time outlined above.)

What do formal OHS programs include?

Under section 3.3 of the *Regulation* (Contents of program) the occupational health and safety program must be designed to prevent injuries and occupational diseases, and must include *at least* the following elements:

1. A statement of the employer's aims, and of the responsibilities of the employer, supervisors, and workers.
2. Provision for regular inspection of premises, equipment, work methods, and work practices, at appropriate intervals, to ensure that prompt action is undertaken to correct any hazardous conditions found.
3. Appropriate written instructions, available for reference by all workers, to supplement the *Regulation*.
4. Provision for the prompt investigation of incidents to determine the action necessary to prevent their recurrence.
5. The maintenance of records and statistics, including reports of inspections and incident investigations, with provision for making this information available to the joint committee or worker health and safety representative, as applicable and, on request, to a prevention officer, the union representing the workers at the workplace or, if there is no union, the workers at the workplace.
6. Provision by the employer for the instruction and supervision of workers in the safe performance of their work.
7. Provision for holding periodic management meetings for the purpose of reviewing health and safety activities and incident trends, and for the determination of necessary courses of action.

An effective program will

- Identify hazards in the workplace
- Control the hazards and eliminate or minimize the potential for workplace injuries or illness
- Be monitored to ensure the program meets its goals and WorkSafeBC requirements under the *Act* and *Regulation*

To achieve these objectives the program may need to include additional elements.

What are the requirements for less formal OHS programs in small operations?

These requirements are established by section 3.2 of the *Regulation*. Such programs must be implemented in *all* workplaces where formal OHS programs are not required.

The employer has the following three basic responsibilities when implementing and maintaining a less formal program:

- Hold regular monthly meetings with workers for discussion of health and safety matters
- Ensure meetings deal with correction of unsafe conditions and practices and the maintenance of cooperative interest in the health and safety of the workforce
- Maintain a record of the meetings and the matters discussed. *This does not mean that formal minutes have to be kept. It is sufficient that a record is kept of when meetings were held, who attended, and the general nature of what was discussed. The record should mention any specific concerns raised by persons attending, and it must be available for inspection by prevention officers*

Responsibilities of growers in relation to FLCs

FLCs provide contract labour services to growers. Growers who receive their services also have responsibilities for those workers, typically as employers under section 21(1)(a)(i) & (ii) of the *Act* and the provisions of the *Regulation*.

Under section 21 of the *Act* the grower is responsible for the health and safety of all workers at the grower's workplace, including those of any other employer. Also, depending on the situation, growers may have responsibilities as prime contractors or owners under sections 24 and 25 of the *Act* respectively.

A prime contractor must

- Ensure that the activities of employers, workers, and other persons at the workplace relating to occupational health and safety are coordinated
- Do everything that is reasonably practicable to establish and maintain a system or process in the workplace that will ensure compliance with the OHS provisions of the *Act* and the *Regulation*

An owner must

- Provide and maintain the owner's land and premises that are being used as a workplace in a manner that ensures the health and safety of persons at or near the workplace
- Give to the employer or prime contractor at the workplace the information known to the owner that is necessary to identify and eliminate or control hazards to the health or safety of persons at the workplace
- Comply with the OHS provisions of the *Act*, the *Regulation*, and any applicable orders

(Note: Under section 13 of the *Act* an owner includes not only a person who owns land outright, but also one who is a tenant, lessee, or occupier of the land or premises.)

Examples of the application of OHS requirements to FLCs and growers

The following examples will assist with an understanding of the application of occupational health and safety requirements to FLCs, and growers who contract for their services.

1. Worker transport vehicles: These are typically owned and operated by FLCs. As such FLCs are responsible for all aspects of safety of the vehicle including condition, maintenance, operation, and use. Requirements apply under provisions such as [Part 17 \(Worker transportation\)](#) of the *Regulation*, and those under the [Motor Vehicle Act](#).

Growers who contract with FLCs are expected to exercise an oversight function when the vehicle arrives on site. Should they observe any faulty condition of the vehicle or unsafe operation they should draw it to the attention of the FLC to ensure it is corrected. In addition, as owners, the growers have a responsibility to make sure that the site is safe, including any roadway to be used by the worker transport vehicle operated by the FLC.

2. Personal protective equipment (PPE): Part 8 (Personal Protective Clothing and Equipment) of the *Regulation* provides the applicable requirements. Section 8.2 outlines the obligations of workers and employers. Generally, workers are expected to provide clothing for protection against the natural elements such as weather, and general purpose work gloves, footwear, and safety headgear if needed. However, the *Regulation* also recognizes that an employer may provide any or all of these items.

An employer must provide any other PPE required for the protection of workers. This might include protective gloves, clothing, or respirators if workers may be exposed to pesticides or other harmful materials, and hearing protection if workers will be working near noisy equipment. Typically, the grower controls the circumstances where workers may be at risk on the worksite and would have the expertise on appropriate PPE. In such cases, the grower would have a primary responsibility for provision of such equipment, but the FLC shares in that responsibility.

3. First aid: Under the requirements for first aid in Part 3 (Rights and Responsibilities) of the *Regulation*, the FLC is responsible for the provision of first aid for farm workers in their employ. First aid equipment must be provided on worker transport vehicles as required by [section 17.10](#) (Vehicle design), as well as appropriate fire extinguishers. Typically the equipment required will be a Level 1 first aid kit, except where a very small number of workers are transported, in which case a basic kit may be sufficient.

Once workers have been transported to a worksite, the hazard assessment is likely to change, as many agricultural worksites are at least moderate risk. First aid for the FLC's workers would have to be adjusted accordingly. In addition, if the grower employs workers other than those provided by the FLC, then the first aid for the site needs to take account of the total number of workers on site.

As previously mentioned, the grower typically has employer responsibilities on site for workers provided by the farm labour contractor. If in a particular situation the grower is a prime contractor (refer to section 24 of the *Act*), then section 3.20 of the *Regulation* requires the grower to do everything that is reasonably practicable to establish and maintain the necessary first aid capability on the site. Unless there is an unusual circumstance, such as a short term situation in which the FLC provides more workers than was originally requested, it will be considered practicable for the grower to provide first aid that covers all workers on site.

4. Protection from hazardous materials: Typically workers employed by FLCs carry out activities such as pruning, thinning, and harvesting. In most cases, if there are hazardous materials present in a workplace, then they are likely to be under the control of the grower.

Under their responsibilities as both owners and employers, growers are required to maintain a safe site, and ensure that FLCs are given the information needed to ensure the safety of the FLC's workers.

Information requirements on hazardous materials are covered primarily in [Part 5 \(Chemical Agents and Biological Agents\)](#) of the *Regulation*. Most substances to which a worker might be exposed in an agricultural operation (such as many pesticides, corrosive cleaning agents, and fertilizers) are

covered by the Workplace Hazardous Materials Information System (WHMIS), which is addressed in sections [5.3 to 5.18](#). For hazardous substances not covered by WHMIS, such as decomposition gases from silos and manure pits, [section 5.2](#) will apply. Other provisions in Part 5 cover issues such as storage, exposure limits, ventilation, and hazardous wastes. [Part 6 \(Substance Specific Requirements\)](#) of the *Regulation* covers requirements for specific groups of substances; for example, pesticides. Among other things, the employer must ensure that pesticides are stored and used safely, are applied by a qualified person, that restricted entry intervals are established after application of a pesticide and appropriate warning signs are posted, and that proper hygiene facilities are provided. In most cases these measures will be the responsibility of the grower.

Restricted entry intervals prohibit entry by a worker into an area in which pesticides are applied unless a worker is properly protected before he/she enters the area. Workers must be protected both before and after the expiry of the entry intervals. The party that controls the use of pesticides on site, typically the grower, has responsibilities to protect workers under these provisions. In addition they have the responsibility to communicate to the FLC all information needed to ensure the safety of the FLC's workers. Depending on the arrangements made between the grower and the FLC, one or both of the parties will be responsible for providing necessary information to workers, and any necessary personal protective equipment that is not the responsibility of the worker under [section 8.2](#) of the *Regulation*.

5. Training: Under section 21(2) of the *Act*, an employer has the responsibility to ensure workers are made aware of all known or reasonably foreseeable hazards, as well as their rights and duties under the *Act* and *Regulation*, and are provided with the information, instruction, training, and supervision to ensure their health and safety. A number of specific training requirements are covered in the *Regulation*. Three examples are provided below.

5.1 Orientation: Effective July 26, 2007 under sections [3.22 to 3.25](#) of the *Regulation* all young and new workers must receive orientation and training specific to the workplace. New workers include workers who are relocated to a new workplace if the hazards in that workplace are different from the hazards in their previous workplace. These provisions will have substantial application to FLCs in the agriculture sector given that their workers are often assigned to new workplaces. Again, responsibilities may be shared between the grower and FLC on how the various specified training and orientation elements are addressed. It may, for example, be reasonable to expect that the FLC take the lead on providing generic instruction on topics that are not site-specific, with the grower taking responsibility for site specific topics. Records must be kept of the orientation and training provided.

5.2 WHMIS: For hazardous substances covered by WHMIS, the worker must receive the education and training required by sections 5.6 and 5.7 of the *Regulation*. Section 5.6 deals with general (generic) requirements to ensure workers know among other things the elements of the WHMIS program, and the content required on labels and safety data sheets (SDS). Section 5.7 addresses site-specific requirements for training in the safe procedures for hazardous products in the workplace.

Again, the FLC and grower may, depending on the arrangements between them, share in the responsibilities for both generic instruction and site-specific training. It may be a typical scenario for the FLC to ensure generic instruction is given, and the grower to cover site-specific training. In the final analysis, the worker must be able to answer the following four questions:

- What are the hazards of the materials to which I may be exposed?
- How am I protected from those hazards?
- What do I do in the event of an emergency?
- Where do I get more detailed information?

5.3 Forklifts and other on-site equipment: Typically any such equipment is under the control of the grower. Therefore, it will be the grower who has the basic responsibility to ensure workers are trained in the use of the equipment should they be required to operate it, and in the safe procedures to follow for workers who are working in the vicinity of the equipment. The FLC has a responsibility to ensure that adequate training has been provided.

5.4 FLC vehicles: The FLC is responsible for instruction of workers in the use of FLC vehicles used for transporting farm workers to and from the grower's operation. This would include, for example, instruction for the operator in the requirements of the pre-shift vehicle inspection, and for the operator and workers being transported, instruction in the proper procedures to follow in the vehicle, such as the procedures for the transport of materials and tools, and the use of seat belts.

G3.2 Less formal occupational health and safety (OHS) programs

Issued October 26, 2005; Revised May 17, 2006; Editorial Revision February 1, 2008; Revised May 29, 2018; Editorial Revision April 6, 2020

Regulatory excerpt

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

- (1) An occupational health and safety program as outlined in section 3.3 must be initiated and maintained
 - (a) by each employer that has
 - (i) a workforce of 20 or more workers, and
 - (ii) at least one workplace that is determined under section 3.16 (2)(b) to create a moderate or high risk of injury, or
 - (b) by each employer that has a workforce of 50 or more workers.

(1.1) If subsection (1)(a) or (b) applies to the employer, the occupational health and safety program applies to the whole of the employer's operations.

(2) Despite subsection (1) an occupational health and safety program may be required in any workplace when, in the opinion of an officer, such a program is necessary.

Section 3.2 of the *Regulation* states:

In any operation where the workforce is less than that referred to in section 3.1(1) the employer must

(a) initiate and maintain a less formal program based on regular monthly meetings with workers for discussion of health and safety matters,

(b) ensure that meetings are directed to matters concerning the correction of unsafe conditions and practices and the maintenance of cooperative interest in the health and safety of the workforce, and

(c) maintain a record of the meetings and the matters discussed.

Purpose of guideline

The purpose of this guideline is to provide guidance around the following:

1. Record keeping requirements for less formal occupational health and safety programs (OHS programs)
2. Situations where employers are required to implement a less formal program under section 3.2, and to establish and maintain a joint health and safety committee pursuant to section 31 of the *Workers Compensation Act* ("Act")

Requirement for less formal programs

Section 3.2(a) requires that the employer or a person delegated by the employer calls, at least once a month, a meeting of workers present at that time. The employer's obligation under section 3.2(c) to maintain a "record of the meetings" does not mean that formal minutes have to be kept. It is sufficient that a record is kept of when meetings were held, who attended and the general nature of what was discussed. The record should mention any specific concerns raised by persons attending. The record must be available for inspection by WorkSafeBC prevention officers.

OHS programs, less formal programs, and joint health and safety committees

Section 3.2 of the *Regulation* requires that a less formal program be initiated and maintained in any operation where the workforce is less than that referred to in section 3.1(1) of the *Regulation*. In such situations, an employer may also be required to establish and maintain a joint health and safety committee under [section 31](#) of the *Act*.

The following diagram sets out the requirements for OHS programs, joint health and safety committees and worker health and safety representatives. Additional requirements around joint health and safety committees and worker health and safety representatives are set out in Division 4 of the *Act*.

G3.3 Written instructions, training, and supervision: COVID-19 Safety Plan

Preliminary Issue June 10, 2020; Preliminary Revision June 22, 2020

Regulatory excerpt

Section 3.3 of the *OHS Regulation* ("*Regulation*") states, in part:

3.3 Contents of program

The occupational health and safety program must be designed to prevent injuries and occupational diseases, and without limiting the generality of the foregoing, the program must include

...

(c) appropriate written instructions, available for reference by all workers, to supplement this Occupational Health and Safety Regulation,

...

(g) provision by the employer for the instruction and supervision of workers in the safe performance of their work.

Section 5.2(c) of the *Regulation* states:

5.2 General information requirement

If a worker is or may be exposed to a chemical agent, or biological agent designated as a hazardous substance in section 5.1.1, which could cause an adverse health effect, the employer must ensure that

(c) written procedures are prepared and implemented to eliminate or minimize a risk of exposure to a chemical agent or biological agent by any route that could cause an adverse health effect, and to address emergency and cleanup procedures in the event of a spill or release of a chemical agent or biological agent, and

Section 21 of the *Workers Compensation Act* ("*Act*") states, in part:

21 General duties of employers

(1) Every employer must

- (a) ensure the health and safety of
 - (i) all workers working for that employer, and
 - (ii) any other workers present at a workplace at which that employer's work is being carried out, and
- (b) comply with the OHS provisions, the regulations and any applicable orders.
- (2) Without limiting subsection (1), an employer must
 - (a) remedy any workplace conditions that are hazardous to the health or safety of the employer's workers,
 - (b) ensure that the employer's workers
 - (i) are made aware of all known or reasonably foreseeable health or safety hazards to which they are likely to be exposed by their work,
 - ...
 - (c) establish occupational health and safety policies and programs in accordance with the regulations,
 - (d) provide and maintain in good condition protective equipment, devices and clothing as required by regulation and ensure that these are used by the employer's workers,
 - (e) provide to the employer's workers the information, instruction, training and supervision necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace,
 - ...
 - (g) consult and cooperate with the joint committees and worker health and safety representatives for workplaces of the employer, and
 - ...

Purpose of guideline

This guideline helps employers understand their obligation to develop a COVID-19 Safety Plan ("Safety Plan") and provides guidance on how they can meet that obligation.

Who is required to develop a Safety Plan

All employers under WorkSafeBC's regulatory authority over workplace health and safety are required to develop a Safety Plan, and to post it, pursuant to the May 14, 2020 order of the Provincial Health Officer on [Workplace COVID-19 Safety Plans](#).

Meeting employer responsibility for developing a Safety Plan

Employers can meet their responsibility to develop a Safety Plan for their workplace by taking the following steps:

- Assess the tasks carried out in the workplace and identify where the risk of transmission may arise while performing those tasks.
- Put controls in place to eliminate or minimize the risk of transmission arising in the workplace.
- Develop the Safety Plan in consultation with frontline workers, supervisors, and joint health and safety committees or worker representatives.
- Communicate the Safety Plan to everyone in the workplace.
- Train workers and supervisors to know their responsibilities and rights under the Safety Plan.
- Ensure the Safety Plan is being followed, in a fair, consistent way throughout the workplace.
- Update and re-post the Safety Plan as experience, new information, and conditions indicate changes are needed.

Note that while employers do not need to submit their Safety Plans for approval, during an inspection, prevention officers will ask employers about the steps they have taken to protect their workers from the risk of transmission, and will review the Safety Plan.

Employers in multiple-employer workplaces will provide a copy of their Safety Plan to the prime contractor, to facilitate the prime contractor's coordination of health and safety in the overall workplace (e.g., in the whole shopping mall or construction site). In a multiple-employer workplace, the prime contractor is responsible for coordinating health and safety (as required by section 24 of the *Act*). This includes doing everything that can reasonably be done to establish and maintain a system or process to ensure compliance with WorkSafeBC laws and regulations generally, including ensuring an effective system to control the risks associated with COVID-19. If the owner has not assigned someone else to be the prime contractor, the owner is the prime contractor.

Elements of a Safety Plan

The Safety Plan should outline the policies and procedures that contain the control measures (referred to as "protocols") the employer is implementing to eliminate and reduce the risk of COVID-19 in its workplace, as well as the communication plan and training about the Safety Plan that are being provided to workers.

The Safety Plan follows the six steps outlined in [COVID-19 and returning to safe operation](#). The six steps can be summarized as:

1. Identify where the risk of transmission arises in the workplace and assess the risks
2. Implement control measures (protocols) to reduce the risks, starting with the highest level of protection and moving down as appropriate
3. Develop policies that include the protocols
4. Develop communication plans and training on the policies
5. Monitor policy implementation and update policy as needed
6. Assess and address risks resulting specifically from resuming operations

Developing a Safety Plan

Employers may use the [Safety Plan template](#) that is posted on the WorkSafeBC website or develop their own document. The template provides a good example of the level of detail expected in a Safety Plan and includes a link to industry-specific controls, referred to as "protocols." Employers should consider the protocols that relate to their industry, and include in their Safety Plan those protocols that apply to the exposure risks in their workplace. Employers must also ensure they are abiding by any [orders, notices, or guidance issued by the Provincial Health Officer](#), and the appropriate health authority, which are relevant to their workplace.

Level of detail and supporting documents

If a Safety Plan references other supporting documents (e.g., ECP, shift schedules, directions for the installation of plexiglass barriers, or where face coverings will be worn, how they will be provided to workers, and when they will be replaced) employers should simply identify the other document in their Safety Plan. The other documents do not form part of the Safety Plan that must be posted on the website and in the workplace. If a Safety Plan does not reference other supporting documents to provide detailed information, then the Safety Plan itself must describe the key elements with a sufficient level of detail to be understood, discussed, and amended by those responsible for workplace health and safety.

Posting the Safety Plan

The May 14, 2020 order of the Provincial Health Officer on [Workplace COVID-19 Safety Plans](#) requires that employers post their Safety Plan on their website, if applicable, and at their workplace. The purpose of requiring plans to be posted is to provide employer transparency and accountability to workers and the public about protective measures that businesses will be taking to ensure the safety of their staff and customers. This will assure workers that employers have made careful consideration of what is needed to protect their workers. In addition, it will assure the public reasonable precautions have been taken to protect their safety and health.

The Safety Plan should be posted where it will be most accessible and helpful to workers and others in the workplace, such as near the entrance.

Privacy

For privacy reasons, the Safety Plan must not include personal information (such as a person's name, address, phone number, age, sex, race, disability, healthcare, or financial information). Proprietary and confidential information does not need to be included in the Safety Plan and should be removed prior to posting.

Exposure Control Plans (ECPs) and written procedures for biological agents

For employers who already have written procedures or ECPs to minimize the risk of transmission of the SARS-CoV-2 virus in their workplace, much, if not all, of the information needed in a Safety Plan is likely to be already contained in their ECPs or safe work procedures. These employers will need to review and use the information in their existing ECPs and procedures and ensure that their Safety Plan covers all of the necessary elements (i.e., all six steps referred to above) and to ensure any information used is appropriate for public viewing (i.e., any personal, confidential, and proprietary information has been removed).

G3.12 Refusal of unsafe work

Issued August 1, 1999; Revised September 21, 2011; Editorial Revision December 15, 2017; Editorial Revision April 6, 2020

Regulatory excerpt

Section 3.12 of the *OHS Regulation* ("Regulation") states:

- (1) A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.
- (2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.
- (3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and
 - (a) ensure that any unsafe condition is remedied without delay, or
 - (b) if in his or her opinion the report is not valid, must so inform the person who made the report.
- (4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

- (a) a worker member of the joint committee,
 - (b) a worker who is selected by a trade union representing the worker, or
 - (c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.
- (5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

Section 3.13 of the *Regulation* states:

- (1) A worker must not be subject to prohibited action as defined in section 47 of the OHS provisions of the *Workers Compensation Act* because the worker has acted in compliance with section 3.12 or with an order made by an officer.
- (2) Temporary assignment to alternative work at no loss in pay to the worker until the matter in section 3.12 is resolved is deemed not to constitute prohibited action.

Section 4.19 of the *Regulation* states:

- (1) A worker with a physical or mental impairment which may affect the worker's ability to safely perform assigned work must inform his or her supervisor or employer of the impairment, and must not knowingly do work where the impairment may create an undue risk to the worker or anyone else.
- (2) A worker must not be assigned to activities where a reported or observed impairment may create an undue risk to the worker or anyone else.

Purpose of guideline

This guideline explains the test for determining whether a worker has a "reasonable cause to believe" that an undue hazard exists or would be created, and what constitutes an "undue hazard." It also provides guidance on the process for the investigation into a work refusal, where completion of the procedure under section 3.12(3) of the *Regulation* has not resolved the work stoppage.

The right to refuse unsafe work

The refusal of unsafe work is both a fundamental right and a responsibility held by workers. A worker's refusal of unsafe work is an integral element in ensuring work is carried out safely. Workers who reasonably believe work is unsafe must refuse to perform that work and are entitled to have their employer investigate and, where necessary, correct the hazard.

Elements of the right to refuse

Section 3.12(1) states that "A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person." In many situations, the "reasonable cause" and "undue hazard" can be straightforward.

However, in some situations it can be more difficult to determine that the worker has reasonable cause to believe there is an undue hazard. These terms are discussed below.

"Undue hazard"

A "hazard" is identified in Part 1 of the *Regulation* as "a thing or condition that may expose a person to a risk of injury or occupational disease." Further, "undue" is defined by the Oxford dictionary as "unwarranted, inappropriate, excessive or disproportionate." Therefore, a thing or condition that may expose a worker to an excessive or unwarranted risk of injury or occupational disease represents an undue hazard for the purposes of section 3.12 of the *Regulation*.

"Reasonable cause to believe"

The use of the term "reasonable" in "reasonable cause to believe" means that the worker must assess the situation as a reasonable person, taking into account relevant and available information and exercising good faith judgment with respect to the hazard with due regard to the worker's training and experience.

For example, a worker is assigned to work in the shipping and receiving area, covering the duties of another worker who is absent due to illness. Some supplies are delivered that require the use of a forklift to unload the delivery truck. The worker normally works in the warehouse in an area other than shipping and receiving, and has no prior experience or training in forklift operation. The worker believes that his lack of training and experience in operating a forklift would expose him to an undue hazard. In this situation, this worker has reasonable cause to believe that undertaking this work, for which he has not been trained, would create an undue hazard for himself and possibly other workers.

Ultimately there must be an objective basis for a continued refusal for unsafe work. The goal of the process set out in sections 3.12(2) through (5) is to establish whether there is an objective, or reasonable, basis for the refusal and if so, to determine how to remedy the situation.

WorkSafeBC prevention officers investigating work refusals under s. 3.12(5) will deal with each refusal on a case by case basis, and will undertake a full assessment of the situation in order to conclude whether the worker had reasonable cause to believe an undue hazard existed.

"Reasonable cause to believe" and the susceptible worker

Some workers may have an underlying condition which would lead them to suffer an illness or sustain an injury, even though others would not be affected in the same way. In this so-called "susceptible worker" situation, the "objective" test of whether the worker has reasonable cause to believe the work presents an undue hazard is to be applied in the context of the person's specific health condition.

To uphold a work refusal, there needs to be a clear connection between the undue hazard asserted by the susceptible worker, and his or her health condition. As part of the investigation into the refusal, the employer may ask for confirming evidence of the effect of the hazard on the person's condition. While the evidence is being obtained, the worker should be removed from the condition that the worker asserts is an undue hazard.

As an example, an offensive odor is present and apparent to all the workers in an office. One of the workers refuses to continue to work, saying that he suffers from a respiratory ailment and the odor is exacerbating his condition. He reports to the supervisor that he is suffering ill health effects from the odor, including difficulty breathing. The worker is acting reasonably in refusing to continue working, and is reassigned pending the employer's investigation into the refusal. As part of the investigation into the refusal, the employer asks for documentation of the condition, and the worker provides a note from his doctor confirming that the exposure to odors can exacerbate the worker's medical condition.

Application of procedure

To facilitate a timely resolution to a work refusal and ensure that work activities can return to normal as soon as possible, it is important that each step described in the *Regulation* is followed in an expedited manner. If the process outlined in section 3.12(3) fails to bring resolution to the matter, the investigation would continue as described by section 3.12(4). A person identified by section 3.12(4) who is available to participate in the investigation would be chosen without delay, so the investigation can continue.

To illustrate the application of section 3.12, consider the scenario described in the first example above.

The worker who has been directed to unload the truck immediately reports the work refusal to his supervisor, as required by section 3.12(2). The supervisor who receives the report immediately investigates the matter, per section 3.12(3). Through the investigation, it is established that this worker is not qualified to perform the work, and therefore the work presents an undue hazard for that worker. The supervisor locates another worker who possesses the necessary training and experience to perform this work safely, and reassigns the worker who refused the work to other job tasks. These actions satisfy the work refusal by removing the undue hazard to the inadequately trained worker.

However, if in the opinion of the supervisor the initial report of the unsafe condition is not valid, the supervisor is required to inform the worker of that opinion. If no resolution to the work refusal is found following this report, the supervisor needs to immediately contact an available party identified in section 3.12(4) to continue the investigation. If a resolution is found after the matter is investigated in the presence of this person, the work refusal is satisfied at this stage. If no resolution is found to the work refusal, both the supervisor, or the employer, and the worker must immediately notify a prevention officer.

A prevention officer investigating a work refusal under section 3.12(5) of the *Regulation* will conduct the following:

1. Ensure that the worker(s) refusing to work and the employer's representative both understand the procedure described under section 3.12. If the parties have not followed the procedure set out in section 3.12(4), the prevention officer will review the procedure with the parties, and direct them to continue their inquiries into the work refusal until such time as the parties have exhausted their efforts to resolve the matter.
2. Should the parties be unable to resolve the matter themselves, the prevention officer will inspect the work areas, processes, equipment, and practices associated with the work refusal. If the prevention officer finds that an undue hazard is present, the prevention officer will issue an inspection report addressing the violations that apply to the undue hazard. This may include compliance orders as well as a stop use or stop work order, if the circumstances meet the criteria for such orders, as described in the applicable guideline, [G-P2-89](#).
3. Where the prevention officer identifies violations that are not related to the inquiry into the work refusal, the prevention officer will address them in a separate inspection report.
4. If an undue hazard is not identified, the prevention officer will inform the parties of this finding, and include the following statement in the inspection text of the inspection report: "An investigation into a work refusal under section 3.12 has not identified an undue hazard."
5. The prevention officer will advise the parties of the requirement of section 3.13 of the *Regulation* that "A worker must not be subject to prohibited action as defined in [section 47 of the OHS provisions of the Workers Compensation Act](#) because the worker has acted in compliance with section 3.12 with an order made by an officer."

Note: Where a prevention officer has made a finding that the investigation into a work refusal under section 3.12 has not identified an undue hazard, and the worker refuses to return to work, the worker is no longer protected by the provisions of section 3.13 of the *Regulation*.

Right to refuse vs. physical or mental impairment (section 4.19)

Section 4.19 states that where a worker alleges that due to a physical or mental impairment his or her ability to safely perform the assigned work is affected, the worker must inform his or her supervisor or employer of the impairment. Further, the worker must not perform the work if to do so would create an undue risk to the worker or anyone else. An employer must not assign work where impairment may create such an undue risk to the worker or anyone else.

A worker's reporting of a physical or mental impairment under section 4.19 does not trigger a work refusal under section 3.12 or require the employer investigate it under sections 3.12(3) and (4). However, if an employer continues to instruct the worker to perform the assigned work, and the worker has reasonable grounds to believe his or her impairment will create an undue hazard, the worker must refuse to perform that work. At this point, the refusal does constitute a work refusal under section 3.12.

Flowchart for Guideline G3.12

G3.14 to G3.21 First aid guidelines for employers

Issued March 30, 2004; Revised November 1, 2004; Editorial Revision February 1, 2008; Retired September 6, 2018

The introduction to the Occupational First Aid guidelines is being retired as a result of retiring the WCB Standard OFA1 and the supplementary materials — which have been revised into guidelines to the Regulation (G3.15-G3.21).

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

Issued November 1, 2004; Revised September 30, 2009; Retired September 6, 2018

This guideline is not required as it is covered in course material and available on the [first aid certification webpage](#).

G3.15(b)-1 Health care facilities

Issued September 6, 2018

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) has successfully completed the first aid training course or first aid examination developed or approved by the Board,
- (c) has a first aid certificate in good standing at the required level issued by the Board or a person recognized by the Board, and
- (d) meets any other requirements determined by the Board for designation as a first aid attendant.

Purpose of guideline

This guideline is to outline the requirements that will allow an Occupational First Aid (OFA) Level 2 Certificate to be issued to a physician or registered nurse.

Requirement

On written request to an approved First Aid Training Provider from the employer at a health care facility, an OFA Level 2 Certificate may be issued to a physician (registered with the College of Physicians and Surgeons of British Columbia) or registered nurse (registered with the College of Registered Nurses of British Columbia) who has met either of the following

- (a) At least six (6) months working in an emergency department of an acute care facility or
- (b) Successfully completed a recognized course of training in emergency procedures

The experience or training required must have been completed not more than 24 months before the request for certification. A "recognized course of training in emergency procedures" for physicians includes advanced trauma life support. For registered nurses, it includes post-graduate emergency nursing and critical care nursing. The OFA Level 2 Certificate issued is restricted for use in health care facilities and is not transferable to other industries.

G3.15(b)-2 Municipal fire departments

Issued September 6, 2018

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) has successfully completed the first aid training course or first aid examination developed or approved by the Board,
- (c) has a first aid certificate in good standing at the required level issued by the Board or a person recognized by the Board, and
- (d) meets any other requirements determined by the Board for designation as a first aid attendant.

Purpose of guideline

This guideline is to outline the requirements that will allow an Occupational First Aid (OFA) Certificate to be issued to a firefighter in a municipal fire department.

Requirement

On written request to the Fire Chiefs' Association of British Columbia (FCABC) from the employer at a municipal fire department, an OFA Certificate may be issued as follows:

- (a) Emergency Medical Assistant First Responder (EMA FR) Schedule 1 – OFA Level 1 Certificate
- (b) Emergency Medical Assistant First Responder (EMA FR) Schedule 2 – OFA Level 2 Certificate

The OFA Level 2 Certificate issued by the FCABC is restricted for use in municipal fire departments and is not transferable to other industries.

G3.15(b)-3 EMA licence holders

Issued September 6, 2018

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) has successfully completed the first aid training course or first aid examination developed or approved by the Board,
- (c) has a first aid certificate in good standing at the required level issued by the Board or a person recognized by the Board, and

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

Purpose of guideline

This guideline is to outline the requirements that will allow an Occupational First Aid (OFA) Certificate to be issued to Emergency Medical Assistants (EMA) license holders for use in various workplaces.

Requirement

On written request to a first aid training provider registered with WorkSafeBC, an EMA license holder may be issued an OFA Certificate as follows:

- (a) First Responder (EMA FR) Schedule 1 – OFA Level 1 Certificate
- (b) First Responder (EMA FR) Schedule 2 – OFA Level 2 Certificate
- (c) Emergency Medical Responder (EMR) – OFA Level 3 Certificate
- (d) Primary Care Paramedic (PCP) – OFA Level 3 Certificate
- (e) Advanced Care Paramedic (ACP) – OFA Level 3 Certificate
- (f) Critical Care Paramedic (CCP) – OFA Level 3 Certificate

When acting as a designated first aid attendant in industry it is expected the license holder will limit scope of practice to his or her OFA Certificate, unless medical oversight is in place and the EMA scope of practice is consistent with the license terms and conditions.

G3.15(c) Proof of certification

Issued September 6, 2018

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) has successfully completed the first aid training course or first aid examination developed or approved by the Board,
- (c) has a first aid certificate in good standing at the required level issued by the Board or a person recognized by the Board, and
- (d) meets any other requirements determined by the Board for designation as a first aid attendant.

Purpose of guideline

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

Requirement

The first aid attendant is expected to show his or her current certificate to the employer or employer's representative before the first aid attendant begins first aid duties.

The first aid attendant is expected to have his or her original certificate at the workplace and to produce the certificate for inspection at the request of a WorkSafeBC prevention officer.

G3.16 First aid assessment

Issued March 30, 2004; Revised February 1, 2008; Editorial Revision September 6, 2018; Editorial revision October 30, 2018

Regulatory excerpt

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

(1) The employer must provide for each workplace such equipment, supplies, facilities, first aid attendants and services as are adequate and appropriate for

- (a) promptly rendering first aid to workers if they suffer an injury at work, and
- (b) transporting injured workers to medical treatment.

(1.1) The type and quantity of equipment, supplies, facilities, first aid attendants and services referred to in subsection (1) must be no less than is required by Schedule 3-A.

(1.2) The quality, maintenance and use of equipment, facilities and methods of transportation referred to in this section must be

acceptable to the Board.

(2) For the purpose of complying with subsection (1), the employer must conduct an assessment of the circumstances of the workplace, including

(a) the number of workers who may require first aid at any time,

(b) the nature and extent of the risks and hazards in the workplace, including whether or not the workplace as a whole creates a low, moderate or high risk of injury,

(c) the types of injuries likely to occur,

(d) any barriers to first aid being provided to an injured worker, and

(e) the time that may be required to obtain transportation and to transport an injured worker to medical treatment.

(3) The employer must review the assessment under subsection (2)

(a) within 12 months after the previous assessment or review, and

(b) whenever a significant change affecting the assessment occurs in the employer's operations.

(4) First aid equipment, supplies and facilities must be kept clean, dry and ready for use, and be readily accessible at any time a worker works in the workplace.

Purpose of guideline

The purpose of this guideline is to set out a step-by-step method for employers to follow when conducting an assessment of the workplace to determine an adequate and appropriate level of first aid coverage. These steps cover the requirements listed in section 3.16(2) and (3). The steps are designed to help employers determine which table applies to their workplace and what the required levels of first aid service mean. (Refer to [Schedule 3-A Minimum Levels of First Aid](#) Tables 1-6 ("Schedule 3-A") in the *Regulation*.) Also refer to, in Guideline 3.16(1.1): [First Aid Kits: Recommended Contents](#), [First Aid Facilities: Recommended Criteria](#), and [Emergency Vehicles and Equipment](#).

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

Employer's responsibility to conduct an assessment

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

Once employers have identified the required minimum levels of first aid in Schedule 3-A, they should consult the appropriate table in *First Aid Kits: Recommended Minimum Contents*, *First Aid Facilities: Recommended Minimum Criteria*, and *Emergency Vehicles and Equipment*, found in Guideline G3.16(1.1). Typically, employers would be expected to approximate the recommendations in the appropriate tables. However, after conducting an assessment, the employer may legitimately conclude that the nature of the necessary first aid kit, facility or equipment is different from that which is recommended in the appropriate table. If the recommendations in the tables are not followed, employers are expected to demonstrate that the assessment was conducted diligently and led to a reasonable conclusion about the content or nature of first aid kit, facility and equipment required at the workplace. If their assessment results in levels different from those suggested in the tables, given the circumstances at the workplace, the employer is expected to explain and provide a rationale for the differences. An assessment must not result in levels lower than the mandatory minimums required by Schedule 3-A.

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

Conducting the assessment

Step 1:

Identify the workplace.

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

Is the workplace at one location only?

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

Consider the factors in the following table to see if they apply to your workplace. In any situation, the factors may point to different conclusions. It is then necessary to weigh those factors indicating one workplace against those indicating separate workplaces. After considering all the factors,

you should choose the option that provides the greatest level of first aid service.

Location factors

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

Lodgings

Lodgings at or near the workplace, generally within 10 minutes, should be considered part of the workplace. First aid service should be based on the total workforce present at the place of work and in the lodgings at any time. This does not apply to a company town or to motels or hotels where workers have lodgings in a nearby town.

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

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

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

Multiple employer workplaces

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

At the end of Step 1

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

Step 2:

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

All classification units (CU's) are assigned a hazard rating for the purpose of the first aid assessment. You can find your rating on the classification unit description sent out every year or access it at:

<https://www.worksafebc.com/en/insurance/know-coverage-costs/find-classification-industry-rate>

If you decide that your workplace is not typical of the industry and that the assigned hazard rating is not appropriate, you can contact Certification Services at 604-276-3090 or 1.888.621.7233 local 3090 and discuss the process of assessing your level of risk and hazards to determine if an alternate hazard rating is appropriate.

At the end of Step 2

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

Step 3:

Consider surface travel time to hospital.

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

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

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

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

Check that the hospital or treatment facility

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

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

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

At the end of Step 3

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

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

Step 4:

Determine the number of workers on a shift.

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

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

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

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

Dispatched workers

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

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

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

Workers in lodgings provided by the employer

- Include workers in lodgings at or near the workplace (within 10 minutes' travel time). The number of workers per shift should include all workers on shift and those in the lodgings.
- As determined in Step 1, if the lodgings are more than 10 minutes from the workplace, the lodgings should be considered a separate workplace and have a separate first aid assessment.

(b) How many workers per shift are there?

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

At the end of Step 4

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

Step 5:

Find the required first aid services for your workplace.

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

(a) Look at Column 2 of your table from Step 3. What supplies, equipment, and facilities are needed?

Column 1 lists the following:

- The level of first aid kit required, and its recommended contents (see "First Aid Kits: Recommended Minimum Contents")
- Emergency transportation vehicle (ETV) equipment and industrial ambulance equipment, if required (see "Emergency Vehicles and Equipment")

- Dressing station or first aid room and equipment, if required (see "First Aid Facilities: Recommended Minimum Criteria")

(b) Is this adequate for the type of injuries expected and the distance to medical treatment?

Consider the past need for first aid services and the type of injuries that are likely to occur in your workplace. If necessary upgrade the facility from that given in the table. See Step 5(f) below for examples.

(c) Look at column 3 of your table. What level of first aid attendant is needed?

Column 3 lists the level of first aid attendant and the number of attendants if more than one is required for your workplace.

(d) Is this adequate for the type of injuries expected and the distance to medical treatment?

Consider the past need for first aid services and the type of injuries that are likely to occur in your workplace. If necessary, upgrade the level or number of attendants from that given in the table. See Step 5(f) below for examples.

(e) Look at Column 4 of your table. What transportation is needed?

Column 4 lists whether an emergency vehicle is required. For recommendations on ETVs and industrial ambulances (and on a mobile treatment centre as an alternative), refer to OHS Guideline 3.16(1.1).

(f) Are there any barriers to reaching medical treatment?

This question helps you consider whether there is any potential delay in transporting an injured worker to medical treatment. These include the ambulance response time and remote locations.

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

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

If an ambulance is not able to access the workplace, appropriate upgrading includes replacing a Level 2 attendant with a Level 3 attendant and supplying ETV equipment to facilitate preparing a patient for transport. Refer to OHS Guideline 3.16(1.1) for more information on ETVs. The ETV should be appropriate for the terrain to be traversed and the injured or ill worker's condition. The situations for upgrading are listed in the tables in Column 5 (Other Considerations).

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

At the end of Step 5

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

Step 6:

Review your assessment.

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

G3.16(1.1) Basic requirements to meet schedule 3-A

Issued September 6, 2018; Preliminary Revision June 3, 2020

Regulatory excerpt

Section 3.16(1.1) and (2) of the *OHS Regulation* ("*Regulation*") state:

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

(1.1) The type and quantity of equipment, supplies, facilities, first aid attendants and services referred to in subsection (1) must be no less than is required by Schedule 3-A.

...

(2) For the purpose of complying with subsection (1), the employer must conduct an assessment of the circumstances of the workplace, including

- (a) the number of workers who may require first aid at any time,
- (b) the nature and extent of the risks and hazards in the workplace, including whether or not the workplace as a whole creates a low, moderate or high risk of injury,
- (c) the types of injuries likely to occur,
- (d) any barriers to first aid being provided to an injured worker, and
- (e) the time that may be required to obtain transportation and to transport an injured worker to medical treatment.

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](#). An assessment under section 3.16(2) of the *Regulation* may indicate consideration of additional equipment. This may also involve ensuring additional training for the designated first aid attendant.

Personal first aid kit

- 1 10 cm X 16.5 cm sterile pressure dressings with crepe ties
- 6 Sterile adhesive dressings, assorted sizes, individually packaged
- 6 14 cm X 19 cm wound cleansing towelettes, individually packaged
- 1 Waterproof waste bag

Basic First Aid Kit

- 6 14 cm x 19 cm wound cleansing towelettes, individually packaged
- 10 Sterile adhesive dressings, assorted sizes, individually packaged
- 6 10 cm x 10 cm sterile gauze dressings, individually packaged
- 1 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 1 Cotton triangular bandage, minimum length of base 1.25 m
- 1 14 cm stainless steel bandage scissors or universal scissors
- 1 2.5 cm x 4.5 m adhesive tape
- 1 7.5 cm x 4.5 m crepe roller bandage
- 3 Pairs of medical gloves (preferably non-latex)
- 3 Medical masks (also known as procedure or surgical masks)
- 1 Face shield (or safety eyewear)
- 1 Waterproof waste bag

Note: A kit that meets the requirements for an Alberta Type P first aid kit is acceptable as a basic kit in B.C.

Level 1 First Aid Kit

- 1 Blanket
- 24 14 cm x 19 cm wound cleansing towelettes, individually packaged
- 50 Sterile adhesive dressings, assorted sizes, individually packaged
- 10 10 cm x 10 cm sterile gauze dressings, individually packaged
- 4 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 2 7.5 cm x 4.5 m crepe roller bandages
- 2 7.5 cm conforming gauze bandages
- 1 2.5 cm x 4.5 m adhesive tape
- 2 Cotton triangular bandages, minimum length of base 1.25 m
- 2 Quick straps (a.k.a. fracture straps or zap straps)
- 1 Windlass style tourniquet
- 1 14 cm stainless steel bandage scissors or universal scissors
- 1 11.5 cm stainless steel sliver forceps
- 1 Pocket mask with a one-way valve and oxygen inlet
- 6 Pairs of medical gloves (preferably non-latex)
- 6 Medical masks (also known as procedure or surgical masks)

- 2 Face shields (or safety eyewear)
- 1 Waterproof waste bag
- First aid records

Note: A kit that meets the requirements for an Alberta Number 1 first aid kit is acceptable as a Level 1 first aid kit in B.C. (with the addition of a tourniquet, medical masks, and face shields)

Level 2 First Aid Kit

- 1 Blanket
- 24 14 cm x 19 cm wound cleansing towelettes, individually packaged
- 50 Sterile adhesive dressings, assorted sizes, individually packaged
- 20 10 cm x 10 cm sterile gauze dressings, individually packaged
- 4 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 4 20 cm x 25 cm sterile abdominal dressings, individually packaged
- 4 Cotton triangular bandages, minimum length of base 1.25 m
- 2 5 cm x 4.5 m rolls of adhesive tape
- 2 7.5 cm X 4 m conforming gauze bandages
- 2 7.5 cm x 4.5 m crepe roller bandages
- 1 14 cm stainless steel bandage scissors or universal scissors
- 1 11.5 cm stainless steel sliver forceps
- 2 Quick straps (a.k.a. fracture straps or zap straps)
- 1 Windlass style tourniquet
- 1 Pocket mask with a one-way valve and oxygen inlet
- 6 Pairs of medical gloves (preferably non-latex)
- 6 Medical masks (also known as procedure or surgical masks)
- 2 Face shields (or safety eyewear)
- 1 Waterproof waste bag
- First aid records

Note: A kit that meets the requirements for an Alberta Number 2 first aid kit is acceptable as a Level 2 first aid kit in B.C. (with the addition of a tourniquet, medical masks, and face shields)

Level 3 First Aid Kit

- 1 Blanket
- 24 14 cm x 19 cm wound cleansing towelettes, individually packaged
- 50 Sterile adhesive dressings, assorted sizes, individually packaged
- 20 10 cm x 10 cm sterile gauze dressings, individually packaged
- 4 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 4 20 cm x 25 cm sterile abdominal dressings, individually packaged
- 6 Cotton triangular bandages, minimum length of base 1.25 m
- 2 5 cm x 4.5 m rolls of adhesive tape
- 4 7.5 cm X 4 m conforming gauze bandages
- 4 7.5 cm x 4.5 m crepe roller bandages
- 1 14 cm stainless steel bandage scissors or universal scissors
- 1 11.5 cm stainless steel sliver forceps
- 4 Quick straps (a.k.a. fracture straps or zap straps)
- 1 Windlass style tourniquet
- 1 Pocket mask with a one-way valve and oxygen inlet
- 6 Pairs of medical gloves (preferably non-latex)
- 6 Medical masks (also known as procedure or surgical masks)
- 2 Face shields (or safety eyewear)

- 1 Waterproof waste bag
- 1 Penlight or flashlight
- Patient assessment charts
- First aid records

A Level 3 first aid kit includes an Oxygen Kit with the following contents:

- 1 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

Note: A kit that meets the requirements for an Alberta Number 3 first aid kit is acceptable as a Level 3 first aid kit in B.C. (with the addition of a tourniquet, medical masks, face shields, and Oxygen Kit as described above)

Both Level 2 and Level 3 first aid kits may be supplemented in the workplace by the requirement for a dressing station or first aid room facility with the following additional equipment.

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

- 3 Blankets
- 1 Refuse pail with lid
- 1 Package of paper towels
- 1 Bifocal magnifier with head strap, 12.5 cm focus
- 1 Eye cup
- 1 14 cm stainless steel bandage scissors or universal scissors
- 1 11.5 cm stainless steel sizer forceps
- 1 Penlight or flashlight
- 24 14 cm X 19 cm wound cleansing towelettes, individually packaged
- 1 150 ml liquid antibacterial soap
- 4 Cold packs
- 100 Sterile adhesive dressings, assorted sizes, individually packaged
- 24 Sterile skin closures, individually packaged
- 6 20 cm x 25 cm sterile abdominal dressings, individually packaged
- 3 30 cm x 40 cm sterile abdominal dressings, individually packaged
- 100 7.5 cm x 7.5 cm gauze sponges
- 24 7.5 cm x 7.5 cm sterile gauze dressings, individually packaged
- 24 10 cm x 10 cm sterile gauze dressings, individually packaged
- 4 7.5 cm x 4.5 m crepe roller bandages
- 2 10 cm x 16.5 cm sterile pressure dressings with crepe ties
- 1 7.5 cm x 4.5 m adhesive crepe bandage
- 2 2.5 cm x 4.5 m rolls of adhesive tape
- 2 5 cm x 4.5 m rolls of adhesive tape
- 2 5 cm x 1.8 m conforming gauze bandages
- 2 7.5 cm x 4 m conforming gauze bandages
- 6 Cotton triangular bandages, minimum length of base 1.25 m
- 2 SAM splints or quick splint equivalent
- 1 #01 4.5 m tubular finger bandage with applicator
- 1 Kidney basin
- 1 Wash basin
- 1 Cold instrument sterilizer with supply of non-rusting germicidal solution
- 1 Chair suitable for treating injured worker (with a non-porous surface or covered with non-porous material)

Patient assessment charts

First aid records

* Optional consideration of an Automatic External Defibrillator - refer to OHS Guideline G3.16(2)-2

First Aid Room - a first aid room should be at least 9.3 square metres (100 sq. ft.). It should have the following:

- Storage cupboards
- A counter
- A toilet, or have a toilet facility as near as practicable
- The following first aid room equipment

3	Blankets
1	refuse pail with lid
1	Package of paper towels
1	Eye lamp, self-illuminating, magnifying
1	Eye cup
1	14 cm stainless steel bandage scissors
1	11.5 cm stainless steel sliver forceps
1	15 cm stainless steel thin nosed plier-type forceps
1	Universal scissors
1	Penlight or flashlight
36	14 cm x 19 cm wound cleansing towelettes, individually packaged
1	150 ml liquid antibacterial soap
6	Cold packs
100	Sterile adhesive dressings, assorted sizes, individually packaged
48	Sterile skin closures, individually packaged
6	20 cm x 25 cm sterile abdominal dressings, individually packaged
3	30 cm x 40 cm sterile abdominal dressings, individually packaged
6	Sterile eye pads, individually packaged
200	7.5 cm x 7.5 cm gauze sponges
72	7.5 cm x 7.5 cm sterile gauze dressings, individually packaged
72	10 cm x 10 cm sterile gauze dressings, individually packaged
6	7.5 cm x 4.5 m crepe roller bandages
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties
2	7.5 cm x 4.5 m adhesive crepe bandages
2	2.5 cm x 4.5 m rolls of adhesive tape
2	5 cm x 4.5 m rolls of adhesive tape
4	5 cm x 1.8 m conforming gauze bandages
4	7.5 cm x 4 m conforming gauze bandages
6	Cotton triangular bandages, minimum length of base 1.25 m
4	SAM splints or quick splint equivalent
1	#01 4.5 m tubular finger bandage with applicator
1	Kidney basin
1	Wash basin
1	Cold instrument sterilizer with supply of non-rusting germicidal solution
1	Chair suitable for treating injured worker with a non-porous surface or covered with a non-porous material
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
2	Pillows with a non-porous surface or covered with a non-porous material
4	Sheets
1	Portable urinal, if overnight care may be required
1	Bedpan, if overnight care may be required

Patient assessment charts

First aid records

* Optional consideration of an Automatic External Defibrillator - refer to OHS Guideline G3.16(2)-2

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

First aid facilities general requirements

Schedule 3–A, Minimum Levels of First Aid in the *Regulation*, contains the minimum levels of first aid required for various workplaces. Tables 1-6 indicate in column 2 whether or not a first aid facility is required, and, if a facility is required, what type (dressing station or first aid room). The list above specifies the equipment required in each facility. Below gives guidance on how to set up a first aid facility and some specific recommendations for dressing stations and first aid rooms.

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

General recommendations for all first aid facilities

Location and access

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

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

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

When a tent is used, it should 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 illuminated, heated, and ventilated. It should have a sink plumbed with hot and cold running water or, if this is not practicable, an alternative system for supplying fresh, potable water. If showering may be a required treatment for chemical exposure, the facility should have a shower or have a shower facility as near as practicable. It may be impracticable to plumb a first aid facility in certain situations, such as where the facility is a trailer on a construction site or the work is at a remote location. In these cases, one of the following alternative sources of water, with means to heat it, may be considered until a permanent source of water can be connected:

- 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; for example, sections 6.33 to 6.41 (biological agents) and sections 4.81 to 4.83 (environmental tobacco smoke).

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

Using a first aid facility for purposes other than first aid

A first aid facility may be used for purposes other than first aid if the following exists:

- It is immediately available for first aid treatment
- The facility is not at a remote 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

Emergency vehicles and equipment

Schedule 3–A, Minimum Levels of First Aid in the Regulation, contains the minimum levels of first aid required for various workplaces. Tables 1-6 indicate in column 4 whether or not an emergency vehicle is required, and, if an emergency vehicle is required, what type (emergency transportation vehicle or industrial ambulance) is to be available at the workplace. 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 when that is the primary means to getting an injured worker to medical treatment.

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

General guidelines for emergency vehicles

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

Smoking is not permitted in 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.

Vehicle requirements

The vehicle should be capable of traversing the area it is intended to serve.

- It should have a minimum headroom of 1 metre (3.3 feet).
- It should provide protection from the natural elements and dust.
- It should provide warmth sufficient for good care for the injured worker, with the patient compartment heated enough to maintain normal body temperature.
- The source of heat must not be a hazard to the occupants of the vehicle when oxygen is in use.
- It should have effective voice communication between the operator and the attendant in the treatment area of the vehicle.
- It should have a means of effective communication with the scene of an accident. For example:
 - The driver has a two-way radio that has a direct link with another two-way radio at the scene of the injured or ill worker.
 - The driver has a two-way radio that has a link with the employer's central dispatch centre, which has voice communication via a radio or radiotelephone with workers at the scene.
- 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.
 - A radiotelephone in the vehicle can contact the hospital directly.
 - A two-way radio or radiotelephone in the vehicle has a link with the employer's central dispatch centre, which has voice communication via a telephone or radiotelephone with the hospital.
 - The emergency vehicle is accompanied to the hospital by another vehicle that is equipped with a radiotelephone or two-way radio that can contact the hospital directly and its driver can communicate with the emergency vehicle.
- In areas with good coverage cell phones may be used.

Additional recommendations for an emergency transport vehicle (ETV)

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

An ETV should contain the following equipment:

- | | |
|---|--|
| 1 | Set of hard cervical collars covering all adult sizes (or 2 adjustable hard cervical collars), plus a head immobilizer |
| 1 | Lifting device with handholds, acceptable to WorkSafeBC, and securing straps to secure an injured worker |
| 1 | Stretcher to transport an injured worker. The stretcher must have retainer straps and a suitable mattress or padding |
| 6 | Blankets |
| 2 | Lower limb splints, minimum 1 m in length with suitable padding |
| 2 | Vomitus bags |

Additional recommendations for an industrial ambulance

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

- Contain the same equipment as an ETV
- 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

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

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

G3.16(1.2) Acceptable first aid facility

Issued December 15, 2017

Regulatory excerpt

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

(1) The employer must provide for each workplace such equipment, supplies, facilities, first aid attendants and services as are adequate and appropriate for

- (a) promptly rendering first aid to workers if they suffer an injury at work, and
- (b) transporting injured workers to medical treatment.

(1.1) The type and quantity of equipment, supplies, facilities, first aid attendants and services referred to in subsection (1) must be no less than is required by Schedule 3-A.

(1.2) The quality, maintenance and use of equipment, facilities and methods of transportation referred to in this section must be acceptable to the Board.

(2) For the purpose of complying with subsection (1), the employer must conduct an assessment of the circumstances of the workplace, including

- (a) the number of workers who may require first aid at any time,
- (b) the nature and extent of the risks and hazards in the workplace, including whether or not the workplace as a whole creates a low, moderate or high risk of injury,
- (c) the types of injuries likely to occur,
- (d) any barriers to first aid being provided to an injured worker, and
- (e) the time that may be required to obtain transportation and to transport an injured worker to medical treatment.

(3) The employer must review the assessment under subsection (2)

- (a) within 12 months after the previous assessment or review, and
- (b) whenever a significant change affecting the assessment occurs in the employer's operations.

(4) First aid equipment, supplies and facilities must be kept clean, dry and ready for use, and be readily accessible at any time a worker works in the workplace.

Purpose of guideline

This guideline is to outline the requirements that will allow an acute care facility 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:

- (a) Prompt access is available to all workers during working hours (regardless of public wait times or triage issues)
- (b) Confidentiality of the first aid records is maintained
- (c) The emergency area has at least one sink plumbed with hot and cold water within easy access of the patient care area
- (d) Toilet facilities are located in or close to the emergency area for quick and easy access
- (e) The area has a counter area and storage for all the supplies as required in a first aid facility (first aid room or dressing station as required)
- (f) Written procedures are developed for moving a worker requiring stretcher transport from any area of the worksite to the designated treatment area. This may involve any of the following:
 - 1. Contacting the BC Ambulance Service for transport on the worksite
 - 2. Ensuring the occupational first aid (OFA) attendant has the necessary level of training and appropriate transportation equipment; either OFA Level 3, or OFA Level 1 or 2 with the Transportation Endorsement, or
 - 3. Internal training that covers patient handling and transport, with appropriate equipment
- (g) A first aid kit appropriate for the level of attendant required is available to be taken to the scene of an injury.

G3.16(2)-2 Automated external defibrillator (AED)

Issued September 6, 2018

Regulatory excerpt

Section 3.16(2) of the *OHS Regulation* ("Regulation") states, in part:

- (2) For the purpose of complying with subsection (1), the employer must conduct an assessment of the circumstances of the workplace...

Purpose of guideline

The purpose of this guideline is to outline circumstances that might indicate an employer should consider choosing to provide an automated external defibrillator (AED) in the workplace.

Risk for cardiac arrest — which occurs when the heart fails to circulate blood — increases during intense physical activity, especially in people with underlying cardiovascular risk factors.

AED's are small portable machines that can perform the following:

- Analyze the person's heart rhythm
- Determine whether a shock is needed
- Use voice or screen prompts to guide the rescuer through the process

AED's are not a required piece of equipment under the Regulation, however all levels of occupational first aid training include instruction on the care and use of AEDs.

Circumstances to consider:

- Size of workforce at one site
- Average age and health of workers
- Types of hazards present in the workplace
- Access to BC Emergency Health Service resources
- Employers may want to consider whether large numbers of the public are present in their worksite, and if the employer generally provides first aid to the public when in their workplace

G3.17 Developing and implementing first aid procedures

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

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

- (1) The employer must keep up-to-date written procedures for providing first aid at the worksite including
 - (a) the equipment, supplies, facilities, first aid attendants and services available,

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

Purpose of guideline

The purpose of this guideline is to provide additional information on the provision, implementation and overall functioning of the procedures.

Drills

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

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

Maintaining the system

The employer should also have a procedure to maintain the first aid service at the workplace, including assigning personnel. That person's duties should include ensuring that the required first aid attendants, supplies, facilities, and equipment are always available. This would include ensuring that first aid attendants are re-trained when required, replaced when they are absent or leave the employ of the employer and that supplies are replenished as they are used.

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

Withdrawn November 1, 2010

G3.17.1 Air transportation

Issued September 6, 2018

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 an appropriate aircraft is reasonably available to the workplace during those operations;
- (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 the arrangements required for air transport of injured or ill workers.

Air transport

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

- Make arrangements with an air service, before the start of work, to ensure that an appropriate aircraft will be reasonably available during operations.
- The aircraft should be capable of transporting a stretcher patient and a first aid attendant, allowing the first aid attendant sufficient room to

provide emergency treatment during flight, if required.

- A list of radio frequencies to be used between the air carrier and the workplace should be included in the written procedures required by section 3.17(1) of the Regulation. The coordinates of the workplace should be included in the written procedures.
- First aid equipment should be suitable for the aircraft to be used, including a stretcher or 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.
- If weather or other factors could unreasonably delay the use of aircraft, alternative transportation options should be provided, where practicable.

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

G3.18(1) Communications

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

Section 3.18(1) of the *Occupational Health and Safety 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, the BC Ambulance Service, or another ambulance service acceptable to WorkSafeBC.

G3.18(2) Availability of first aid attendant

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

Section 3.18(2) of the *Occupational Health and Safety 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 actually be present in the area served, during all working hours. This includes periods such as lunch or coffee breaks when workers are on shift and at the workplace but not actually working.
- The first aid attendant, equipment, and facilities must be ready to receive the injured worker or to depart to where the worker is situated without delay, usually within 3 to 5 minutes of being summoned. (This allows the 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.

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

G3.19 First aid records

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

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

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 worker (his or her own records)
- A person designated by the employer to manage health & safety and/or compensation claims and/or return to work programs at the workplace
- First aid attendants at the workplace
- A WorkSafeBC prevention officer

Joint committee members and worker health and safety representatives do not have a need for full access. A report containing a summary of the records is sufficient for committee purposes.

In a multi-employer worksite first aid records are owned by the employer of the injured worker. During the course of the project records may be maintained by the employer providing the first aid services. Access is as listed above, but may also include the prime contractor if required for purposes of coordination of health and safety of the worksite. Once the project is complete, or if an individual employer's work on that site is complete, the records must be retained by the individual employer for at least three years.

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

G3.20 Multiple employer workplaces

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

Regulatory excerpt

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

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

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

Purpose of guideline

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

Role of the prime contractor

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

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

- The service should meet the requirements as to hazard classification, distance from hospital, and number of workers per shift of each workplace using it.
- In considering the accessibility of the service, the demands on it by all workplaces using it must be considered. The number of workers per shift used to determine the level of service is the total number of workers in all these workplaces. In addition, consider any use of the service by members of the public visiting these workplaces.
- In determining the location of the service, consider the need to provide first aid promptly. Also consider whether any workplaces are likely to create greater hazards and therefore make more use of the service.
- The level and location of the service must allow for any restrictions on access that may occur at peak work periods.
- Each employer participating in the service must separately comply with the obligation in section 3.19(1) to maintain records of all injuries and manifestations of disease at their own workplace. The service may also keep central records.
- The service and each employer must restrict access to any first aid records to the persons authorized by section 3.19(3). Any person who has access to the records must under section 3.19(5) keep them confidential except as required for the legitimate purpose of their access.

The employer retains full legal responsibility for providing all first aid services for the workplace as required by [Part 3](#) of the *Regulation*. If the service does not meet an obligation imposed on the employer, WorkSafeBC will hold the employer responsible, not the person agreeing to supply the service.

G3.21 Suspension and cancellation of first aid certificates

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

Regulatory excerpt

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

- (1) The first aid attendant must
 - (a) promptly provide injured workers with a level of care within the scope of the attendant's training and this Part,
 - (b) objectively record observed or reported signs and symptoms of injuries and exposures to contaminants covered by this Regulation, and
 - (c) refer for medical treatment workers with injuries considered by the first aid attendant as being serious or beyond the scope of the attendant's training.
- (2) A first aid attendant must be physically and mentally capable of safely and effectively performing the required duties, and the Board may at any time require the attendant to provide a medical certificate.
- (3) The first aid attendant is responsible, and has full authority, for all first aid treatment of an injured worker until responsibility for treatment is accepted
 - (a) at a place of medical treatment,
 - (b) by an ambulance service acceptable to the Board, or
 - (c) by a person with higher or equivalent first aid certification.

Section 96 of the *Workers Compensation Act* ("Act") provides:

- (1) If the Board has reasonable grounds for believing that a person who holds a certificate issued under the OHS provisions or the regulations has breached a term or condition of the certificate or has otherwise contravened an OHS provision or a provision of the

regulations, the Board may, by order,

(a) cancel or suspend the certificate, or

(b) place a condition on the use of that certificate that the Board considers necessary in the circumstances.

(2) An order under this section suspending a certificate must specify the length of time that the suspension is in effect or the condition that must be met before the suspension is no longer in effect.

Purpose of guideline

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

Background

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

WorkSafeBC has the authority to suspend or cancel these first aid certificates under section 96 of the *Act*.

Where a WorkSafeBC certification or prevention officer (officer) learns of circumstances that may indicate a lack of competence or misconduct on the part of a first aid attendant, the officer may consider suspending the 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 the first aid attendant. 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 [P2-96-1](#) sets out an additional list of inappropriate conduct for first aid attendants, which may be considered to be failing to provide workers with an appropriate level of care under section 3.21, 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 of an occupational first aid certificate. The first stage, a temporary suspension, involves an 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 officer undertake an investigation of the circumstances in question to ensure the suspension or cancellation is reasonable.

The officer's investigation should include the following:

1. Review the employer's incident investigation document
2. Review the worksite written procedures to ensure there is clear direction for attendant response
3. Inspect attendant training and orientation records
4. Provide the attendant an opportunity to offer his/her account of the circumstances
5. Interview all persons who may have relevant information before making the decision to suspend the certificate

Once the investigation is complete, and the officer thinks there are reasonable grounds for concluding that the 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 his/her defense, and the outcome of the employer's investigation to Certification Services

Stage 2: Cancellation or Other Action

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

The type of action the Manager 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 by carelessness, recklessness, willful blindness, or intentional
- 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 him or her of the Manager's decision and specifying the conditions under which reinstatement may occur. The letter also advises of the right to appeal. A "Request for Review" form is included with the letter.

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

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) Medical prerequisites

Issued September 6, 2018

Regulatory excerpt

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

A first aid attendant must be physically and mentally capable of safely and effectively performing the required duties, and the Board may at any time require the attendant to provide a medical certificate.

Purpose of guideline

The purpose of this guideline is to outline the arrangements required for air transport of injured or ill workers. This guideline is to outline the medical prerequisites for designated first aid attendants.

Medical prerequisites

A first aid attendant must be physically and mentally capable of safely and effectively performing the required duties. A self-disclosure declaration, the "Occupational First Aid Statement of Fitness" must be completed by all candidates for Level 2 and Level 3 Certification.

Certification of medical fitness may be required by WorkSafeBC. 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. The certificate must not be older than six (6) months prior to the date

submitted.

Payment for the medical examination is the responsibility of the first aid attendant or candidate.

Conditions evaluated for the purpose of considering a first aid attendant's or candidate's fitness include, but are not limited to, the following:

- Disease conditions*
- Psychological and/or emotional illness
- Visual acuity
- Hearing acuity
- Fine motor skills
- Physical fitness
- Drug and alcohol abuse
- Lifting ability
- Use of medications that could affect ability to perform first aid

*Disease conditions evaluated include insulin dependent diabetes, respiratory disease, heart disease, epilepsy, multiple sclerosis, and communicable diseases.

G3.23 Young or new worker orientation and training

Issued July 26, 2007; Revised July 9, 2009; Editorial Revision consequential to August 4, 2015 Regulatory Amendment; Editorial Revision April 6, 2020

Regulatory excerpt

Section 3.23 (Young or new worker orientation and training) of the *OHS Regulation* ("*Regulation*") states:

3.23 Young or new worker orientation and training

- (1) An employer must ensure that before a young or new worker begins work in a workplace, the young or new worker is given health and safety orientation and training specific to that young or new worker's workplace.
- (2) The following topics must be included in the young or new worker's orientation and training:
 - (a) the name and contact information for the young or new worker's supervisor;
 - (b) the employer's and young or new worker's rights and responsibilities under the *Workers Compensation Act* and this *Regulation* including the reporting of unsafe conditions and the right to refuse to perform unsafe work;
 - (c) workplace health and safety rules;
 - (d) hazards to which the young or new worker may be exposed, including risks from robbery, assault or confrontation;
 - (e) working alone or in isolation;
 - (f) violence in the workplace;
 - (g) personal protective equipment;
 - (h) location of first aid facilities and means of summoning first aid and reporting illnesses and injuries;
 - (i) emergency procedures;
 - (j) instruction and demonstration of the young or new worker's work task or work process;
 - (k) the employer's health and safety program, if required under section 3.1 of this *Regulation*;
 - (l) WHMIS information requirements set out in Part 5, as applicable to the young or new worker's workplace;
 - (m) contact information for the occupational health and safety committee or the worker health and safety representative, as applicable to the workplace.

Purpose of guideline

This guideline is to assist employers and workers in implementing the requirements of section 3.23. It provides information on

- The objectives of the orientation and training requirements listed in section 3.23
- Possible means of delivery of these requirements
- Where to get further information to assist with the orientation

The guideline also provides an overview of age-related requirements regarding children in the workplace under the *BC Employment Standards*

Act, for information only, should this issue arise at a workplace.

Objectives of the orientation topics

Under section 3.23 employers will be required to provide young and new workers with orientation and training about safe work procedures and how to recognize hazards on the job. It lists a number of topics that must be addressed.

In many workplaces some of the requirements in section 3.23 will already be in place as part of the general safety measures in the workplace. To conduct proper orientation, the topics must be provided to young and new workers.

There may be topics beyond those listed in section 3.23 that an employer would wish to include in the orientation. The *Regulation* sets a minimum standard, which employers may exceed. In some cases, one or more of the topics may not be applicable in a given workplace and would not need to be included.

In the discussion below any reference to "worker" means "young or new worker."

(a) Name and contact information for the worker's supervisor

The worker must know the identity of the individual(s) responsible for providing work direction to him/her, and how to contact him/her if they are not immediately available. This can be particularly helpful to ensure any ongoing questions in the early period of time on the job are addressed.

(b) The employer's and worker's rights and responsibilities

The worker must be informed about his/her rights and responsibilities and those of the employer under the *Workers Compensation Act* ("*Act*") and the *Regulation*. For example, the worker has the right to be informed about workplace hazards (including WHMIS), the duty to report hazards, the duty to refuse unsafe work, and the right to participate in workplace health and safety activities. The worker should also be advised of the protection from prohibited action provisions in the *Act*, and provisions related to first aid and reporting any injuries and diseases.

(c) Workplace health and safety rules

The worker must be trained in the workplace health and safety rules applicable to the workplace and the tasks the worker will perform. The rules are expected to address any hazards that the worker may encounter, including various types of controls, such as work procedures, use of personal protective equipment, and the safe means of operating equipment.

(d) Hazards to which the worker may be exposed

The worker must be informed about the hazards he/she could encounter while performing assigned work tasks. Depending on the work setting, these hazards may be physical in nature and involve a risk of injury, or may pose a risk of disease (e.g., when handling a hazardous substance). If a worker is in a location that involves contact with the public, the employer must advise of any risks that may arise, including, as applicable, abusive behaviour, robbery, assault, or other possible confrontation.

(e) Working alone or in isolation

If the worker is assigned to work alone or in isolation, the worker must be trained in the policies and procedures to be followed. Under the requirements of the *Regulation* the employer must set up a system for checking on the well being of the worker. When establishing the system, the employer must consult with the worker on the time intervals to be used. In some cases working alone is linked to a potential for violence in the workplace.

(f) Violence in the workplace

The worker must be provided with orientation and training on the policies and procedures to be followed in the event of violence in the workplace. The worker should be advised of the meaning of the term "violence," which includes any threatening statement or behaviour, and the circumstances in the workplace where a risk of violence may be present. The worker should be trained in the procedures to follow to eliminate or minimize any risk in such situations, for example, when handling money, and opening or closing the business. He/she should also be trained in the steps to take to eliminate or minimize the risk of injury to the worker in the event of an incident.

In part, this topic is already covered under topics (c), (d), and (e). However, instruction in this topic will ensure that the worker is given an understanding of the overall measures in the workplace for protection from violence.

(g) Personal protective equipment (PPE)

The worker must be provided with appropriate orientation and training in the use and care of any personal protective equipment or clothing that the worker is required to use to safely perform his/her work. This is also a requirement under [Part 8](#) of the *Regulation*, and will help the worker meet his or her obligations to use PPE properly.

(h) Location of first aid facilities, the means of summoning first aid, and reporting illnesses and injuries

The worker must be advised of the location of first aid facilities, the identity of the first aid attendant(s), and how to summon an attendant. This topic also covers the employer's obligation to inform the worker of the procedures to follow to report an illness or injury to WorkSafeBC.

(i) Emergency procedures

The worker must be advised of potential emergency situations that could occur in his/her work location, and trained in the procedures to follow. This topic is a companion to topic (h) on first aid, and addresses other aspects of emergency response, such as evacuation in the event of fire, or if hazardous substances are handled, how to contain a spill of the substance.

(j) Instruction and demonstration of the worker's work task or work process

The worker must be provided with both instruction and demonstration - not simply a verbal description - of work tasks that the worker will be

required to perform when he/she begins work. Further training may be required as new tasks are assigned.

The demonstration should address the aspects of the work that will involve safety risks if not performed correctly. For example, if the worker will be operating a piece of mechanical equipment, the employer will need to ensure that all safety points are demonstrated, including the use of guarding and other safety devices, means of equipment startup, and how to follow safe operating procedures.

(k) The employer's occupational health and safety (OHS) program

Under this topic the employer is expected to provide an orientation to the OHS program in the workplace. If a program is required under section 3.1 of the *Regulation* the orientation would describe the program elements, which are outlined in section 3.3 of the *Regulation*, and how they are implemented. If, for a small workplace, the program is less formal, then the orientation would be on the elements of the program outlined in section 3.2.

(l) WHMIS information requirements, as applicable to the worker's workplace

This topic is intended to ensure the worker is provided with an orientation on the Workplace Hazardous Materials Information System (WHMIS), and its application to hazardous products in the workplace. The orientation should explain the WHMIS hazard classes, and the use of WHMIS labels and Safety Data Sheets (SDS). In addition, there are four WHMIS objectives for training a worker in how to work safely with hazardous products. Workers need to know the hazards of the products, how they can protect themselves, what to do in case of an emergency or spill, and where to get more information on the products. The first three of these will already be addressed under other topics such as (c), (d), (h), and (i). To address the fourth, typically workers will need to be informed of where SDSs are located or how they can be accessed if available electronically.

If there are hazardous products in the workplace not covered by WHMIS, the orientation under topics such as (c), (d), (h), and (i) should be given to address safety with those products.

(m) Contact information for the joint occupational health and safety (OHS) committee, or worker health and safety representative

If applicable, the employer must inform the worker on how to contact the joint OHS committee, or the worker health and safety representative.

Delivering the orientation

The employer must determine how to deliver the orientation and training to the worker. However, there are a number of options to consider.

- **Address topics according to applicability:** As previously noted, some topics listed in section 3.23 may not be applicable in a given workplace. The employer can adjust the orientation accordingly.
- **Organize topics into groups:** Section 3.23 requires that applicable topics be covered in the orientation or training, but not necessarily as separate items. The employer can organize the orientation or training in any manner, as long as the content intended by the topics is addressed. For example, three of the topics involve contact information, and could be presented as a unit. Two of the topics (first aid and emergency procedures) involve a common theme of emergency response. The topics on working alone and violence often cover aspects of the same issue, and could be presented together. Other combinations are also possible.
- **Use generic instruction and orientation coupled with site-specific information:** Information on some of the topics listed in section 3.23 may be applicable from one workplace to another while site-specific instructions will only apply at the worksite in question. Generic instruction and orientations can serve as a good basis on which an employer can add employer or site-specific information. Generic instruction and orientation, coupled with site-specific information can be particularly useful where a worker is performing the same work under different circumstances. Examples include circumstances where
 - Employers have a number of workplaces
 - The industry has highly mobile workers, such as in construction
 - Workers are performing casual or temporary work, such as substitute teachers

In determining the right combination of generic and site-specific topics that will meet the requirements of section 3.23, the circumstances of each scenario need to be considered. By way of example, generic topics for workers under the above noted circumstances could include

- Employer and worker rights and responsibilities
- Employer's occupational health and safety program
- Generic aspects of WHMIS
- Personal protection equipment

Topics that will be specific to a site include

- Workplace health and safety rules
- Name and contact of supervisor
- Location of first aid facilities
- Emergency procedures

Generic instruction and orientation could be provided at a corporate or district level. In some cases workers could carry documentation as proof that they have received generic orientation for their respective occupation or trade. Generic orientation and training that includes an expiry date will help ensure that workers receive up-to-date information.

Where to get further information

Some examples of the various sources of information on orientation and training are

- The Canadian Centre for Occupational Health and Safety (CCOHS) maintains a web site on which they provide information on various topics, including a number of those listed in section 3.23. Examples include: rights and responsibilities, working alone, WHMIS, and violence in the workplace. CCOHS also maintains a Youth portal on the site, with topics specific to young workers. The home page for CCOHS is found at <http://www.ccohs.ca/>.
- WorkSafeBC maintains a [Young Worker portal](#) on its web site. The portal provides a range of materials and helpful links, including a checklist for training and orientation, a program on rights and responsibilities, and information on typical accidents young workers have experienced.
- Any health and safety association in an industry may also have information available.

Children in the workplace

In British Columbia, the *Employment Standards Act ("ESA")* sets out age requirements for the employment of children. Specifically, the *ESA* requires that an employer may not hire a child under the age of 15 without the written consent of the child's parent or legal guardian. An employer may not employ a child under the age of 12 without the permission of the Director of Employment Standards, which is granted through a permit. The *Employment Standards Regulation* further sets out working conditions for children, including the requirement that a child may only work under the direct supervision of a person who is 19 years of age or older. The *Employment Standards Regulation* sets out separate conditions for children working in the entertainment industry, and excludes certain types of work, such as babysitting, from the above requirements.

A WorkSafeBC prevention officer, or any other person, who encounters a potential violation of the *ESA* or the *Employment Standards Regulation* should refer the matter to the Employment Standards Branch. Contact information for the regional Branch locations can be found at: <http://www.labour.gov.bc.ca/esb/contact/welcome.htm>

Individuals seeking additional information may want to view the following fact sheets. These fact sheets have been developed by the Employment Standards Branch to outline conditions for the employment of children, the [first aimed at parents](#) and the [second aimed at employers and the general public](#).

OCCUPATIONAL HEALTH AND SAFETY PROGRAMS

- G3.1 [Occupational health and safety program](#)
- G3.1-2 [Farm labour contractors and growers](#)
- G3.2 [Less formal occupational health and safety \(OHS\) programs](#)
- G3.3 [Written instructions, training, and supervision: COVID-19 Safety Plan](#)

CORRECTION OF UNSAFE CONDITIONS

- G3.11 [Emergency circumstances](#)

REFUSAL OF UNSAFE WORK

- G3.12 [Refusal of unsafe work](#)

OCCUPATIONAL FIRST AID

- G3.14 to G3.21 [First aid guidelines for employers](#) [retired]
- G3.14 [First aid attendant certification, qualifications and general responsibilities](#) [retired]
- G3.15(b)-1 [Health care facilities](#)
- G3.15(b)-2 [Municipal fire departments](#)
- G3.15(b)-3 [EMA licence holders](#)
- G3.15(c) [Proof of certification](#)
- G3.16 [First aid assessment](#)
- G3.16(1.1) [Basic requirements to meet schedule 3-A](#)
- G3.16(1.2) [Acceptable first aid facility](#)
- G3.16(2)-2 [Automated external defibrillator \(AED\)](#)
- G3.17 [Developing and implementing first aid procedures](#)
- G3.17(1)-1 [Implementing an early defibrillation program in the workplace](#) [Withdrawn]
- G3.17.1 [Air transportation](#)
- G3.18(1) [Communications](#)
- G3.18(2) [Availability of first aid attendant](#)
- G3.19 [First aid records](#)
- G3.20 [Multiple employer workplaces](#)
- G3.21 [Suspension and cancellation of first aid certificates](#)
- G3.21(2) [Medical prerequisites](#)

FIRST AID SUPPLEMENTARY MATERIALS

[First aid supplementary materials](#)

YOUNG OR NEW WORKERS

G3.23 [Young or new worker orientation and training](#)

JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEES

G3.26 [Evaluation of joint committees](#)

G3.27 [Minimum training requirements for new joint committee members or worker health and safety representatives](#)

PARTICIPATION IN INVESTIGATIONS

G3.28 [Participation in employer incident investigations](#)

G3.11 **Emergency circumstances**

Issued August 1, 1999

An officer encountering a situation presenting an immediate danger must act in accordance with section 3.11 of the *OHS Regulation* with respect to his or her personal safety, and ensure the employer complies with section 3.11 while correcting the unsafe condition.

Normally an officer will refrain from direct involvement in correcting the unsafe condition. If necessary to render assistance, the officer will proceed with caution and within his or her qualifications. The officer must immediately attempt to notify his or her manager.

An officer receiving an inquiry regarding immediate danger to the public will refer the parties concerned to the appropriate authority. If it is not clear who the appropriate authority is, the parties should be referred to the police or fire department responsible for the area where the reported immediate danger exists.

The first aid supplementary information is now contained in the following guidelines:

- G3.16 – [assigned hazard rating](#)
- G3.16(1.1) – [first aid kits: recommended contents, first aid facilities: recommended criteria](#), and [emergency vehicles and equipment](#)