

# FIRST AID RISK ASSESSMENT

|                 |  |                    |
|-----------------|--|--------------------|
| Company Name    |  | Date               |
| Assessment Team |  | Workplace Location |

**REFERENCE OCCUPATIONAL HEALTH AND SAFETY REGULATIONS 2020 (PART 5) AND CSA Z1220-17- FIRST AID KITS FOR THE WORKPLACE FOR MORE INFORMATION**

What is the maximum number of employees at the workplace during any shift? (Ensure visitors, volunteers and other contractors are counted in this number)

- 2 – 25    
  26 – 50    
  51 – 100    
  100+

**Identify hazards at the workplace that could cause an injury that requires first aid**

| Job Task | Priority/Severity | Resulting Injury | Appropriate First Aid Kit |
|----------|-------------------|------------------|---------------------------|
|          |                   |                  |                           |
|          |                   |                  |                           |
|          |                   |                  |                           |
|          |                   |                  |                           |
|          |                   |                  |                           |
|          |                   |                  |                           |
|          |                   |                  |                           |
|          |                   |                  |                           |

**Priority Index Table:**

| Risk Priority            | Risk Severity    |               |           |           |                |
|--------------------------|------------------|---------------|-----------|-----------|----------------|
|                          | Catastrophic (A) | Hazardous (B) | Major (C) | Minor (D) | Negligible (E) |
| Frequent (1)             | 1A (H)           | 1B (H)        | 1C (H)    | 1D (M)    | 1E (M)         |
| Occasional (2)           | 2A (H)           | 2B (H)        | 2C (M)    | 2D (M)    | 2E (M)         |
| Remote (3)               | 3A (H)           | 3B (M)        | 3C (M)    | 3D (M)    | 3E (L)         |
| Improbable (4)           | 4A (M)           | 4B (M)        | 4C (M)    | 4D (L)    | 4E (L)         |
| Extremely Improbable (5) | 5A (M)           | 5B (L)        | 5C (L)    | 5D (L)    | 5E (L)         |

**Priority/Severity**

- Red: High Priority (H)
- Yellow: Moderate Priority (M)
- Green: Low Priority (L)

**First Aid Kit Types**

- Type 1: For Low hazards
- Type 2: For Moderate hazards or low hazards with 2 or more workers
- Type 3: For High hazards

**\*Your First Aid Kit selection is based upon your highest ranking hazard\***

### Other Considerations That May Affect Risk Level

|  |  |  |
|--|--|--|
| Have any of the tasks being performed resulted in a workplace injury in the past?  | <input type="checkbox"/> No <input type="checkbox"/> Yes:  | List Here:   |
| Is the workplace spread over more than one level?  | <input type="checkbox"/> No <input type="checkbox"/> Yes   | How many levels?   |
| If there are multiple shifts, are there adequate first aid attendants on each shift?   | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A  |  |
| Are there appropriate modes of transportation for transferring injured or ill persons and an attendant(s) to a medical facility?   | <input type="checkbox"/> No <input type="checkbox"/> Yes   | List Here:   |
| Distance to nearest medical facility   | <input type="checkbox"/> less than 30 mins (Low)<br><input type="checkbox"/> 30 mins – 2 hrs (Medium)<br><input type="checkbox"/> more than 2 hrs (High) | Reference 5-12 of the The Occupational Health and Safety Regulations, 2020 |
| Does the workplace require any other additional supplies to provide adequate first aid? (refer to Table A.1 of the CSA Z1220-17 First Aid Kits for the Workplace document) | <input type="checkbox"/> No <input type="checkbox"/> Yes   | List Here:   |
| Other considerations that affect risk level  | <input type="checkbox"/> No <input type="checkbox"/> Yes   | List Here  |
| *Employees that are known to have disabilities or known medical conditions should be taken into consideration with first aid supplies and treatment*                       |  |  |

### First Aid Kit Type and Size Selection

|   |  |  |   |
|---|--|--|---|
| Type of First Aid kits required to address potential injuries:  | <input type="checkbox"/> Type 1 (Personal):<br># of kits | <input type="checkbox"/> Type 2(Basic):<br># of kits | <input type="checkbox"/> Type 3(Intermediate):<br># of kits |
| First Aid kit size based on the maximum number of people at a workplace<br><input type="checkbox"/> Small(2-25) <input type="checkbox"/> Medium(26-50) <input type="checkbox"/> Large(51-100) |  |  |   |

### Workplace Risk Assessment Ranking

Based on the First Aid risk assessment results, this job has been ranked:  **LOW RISK**  **MODERATE RISK**  **HIGH RISK**

| First Aid Attendants |                             |      |                             |
|----------------------|-----------------------------|------|-----------------------------|
| Name                 | Level of First Aid Training | Name | Level of First Aid Training |
|                      |                             |      |                             |
|                      |                             |      |                             |

**\*Level of First Aid Training is based on the workplace hazard level and the number of workers at the workplace refer to Table 9 of the OHS Regulations 2020\***

Supervisor Name (Print): \_\_\_\_\_

OHC Members (Print): \_\_\_\_\_

Supervisor Name (Signature): \_\_\_\_\_

OHC Members (Signature): \_\_\_\_\_