
### **First Aid Station Information**

The Alberta Occupational Health and Safety (OHS) Code requires employers to provide first aid services at work sites. Information about first aid requirements and resources is available on the Safety Services webpage.

 **EMERGENCIES - Call 9-1-1 for life threatening emergencies and then call Security Services at 403.329.2345**

 **GENERAL FIRST AID –** Call SECURITY SERVICES at **403.329.2345 or 2435** on an in-house phone.

 Security will provide first aid scene management and will also organize personnel to meet the ambulance,

 if required. Ask a bystander to get nearest First Aid kit. Administer first aid, as trained.

 **INCIDENT REPORTING** - Report all accidents/incidents to your Supervisor, and submit an online

Campus/Accident Incident Report (CAIR).

**Supervisors are required to confirm that first aid supplies are available for their area and that employees who are First Aid trained have current certification.**

**DESIGNATED FIRST AIDERS (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Names (first, last)** | **Locations** **(Room #)** | **Qualifications (Type of First Aid Training)** | **Expiry Date(s), revise when recertified** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |

**FIRST AID KITS & SUPPLIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Kit** **(e.g. Alberta OHS #2 Kit)** | **Nearest Location** **(Room #)** | **Date(s) Last Inspected/****Restocked** | **Names (first, last) of person who completed Inspection/Restocking** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)**

|  |  |
| --- | --- |
| **Nearest Locations****(Room #)** | Click here to enter text. |
| Click here to enter text. |

**EMERGENCY EYEWASH & SHOWER STATION (if required)**

|  |  |
| --- | --- |
| **Nearest Locations****(Room #)** | Click here to enter text. |
| Click here to enter text. |

*Once completed, post in conspicuous locations within the department or work unit area*