

First Aid Checklist

Establishing a first aid program

Clinic name:			
Date completed:	DD / MM / YYYY	Next due (annually):	DD / MM / YYYY
First aid assessment			YES
Your clinic has reviewed the first aid contents page and determined the level of first aid equipment required and whether a first aid attendant is needed.			<input type="checkbox"/>
First aid signage			YES
Clinic's First Aid procedure (specific to clinic) is printed and posted.			<input type="checkbox"/>
WorkSafeBC's Notice to Workers is printed and posted.			<input type="checkbox"/>
General			YES
There is an effective means to call for backup if needed (e.g., call for help, phone, panic alarm).			<input type="checkbox"/>
If a first aid attendant is required, they have the appropriate level of current, non-expired certification (e.g., Basic First Aid).			<input type="checkbox"/>
First aid supplies and equipment are available, and the clinic meets minimum requirements.			<input type="checkbox"/>
A process is in place for checking first aid supplies/equipment and replenishing missing inventory (e.g., is reviewed twice a year).			<input type="checkbox"/>
All staff are aware of precautions for blood and body fluid exposures.			<input type="checkbox"/>
Record keeping and supplies			YES
Fully stocked first aid kit containing the items required by WorkSafeBC.			<input type="checkbox"/>
First Aid Record Book located in a secure location (e.g., locked cabinet, locked digital folder).			<input type="checkbox"/>
A record of injury and treatment is documented in the record book.			<input type="checkbox"/>
Name (supervisor):			
Signature:			

Please ensure a copy is forwarded to the physician employer, worker health and safety representative, supervisor, and first aid attendant where applicable.