Appendix 5.3, First Aid Compliance Worksheet

**First Aid Compliance Worksheet**

**Basic Information**

**1. Name of workplace:**

*Note:* Please use a separate worksheet for each workplace1.

**2. How would an injured person be transferred from the workplace to a hospital or an emergency care facility?**

**First Aid Kits and First Aider Training**

**3. Is the workplace a hospital, emergency care facility, or long-term care facility?**

* **YES.** An employer at a hospital, emergency care facility, or long-term care facility, which of the following substitutions will be made:
  + a medical professional who maintains current training in cardio-pulmonary resuscitation for a workplace first aider;
  + medical supplies maintained at the workplace for a first aid kit if the supplies include all of the items required by regulation;
  + first aid supplies and facilities equivalent to those required in a first aid room for a first aid room, as specified in regulation. Proceed to next question.
* **NO.** Proceed to the next question.

**4. Is the workplace a vehicle? Note that the definition of “vehicle” includes boats and aircraft.**

* + **YES.** Consider how many employees may require first aid in the vehicle at a given time:
    - If the work vehicle is regularly used to transport only the driver of that vehicle, then the driver’s employer must ensure that the vehicle has at least a type 1 first aid kit.
    - If the work vehicle is regularly used to transport employees in addition to the driver, then the driver’s employer must ensure that the vehicle has at least a small type 2 first aid kit. Proceed to next question.
  + **NO.** Proceed to the next question.

1. **Number of employees per shift including full-time, part-time, and casual employees**

|  |  |  |  |
| --- | --- | --- | --- |
| **** | 1 | **** | 51–99 |
| **** | 2-25 | **** | 100 – 199 |
| **** | 26–50 | **** | 200 or more |

**6. Surface travel time to transport an injured employee from the place where they are injured to a hospital or an emergency care facility, or for EHS to arrive and attend to an injured employee**

* + **Close:** No more than 20 minutes
  + **Distant:** More than 20 minutes but less than 40 minutes
  + **Isolated:** More than 40 minutes1

1. **Does the definition of “office”**2 **apply to this workplace?**
   * **YES.** *See table of minimum first aid kit and first aider training requirements for an office*
   * **NO.** *See minimum first aid kit and training requirements in for “other workplaces”*

**Results**

Number, type, and size of first aid kits:

Number of first aiders and level of first aid training required:

Transportation needs:

Is a first aid room required?

Is an isolated workplace first aid plan required?

**Signature**

**Name:**

**Signature:**

**Date:**

**Others consulted** (joint occupational health and safety committee; health and safety representative):

1A written isolated workplace first aid plan must be prepared for each isolated workplace unless otherwise specified in the Workplace Health and Safety Regulations (*see* “*No isolated workplace first aid plan required” for exceptions to the requirement for a workplace first aid plan).*

* “office” means a workplace that meets all the following criteria:
  1. the only work carried out at the workplace is of an administrative, professional or clerical nature;
  2. the work carried out at the workplace does not require substantial physical exertion or exposure to processes, substances or other conditions that are potentially hazardous to the health and safety of persons at or near the workplace.