



British Columbia Institute of Technology

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## **BCIT Safety Manual**

# **RISK ASSESSMENT & MINIMUM OFA REQUIREMENTS**



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## 1. Purpose

The purpose of the annual first aid risk assessment is to determine the required level of occupational first aid attendants, facilities, equipment and supplies at BCIT in order to provide prompt and effective first aid services to employees and students should they suffer an injury onsite.

## 2. Definitions

### ***First Aid Risk Assessment***

The annual risk assessment determines the required Occupational First Aid attendants, facilities, equipment, and supplies that are required at each BCIT workplace.

## 3. Reference Materials

WorkSafeBC [Worker's Compensation Act Part 3 Division 3](#) – Occupational First Aid

## 4. Roles and Responsibilities

### ***Occupational Health & Safety Manager***

- Annually complete the First Aid Assessment and present results to the Director of Safety and Security and the applicable Joint Occupational Health and Safety Committee.
- Post completed Risk Assessments online for access by the BCIT community.
- Ensure that First Aid attendants, facilities, equipment, and supplies meet or exceed the assessed requirements.

### ***Joint Occupational Health and Safety Committee***

- Annually review the First Aid Assessment.

## 5. Procedures

A First Aid Assessment shall be completed by the Manager of Occupational Health for each BCIT campus including:

- BCIT Burnaby (main),
- BCIT Marine Campus,
- BCIT Aerospace and Technology Campus,
- BCIT Down Town Campus,
- BCIT Annacis Island Campus,
- BCIT Centre for Applied Research and Innovation, and
- BCIT Gardner Court

This risk assessment, as required by WorkSafeBC, assesses the circumstances of the workplace, including:



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- the number of persons who may require first aid at any given time,
- the nature and extent of the risks and hazards in the workplace (low, medium or high risk of injury),
- the types of injury that are likely to occur,
- any barriers to first aid being provided to an injured person, and
- the time that may be required to obtain transportation and to transport an injured worker to medical treatment.

This risk assessment shall be reviewed annually or whenever significant change affecting the assessment occur in the operations at any one of BCITs locations.

The following steps shall be taken when performing the risk assessment:

- 1) Identification of the Workplace
  - a. Is the workplace at one location only?
- 2) Determination of the hazard rating
  - a. Is the industry listed in the Assigned Hazard Rating List (WorkSafeBC)?
  - b. Are the job functions, work procedures, and tools typical of industry?
  - c. What injuries are likely to occur?
  - d. Is there a different rating that is more specific to the workplace?
- 3) Consider the surface travel time to hospital
  - a. Greater or Less than 20 minutes
- 4) Consider the number of workers and students per shift.
- 5) Consider any barriers to First Aid services at this location.
- 6) Determine the required First Aid services for the campus.

These steps are included in the First Aid Risk Assessment Worksheet (appendix A).

Upon completion of the Risk Assessment the Manager of Occupational Health and Safety will present the results to the Director of Safety and Security and the Joint Occupational Health and Safety Committee for review. Upon review the Risk Assessments will be posted online.

## **6. Documentation**

Completed risk assessments will be maintained by the Safety and Security department following the BCIT records retention policy requirements. These documents will be accessible to the BCIT community at the BCIT Safety and Security Website.

## **7. Program Review**

An annual review of this procedure will be completed by the BCIT OHS Group in consultation with the Joint Occupational Health and Safety Committee.



# Appendix A- First Aid Assessment Worksheet



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**First Aid Assessment Worksheet**

|                                      |                                                                                                                                                                      |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Date of Assessment</i>            | __ / __ / 20__ (dd/mm/yyyy)                                                                                                                                          |
| <i>Assessed by</i>                   | _____                                                                                                                                                                |
| <i>Reason for assessment/review:</i> | <input type="checkbox"/> <i>Initial Assessment</i><br><input type="checkbox"/> <i>Annual Review</i><br><input type="checkbox"/> <i>Change in Business Operations</i> |

**1) Name of Workplace**

1a) Is this workplace one location only?  Yes  No  
 If yes, which other workplace is it associated with: \_\_\_\_\_

2a) Is the hazard rating on Assigned Hazard Rating List?  Yes  No

If yes, what is the assigned hazard rating  Low  Medium  High

2b) Are the job functions, work processes and tools typical of industry?  Yes  No

2c) Are the types of injuries that can potentially occur typical of industry?  Yes  No

2d) Is there a rating adjustment?  Yes  No  
 If yes, please attach documentation.

**2) Overall Workplace Hazard Rating**  Low  Medium  High

**3) Travel Time to Hospital**  Greater than 20 minutes  
 Less than 20 minutes

**4) Number of Workers per shift?**

\_\_\_ From 00:00h to \_\_: \_\_h, M-F  
 \_\_\_ From \_\_: \_\_h to \_\_: \_\_h, M-F  
 \_\_\_ From \_\_: \_\_h to 24:00h, M-F  
 \_\_\_ From 00:00h to \_\_: \_\_h, Sat  
 \_\_\_ From \_\_: \_\_h to \_\_: \_\_h, Sat  
 \_\_\_ From \_\_: \_\_h to 24:00h, Sat  
 \_\_\_ From 00:00h to \_\_: \_\_h, Sun  
 \_\_\_ From \_\_: \_\_h to \_\_: \_\_h, Sat  
 \_\_\_ From \_\_: \_\_h to 24:00h, Sun

**5) Are there any barriers to First Aid service at this location?**  Yes  No  
 If yes, please attach documentation.

NOTES:



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**ASSESSMENT RESULTS**

Note: Different Shifts may require different levels of First Aid services (use one box per shift)

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Shift 1: \_\_\_\_\_ from \_\_:\_\_ to \_\_:\_\_

|                                                   |       |
|---------------------------------------------------|-------|
| Supplies Required                                 | _____ |
| Facilities Required                               | _____ |
| Number and Level of First Aid Attendants Required | _____ |
| Transportation Needs                              | _____ |

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Shift 2: \_\_\_\_\_ from \_\_:\_\_ to \_\_:\_\_

|                                                   |       |
|---------------------------------------------------|-------|
| Supplies Required                                 | _____ |
| Facilities Required                               | _____ |
| Number and Level of First Aid Attendants Required | _____ |
| Transportation Needs                              | _____ |

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Shift 2: \_\_\_\_\_ from \_\_:\_\_ to \_\_:\_\_

|                                                   |       |
|---------------------------------------------------|-------|
| Supplies Required                                 | _____ |
| Facilities Required                               | _____ |
| Number and Level of First Aid Attendants Required | _____ |
| Transportation Needs                              | _____ |

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NOTES: