

First Aid Assessment

For community physician clinics

To determine your clinic's first aid needs, you'll need to conduct an assessment that considers the number of workers present, the hazard rating, and other workplace factors. Every employer in B.C. needs to complete a written first aid assessment for their workplace and review it **annually**.

Workers

Maximum number of workers per shift

- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> 2-5 workers | <input type="checkbox"/> 6-9 workers | <input type="checkbox"/> 10-19 workers | <input type="checkbox"/> 20-49 workers |
|--------------------------------------|--------------------------------------|--|--|

Workplace hazard rating

Medical clinics are typically considered low-hazard rating workplaces by [WorkSafeBC's workplace hazard ratings](#).

- | | | |
|------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
|------------------------------|-----------------------------------|-------------------------------|

Accessible or less accessible workplace

Medical clinics are typically accessible to ambulance personnel.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Accessible | <input type="checkbox"/> Less accessible |
|-------------------------------------|--|

Clinic location

Typical driving time from your workplace to the nearest ambulance station operated by British Columbia Emergency Health Services (BCEHS) during a regular work shift.

- | | |
|---|--|
| <input type="checkbox"/> Not Remote (≤ 30 minutes)
<i>(Clinic is deemed workplace Class 1)</i> | <input type="checkbox"/> Remote (> 30 minutes)
<i>(Clinic is deemed workplace Class 2)</i> |
|---|--|

First Aid Assessment Results

To determine the type of equipment and supplies required in your clinic, visit [WorkSafeBC](#).

- | | | |
|---|---|--|
| Equipment/supplies required: | <input type="checkbox"/> Personal First Aid Kit | <input type="checkbox"/> Basic First Aid Kit |
| First Aid Attendant required: | <input type="checkbox"/> None | <input type="checkbox"/> Basic First Aid Attendant |
| Facility required:
<i>(dressing station or first aid room)</i> | <input type="checkbox"/> None
<i>(only required when >100 workers in workplaces classes 1 and 2)</i> | |

Employer name:

Date:

DD / MM / YYYY

Signature