

# First Aid Worksheet

Complete the following worksheet by:

1. Reading the question or statement in column 1
2. Record your answer in column 2
3. If your answer is **No** or you **Don't Know**, insert in column 3 your action plan for correcting this deficiency
4. By the time you have completed this worksheet, you will have a better appreciation of the work that will need to be done at your workplace to ensure that you meet the requirements of the new first aid legislation.

Question / Statement	Answer	Action Plan
1. Today's Date?		
2. Name of your business?		
3. Number of workers at your worksite?		
4. Physical location of your worksite?		
5. Distance in kilometers from the closest health care facility?		
6. Distance in kilometers from the closest hospital?		
7. What is your type of business?		
8. Does your workplace activity include 'high hazard' activities, as defined in the first aid regulation? Specify.		

Question / Statement	Answer	Action Plan
<p>9. List the types of accidents that <u>have occurred</u> in the last 3 years at this worksite.</p>		
<p>10. List the kinds of accidents that <u>might occur</u> at this worksite (brainstorm).</p>		
<p>11. What are the top 10-worksite hazards at this location?</p>		

Question / Statement	Answer	Action Plan
12. Do you have the correct number of first aid kits as specified in the new regulations – Schedule “A”?		
13. Do they contain the items as required in Schedule “C”?		
14. Do you have a first aid room as required by Schedule “A”?		
15. Is your first aid room under the supervision of trained first aid providers?		
16. Is your first aid room equipped as outlined in section 12(2).		
17. Are your first aid services, equipment and supplies: <ul style="list-style-type: none"> <li>➤ Conspicuously located at or near the working areas, which they are intended to serve?</li> <li>➤ Available and easily accessible during all working hours? and</li> <li>➤ Maintained in a clean, dry and serviceable condition?</li> </ul>		
18. Does all of your staff know where your first aid supplies (kits, first aid room, etc.) are?		
19. Do all first aid providers have immediate access to disposable latex or vinyl gloves <u>and</u> a face barrier with a one-way valve?		
20. How many trained first aid providers are there on site?		
21. Does this number meet the requirements of Schedule “A”?		
22. Are there names posted?		
23. Do all staff members know who they are?		

Question / Statement	Answer	Action Plan
24. Do any of their jobs prevent them from administering first aid?		
25. Do they have the minimum level of first aid training - the 'Workplace Standard First Aid Course', as per Schedule "B"?		
26. Who provided the course? St. John Ambulance, Red Cross or another provider?		
27. If another provider, were they approved by the WHSCC's Chief Compliance Officer? Do you have written confirmation of that approval?		
28. Did their first aid course require 16 hours of classroom and practical training?		
29. Did the first aid course include the ten compulsory modules and any two of five elective modules, as detailed in the first aid legislation (Schedule "B")?		
30. When was their last first aid course taken?		
31. A first aid course expires after 3 years. Are your first aid providers' courses still valid?		
32. Do your first aid providers have a minimum of six (6) hours practice on first aid skills each year?		
33. Do you have a detailed 'Emergency Communications Procedure' that is written and explains in detail what would happen if an accident happens at this worksite?		
34. If yes, are all of your employees aware of this procedure?		

Question / Statement	Answer	Action Plan
<p>35. Does it;</p> <p>(1) explain how to contact medical assistance (including mechanism such as a telephone, radio or cell phone,</p> <p>(2) (2) are they readily available) and,</p> <p>(3) (3) are medical telephone numbers listed in a prominent place?</p>		
<p>36. Are clear directions and instructions on how to reach and access your worksite posted by the phone numbers?</p>		
<p>37. How will you transport the injured employee from where they sustained their injury to a waiting ambulance?</p>		
<p>38. Is this means of transportation suitable for an injured worker? Dry, warm, not a rough ride, etc.)?</p>		
<p>39. If there is a distance to get the person to the ambulance, do you have a way to communicate with the emergency personnel while on route?</p>		
<p>40. Is the mode of transportation suitable to accommodate a stretcher and a first aid provider?</p>		
<p>41. Do your employees report an injury or accident as soon as is practical after an accident?</p>		
<p>42. Does your workplace maintain written records which details</p> <ul style="list-style-type: none"> <li>• the name of the injured person,</li> <li>• a description of the injury,</li> <li>• the treatment and care provided,</li> <li>• a description of the incident and</li> <li>• the name of the person(s) providing emergency care?</li> </ul>		

Question / Statement	Answer	Action Plan
43. Are these records kept for 5 years –as per the legislation?		
44. Are there any unique factors about your workplace that you should build into your First Aid Emergency Communications Procedure? Think carefully - every workplace is unique.		
45. Are there any special people considerations that need to be built into your First Aid Emergency Communications Procedure? Staff in wheel chairs, staff with special needs, etc.?		
46. Are there any special weather considerations that you should build into your First Aid Emergency Communications Procedure?		
Other Special Considerations?		