First Aid Assessment

For community physician clinics. Must be completed to assess the clinic's first aid needs and reviewed annually.

Workplace information

Clinic name:	
Clinic address:	

Number of workers in the clinic

Enter the maximum number of workers per shift.

2 – 5 workers	6 – 9 workers	10 – 19 workers	20 – 49 workers	50 – 99 workers

Hazards in the clinic

Common hazards include chemical (disinfectants), biological (infectious materials), and physical (equipment) hazards.

Possible injuries to staff

Common types of injuries include skin/eye irritation, allergies, burns, needlesticks, slips, trips, falls, cuts, and violence-related injuries.

Workplace hazard rating

Medical clinics are considered low-hazard workplaces by WorkSafeBC. Refer to WorkSafeBC's Workplace Hazard Ratings.

Low	Moderate	High

Accessible or less accessible by ambulance personnel

Medical clinics are considered accessible workplaces by WorkSafeBC. Refer to WorkSafeBC's Schedule 3-A.

Accessible	Less accessible

SWITCH BC

doctors of bc

BRITISH COLUMBIA
Supported by the Province of British Columbia

Any barriers to providing first aid in the clinic

Provide details if "Yes"

No	Yes	

Clinic location type

Typical driving time from the nearest ambulance station to your clinic.

Not Remote (≤ 30 minutes) *(Clinic is deemed a workplace Class 1)*	Remote (> 30 minutes) *(Clinic is deemed a workplace Class 2)*

First aid assessment results

To determine the type of equipment and supplies required in your clinic, visit SWITCH BC First Aid Assessment.

Equipment/supplies required:	Personal first aid kit	Basic first aid kit	Intermediate first aid kit
First Aid Attendant required: *(select more than one item, if applicable)*	No attendant	Basic first aid attendant	Intermediate first aid attendant
	Basic first aid attendant (transport)		Intermediate first aid attendant (transport)
Facility required:	No facility (<100 workers)	Dressing station (≥ 100 workers)	First Aid Room (≥ 200 workers)

Assessment completion and employer review

Completed by: *(name, position)*		Date completed:	
Reviewed by: *(signature)*		Date reviewed:	

SAVE / PRINT