

# **Occupational First Aid Changes (Nov.1, 2024): Frequently Asked Questions**

Ministry of Labour

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## General Occupational First Aid Questions

### Where can I get a list of basic/intermediate/advanced training providers?

You can download the most current list of approved providers from WorkSafeBC's website:

<https://www.worksafebc.com/en/resources/health-safety/information-sheets/first-aid-training-providers?lang=en>

### Will there be any grace period with the new first aid regulation requirements?

There is NO grace period after November 1, 2024. The "grace period" was the time between the announcement of the changes and their implementation. All the Regulatory and Guideline changes were effective November 1, 2024. The exception is that Occupational First Aid level 1, 2, or 3 certificates will be accepted as equivalent to basic, intermediate, and advanced, respectively, until their expiry date. However, employers must conduct a first aid assessment following the amended regulations to determine if your workplace meets the new regulatory requirements, including the required number and level of first aid attendants required.

### Do you need to take religious beliefs into account when doing a first aid assessment and performing first aid?

While not specifically required by the Regulation, best practice would be to consider diverse religious beliefs that employers know could affect the accessibility of first aid in the workplace.

As stated in Guideline G3.17, workers seeking first aid treatment have the right to fair and equitable treatment by first aid attendants. Employers are responsible for ensuring that all workers are treated with respect and without discrimination, including both those seeking first aid and those providing first aid services.

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

- Equipment — Ensure that the equipment available, especially personal protective equipment (PPE), is suitable for workers of various sizes and needs. For example, first aid kits often come with large-sized gloves, which may not fit all first aid attendants, or face shields that are difficult to put on over religious headdress.
- Develop processes to bridge language gaps or other barriers between first aid attendants and the workforce they support.

- Worker engagement — Support processes to routinely gather feedback from all workers, and make enhancements to the first aid program accordingly.

More information on EDI principles and practices can be found in the Employment equity toolkit from the BC Office of the Human Rights Commissioner, which can be accessed here: <https://bchumanrights.ca/resources/employment-equity-toolkit/>.

### What changes would the new first aid requirements necessitate in the Terms of Reference for a joint health and safety committee?

Where a workplace is required to have a joint committee (20 or more workers, or where required by order) or worker health and safety representative (between 9 and 19 workers), these parties must be consulted in the development, review and updating of first aid assessments. Consultation with joint committees or worker representatives may take various forms to accommodate workplace realities. Documentation of consultation processes may be included in the committee's Terms of Reference.

#### NOTE

Division 5, Sections 31 to 46, of the **Workers Compensation Act** sets out the requirements for a joint health and safety committee or worker representative in a workplace.

### Can employers do in-house training to certify workers in first aid? If so, what are the requirements?

Employers wishing to instruct workers in-house must be certified as a training provider by WorkSafeBC. Contact Certification Services (<https://www.worksafebc.com/en/contact-us/departments-and-services/certification-services> or 604-276-3090/ 1.888.621.7233 extension 3090) to discuss requirements.

## Regulation 3.14

### The changes to the Regulation reference ambulance response, but do not talk about other first responders dispatched by 911 to provide medical treatment and transport. Is the term "ambulance" meant to include all emergency medical responders?

The term ambulance is used several times in the updated Regulation. "Ambulance" as it is defined in the Regulation, refers to an ambulance that is operated by BC Emergency Health Services (BCEHS) or is otherwise authorized to operate under the Emergency Health Services Act. Guideline G3.16 also recognizes that Coast Guard services may be considered as emergency transport for marine vessels working in remote locations where services are available.

## Regulation 3.15

### Do we have to retrain our first aid attendants or are their current tickets grandfathered?

Current, valid, Occupational First Aid level 1, 2, or 3 certificates will be accepted as equivalent to basic, intermediate, and advanced, respectively, until their expiry date. Employers must ensure that the level of first aid training is still sufficient to meet new Regulatory requirements for the workplace.

### Can a trained first aid attendant person be their own attendant if they're working late?

Under the minimum regulatory requirements, no class of workplace has a requirement for a first aid attendant with a single worker. However, if a first aid attendant is working late and alone, the employer should conduct an assessment to be sure that the workplace hazards allow for working alone. The employer must also be mindful of working alone requirements.

### Do nurses that work directly for health authorities automatically receive first aid attendant certificate equivalency?

In specific classification units (CUs), WorkSafeBC will recognize nursing licenses as an alternative intermediate first aid credential as long as the employer can confirm the nurse has been trained in the responsibilities of first aid attendants in accordance with Guideline G3.15-2. This applies to employers providing health care services only in the following health care CUs:

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

Requirement in Guideline G3.15-2 include that the individual is currently employed primarily as a practicing nurse, that they hold a valid licence, that the nurse has reviewed and completed the jurisprudence package (or other equivalent training), and the nurse has completed a Basic Life Support course within the past 3 years. All other requirements of Guidelines G3.15-1 and G3.15-2 must also be met.

### **Are registered nurses (RNs) working in a long-term care home, not owned by a health authority, recognized as first aid attendants?**

WorkSafeBC-approved first aid training providers may issue an intermediate first aid certificate to a registered nurse or registered psychiatric nurse on receipt of a written request from an employer offering health care services. The written request must confirm that the individual is currently employed primarily as a practicing nurse, that they hold a valid licence, that the nurse has reviewed and completed the jurisprudence package (or other equivalent training), and the nurse has completed a Basic Life Support course within the past 3 years. All other requirements of Guidelines G3.15-1 and G3.15-2 must be met.

### **How can someone get their emergency medical assistant – first responder (EMA FR) license recognized by WorkSafeBC?**

This may be applicable in all occupational settings. According to guideline G3.15-3, the following EMA licences issued by the Emergency Medical Assistant Licencing Board are recognized alternative qualifications for occupational first aid attendants:

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

Employers must ensure that first aid attendants with alternative qualifications have a working understanding of their responsibilities as occupational first aid attendants. Employers may elect to do one of the following:

- Have first aid attendants with alternative qualification complete the Jurisprudence package (<https://www.worksafebc.com/resources/health-safety/books-guides/jurisprudence-package-obtaining-first-aid-certification-BC>) prior to commencing work
- Provide on-the-job training that covers the topics outlined in the Jurisprudence package
- Have evidence that the EMA licence holder previously completed the Jurisprudence package

Workplaces that employ EMAs are expected to restrict the legal scope of practice of EMA licence holders to align with the competencies listed in CSA Z1210-17 for advanced first aid attendants, unless medical oversight by a physician registered with the College of Physicians and Surgeons of BC is in place, along with supplemental written procedures.

Please see Guideline G3.15-3 for full details.

### **Can people with first aid certification from another province have their certificates recognized by WorkSafeBC?**

Yes. While WorkSafeBC only accepts certificates issued by approved BC training providers, attendants with occupational first aid certificates accepted by other provinces can apply to a training provider to have a BC certificate issued based on their existing training. To be recognized as BC certified, an individual must present their out-of-province certificate to an approved training agency and complete the Jurisprudence package (<https://www.worksafebc.com/resources/health-safety/books-guides/jurisprudence-package-obtaining-first-aid-certification-BC>). The training agency may charge a fee to issue the BC certificate.

WorkSafeBC has provided a list of certificates that training providers may recognize here: <https://www.worksafebc.com/en/health-safety/create-manage/first-aid-requirements/certificates-accepted-in-bc>.

### **Are members of a municipal fire department able to act as the municipality's first aid attendants?**

Only if they are located at the workplace for which they are the designated attendant and possess a Basic, Intermediate, or Advanced certificate or hold an equivalent licence (EMA FR, EMR, PCP, ACP, CCP). Otherwise, no.

### **The Regulation refers to "Jurisprudence package or equivalent training". What is considered equivalent training, is this the classroom training provided by an external provider?**

Equivalent training means training that addresses the questions and content of the Jurisprudence package. However, WorkSafeBC has the final authority to determine if the equivalency has been met. Presently, there is no publicly available course that covers this information.

## **Regulation 3.16**

### **Are you required to have a first aid assessment done per shift when you are an employer with multiple shifts?**

Where the number of workers consistently varies between shifts, separate assessments may be conducted for each shift. If the number of workers on each shift is equivalent and the work

processes (including risks and hazards) are similar, the same assessment may be applicable to multiple shifts.

### **For workers that work from home, is their home office a work location under the employer responsibility?**

For workers who leave the central site, their vehicle and/or new work area would be considered a separate workplace, requiring a separate assessment. Therefore, workers working from a home office would be working in a separate workplace, which requires a separate assessment. The table requirements in Schedule 3-A start with a minimum of 2 workers in a workplace, however, it is still recommended that personal first aid kits are present in all workplaces, including home-based workplaces, and employers must conduct an assessment to determine if any additional considerations apply. Working alone requirements must also be met for workers working at home.

Where multiple workers are working from home, a single task based first aid assessment can be conducted for all similar scenarios.

### **Do we have to do a first aid assessment for every job site? For example, what about jobs that only take an hour, or a day? What if a worker does a one-time visit to a unique site? What about where the worksite changes daily but the work stays the same?**

Every separate workplace or worksite requires an assessment, regardless of the duration of the work. However, where workers perform similar tasks at different locations, employers may consider conducting a task-based first aid assessment that applies to multiple locations. Task based assessments should only be used for tasks where the number of workers, nature and extent of risks, and other elements of the first aid assessment are similar. Task-based assessments are expected to be reviewed by worker health and safety representatives or joint health and safety committees, as applicable, prior to use. Employers may also develop template assessment documents that enable workers to update the assessment with information specific to the workplace, as applicable.

### **Are employers expected to have first aid attendants for the field staff even when they are out by themselves?**

Where workers perform similar tasks at many different locations throughout the day (e.g. delivery drivers, repair technicians, community care workers), employers may consider conducting a task-based first aid assessment that applies to multiple locations. Employers still need to do a risk assessment and first aid assessment to ensure that worker safety is addressed



and what to do if they were exposed to hazards or injuries. Separate first aid assessment(s) are required for dispatched workers when they are not present at the central location. This could be a task-based assessment.

**Our workplace typically has less than 50 workers attending on a daily basis. Occasionally, roughly four days a month, we have training / meetings days where between 100 and 200 workers may attend. What are our requirements for first aid assessments?**

A first aid assessment should be done on the workplace for the 50 workers regularly in attendance. As there are times when the workplace consistently has a different number of workers present, a second assessment can be done for those times/shifts. The employer will need to consider how the requirements differ between the two groups and determine what level of equipment is appropriate. For example, for a Class-1, low-risk workplace the difference between 50 and 200 workers is the addition of a first aid room, which may be difficult to add for only 4 days a month but may make sense to add for all shifts.

**What is an “N/A” Hazard Rating?**

Classification Unit 753004 (Local Government and Related Operations) is the only CU with a current hazard rating of N/A. This means that WorkSafeBC has not assigned a hazard rating specific to the CU. Where possible, municipalities should use the hazard rating assigned to a CU that does similar work to that occurring at the specific workplace. Employers in this CU need to conduct an assessment of the risks and hazards associated with their work activities to determine the appropriate hazard rating for each worksite. Coming up with the appropriate hazard rating will involve a further assessment of the individual risks inherent in the particular work environment(s) or department(s). WorkSafeBC does provide some risk assessment templates and guides, if those would be of assistance. As the guideline notes, employers must also include other appropriate parties in that assessment, such as the joint health and safety committee or worker representatives.

**Would the CU change for a workplace that is only training people to do a certain job, and they were not actually doing the full job yet?**

Even if the employer is conducting training at a separate worksite, this would not change the employer's CU as the CU is assigned by WorkSafeBC. This means the risk rating assigned to the CU must be used, even in a training facility. The only exception would be if the training is being conducted in a separate administrative location, in a case where the separate administrative

location may be considered low risk. Any other variation would require a Variance Order as per section 60 of the **Workers Compensation Act**.

**Our CU is assigned a high-risk rating, but we subcontract out all the high-risk operations. Our staff normally work in an office, and only occasionally supervise various operations, usually in groups of one. Can we complete a first aid assessment just for the office, and rely on working alone regulations for activities off site?**

No, the employer must do an assessment for the office as well as each individual workplace where workers are dispatched. Guideline G3.16 states that "separate first aid assessments are required for dispatched workers when they are not present at the central location." Where workers perform similar tasks at many different locations throughout the day, employers may consider conducting a task-based first aid assessment that applies to multiple locations. Task-based assessments are expected to be reviewed by worker health and safety representatives or joint health and safety committees, as applicable, prior to use. If workers are working alone, the working alone provisions would also apply.

**Our primary location only conducts low-risk work, and we dispatch workers to multi-employer workplaces. Can we classify our primary location as low risk and rely on the prime contractor on sites to cover our workers in the field doing the high-risk work?**

The employer must use the hazard rating assigned to their CU for the primary location unless that location does only administrative tasks and none of the higher-hazard work covered by the CU. Any other variation would require a Variance Order from the Board as per section 60 of the Act.

The employer must also conduct a separate first aid assessment for each dispatched worksite and ensure that information is shared with the prime contractor of the site for coordination. The employer cannot rely solely on the prime contractor to conduct the assessment and provide appropriate first aid, this is an employer's responsibility. The employer must confirm with the prime contractor to ensure the prime contractor is in fact coordinating the health and safety of the dispatched workers.

**The upstairs area of our workplace is used only for administration offices. Administrative workers do not go into other areas of the workplace. Can we use a low hazard rating for the administrative first aid assessment?**

The only time an employer can use the exception to classify an administrative location as low-hazard is where the administrative location is a separate workplace. Two separate floors of a connected workplace would not be considered separate workplaces.

Separate workplace factors are described in Guideline G3.16, Step 1. Factors favouring separate workplaces include two locations separated by either other employers, a public road, or more than 10 minutes travel time. Factors supporting a single workplace include if the workplace is a fixed location entirely under the control of a single employer. Employers should also consider if the hazards from one area can affect other areas, even if the work tasks are distinct. It is only when the employer determines that the administrative location is a separate workplace that the administrative location can be assigned a low hazard rating for the purposes of a first aid assessment.

**It seems that some classification units are very broad, with a single employer conducting a diverse scope of work (i.e. Integrated Forest Management). If everything in the CU has a high hazard rating, is there any opportunity for companies to adjust first aid requirements based on the specific work being done?**

If the employer is a prime contractor and the work is done in stages, Guideline G3.16 allows for an exception to using the hazard rating of the CU as follows: Where the prime contractor of a multiple-employer workplace provides first aid services on a project where work is conducted in stages, such as: A prime contractor in the Integrated Forestry Management classification unit (703008) with a hazard rating of high is providing first aid services when the only work being conducted is tree planting with a hazard rating of medium — a hazard rating of medium may be used for the first aid assessment. This exception only applies for multi-employer workplaces, and consultation with the worker health and safety representative or joint health and safety committee, as applicable, is required before adopting an alternative hazard rating.

When it is a single-employer workplace the exception does not apply. The employer can reach out to WorkSafeBC for further guidance or to request a Variance Order as per section 60 of the **Workers Compensation Act**.

**If our CU is 'low hazard' but we have identified hazards beyond what would regularly be 'low hazard', do we just detail what extra measures we have in place?**

Employers should indicate on their assessment the hazards that are beyond those normally expected from their CU and also document what extra measures are in place to address those

hazards. Alternatively, the employer can use a comparable CU which captures the hazards identified and reference the table relevant to that higher hazard level. Note that an alternative CU should not be used to reduce the hazard level assigned to the employer's CU.

**Our worksite has two high-hazard industries active on either side of our location. How does that affect our CU?**

The activity outside a workplace does not affect the CU of the workplace. The CU is based solely on the workplace's industrial undertaking. However, the hazard from the other industries would require consideration under part 2 of the employer's 2-part assessment duty. The first part of the assessment is based on maximum numbers of workers, CU hazard rating, and remote/less-accessibility factors. The second part of the assessment requires employers to consider any additional factors that could reasonably increase the need for first aid attendants or equipment at the worksite. This could include a risk of injuries, including from external sources, that would require attendants with a higher level of certification or specialized training.

**We have multiple CU numbers associated with one location. Does this mean we will need to do 3 first aid assessments based on the business unit numbers or a single assessment for the entire location?**

The employer must first determine if there are separate workplaces or a single workplace for the purposes of establishing first aid requirements, based on the factors in Guideline G3.16, Step 1. Factors favouring separate workplaces include two locations separated by other employers, a public road, or more than 10 minutes, while factors supporting a single workplace include if the workplace is a fixed location entirely under the control of a single employer. If the employer determines there are separate workplaces, then each requires their own assessment, counting all the workers that might be working in that workplace during a shift. If the employer determines that it is a single workplace, a single assessment is required using the CU that provides an appropriate level of first aid service. Best practice would be to use the CU that provides the highest level of first aid service, or to clearly document why another CU is more appropriate.

If this is a multi-employer workplace, each employer must do their own assessment. The prime contractor will then use that information to coordinate all the first aid services in the workplace.

**If my site has two different processing areas in the same location, do we need two first aid assessments if the CU hazard rating for one area is high and for the second area it is moderate?**

Yes, if the two sites qualify as separate workplaces for the purposes of establishing first aid requirements, based on the factors in Guideline G3.16, Step 1. Factors favouring separate workplaces include two locations separated by other employers, a public road, or more than 10 minutes, while factors supporting a single workplace include if the workplace is a fixed location entirely under the control of a single employer. If not, the employer must choose the appropriate level of first aid considering all the circumstances. Best practice would be to use the CU that provides the highest level of first aid service, or to clearly document why another CU is more appropriate.

**The WorkSafeBC first aid assessment Worksheet, on page 3, refers to "First Aid Attendants: Basic 1 or 2, Intermediate 1, 2 or 3, Advanced 1 or 2". What is this referring to, are there two levels of basic and advanced attendants?**

This refers to the number of attendants required according to the relevant table in Schedule 3-A. Simply indicate the number(s) you require. For example, when 2 intermediate and 1 advanced attendants are required, the employer would put a check in the boxes for "Intermediate 2" and "Advanced 1".

**My company requires an attendant with a transportation endorsement. The old provisions stated we also needed the equipment, has this changed? I do not see a reference to an ETV in the tables.**

Employers must assess the need to transport workers for BCEHS access and provide the necessary equipment. Guideline G3.16 states: For less-accessible workplaces, employers are expected to ensure workers can be rescued from hazardous areas and safely moved to an area accessible to BCEHS personnel. Where emergency transportation or transport endorsement of first aid attendants is required by Schedule 3-A, employers should maintain equipment necessary to safely move an injured worker. This will normally include the ETV equipment listed in **G3.16(1) Emergency transportation** unless alternative means of safe transport is provided.

**We are on Vancouver Island, so if our employees take a ferry to Vancouver, does that make the trip over less accessible?**

Guideline G3.16 states that workers traveling by ferry who remain only in the public areas may be considered not-less accessible. If ferry transportation is required to get to the nearest BCEHS

station, ferry travel time, including potential wait time, should be considered equivalent to surface travel time for a remoteness determination.

**What if work is on a small island with access via a 10 - 20 minute ferry ride, but there is a BCEHS location on the island, is this considered as not remote, but considered less accessible?**

Remoteness is always determined by calculating the surface travel time from the nearest operating BCEHS station to a workplace during the employers operating hours. Accessibility is determined by the worksite and barriers to BCEHS being able to access an injured worker. Guideline G3.16 states that workers traveling by ferry who remain only in the public areas may be considered not-less accessible. If ferry transportation is required to get to the nearest BCEHS station, ferry travel time, including potential wait time, should be considered equivalent to surface travel time for a remoteness determination.

**In regard to a remote vs. not remote worksite, if the worksite is a 10-minute walk down a trail to the coordinates of where an ambulance would be able to arrive within 30 minutes, would the site be considered not remote as they would be able to access the ambulance within a 30-minute window?**

The employer must consider all possible injuries when doing a first aid assessment. Since an average, healthy person can walk approximately 0.8KM in 10 minutes, being 10 minutes down a trail is also likely to be about 1 km away from a road, how will that distance be traversed by an injured worker? If a worker is seriously injured, they most likely would not be able to walk down a 10-minute trail. Even a non-serious injury, such as a twisted ankle, could affect if and how quickly the worker is able to get back up the trail. The employer must also consider factors like how a non-ambulatory worker would be transported to where BCEHS can provide first aid services. The employer must also consider all potential conditions associated with working outside, such as a potential for inclement weather, or any physical barriers such as being alongside a body of water.

Reasonably, the 30-minute time for the "remote" designation should be measured from the closest area accessible to BCEHS. If BCEHS attendants cannot (or will not) access the injured worker down the trail, then the employer must "rescue" the injured worker from the less accessible area in an appropriate way. So in the described case, if the ambulance can get to the trail head in less than 30 minutes, they would not be considered remote, but if BCEHS attendants cannot traverse the trail, then the workplace should be considered less-accessible and have procedures in place to rescue the worker to the trail-head if necessary.

The employer must also consider that provisions for first aid must be readily accessible where the first aid attendant can reach injured workers within 10 minutes' walking time (or driving time) to render first aid, while waiting for BCEHS.

### **How does an employer write procedures, or train first aid attendants, to treat members of the public?**

Nothing in the **Workers Compensation Act** requires an employer to offer first aid treatment to members of the public. Some employers elect NOT to treat members of the public as this may result in increased liability and other legal issues. Please seek appropriate legal advice if deciding to treat non-workers. Additional consideration should be made where the employer expects first aid attendants to treat members of the public or others who may be present at the workplace, who were not counted in the number of workers used to determine minimum first aid requirements. This is to ensure the number of first aid attendants and procedures are sufficient to provide treatment to their workers without undue delay.

### **Are there guidelines that exist that clarify the learning outcomes associated with the transportation certificate? I feel that, as an employer, I need this information to discern the type of equipment necessary for safe and effective rescue.**

First Aid Assessments, including additional equipment that is to be provided in the workplace, must be prepared, reviewed, and updated in consultation with the joint committee or worker health and safety representative, as applicable. This is the opportunity for employers to rely on the expertise of their workers with the transportation endorsement to confirm what equipment is necessary for a particular workplace. Emergency transport vehicle requirements are listed in Guideline G3.16(1), which includes a list of equipment associated with transportation.

### **We are an acute care site, with a fully functional emergency department. What are the requirements for a designated first aid room within the building? The site has first aid attendants who will provide first aid at the injury location and transfer the injured worker to the emergency department if needed. Is a designated first aid room required, or would an emergency department treatment room meet that requirement?**

According to Guideline G3.16(1)-2: An acute care health facility with an emergency department area or, in the case of a diagnostic and treatment centre, the emergency resuscitation area, may designate that area as the workplace first aid facility (dressing station or first aid room as required), provided that an assessment is conducted and recorded to ensure the following:



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

## Regulation 3.17

**For the newly required first aid drills, when is the first drill expected to be completed and reviewed? I have received answers of November 1, 2024, as soon as practical after November 1, 2024, end of December 2024, and November 1, 2025.**

The first drill must be completed as soon as practicable following the implementation of first aid procedures and is required as of November 1, 2024. This means that any new procedure that is adopted requires a drill to test the procedure be completed as soon as practicable. Drills then must be repeated at least every 12 months or when a significant change to the process or workplace occurs.

### **Do all the first aid attendants need to do a drill, or does one drill suffice?**

Drills are used to assist in evaluating the effectiveness of current procedures and services. Drills provide an opportunity to identify and resolve potential challenges or deficiencies in first aid services, procedures, communication methods, and knowledge of procedures when reporting and providing first aid. Drills are an opportunity for individuals to practice rolls.

Employers should conduct drills that are appropriate for the level of complexity at the relevant workplace. The number and type of drills will depend on the facility and the first aid services and procedures in place. One drill may suffice, but results must be shared and reviewed by all first aid attendants. The employer must be sure that all attendants understand and are competent in the necessarily procedures and may determine that more than one drill is required. All drills, and results, should be documented.



### **Is a tabletop drill acceptable?**

Guideline G3.17(4) explains that the purpose of drills includes assessment of the ability of persons to access equipment/facilities as well as the effectiveness of response. Drills should reasonably approximate the expected response to an incident without posing an undue hazard to workers. In some cases, dummies may be used to simulate injured workers. If the drill of a particular procedure poses an undue hazard than a tabletop exercise may be used to supplement other drill activities provided it will allow for effective evaluation of the procedures.

### **If a first aid system is used regularly is a drill still needed?**

Yes. Drills are required at least annually and whenever the procedures change. Guideline G3.17(4) specifically states review of a real incident will generally not be considered an acceptable alternative to drills.

### **Will there be a drill form, or do we just create one in house and keep it documented?**

At this time there are no WorkSafeBC first aid drill templates. Employers must develop their own drills; resources to do so can be found on the internet or through various Health and Safety Associations. Guideline G3.17(4) indicates what procedures and processes should be addressed during a drill and what information should be included on a drill record. Employers are responsible for ensuring that their drills adequately tests the processes in place at their workplace.

### **If a helicopter is used occasionally for transport of workers, should an assessment be done for that vessel?**

Yes. Helicopters must meet certain requirements such as: it must be able to accommodate an injured worker on a stretcher and the accompanying attendant.

### **My question is around field workers. They may be working some distance from where an ambulance could get to them. What is our responsibility as an employer for transportation in this case when we could have 10-15 workers out at different locations that could be hours apart and all less accessible and or remote?**

Regardless of where work is conducted, the employer has the responsibility to ensure a worker who suffers an injury or illness at work can be promptly provided first aid, and promptly transported to medical treatment, including in less accessible and remote situations. If BCEHS can't access the location of workers, the employer is responsible for the providing the first aid

and transportation required to ensure the injured worker has prompt access to medical treatment. The possible locations of all workers must be taken into account when conducting first aid assessments, and may require the employer to provide more than the minimum requirements listed in the regulation.

**What is the requirement for an employer when the local hospital is known to shut down due to staff shortages and the local ambulance service is relegated to transporting patients to a larger center for emergency care? The availability of the ambulance service could be strained and unreliable in these circumstances.**

The initial consideration for the first aid assessment is based on the distance to the nearest ambulance station. But employers must also consider known barriers that may affect BCEHS response time, including road, weather, or other conditions which may make a workplace inaccessible to BCEHS.

These factors may be temporary or permanent, but when they are known or reasonably foreseeable they should be factored into the employer's risk assessment. "Reasonably foreseeable" includes those that are known to the employer or workers through previous experience or observation, or that are widely publicized in the news or social media outlets. This may result in the employer determining that additional first aid attendants, certification levels, or equipment are necessary.

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

**Can you define how first aid processes must be posted, can it be on the employee portal?**

Yes. Employers can post information electronically, but they must provide all employees a means of access and ensure all workers know how to access the information. It is important for all workers to understand the employer's first aid procedures and be able to easily access these procedures for reference in the event of an incident involving injury to a worker. Where practicable, first aid procedures should be physically printed and posted throughout the workplace. However, on temporary worksites or where workers work away from the head office,

posting procedures may not be the most effective means of ensuring workers read, understand, and have quick access to first aid procedures. Other methods of making procedures readily accessible to workers may include:

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

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

## Regulation 3.18

### **If every employee has WorkSafeBC acceptable First Aid Certification, do you still need a designated attendant?**

Yes. This allows for definitive control if an injury were to take place. First Aid Attendants need to, among other things, be readily available and clear to attend to injured workers. By having a designated first aid attendant it allows for easier scheduling of duties and clear direction of who an injured worker is to contact.

## Regulation 3.19

### **Are the first aid assessments and records forwarded to the central location or kept on the relevant worksite? Can first aid records be stored digitally?**

Documents must be available at the relevant worksite, and Drills and Procedures must be posted or otherwise available to all workers. The Regulation requires the records to be "at the workplace" so they must be accessible at the workplace. Records can be stored digitally. First aid records should be treated as personal medical information, and anyone accessing these records must keep the information confidential in accordance with applicable privacy legislation. If stored electronically ensure appropriate access security measures. Be mindful of

storing first aid information on cloud servers and ensuring compliance with all legal requirements.

### **Can we use the WorkSafeBC first aid assessment worksheet as our “written assessment”?**

Yes, employers can use the worksheet as the written assessment or prepare a separate document that addresses all the same information.

### **Can we use a custom-made template for the first aid assessments, or must we use the WorkSafeBC assessment worksheet?**

The First Aid Assessment Worksheet is not a prescribed form. A custom template is acceptable as long as it includes all the items required by the Regulation.

### **What is the lifespan of a first aid assessment? Are they good for the duration of a project or must they be redone every day?**

First aid assessments must be done as soon as possible. Assessment must be reviewed and updated within 12 months of being completed, or whenever a significant change occurs (whichever occurs first). Where the number of workers consistently varies between shifts, separate assessments may be conducted for each shift.

## **Regulation 3.20**

### **If working on a multi-employer worksite with a prime contractor present, who is responsible to conduct the first aid assessment? The individual employers or only the prime contractor?**

The prime contractor is responsible for coordinating health and safety activities, but each employer is responsible for assessing the occupational health and safety requirements, including first aid assessments, for their own workers. Based on Guideline G3.20: despite any arrangement made by a prime contractor, the employer retains full legal responsibility for providing first aid services for their workers as required under section 3.16. If the level of first aid services does not meet this requirement, WorkSafeBC will hold the employer responsible, not the person agreeing to supply the service. It is therefore the employer’s responsibility to make sure that the first aid services provided by the prime contractor are adequate to ensure the provisions of section 3.16 of the Regulation are met for that employer’s workers.

### If the client is providing the first aid services for a site, are we to request a copy of their assessment to add to ours?

Assuming the client is an employer and that you are the prime contractor, you must have the other employers' first aid assessment and co-ordinate with other employers on the multi-employer worksite. If you are one of the other employers on the site, there is no requirement under the regulation to obtain a copy of the prime contractor's assessment, however it would be good practice to do so to facilitate coordination efforts.

## Schedule 3-A

### Do you count volunteers in the total number of workers? What about students at a university?

They would only count if they are considered workers for assessment or claims purposes. Section 1 of the **Workers Compensation Act** defines "worker" as someone who has entered into a contract of service or those exposed to hazards of the industry as part of training. Section 5 allows for an expanded definition of "worker" to apply to volunteers in a public interest undertaking. Section 13 expands the definition of worker to include those deemed to be a worker under the compensation provisions. The compensation provisions and the WorkSafeBC Assessment Manual are clear that most volunteers are not considered workers for the purposes of the compensation provisions. One notable exception is volunteer firefighters, who are expressly considered workers for compensation provisions.

If volunteers are NOT considered workers under the compensation provisions, then they are not considered workers for the purposes of calculating first aid requirements.

However, in any case where the volunteer is deemed to be a worker (either by function of s. 5 or s. 13 of the **Act**) then those volunteers need to be included in the worker count for the purposes of a first aid assessment.

Even if the students or volunteers do not meet the definition of a worker, it is strongly recommended that the employers, as part of the second part of the two-part assessment, should consider the regular presence of additional persons in the workplace. The presence of students or volunteers could support going beyond the minimums required by Schedule 3-A to ensure that all injured workers can be promptly provided first aid and transport to medical treatment.

**For the number of workers at a workplace, is that the total number of workers at all locations or workers at a specific location?**

Employers must determine if they have one single workplace or several separate workplaces, based on the factors in Guideline G3.16, Step 1. Factors supporting a multiple workplaces include two locations separated by other employers, a public road, or more than 10 minutes, while factors supporting a single workplace include if the workplace is a fixed location entirely under the control of a single employer. If the factors support separate workplaces, the employer will need to do an assessment for each location and use the number of workers for that location.

**For the number of workers, is it the average number of workers in a workplace or the maximum number of workers per shift? What if the number of workers varies on a daily basis?**

Employers should calculate the maximum number of workers present at the workplace during a typical shift. If there is consistent and significant variation in between shifts, then a separate assessment may be done for each shift. For example, if a workplace normally has 50 workers who could be present during the week, but only 8 workers present on Saturdays, the employer could do a weekday assessment for 50 workers and a separate Saturday shift assessment based on 8 workers.

**What resource should employers use to determine time to BCEHS station?**

Employers can use a search engine or travel app - like google maps - to find the closest BCEHS station. WorkSafeBC has built a map of BCEHS stations into the on-line assessment form - [BC Ambulance Service Stations - Google My Maps](#)

**When choosing the closest ambulance station, can it be any BCEHS station, or must it be one that operates 24 hours?**

This may depend on the hours the employer is in operation. Employers should use the distance to the nearest BCEHS station that is operating during the employer's business hours.

**Is there any specific equipment or training needed for a worker working alone?**

A first aid assessment must be done for each workplace, including when individual workers are working alone. These assessments must consider the minimum requirements of Schedule 3-A, as well as any other circumstances that may require additional first aid skills or equipment. While a kit or certification is not required by Schedule 3-A, a personal kit is recommended for

every worker traveling more than 10 minutes from the central location. Employers must also consider applicable Working Alone or Isolation requirements.

**When the Schedule 3-A first aid requirement is for an “attendant (transport)”, does this indicate a need for a transport vehicle, or transportation endorsement training, or both?**

In tables 1 – 4 of Schedule 3-A, attendant (transport) indicates a need for an attendant with the transportation endorsement training. The requirement for an emergency transport vehicle is separately indicated. As for equipment requirements, Guideline G3.16 states: For less-accessible workplaces, employers are expected to ensure workers can be rescued from hazardous areas and safely moved to an area accessible to BCEHS personnel. Where emergency transportation or transport endorsement of first aid attendants is required by Schedule 3-A, employers should maintain equipment necessary to safely move an injured worker. This will normally include the ETV equipment listed in G3.16(1) Emergency transportation unless alternative means of safe transport is provided.

**In a scenario with a group of only two workers, and one is injured, the second, non-injured working acting as a first aid attendant would be unable to implement the standards taught to safely rescue an injured worker. This is true even if the uninjured worker has transportation endorsement training, since two persons are necessary to safely move an immobile worker on a spineboard. Why then does Schedule 3-A require a first aid attendant (transport) for groups of 2 workers in Class 3 and 4 workplaces?**

It is true that the new Schedule 3-A requires first aid attendants with transport endorsement at lower numbers of workers than the previous tables. However, the employer is still responsible for determining the appropriate procedures considering the number and tasks of workers. Having a first aid attendant with transport endorsement can reduce transport time by having the injured worker prepared for transport for when additional resources arrive or even having the trained attendant utilize untrained persons to assist with transport. In some cases, it may be impractical to have transport equipment at every workplace. However, it is always expected that employers will have a plan for rescuing workers from less accessible areas and they will need to show how their plan is reasonable, given the nature of the work and the risks involved.

**We have a hybrid office work environment where the first aid attendants are only in 2 or 3 times per week. Will the employer need enough trained attendants to ensure there is always at least one in the office at any given time or is it ok if we inform workers to call the office tower security, who also have first aid training?**

The employer must ensure that the necessary number of attendants to be in the office during all shifts. This may necessitate training more attendants to account for hybrid work schedules. Employers are responsible for first aid coverage for their own workers. It is not sufficient to simply rely on the training of other employers in the same building. Any coordination between employers must be set out in writing. In the event that an employer relies on a third party, for example a contractor or another employer in the same location, the employer is ultimately responsible for ensuring the provisions of first aid adequately meet the requirements of the Regulation for that employer's workers.

**Are the first aid attendant requirements listed in Schedule 3-A the number required per shift or the total number required for the whole workforce?**

The requirements indicate the number of attendants that must be available each shift.

**With regards to the first aid kit requirements, do employers have to purchase all new kits as of November 1, 2024?**

There is no requirement to purchase completely new kits, employers can evaluate the contents they currently have and acquire only the missing items to meet the new requirements.

**If an employer decides to keep some of their previous first aid kit supplies, do we need to write the items we are keeping on page #4 of the assessment?**

Employers need to ensure that their first aid equipment meets the minimum requirements of the Regulation. It is not necessary to list all the standard items required but items in addition to the supplies required by the Regulation should be listed on the assessment form.



**What is the difference between "remote" and "less-accessible" worksites in Class 3 and Class 4? Since the minimum first aid requirements from Schedule 3-A are the same for both classes based on their crew sizes (2-4), what are the specific expectations or requirements for remote workplaces compared to less-accessible ones? Are there notable differences?**

The main difference between Class 3 and Class 4 requirements is the requirement for an ETV after 6 workers for remote workplaces. For smaller crew sizes that are working in remote areas, an ETV is not required by Schedule 3-A, although the employer is still expected to have procedures for ensuring an injured worker can be transported to medical treatment without delay. WorkSafeBC Officers will be assessing compliance based on what transport provisions are reasonable, given the risk to workers and the nature of the workplace, including emergency air transport for remote areas (further than 2 hours from hospital).

**My work operates a field site on the Fraser River that would be Class 1 (not remote, not less accessible). Staff sometimes need to use a boat to cross the river to the off-grid/boat access only equipment on the other side of the river. Does this increase the class of worksite, even if less than 25% of the time is spent across the river?**

A first aid assessment is required for every workplace. The first thing to determine is if both sites constitute a single workplace or if they qualify as separate workplaces. If they are separate, the employer can have a separate assessment for each workplace. Alternatively, the workers may be considered under Dispatched Workers in the guidelines, which would again require a separate assessment for each workplace.