

13.0 FIRST AID

First Aid Legislation requires:

- Posted first aid certificates on the Health and Safety bulletin board;
- First Aid Regulation 1101 Brochure Form 82- In Case of Injury;
- At a minimum one (1) first aider per shift must be available including a designated backup that is also first aid trained;
- First aid equipment has to be available and accessible (the equipment must meet the requirements of Regulation 1101, as it applies to the size of your workplace).

13.1 FIRST AID TRAINING REQUIREMENTS

Size of workplace – per shift training level requirement:

- less than 5 workers Emergency First Aid Training
- more than 5 but less than 15 Standard Training
- more than 15 but less than 200 Standard Training
- more than 200 Standard Training

13.2 FIRST AID KIT REQUIREMENTS

Section 8 of Regulation 1101

Every employer employing not more than five workers in any one shift at a place of employment shall provide and maintain at the place of employment a first aid station with a first aid box containing as a minimum,

- a) a current edition of a standard St. John Ambulance First Aid Manual;
- b) 1 card of safety pins; and
- c) dressings consisting of,
 - 12 adhesive dressings individually wrapped,
 - 4 sterile gauze pads, 3 inches square,
 - 2 rolls of gauze bandage, 2 inches wide,
 - 2 field dressings, 4 inches square or 2 four-inch sterile bandage compresses, and
 - 1 triangular bandage.

The employer shall ensure that the first aid station is at all times in the charge of a worker who,

- a) is the holder of a valid St. John Ambulance Emergency First Aid Certificate or its equivalent; and
- b) works in the immediate vicinity of the station.

Section 9 of Regulation 1101

Every employer employing more than five workers and not more than fifteen workers in any one shift at a place of employment shall provide and maintain a first aid station with a first aid box containing as a minimum,

- d) a current edition of a standard St. John Ambulance First Aid Manual;
- e) 1 card of safety pins; and
- f) dressings consisting of,
 - 24 adhesive dressings individually wrapped,

- 12 sterile gauze pads, 3 inches square,
- 4 rolls of 2-inch gauze bandage,
- 4 rolls of 4-inch gauze bandage,
- 4 sterile surgical pads suitable for pressure dressings, individually wrapped,
- 6 triangular bandages,
- 2 rolls of splint padding, and
- 1 roll-up splint.

The employer shall ensure that the first aid station is at all times in the charge of a worker who,

- a) is the holder of a valid St. John Ambulance Emergency First Aid Certificate or its equivalent; and
- b) works in the immediate vicinity of the box.

Section 10 of Regulation 1101

Every employer employing more than fifteen and fewer than 200 workers in any one shift at a place of employment shall provide and maintain at a place of employment one stretcher, two blankets and a first aid station with a first aid box containing as a minimum,

- a) a current edition of a standard St. John Ambulance First Aid Manual;
- b) 24 safety pins;
- c) 1 basin, preferably stainless steel; and
- d) dressings consisting of,
 - 48 adhesive dressings individually wrapped,
 - 2 rolls of adhesive tape, 1 inch wide,
 - 12 rolls of 1-inch gauze bandage,
 - 48 sterile gauze pads, 3 inches square,
 - 8 rolls of 2-inch gauze bandage,
 - 8 rolls of 4-inch gauze bandage,
 - 6 sterile surgical pads suitable for pressure dressings, individually wrapped,
 - 12 triangular bandages,
 - Splints of assorted sizes, and
 - 2 rolls of splint padding.

The employer shall ensure that the first aid station is at all times in the charge of a worker who,

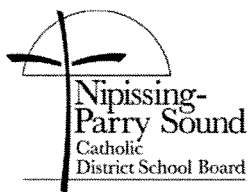
- a) is the holder of a valid St. John Ambulance Emergency First Aid Certificate or its equivalent; and
- b) works in the immediate vicinity of the box.

13.3 RESOURCES

Under the Workplace Safety and Insurance Act (WSIA) there are first aid requirements (Regulation 1101) for every workplace.

The regulation requires that:

- A copy of Form 82 - poster and copy of Regulation 1101 will be posted on the Health and Safety bulletin board.



13.4 FIRST AID TRANSPORTATION REQUIREMENTS
 (Please post on Health and Safety bulletin board)

Approval signature:	
Distribution to: All facilities, Senior Management, JHSC	Document to be posted: Yes

The NPSCDSB will provide transportation to the hospital, doctor’s office or worker’s home when necessary, following an injury or illness.

The preferred method of transportation, if required, is an ambulance.

Should this method of transportation not be appropriate then we will call for a taxi. The injured worker will be accompanied by the first aid attendant or designate.

- Should the employee refuse the transportation, the NPSCDSB will attempt to:
- 1) Identify any other transportation methods that the worker would prefer.
 - 2) Reiterate the importance of accepting the transportation to the hospital, doctor’s office or worker’s home.
 - 3) Call 911 and get the ambulance attendant to administer medical attention on site.

An employee will not be allowed to continue work until medical clearance is provided.

Responsibilities of the individual travelling with the injured worker:

- 1) Continue to administer first aid, if required.
- 2) Ensure an injury package is taken, (containing the WSIB Functional Abilities Form, Material Safety Data Sheets (if necessary)) to the medical facility.
- 3) Maintain contact with the workplace providing updates when the worker has reached their destination (hospital, doctor’s office or the worker’s home).
- 4) Return to the workplace to provide additional follow-up and assist in the completion of the injury / incident documentation.
- 5) Additional duties may be added based on each individual circumstance.

Important Reminder: NPSCDSB must designate who accompanies the injured worker.

NPSCDSB must provide methods or resources for transporting the injured worker.



13.5 FIRST AID LOG SHEET
 (This form must be completed by the First Aider or designate
 and kept available with the First Aid Kit)

School: _____

Month: _____

Name of injured person	
Date of injury (D/M/Y)	
Time of injury	
Name of witness(es)	
Nature/Location of treatment	
Name of First Aider	
<hr/>	
Name of injured person	
Date of injury (D/M/Y)	
Time of injury	
Name of witness(es)	
Nature/Location of treatment	
Name of First Aider	
<hr/>	
Name of injured person	
Date of injury (D/M/Y)	
Time of injury	
Name of witness(es)	
Nature/Location of treatment	
Name of First Aider	

Signature: _____

Please fax log to Health and Safety Officer monthly.
 c. Principal/Supervisor