



# Ontario Workplace First Aid WSIB Reg 1101/CSA Z1220-17 Requirements 2023

## First Aid Training: (Appendix A)

Minimum requirements # employees per worksite:



- 1-5 employees per worksite = **Emergency First Aid**
- > 6 employees per worksite = **Standard First Aid**

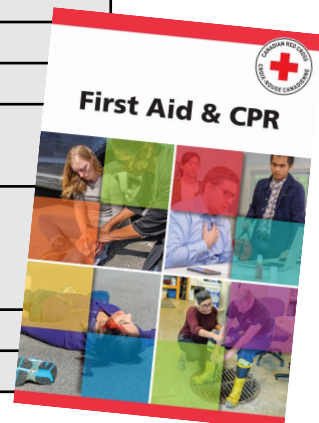


Canadian Red Cross

Training Partner



	Emergency First Aid Level A	Standard First Aid Level C
	 (Appendix B)	 (Appendix C)
100% in class option	6.5 hours	14 hours
Blended option (in class + online)	3 hours in class + Online	7 hours in class + Online
Certification period	3 years	3 years
Recertification (1 time per full certification)	4 hours in class	7.5 hours in class
<b>Content covered</b>		
The Red Cross	✓	✓
Preparing to respond	✓	✓
The EMS system	✓	✓
Check, Call, Care (patient assessment)	✓	✓
Airway, Breathing, and Circulatory emergencies	✓	✓
CPR Adult	✓	✓
Automated External Defibrillator (AED)	✓	✓
Wound care	✓	✓
CPR Child and Infant	✗	✓
Head, neck and spinal injuries	✗	✓
Bone, Muscle and Joint injuries	✗	✓
Sudden medical emergencies	✗	✓
Environmental illnesses	✗	✓
Poisons	✗	✓



# Ontario Workplace First Aid

## WSIB Reg 1101/CSA Z1220-17 Requirements 2023



### First Aid Kits:

- 3 levels of First Aid Kits
- # of First Aid kits based on # employees + # worksites.
- ✓ All supplies latex free
- ✓ Case water/Dust resistant, organized, portable, visible and easily identifiable.

#### Personal First Aid kit: Level 1 (Appendix D)



- 1 per employee working in isolation:
- Ex: Single employee retail, vehicles, remote sites, heavy equipment cabin

#### Basic First Aid Kit: Level 2 (Appendix E)



- Low risk of injury and low probability of injury
- Ex: Retail, hotel lobby, restaurant, tradeshow booth, market booth, cleaning company, legal office, bank, pet grooming, vet clinic
- 2-25 employees per work site = 1 First Aid Kit

#### Intermediate First Aid Kit: Level 3 (Appendix F)



- Moderate to high risk of injury
- Ex: Construction, heavy machinery, snow clearing, landscaping, property management, vehicle with multiple employees, bus operations, pharmacy, health clinic/laboratory
- 2-25 employees per work site = 1 First Aid Kit



#### Optional Extra First Aid supplies based on workplace needs:

- Eye wash, stretcher, AED, Vehicle Labels, forms, tamper tags, etc.

### First Aid Station: 1 per worksite

- Visible in building or in worksite vehicle
- First Aid Kit
- Binder with documents:
  - First Aid Kit Inspection checklist: (Appendix D, E, F)
    - ✓ Contents for quantities, damage, and expiry
    - ✓ Complete every 3 months (recommended monthly)
  - Copy of First aiders on site certifications (Appendix G)
  - Copy of *In Case of Injury* poster form 82 (Appendix H)
  - Accident report forms (Appendix I)
  - Emergency and Supervisor contact* (Appendix J)

#### First Aid Kits + Supplies



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# Innovative First Aid Training Program

Designed with the Canadian Workplace in Mind



Every year, more than 620,000 Canadians trust the Red Cross to provide them with the first aid skills and knowledge necessary to respond in an emergency situation.

As a Canadian Red Cross Training Partner, we are proud to offer Red Cross learner-centred, evidence-based first aid training that empowers people across Canada with lifesaving skills while helping workplaces comply with health and safety legislation.

As a response to recent public surveys that have revealed a very low rate of people willing to respond in emergency situations (even among first aid certified), the Red Cross has redesigned its program to increase the participant's confidence and to maximize skill retention by better supporting the different types of learners.

## Employer & Employee Benefits with Red Cross First Aid

**Red Cross courses are learner-centred.** Our Instructors, the cornerstone of participant learning, are using state-of-the-art instructional tools to customize the learning environment to provincial/territorial requirements, to industry-specific needs or to personal learning needs. Participants will watch demonstrations, participate in discussions, engage in hands-on practice and reflection, to ensure they'll confidently understand what to do, rather than just memorize a long list of steps.

With an increased focus on the learning needs of each participant, employees will learn more effectively, enjoy the training more, and be more confident to act in the event of a sudden illness or injury.

**The Red Cross First Aid program offers more training options, greater convenience, and flexibility.** More of our courses have blended learning options, allowing participants to learn at their own pace. Training materials have been redesigned to focus on the essential skills that people need to have when dealing with an emergency situation. Available in new digital format, the training materials are rapidly updated as new research on better methods of care emerges. Participants of Red Cross programs will now have access to our Comprehensive Guide to First Aid & CPR online, and to a free download of our First Aid app.

Options for self-directed learning will reduce the time employees are required to spend in the classroom, and provide them with access to topical resources that can be reviewed at any time.



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### Core First Aid Courses

Standard First Aid & CPR

*Standard First Aid & CPR Blended*

Emergency First Aid & CPR

*Emergency First Aid & CPR Blended*

CPR/AED

*CPR/AED Blended*

### Professional Responder Courses

First Responder

Emergency Medical Responder

Advanced First Aid

### Child Care First Aid Courses

Emergency Child Care First Aid & CPR

Standard Child Care First Aid & CPR

### Wilderness First Aid Courses

Wilderness & Remote First Aid

Advanced Wilderness & Remote First Aid

Aid

### Marine First Aid Courses

Marine Basic First Aid

Marine Advanced First Aid

**Red Cross uses the latest findings from the evidence-based scientific community as the basis of our program.** As scientists and health professionals continue to research new ways to improve care and people's health, we use this information to support the standards of care we have in our program.

First aid training based on the latest science, education and practice of first aid can help reduce lost work time due to injury by improving outcomes for the ill or injured person.

**In response to the ever-increasing demand for electronic data management, Red Cross has launched My Red Cross, our new online certification portal.** All certifications, along with a unique identification number, will be issued directly to participants and captured in the Red Cross database for a minimum of 5 years. Proof of certification can be emailed to the employer, shown on a mobile device, or printed. Employers and workplace inspectors can validate the certification online with the employee's name and unique ID found on the certificate. Employees can sign-up for recertification reminders during their certification cycle.

The new My Red Cross portal ensures quality control in validating certifications. By request, employers can obtain reports of training records from Red Cross Training Partners.

*For workplaces that do not have Internet easily available, we are happy to discuss the most efficient use of these new features.*

We know that regulatory compliance is important to you. Canadian Red Cross First Aid programs meet provincial/territorial worker safety and insurance boards legislative requirements for workplace first aid training (except in Quebec where our Training Partners offer the Quebec government's first aid program). All provincial/territorial regulators have also endorsed our electronic method of issuing certification.

Please visit [redcross.ca/firstaidlegislation](http://redcross.ca/firstaidlegislation) for current information on federal/provincial/territorial legislation.

**For more information about these and other exciting opportunities to increase your employees' preparedness, or to answer questions regarding electronic certifications, please contact:**



 Canadian Red Cross

**Training Partner**



# Emergency First Aid



Basic one-day course offering lifesaving first aid and cardiopulmonary resuscitation (CPR) skills for the workplace or home. Course meets legislation requirements for provincial/territorial worker safety and insurance boards and includes the latest first aid and CPR guidelines.

## Duration

CPR A: 6.5 hours in-class OR 3.5 hours in-class + 4 hours online learning\*\*

CPR C: 7.5 hours in-class OR 4.5 hours in-class + 4 hours online learning\*\*

## Instructor

First Aid Instructor

## Prerequisite

None

## Completion

- Successfully demonstrate skills and critical steps
- Min. 75% mark for written knowledge evaluation
- Attend and participate in 100% of the course

## Certification

3-year certification in Emergency First Aid and CPR Level A or C

## Recertification\*

CPR A: 4 hours in-class OR 3 hours in-class + 4 hours online learning\*\*

CPR C: 5 hours in-class OR 4 hours in-class + 4 hours online learning\*\*

\*Recertification not available in all jurisdictions.

\*\*Online learning time will vary depending on the learner.

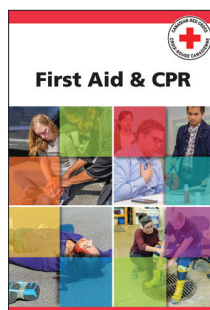
## Course Content

- The Red Cross
- Preparing to respond
- The EMS system
- Check, Call, Care
- Airway emergencies
- Breathing and Circulation emergencies
- First aid for respiratory and cardiac arrest
- Wound care

*Includes any other content required by specific legislation*

## Participant materials

- *First Aid & CPR* (print and/or eBook)
- *Comprehensive Guide to First Aid & CPR* (eBook)
- *Emergency First Aid* – Online (Blended only)
- Emergency First Aid certificate (digital certificate issued upon successful completion)



**Red Cross First Aid. The Experience to Make a Difference.**  
1.877.356.3226 | [redcross.ca/firstaid](http://redcross.ca/firstaid) | [redcross.ca/apps](http://redcross.ca/apps)



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# Standard First Aid



Comprehensive two-day course offering first aid and cardiopulmonary resuscitation (CPR) skills for those who need training due to work requirements or who want more knowledge to respond to emergencies at home. Course meets legislation requirements for provincial/territorial worker safety and insurance boards and includes the latest first aid and CPR guidelines.

## DURATION

CPR A: 13 hours in-class OR 5.5 hours in-class + 8 hours online learning\*

CPR C: 14 hours in-class OR 7.5 hours in-class + 8 hours online learning\*

## INSTRUCTOR

First Aid Instructor

## PREREQUISITE

None

## COMPLETION

- Successfully demonstrate skills and critical steps
- Min. 75% mark for written knowledge evaluation
- Attend and participate in 100% of the course

## CERTIFICATION

3-year certification in Standard First Aid and CPR Level A or C

## RECERTIFICATION

CPR A: 6.5 hours in-class OR 3 hours in-class + 4 hours online learning\*

CPR C: 7.5 hours in-class OR 4 hours in-class + 4 hours online learning\*

*\*On-line learning time will vary depending on the learner.*

## COURSE CONTENT

- The Red Cross
- Preparing to respond
- The EMS system
- Check, Call, Care
- Airway emergencies
- Breathing and Circulation emergencies
- First aid for respiratory and cardiac arrest
- Wound care
- Head, neck and spinal injuries
- Bone, muscle and joint injuries
- Sudden Medical Emergencies
- Environmental Illnesses
- Poisons

*Includes any other content required by specific legislation*

## PARTICIPANT MATERIALS

- *First Aid & CPR* (print and/or eBook)
- *Comprehensive Guide to First Aid & CPR* (eBook)
- *Standard First Aid CPR A/C* – Online access
- Standard First Aid certificate (digital certificate issued upon successful completion)



## First Aid & CPR



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# Personal First Aid Kit: Type 1 Monthly Inspection Form



Year: \_\_\_\_\_

Item	Jan	Feb	Mar	Apr	May	Jun
<b>EMERGENCY</b>						
Compress Dressing 4"x4"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>PERSONAL PROTECTIVE EQUIPMENT</b>						
*Nitrile Glove (Pair)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Hand cleansing towelette	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Biohazard Disposal bag	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>BONE, MUSCLE, JOINT INJURY</b>						
Triangular bandage	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>REFERENCE/STATIONARY</b>						
*First aid basics card	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>GAUZE/DRESSINGS</b>						
*Gauze Pad 4"x4" (2/pack)	___ of 3	___ of 3	___ of 3	___ of 3	___ of 3	___ of 3
*Non-adherent Gauze 3"x5"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>WOUND CLEANSING</b>						
Antiseptic BZK Swab (expired?)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Antibiotic Ointment (expired?)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
<b>Earliest expiry date (M/Y)</b>						
	/	/	/	/	/	/
<b>*Tamper Tag #</b>						
<b>Inspector Initials</b>						
<b>Date Inspected (D/M/Y)</b>						
	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- \*Items exceed minimum CSA Standard Z1220-17

Supervisor: \_\_\_\_\_ #: \_\_\_\_\_

Print new checklist: [wildmedkits.ca/pages/WFAKchecklist](http://wildmedkits.ca/pages/WFAKchecklist)

Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Inspector: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_



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# Personal First Aid Kit: Type 1

## Monthly Inspection Form



ORDER SUPPLIES

Year: \_\_\_\_\_

Item	Jul	Aug	Sep	Oct	Nov	Dec
<b>EMERGENCY</b>						
Compress Dressing 4"x4"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>PERSONAL PROTECTIVE EQUIPMENT</b>						
*Nitrile Glove (Pair)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Hand cleansing towelette	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Biohazard Disposal bag	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>BONE, MUSCLE, JOINT INJURY</b>						
Triangular bandage	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>REFERENCE/STATIONARY</b>						
*First aid basics card	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>GAUZE/DRESSINGS</b>						
*Gauze Pad 4"x4" (2/pack)	___ of 3	___ of 3	___ of 3	___ of 3	___ of 3	___ of 3
*Non-adherent Gauze 3"x5"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>WOUND CLEANSING</b>						
Antiseptic BZK Swab (expired?)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Antibiotic Ointment (expired?)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
<b>Earliest expiry date (M/Y)</b>						
	/	/	/	/	/	/
<b>*Tamper Tag #</b>						
<b>Inspector Initials</b>						
<b>Date Inspected (D/M/Y)</b>						
	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- \*Items exceed minimum CSA Standard Z1220-17

Supervisor: \_\_\_\_\_ #: \_\_\_\_\_  
 Print new checklist: [wildmedkits.ca/pages/WFAKchecklist](http://wildmedkits.ca/pages/WFAKchecklist)

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____





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# Basic First Aid Kit: Type 2 Monthly Inspection Form:



ORDER SUPPLIES

Year: 

Item	Jan	Feb	Mar	Apr	May	Jun
<b>EMERGENCY</b>						
Compress Dressing 4"x4"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>PERSONAL PROTECTIVE EQUIPMENT</b>						
Nitrile Glove (Pair)	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Hand cleansing towelette	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Biohazard Disposal bag	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>BONE, MUSCLE, JOINT INJURY</b>						
Triangular bandage	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
<b>REFERENCE/STATIONARY</b>						
*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Incident report form	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Pencil	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Tamper tags	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>FABRIC BANDAGES/TWEEZERS</b>						
Fabric bandage ¾"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Fabric bandage knuckle	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage fingertip	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage large	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Splinter tweezers	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>GAUZE/DRESSINGS</b>						
*Gauze Pad 4"x4" (2/pack)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Non-adherent Gauze 3"x5"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 4"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>WOUND CLEANSING</b>						
Antiseptic BZK Swab	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25
Antibiotic Ointment	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Saline eye/wound wash 110ml	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>Earliest expiry date (M/Y)</b>	/	/	/	/	/	/
<b>*Tamper Tag number</b>						
<b>Inspector Initials</b>						
<b>Date Inspected (D/M/Y)</b>	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- \*Items exceed minimum CSA Standard Z1220-17

Supervisor: \_\_\_\_\_ #: \_\_\_\_\_  
Print new checklist: [wildmedkits.ca/pages/WFAKchecklist](http://wildmedkits.ca/pages/WFAKchecklist)

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



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# Basic First Aid Kit: Type 2 Monthly Inspection Form:



ORDER SUPPLIES

Year: 

Item	Jul	Aug	Sep	Oct	Nov	Dec
<b>EMERGENCY</b>						
Compress Dressing 4"x4"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>PERSONAL PROTECTIVE EQUIPMENT</b>						
Nitrile Glove (Pair)	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Hand cleansing towelette	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Biohazard Disposal bag	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>BONE, MUSCLE, JOINT INJURY</b>						
Triangular bandage	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
<b>REFERENCE/STATIONARY</b>						
*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Incident report form	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Pencil	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Tamper tags	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>FABRIC BANDAGES/TWEEZERS</b>						
Fabric bandage ¾"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Fabric bandage knuckle	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage fingertip	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage large	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Splinter tweezers	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>GAUZE/DRESSINGS</b>						
*Gauze Pad 4"x4" (2/pack)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Non-adherent Gauze 3"x5"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 4"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>WOUND CLEANSING</b>						
Antiseptic BZK Swab	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25
Antibiotic Ointment	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Saline eye/wound wash 110ml	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>Earliest expiry date (M/Y)</b>	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
<b>*Tamper Tag number</b>						
<b>Inspector Initials</b>						
<b>Date Inspected (D/M/Y)</b>	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- \*Items exceed minimum CSA Standard Z1220-17

Supervisor: \_\_\_\_\_ #: \_\_\_\_\_  
Print new checklist: [wildmedkits.ca/pages/WFAKchecklist](http://wildmedkits.ca/pages/WFAKchecklist)

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



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# Intermediate First Aid Kit: Type 3

## Monthly Inspection Form:



Year: \_\_\_\_\_

Item	Jan	Feb	Mar	Apr	May	Jun
<b>EMERGENCY</b>						
CAT Gen 7 Tourniquet	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Compress Dressing 6"x6"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Compress Dressing 4"x4"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Glucose Tabs (expiry?)	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
<b>PERSONAL PROTECTIVE EQUIPMENT</b>						
Nitrile Glove (Pair)	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Hand cleansing towelette	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Biohazard Disposal bag	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
<b>BONE, MUSCLE, JOINT INJURY</b>						
*Mouldable padded splint 36"x4"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Triangular bandage	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Elastic wrap 3"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Instant cold pack (expiry?)	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>REFERENCE/STATIONARY</b>						
*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Incident report form	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Pencil	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Permanent marker	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Tamper tags	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>FABRIC BANDAGES/TWEEZERS</b>						
Fabric bandage ¾"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Fabric bandage knuckle	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage fingertip	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage large	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Splinter tweezers	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>GAUZE/DRESSINGS</b>						
Gauze Pad 4"x4" (2/pack)	___ of 9	___ of 9	___ of 9	___ of 9	___ of 9	___ of 9
Non-adherent Gauze 3"x5"	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 4"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Eye shield with strap	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Eye pad	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>WOUND CLEANSING</b>						
Antiseptic BZK Swab (expiry?)	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25
Antibiotic Ointment (expiry?)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Saline eye/wound wash 110ml (expiry?)	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Waterjel burn gel packet (expiry?)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
<b>Earliest expiry date (M/Y)</b>						
	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
<b>*Tamper Tag number</b>						
<b>Inspector Initials</b>						
<b>Date Inspected (D/M/Y)</b>						
	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- \*Items exceed minimum CSA Standard Z1220-17

Supervisor: \_\_\_\_\_ #: \_\_\_\_\_  
 Print new checklist: [wildmedkits.ca/pages/WFAKchecklist](http://wildmedkits.ca/pages/WFAKchecklist)

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



WILDMEDKITS.CA

# Intermediate First Aid Kit: Type 3

## Monthly Inspection Form:



ORDER SUPPLIES

Year: 

Item	Jul	Aug	Sep	Oct	Nov	Dec
<b>EMERGENCY</b>						
CAT Gen 7 Tourniquet	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Compress Dressing 6"x6"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Compress Dressing 4"x4"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Glucose Tabs (expiry?)	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
<b>PERSONAL PROTECTIVE EQUIPMENT</b>						
Nitrile Glove (Pair)	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Hand cleansing towelette	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Biohazard Disposal bag	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
<b>BONE, MUSCLE, JOINT INJURY</b>						
*Mouldable padded splint 36"x4"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Triangular bandage	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Elastic wrap 3"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Instant cold pack (expiry?)	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>REFERENCE/STATIONARY</b>						
*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Incident report form	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Pencil	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Permanent marker	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Tamper tags	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>FABRIC BANDAGES/TWEEZERS</b>						
Fabric bandage ¾"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Fabric bandage knuckle	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage fingertip	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage large	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Splinter tweezers	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>GAUZE/DRESSINGS</b>						
Gauze Pad 4"x4" (2/pack)	___ of 9	___ of 9	___ of 9	___ of 9	___ of 9	___ of 9
Non-adherent Gauze 3"x5"	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 4"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Eye shield with strap	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Eye pad	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
<b>WOUND CLEANSING</b>						
Antiseptic BZK Swab (expiry?)	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25
Antibiotic Ointment (expiry?)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Saline eye/wound wash 110ml (expiry?)	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Waterjel burn gel packet (expiry?)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
<b>Earliest expiry date (M/Y)</b>						
	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
<b>*Tamper Tag number</b>						
<b>Inspector Initials</b>						
<b>Date Inspected (D/M/Y)</b>						
	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- \*Items exceed minimum CSA Standard Z1220-17

Supervisor: \_\_\_\_\_ #: \_\_\_\_\_  
 Print new checklist: [wildmedkits.ca/pages/WFAKchecklist](http://wildmedkits.ca/pages/WFAKchecklist)

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



## **Ken Piercey**

**Is Certified**

**As A**

**First Aid & CPR/AED Instructor Trainer**

Certificate number 104082421

Expiry Date: 2026-04-29

Issue Date: 2023-04-30

Issued in: ON

To validate a certificate, go to [myrc.redcross.ca](https://myrc.redcross.ca) and click on Validate Certificate. Complete both fields and click on Validate. The search result will either verify the certificate or indicate an issue.

**CRCS National First Aid**



1 877 356-3226 [myrc.redcross.ca](https://myrc.redcross.ca)

# In case of injury or illness at work



## 1

### Get medical help

Your employer is responsible for providing first aid. See a doctor or go to a hospital if you need treatment. Your employer pays for your transportation on the day of injury.



## 2

### Document

Tell your employer about your injury or illness. They investigate and keep a record of what happened.



## 3

### Report to the WSIB

You can scan the QR code below or visit [wsib.ca/reporting](https://wsib.ca/reporting) and follow the steps to submit a Worker's Report of Injury/Illness (form 6). Your employer must report an injury or illness to us within three days.



## 4

### Work together

We work with you and your employer to help you recover and return to work safely, at the right time.

Scan the QR code or visit [wsib.ca/reporting](https://wsib.ca/reporting) to submit a Worker's Report of Injury/Illness (form 6).

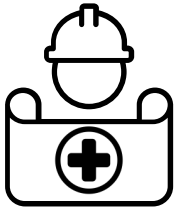


### Questions? We're here to help.

Sign up for our online services to send us a message anytime, anywhere, or call us at 1-800-387-0750 or TTY: 1-800-387-0050.

Visit [wsib.ca/onlineservices](https://wsib.ca/onlineservices) for details.

**wsib**  
ONTARIO



# FIRST AID INCIDENT FORM



**Injured worker name:**

---

**Address where first aid incident occurred:**

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**Date of incident:**

**Time of incident:**

Day/Month/Year

:

\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

**Describe what happened:**

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**Area & description of injury:**

**First aid treatment provided:**

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**Names of witnesses to incident:**

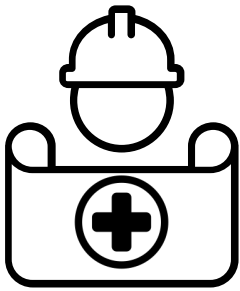
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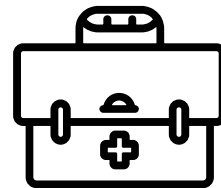
# First Aid Incident Response



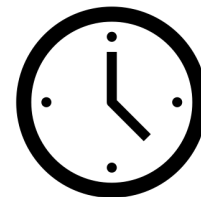
**Call 9-1-1 EMS if Emergency**



**Provide First Aid**



**Monitor until EMS arrival or  
transport to health care  
services if required.**



**Notify Supervisor**







# IMPORTANT NUMBERS



Emergency Numbers	Other:	Supervisor Contact
<b>Ambulance, Fire, Police:</b> 9-1-1 <b>OPP Non-Emergency #:</b> 1 888 310-1122	<hr/> #: _____	Supervisor 1: <hr/> #: _____
<b>CN Railway Emergency:</b>  1-800-465-9239	<hr/> #: _____	Supervisor 2: <hr/> #: _____
<b>Enbridge Gas Emergency:</b>  1-866-763-5427	<hr/> #: _____	Supervisor 3: <hr/> #: _____
<b>Hydro One Electric Emergency:</b>  1-800-434-1235	<hr/> #: _____	<hr/> #: _____
<b>Poison Control Center:</b>  1-800-268-9017 or 416-813-590	<hr/> #: _____	<hr/> #: _____
<b>Crisis Lines Canada 24/7</b>	#: _____	#: _____
<b>Talk Suicide Canada:</b> 1-833-456-4566  <b>Kids Help Phone:</b> 1-800-668-6868	<hr/> #: _____	<hr/> #: _____