

First Aid Drill Evaluation

Conduct annually to ensure first aid procedures are effective.

General Information

Clinic name:

Clinic address:

Drill date:

Drill participants:
(full name and role in the drill, e.g., first aid attendant, injured worker, staff, facilitator, observer)

Brief description of drill scenario:

Observations	Yes	No	Comments
Workers were familiar with how to call for first aid.			
The first aid attendant was effectively summoned.			
First aid attendant or other workers were familiar with the location of the first aid kit and other equipment (e.g., oxygen tank, AED, if available).			
First aid attendant or other workers were able to access the first aid kit and other equipment promptly (e.g., not locked inside a cupboard).			
The first aid attendant responded correctly to the injury (i.e., see if first aid procedures were effectively followed).			
The first aid attendant was familiar with the documentation and reporting requirements.			
Were any barriers encountered (e.g., noisy environment, poor lighting, hesitation, uncertainty)?			

Post-Drill Evaluation and Communication

Summary of observations and outcomes:

How effective was the first aid procedure in addressing the scenario?

Were the results of the drill shared with all first aid attendants and the Joint Health and Safety Committee or Worker Representative?

If no, explain why and outline the plan to communicate the results.

Comments (Identified issues and corrective actions):

Evaluation Completion and Employer Review

Completed by:
(name, position)

Date
completed:

Reviewed by:
(signature)

Date
reviewed: