

TRANSFER ASSIST DEVICES FOR SAFER HANDLING OF PATIENTS

A GUIDE FOR SELECTION AND SAFE USE



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WORKERS' COMPENSATION BOARD OF B.C.

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2006 edition

Library and Archives Canada Cataloguing in Publication Data

Main entry under title:

Transfer assist devices for safer handling of patients : a guide for selection and safe use. -- 2006 ed.

Publisher's original name, Workers' Compensation Board of BC, also appears on the publication.

Includes bibliographical references: p.

ISBN 0-7726-5616-9

1. Transport of sick and wounded - Equipment and supplies. 2. Patients - Positioning - Equipment and supplies. 3. Patients - Positioning - Safety measures. 4. Medical personnel - Wounds and injuries - Prevention. I. WorkSafeBC. II. Workers' Compensation Board of British Columbia.

RT87.T72T72 2006

610.73

C2006-960168-2



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About this guide

Health care professionals can use this guide as a resource for evaluating and selecting appropriate transfer assist devices for use in their care environment. Decisions to use transfer assist devices should be based on an assessment of the risk of musculoskeletal injury (MSI) to caregivers. An evaluation of the suitability of particular products for given patient-handling activities should also be performed.

Product suppliers generally provide videos, printed material, brochures, posters, and training courses for further guidance on the use of specific products. Be aware that some suppliers recommend the use of unsafe techniques (for example, using devices to lift patients). The risk to caregivers and patients must be assessed before adopting a new device or technique.

WorkSafeBC does not endorse or prescribe the use of any specific products or suppliers, but does recommend the use of engineering controls to effectively minimize the risk of MSI to workers. Employers are encouraged to evaluate transfer assist devices to ensure their suitability and effectiveness in reducing the risk of MSI to workers.

What are transfer assist devices?

Transfer assist devices are non-mechanical devices, such as slide sheets and transfer boards that can reduce the forces or awkward postures associated with some patient-handling activities. When properly selected and used, these devices can reduce the risk of musculoskeletal injury (MSI) to caregivers.



Why use transfer assist devices?

Transfer/repositioning assist devices are primarily used to:

- Provide a safer means of moving and transferring a person from one place to another
- Facilitate independence and maintain the dignity of the person being moved or transferred
- Eliminate or minimize risk factors that can lead to caregiver or patient injury

Where possible, patients should be encouraged to move themselves. Those with good balance and upper body strength may be able to maintain or regain independence through the use of certain transfer assist devices. The overall goal of the transfer, whether it is rehabilitation or moving from one surface to another, always needs to be considered when determining the best method.

Transfer assist devices may reduce the amount of force exerted by caregivers and improve their posture when moving partially or totally dependent patients.

Transfer assist devices do not reduce the weight of a patient and should not be used to lift, carry, or support the whole or a large part of a patient's body weight. A safer means of moving the patient, such as a mechanical lift, may be required. Safety for both patient and caregiver must always be considered.

Research indicates the following about transfer assist devices:

- Friction-reducing transfer devices **significantly reduce the forces** required for transferring patients between adjacent surfaces compared to a bed sheet or soaker pad.
- Transfer assist devices **used in combination** with each other (such as a slider sheet with a transfer board) **require less force** than using only one device.
- **Products vary in their effectiveness** at reducing forces and awkward postures.
- Patients report a **greater feeling of comfort and security** before, during, and after transfers when appropriate transfer assist devices are used correctly.
- Caregivers report **lower perceived exertion** to shoulders, upper back, low back, and overall body when using friction-reducing devices.



Infection control

Health care facilities that already have an effective infection control program should have no difficulty cleaning and disinfecting properly designed products.

The use of transfer assist devices must be considered as a possible source of infection or contamination of workers' hands. Consequently, these devices should be suitably designed and made of appropriate materials for routine cleaning and disinfection. The infection control program at a health care facility will determine whether the design, material, and use of each device are suitable.

Transfer assist devices are classified as "non-critical items," which are items that come into contact with clothing or intact skin, not mucous membranes. Intact skin is an effective barrier to infection. Health care facility policy will determine the frequency of cleaning and disinfection of non-critical patient and resident care surfaces.

Risk assessment

Most patient-handling activities pose at least some risk of MSI to workers. A reasonable approach is to anticipate or identify the tasks and locations that pose the greatest risk of MSI to workers. This can be achieved by reviewing and analyzing information such as injury statistics and first aid reports. Workplace inspections, staff meetings, worker consultation, and discomfort surveys may provide additional information. The intent is to produce a prioritized list of the patient handling and care tasks that will be assessed for risk control.

Assessing MSI risks involves examining the hazards (MSI risk factors) that workers are exposed to and the likelihood that these hazards will cause injury to workers.

An effective risk assessment provides the information needed to determine effective risk control measures. A risk assessment of a patient, task, or work environment should clarify the answers to the following questions:

- Does the patient, task, or work environment place workers at risk?
- How often are workers exposed to the risk?
- How significant is the injury likely to be?
- Does the risk contribute to cumulative strain every time a task is carried out?
- How can the risk be reduced?
- Is the patient at risk?

Transfer assist devices should be considered as just one option for controlling the risk of MSI to workers. The decision to use these devices should be based on an assessment of the risks to both patients and caregivers.

For more information concerning identification and assessment of risk factors, see WorkSafeBC's publication *Handle with Care*.

Best practices when using transfer assist devices

Consider the following points when developing safe work practices for the use of transfer assist devices:

- Only use transfer assist devices if properly trained in their safe use.
- When safe, encourage patients to move themselves.
- Tell the patient what you intend to do before you do it.
- Ensure that the brakes of the bed, stretcher, or wheelchair are on before beginning any movement.
- Inspect each device before use. Tag and remove damaged equipment from service.
- Set the bed at the height of caregivers' upper thighs.
- Lower the side rail on the bed to reduce awkward reaching.
- Minimize gaps and height differences between surfaces when performing a lateral transfer (for example, from bed to stretcher), and bridge gaps with transfer boards, where necessary.
- Avoid differences in height between two surfaces when performing a transfer. A gentle decline, however, may be preferable for some seated or supine transfers using a transfer board.
- When moving a patient up in bed, tilt the bed to a "head down" position to allow gravity to assist, unless contraindicated.
- Use moving and handling equipment in accordance with your organization's policies and procedures.
- Ensure friction-reducing devices are large enough to be placed under the main points of contact. For supine patients, this includes the pelvis, shoulders and, if possible, the feet.
- Do not leave friction-reducing devices under the patient unless the manufacturer specifically recommends it. Leaving an unsecured friction-reducing device under an unsupervised patient may put the patient at risk of falling out of bed.
- Some friction-reducing devices, such as low-friction draw sheets, are designed to be left under the patient. These sheets are secured by tucking the sides of the sheets under the mattress, so that the sheets don't have to be continually placed and removed.
- Have the patient assist as much as possible during the transfer or reposition.
- Avoid lifting the patient.

Draw and slider sheets



Set of two draw sheets

Draw sheets

Draw or slide sheets are made of low-friction fabrics or gel-filled plastics that enable an individual to slide over a surface instead of being dragged or lifted. These sheets come in a variety of widths and lengths and may be used in pairs, singly, or folded. Some models have hand loops sewn into the fabric for the caregivers to grasp. More specifically, a draw sheet has the slippery surface only on one side and can be kept under the patient. A slide sheet, on the other hand, is slippery on both sides and should be removed once the patient

is repositioned. Longer draw/slide sheets cover more of the contact area between the bed and the patient's body, but they also tend to be more difficult to remove.



Set of two slider sheets

Slider sheets

Slider or roller sheets are tubular sliding sheets made of specialized fabrics with low-friction inner surfaces that glide over themselves. Slider sheets may be flat or padded and can be placed under draw sheets or incontinence pads.

Slider sheets come in several sizes and lengths. Short slider sheets are primarily used for pivoting and repositioning tasks such as sitting a patient up on the side of the bed or repositioning a patient up in bed. Long lateral slider sheets are intended for transferring supine patients from one surface to another, such as from bed to stretcher.

Some slider sheets incorporate handles into their design. Other slider sheets, referred to as "one-way slides," slide in one direction only. This facilitates moving a patient up in bed or back in a wheelchair, while preventing the patient from sliding down the bed or forward in a wheelchair. One-way slides reduce the need to manually reposition a patient in a bed or chair.

Note: Slider sheets may be used independently or with partial help. When used independently, a patient with good sitting balance and sufficient arm or leg strength may be able to slide from one surface to another or up and down in bed.

When providing partial help, it is important to apply forces horizontally only, resulting in a slide, not a lift. The chosen technique should, as much as possible, eliminate the need for the caregiver to twist, reach, or stoop.

Uses

Draw and slider sheets can be used to:

- Facilitate independent bed mobility
- Move patients up in bed
- Move patients from the side of the bed to the centre or vice versa
- Turn patients onto their side in bed
- Transfer patients from one surface to another, such as from a bed to a stretcher (when used in conjunction with other devices, such as transfer boards)
- Move patients who have fallen into confined or awkward spaces to a place where a mechanical lift can be used
- Pivot patients in bed and aid exercise

Advantages

Draw and slider sheets have the following advantages:

- Simple and versatile
- Sliding patients may avoid the need to manually lift them
- Draw sheets may be tucked partway under seated patients or completely under lying patients who have been rolled onto their sides
- Handles may provide caregivers with a firm grip



Padded one-way slide



Two roller sheets

© Phil-e-slide Ergo-Ike Ltd.



Lateral transfer aid

© Phil-e-slide Ergo-Ike Ltd.



- Draw sheets can be left under the patient
- Reduces the forces required to move patients
- Reduces awkward postures if used correctly
- More comfortable for patients than transfer boards



Two flat sheets

© Phil-e-slide Ergo-Ike Ltd.

Disadvantages

Draw and slider sheets have the following disadvantages:

- Sliding patients who have pressure sores or other sources of sensitivity may cause them pain.
- Heavy patients may still require excessive force to move. A mechanical lift may be more appropriate.
- If the same sheet is used for more than one person, infection-control precautions must be taken.
- Draw and slider sheets may not be suitable for some transfers because they do not bridge gaps. Where gaps need to be bridged, caregivers can use slide sheets in conjunction with transfer boards.
- A slide may actually turn into a lift if caregivers do not use proper techniques.
- The move or transfer still requires two caregivers.
- The use of these sheets may involve additional effort and handling tasks to position and remove them.

Tips

Follow these tips when using draw and slider sheets:

- Use a “palms up” grip when pulling on the slide/roller sheet. A “palms up” grip is a stronger grip than a “palms down” grip. A “palms up” grip keeps elbows close to the body and helps to maintain a neutral shoulder posture.
- Keep knuckles in contact with the bedsheet to ensure a sliding motion, not a lifting motion.
- Avoid shrugging the shoulders while moving the patient, as this indicates a lifting motion.
- If repositioning the patient up in bed, tilt the entire bed with the head down, which allows gravity to assist with the movement.
- Ensure that the sheet is taut before moving the patient to prevent jerking the patient.



Transfer belts

Transfer belts come in a variety of sizes and shapes. They fasten with a buckle, a clasp, or Velcro, and they usually have handles.

Note: Although Velcro fastening is quicker and easier than using buckles or clasps, the hooks may get caught on the patient's clothing and may deteriorate rapidly if not carefully laundered.

Handles may be positioned vertically, horizontally, diagonally, or in any combination of the three. Padded versions may be more comfortable for some patients, but may decrease the caregiver's feeling of control if not secured properly.

Caregivers often wear the belt around their own waist to ensure it is readily available. It is generally considered poor practice to use a belt to allow the patient to grip the caregiver. Many caregiver injuries have occurred where a falling, frightened, or suddenly combative patient has been allowed to grasp the caregiver's transfer belt. Wearing the belt inside out may prevent the handles from catching on objects such as doorknobs.



Transfer belts

Transfer belts do not reduce the patient's weight in any way, and must not be used for lifting patients.

Uses

Transfer belts can be used:

- During assisted walking
- To guide patients along transfer boards during seated transfers





Advantages

Transfer belts have the following advantages:

- They provide a secure grip.
- Caregivers do not need to grip the patient's clothing or limbs.
- Caregivers can guide a falling patient to the floor.

NOTE Do not use transfer belts to catch or support a falling patient's weight.

- Caregivers can work in a more upright posture.

Disadvantages

Transfer belts have the following disadvantages:

- Belts that are too wide may affect a patient's ability to lean forward.
- Narrow, unpadded belts may dig into the patient's waist.
- Using a belt to lift all or most of a patient's body weight is not an acceptable practice.
- Belts without handles encourage the caregiver to grip the belt with a clenched fist. This generally causes the knuckles to press into the patient's side, resulting in discomfort.
- Caregivers should not place their arms through handles, as pictured. Caregivers would rarely have time to free their arms if the patient reacted or fell suddenly.
- Caregivers are placed at significant risk when patients are allowed to hold around the caregiver's neck. Caregivers can avoid this situation by placing their arms outside those of the patient when providing assistance.



Never place your arm through transfer belt handles

Tips

Follow these tips when using transfer belts:

- As long as it is safe to do so, place the transfer belt on the patient with the bed in a raised position to avoid awkward bending.
- Ensure that the belt is fairly snug (you should only be able to place two fingers in between the belt and the patient) to reduce the chances of the belt sliding up the patient during the transfer.
- When performing the transfer, caregivers should shift their body weight from one leg to the other and perform a gentle pulling motion, using the legs to do the work. Avoid lifting during the transfer movement.
- Get the patient to assist as much as possible.



Slide/transfer boards

Slide/transfer boards or smooth movers are made of wood or plastic and can be used in conjunction with roller sheets or slide sheets. Some boards have rollers, while others have fabric or vinyl coverings designed to further reduce friction. Slide/transfer boards are used to reduce friction and bridge gaps when sliding patients between two horizontal surfaces such as from a bed to a stretcher.

These boards are suitable only for those patients who can power themselves by sliding or rolling along the board with guidance from a knowledgeable caregiver. Some procedures require the caregiver to push or pull the board to accomplish the transfer. Others involve pushing the patient or pulling a draw sheet across the transfer board. Large patients and patients with sensitive skin may find slide/transfer boards uncomfortable. If possible the use of a mechanical lift is recommended over a slide/transfer board.



Rolling slide/transfer board

Smaller slide/transfer boards



Banana board

Smaller slide/transfer boards are designed for seated lateral transfers. They are often tapered at each end and can be used to bridge a gap such as when transferring between a bed and a wheelchair or commode. Patients with good sitting balance should be encouraged to use their arms and legs to move themselves. Boards are often made of a low-friction material or with moveable sliding sections. Be careful when using slide/transfer boards with sliding sections because these sliding sections may cause pinching.



Smaller slide/transfer boards with movable sliding sections

Uses

Slide/transfer boards can be used to bridge gaps between two surfaces to facilitate patient transfer, such as between:

- Bed and wheelchair
- Wheelchair and toilet
- Chair and wheelchair
- Wheelchair and car

Rolling slide boards can be used when transferring supine patients between bed and stretcher.



Roller sheet on transfer board

© Phil-e-slide Ergo-Ike Ltd.

Advantages

Slide/transfer boards have the following advantages:

- Caregivers do not need to lift manually.
- Some patients may be able to transfer themselves, avoiding the need for caregivers to perform certain transfers.
- When used appropriately, slide/transfer boards allow for less horizontal forces during caregiver-assisted transfers.
- Boards are available in a range of widths, lengths, and curves.
- Curved transfer boards make it possible to transfer around fixed armrests.

Disadvantages

Slide/transfer boards have the following disadvantages:

- Inappropriate use (for example, with patients who cannot offer sufficient assistance) may put caregivers at a high risk of MSI.
- Some slide/transfer boards do not sufficiently reduce friction.
- Two equal-height surfaces are needed for easy transfer.
- For seated transfers, patients must have some degree of sitting balance.
- Many boards have no handles for positioning or carrying the board.
- Caregivers must be careful not to twist during the transfer.
- Caregivers may still apply horizontal forces in awkward postures.
- Fingers may be trapped under board edges.

Tips

Follow these tips when using slide/transfer boards:

- When transferring a patient between two surfaces, ensure the receiving surface is a little bit lower (no more than 2.5 centimetres or one inch) to allow gravity to assist. Avoid a difference of more than 2.5 centimetres as this may be too jarring for the patient.
- Use of a flat sheet directly under the patient will increase the ease of the transfer because it will provide the caregivers with something to grasp onto when pulling the patient onto the bed/stretchers.



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- If the patient is lying on a fitted sheet, do not use the sheet for the transfer. It's difficult to keep the sheet taut during the transfer, and it creates more friction with the slide/transfer board, thereby increasing the force required by the caregiver.
 - When applicable, place the receiving surface to the patient's stronger side.

Getting in and out of vehicles

Consider these general guidelines for transfers in and out of vehicles:

- Transfers involving two-door vehicles are usually easier because the doors tend to open further than similar four-door models.
- Ideally, the car seat and wheelchair seat will be the same height, and the armrest and footrest nearest to the car will be removed.
- Wheelchair brakes must be applied.
- Leaning forward will often help the patient to clear the door frame when sliding out of the vehicle.
- The steering wheel or open car door may be used for support.
- If a slide sheet is used on top of a transfer board, ensure that the patient does not slide forward in an uncontrolled manner.



Turning discs



Turning discs

Turning or pivot discs come in various sizes and may be flexible or solid. They consist of two circular discs that rotate against each other. The inner surfaces are made of low-friction material, while the outer surfaces are typically high-friction material. Turning discs are often used with transfer boards or transfer belts.

Flexible turning discs

Flexible turning discs conform to the contours of a surface and are most useful for pivoting seated patients (for example, when transferring patients into vehicles). The inner surfaces are typically

low-friction plastic or other synthetic material. The top is often made of quilted or padded fabric for comfort.

Solid turning discs

Solid turning discs are more durable and are used for pivoting patients who are weight bearing and can stand. Solid turning discs are usually made of wood or moulded plastic and may contain bearings. Patients who are weight bearing and can balance when standing may be guided to a standing position and swivelled around without having to adjust their feet. Patients must have the strength to stand, or this procedure will require the caregiver to exert excessive force in an awkward posture.

Use transfer belts with handles to pivot patients standing on flexible or solid turning discs. Use turning discs only for patients who can stand up independently. Patients who are unable to independently rise to a standing position require a sit-stand or total body lift.

Uses

Turning discs assist with rotation of patients during a transfer between:

- Wheelchair and bed
- Wheelchair and chair
- Wheelchair and car



Advantages

Turning discs have the following advantages:

- The patient's feet do not need to be turned or adjusted after the transfer.
- Some discs have a small handle that makes positioning and storing easier.
- Turning discs reduce the forces required to rotate or pivot patients.

Disadvantages

Turning discs have the following disadvantages:

- The larger the disc, the greater the risk that the disc will be in the way of the caregiver's feet.
- Some solid discs have ball bearings in their swivel mechanism. Choose and use these discs with care. They can be difficult to control, especially with light patients.
- Do not use turning discs to transfer unpredictable patients or dependent, non-weight-bearing patients.
- The greater the profile (thickness) of a solid disc, the greater the tripping hazard it presents to the patient and caregiver.
- A patient's support base is narrowed while standing on a turning disc.
- Some patients may become disoriented when they are turned on the disc.
- Heavy patients may still require excessive force to move them.

Tips

Follow these tips when using turning discs:

- For standing pivots, only one of the patient's feet should be placed on the solid disc. The patient must be able to use the other leg to guide the pivot motion.
- For standing pivots, the patient's foot should be placed in the centre of the disc.
- Remove obstacles.
- Place caregivers' feet shoulder-width apart for a good base of support.



Resources

Web sites



WorkSafeBC Safety at Work Centre — Health Care

This web site provides information and resources dedicated to health care and social services.

www2.worksafebc.com/Portals/HealthCare/Home.asp



Occupational Health and Safety Association for Healthcare (OHSAH) in BC

This web site provides information and resources to anyone interested in occupational health and safety in the health care industry. The site features many health care publications and three searchable databases:

- Latex-free products
- MSDS data sheets
- OSHTips

www.ohsah.bc.ca/

Publications



Handle with Care: Patient Handling and the Application of Ergonomics (MSI) Requirements

This guide describes the process of identifying, assessing, and controlling the risks of MSI associated with patient handling.

www2.worksafebc.com/pdfs/healthcare/HWC/HWC_L.pdf



Patient Handling in Small Facilities: A Companion Guide to Handle with Care

This handbook illustrates how small facilities within the health care sector can apply WorkSafeBC's Ergonomics (MSI) Requirements of the Occupational Health and Safety Regulation to their individual facility.

www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/patient_handling_small_facilities.pdf



High-Risk Manual Handling of Patients in Healthcare

This guide has been written to provide information on patient moving and handling techniques that present higher risks of musculoskeletal injury (MSI) to health care workers. The guide also reviews safer patient-handling strategies.

www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/handling_patients_bk97.pdf

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