

**ONTARIO NURSES' ASSOCIATION**

**SUBMISSION**

**TO**

**Ministry of Labour, Training and Skills Development**

**ON**

**Transferring Responsibility of Workplace First Aid  
From**

**The Workplace Safety and Insurance Board**

**To**

**The Ministry of Labour, Training and Skills Development**

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## Introduction

The Ontario Nurses' Association (ONA) is the union representing over 68,000 front-line registered nurses and health-care professionals, and more than 18,000 nursing student affiliates. Our members provide care in Ontario hospitals, long-term care facilities, public health, the community, clinics and industry.

ONA appreciates the opportunity to provide our comments on the proposed changes to legislation that transfers the responsibility of workplace first aid from the Workplace Safety and Insurance Board (WSIB) to the Ministry of Labour, Training and Skills Development (MOLTSD).

## Executive Summary

Currently all employers covered by the *Workplace Safety and Insurance Act (WSIA)* are required to have first aid equipment, facilities, and trained personnel in all workplaces. Also, *Regulation 1101 First Aid Requirements*, made under the *WSIA*, states what each employer is obligated to provide.<sup>1</sup>

ONA is mainly supportive of transferring the responsibility of workplace first aid from the WSIB to the MOLTSD and incorporating it into the *Occupational Health and Safety Act (OHSA)*. This transfer would bring a greater number of workplaces under the *OHSA*, thereby ensuring more workers are protected by a First Aid Regulation. However, the Canadian Standards Association (CSA) training standard should not be implemented in fragments, but should be fully implemented and enhanced, to ensure a comprehensive regulation is incorporated into all workplaces covered by the *OHSA*. First aid training standards must be approved by the Chief Prevention Officer (CPO) and must comply with the CSA. ONA also supports revoking the current regulation made under the *WSIA*, as it would now be redundant.

There are current gaps in Regulation 1101 and transfer of accountability provides an opportunity to strengthen the regulation. For example, recognizing the impact mental and psychological health can have on workers, besides any physical needs requiring first aid, there must also be consideration of how to meet mental health/psychological first aid needs.

Once the transfer occurs to the MOLTSD, they must enforce the first aid requirements. However, implementing this transfer must consider the current pandemic and the demands on the MOLTSD. Enacting and enforcing the regulation must be a priority to ensure workplaces can comply with the regulation, and that employers can meet their obligation to take every precaution reasonable in the circumstances for the protection of a worker.<sup>2</sup> For any employers not complying with the regulation, they should be subject to Schedule 2 offenses under the *Provincial Offences Act*.

## New Regulation

Enacting a new regulation under the *OHSA* needs to be a coordinated effort to ensure workers' first aid requirements are met. In recognition of the variety of workplaces and work performed and resulting exposure to various hazards, a risk assessment must be performed to assess first aid needs in a particular workplace. This would allow the Joint Health and Safety Committee (JHSC)/Health and Safety Representative (HSR) to make recommendations to the employer for the improvement of the health and safety of workers.<sup>3</sup> This risk assessment would allow for proper assessment of the needs of the specific workplace, including (but not limited to) the location of

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1. WSIB Reg. 1101 Guide page 5.
  2. *OHSA* Duties of employers Sec. 25 (2) (h)
  3. *OHSA* Powers of committee Sec. 9 (18)

the first aid room(s), number and contents of first aid stations/kits, and the number of people needing to be trained to ensure adequate response to first aid needs.

## **Gap**

If the CSA training standard is to be adopted in this regulation, there are some gaps that should be addressed. For example, not addressed is the lack of requirement of first aid stations, first aid rooms, and identification of who is in charge of the station. These important components may be eliminated if the CSA standard is incorporated as is. The minimum standards should be enhanced to ensure a full program is enacted and there is a comprehensive ability to respond to first aid needs.

The current legislation stipulates a first aid room is only required at a workplace with 200 or more workers. The current pandemic, general worker safety, and the need for a safe place to support workers requiring any first aid (including those subjected to violence, psychological trauma) until medical attention can be accessed, demonstrates the essential nature of a safe, quiet and equipped room for all workers, regardless of the number of employees.

Monitoring when workers access first aid and the documentation of care is currently not consistent. A log or journal should be kept with every first aid kit to document care. While other notice requirements would remain, inspection of first aid kits would inform the JHSC/HSR when first aid was accessed. Assessing this information allows for monitoring trends with the intent to plan for future initiatives to promote a health and safety culture that embraces a preventative approach.

Employers should also be required to provide first aid equipment/kits to remote/isolated workers when travelling in the course of their employment. A risk assessment of the work being performed should inform the contents of the kits.

In recent years, awareness of workers experiencing psychological, mental health and/or occupational mental health injuries has improved. The first aid regulation should be expanded to support access to mental health first aid that is not addressed in the current legislation. The *OHSA* includes employer obligations in protecting workers from harassment and violence. Harassment and violence also have a psychological impact on workers' health. Presumptive legislation has recognized post-traumatic stress disorder (PTSD) and is compensated by WSIB. All these indicators show that access to first aid for psychological needs is a necessity.

Employers need to consider specific worker needs and apply an equity lens (consider race, language barriers, visual/hearing impairments, etc.) to their specific workplace to ensure that first aid provisions are inclusive and can be equitably accessed. In addition, adult learning principles should be applied to ensure that training for all workers is inclusive and comprehensive. ONA supports an in-person learning experience, where workers are trained, tested, and drilled in first aid, and where instructors can assess through direct observation whether the learning objectives are being achieved, or where further support is required.

In addition, many public places (sports complexes, shopping malls, etc.) now have accessible automated external defibrillators (AEDs). Use of AEDS should also be included as a requirement of first aid training and the purchase and cost of the units borne by employers.

## **Enforcement**

Enforcement by the MOLTSD is a logical step in ensuring first aid requirements are enacted, enforced, and adhered to by employers. Considering the current demands, in light of the pandemic, implementation needs to be methodical, thorough, and timely.

## **Conclusion**

ONA supports the transfer of the responsibility of workplace first aid from the WSIB to MOLTSD. This transfer should be used as an opportunity to enhance first aid response and increase protection of workers.

ONA hopes you will consider our submission when assessing the proposed transfer of responsibility of the regulation, and we thank you for the consultation.