

Using this worksheet

Every employer in B.C. needs to prepare a written first aid assessment for each of their workplaces. Use this worksheet to document the minimum and additional first aid required for your workplace. Consult [G3.16](#) of the Occupational Health and Safety (OHS) Guidelines for more information, including how to determine the number of workers and hazard rating for your workplace.

Employer's name	Location assessed
Shift name and/or time	Assessment date or date of review
Workers consulted	Date(s) of consultation(s) with joint committee and/or workers
<input type="checkbox"/> Joint committee participated (if applicable)	
Documented by	Contact number (optional)

Minimum first aid

Determine the number of workers per shift
Count every worker at your workplace or worksite or on this shift, including dispatched workers, managers, and supervisors.

Maximum number of workers at this location or on this shift


Determine your hazard rating

1. Is this a separate administrative location?

Yes
If yes, your hazard rating is **Low** (skip question 2 and check off "Low" at bottom of page)


No
If no, refer to the [Workplace hazard ratings](#) document (click the link or scan the QR code) to find the hazard rating assigned to your classification unit (CU).

What is your CU?
What is the hazard rating assigned to your CU?



2. Are work activities at this location typical of your CU?

Yes
Check off the hazard rating assigned to your CU




No, work activities are more consistent with activities of another CU with a higher hazard rating

No, this is a multiple employer workplace where the work is phased

Alternative CU
Reasoning (tasks performed)

Check off the hazard rating assigned to the alternative CU



Hazard rating

Low Moderate High

Determine if your workplace is remote and/or less accessible

1. Determine if your workplace is remote.

How long does it typically take to drive from your workplace to the nearest ambulance station operated by British Columbia Emergency Health Services (BCEHS)? (Use an online mapping tool to estimate time during a typical work shift.)

Note: Workplaces located on roads that cannot be made accessible to BCEHS ambulance must be considered remote.

Time to BCEHS station

If 30 minutes or less to BCEHS station → **Not remote** If more than 30 minutes → **Remote**

2. Determine if your workplace is less accessible.

Are workers working in any of the following areas?

Group 1 areas

- Backcountry areas only accessible by all-terrain vehicle (ATV), snowmobile, or similar means
- Areas where the only means of access involves steep or slippery slopes or embankments (without walkways)
- Private, industrial, or resource roads that cannot be made accessible to BCEHS
- Areas with rough or complex terrain
- Areas where there is a significant risk of avalanche, landslide, flood, or other natural hazards
- A ferry

If you checked one or more of the boxes in **Group 1**, your workplace is **less accessible**.

Group 2 areas (hazardous areas)

- Confined spaces or areas where there is a risk of entrapment
- Underground work areas
- Excavations
- Areas that are only accessible by ladders, scaffold, or temporary work platforms
- Work areas at high angles, or where an unguarded fall hazard exists
- Areas where a drowning hazard exists (work on or over water)
- Areas requiring specialized personal protective equipment (PPE) or areas where hazardous atmospheres may exist
- Other hazardous areas not accessible to BCEHS attendants

Describe

If you checked one or more of the boxes in **Group 2**, your workplace is **less accessible, unless all the following conditions are met:**

- Workplace is not remote
- No boxes in Group 1 are selected
- Alternative provisions are in place to safely rescue workers from the hazardous area to an area accessible to BCEHS

Your workplace is **not less accessible**


If BCEHS ambulance can access your workplace and there are no hazardous areas where BCEHS attendants will not access, **or** if workers are prevented from accessing these areas, your workplace is **not less accessible**.

Workplace is **less accessible**

Workplace is **not less accessible**

Determine your workplace class

Based on your answers about remoteness and accessibility, check off the box below for your workplace class. Refer to the [Minimum first aid requirements](#) document (click the link or scan the QR code) for tables that list the minimum requirements for your class.

Remote	Less accessible	Workplace class	Schedule 3-A table	Schedule 3-A tables
No	No	<input type="checkbox"/> Class 1	Table 3-1	
Yes	No	<input type="checkbox"/> Class 2	Table 3-2	
No	Yes	<input type="checkbox"/> Class 3	Table 3-3	
Yes	Yes	<input type="checkbox"/> Class 4	Table 3-4	

Document your minimum first aid requirements

Based on the **maximum number of workers** at your workplace, your **hazard rating**, and your **workplace class**, consult the applicable Schedule 3-A table to determine your minimum first aid requirements and document below.

<p>Refer to the First aid equipment, supplies, and facilities document (click the link or scan the QR code) to see what equipment your first aid kit(s) and first aid facilities must include.</p> <p>First aid kit</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Basic</p> <p><input type="checkbox"/> Intermediate</p> <p><input type="checkbox"/> Advanced</p> <p>First aid facilities</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Dressing station</p> <p><input type="checkbox"/> First aid room</p>	<p>First aid attendant(s)</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Basic: <input type="checkbox"/> 1 or <input type="checkbox"/> 2</p> <p><input type="checkbox"/> Intermediate: <input type="checkbox"/> 1 or <input type="checkbox"/> 2 or <input type="checkbox"/> 3</p> <p><input type="checkbox"/> Advanced: <input type="checkbox"/> 1 or <input type="checkbox"/> 2</p> <p><input type="checkbox"/> Transport endorsement</p>
	<p>Emergency transportation</p> <p><input type="checkbox"/> For 1 worker</p> <p><input type="checkbox"/> For 2 workers</p> <p><input type="checkbox"/> None</p> <p style="text-align: right;">Describe type of emergency transportation (if applicable)</p>

Additional first aid

Consider the following additional factors that may affect your ability to promptly provide an injured worker first aid or transportation to medical treatment:

- Risks and hazards unique to the workplace
- Risks and hazards not typical of your CU
- Types of injuries that have previously occurred at the workplace or similar workplaces
- Barriers that could limit or delay a worker’s access to first aid
- Equipment that may be necessary to safely rescue a worker from less accessible areas
- Known barriers that may affect BCEHS response time or time to transport to hospital

Document any additional factors applicable to the workplace being assessed

Document first aid services provided at this workplace
 Based on the minimum first aid services required by Schedule 3-A and your consideration of the additional factors above, **document the first aid services provided at this workplace.**

The minimum first aid services required by Schedule 3-A are provided at this workplace.
 If services provided are different than the minimum required, document below.

First aid kits (number of kits and kit types)	First aid attendant(s) (number of attendants and certification level for each) Per shift
Supplemental first aid supplies or equipment	Total at this workplace
First aid facilities (types of facilities)	Emergency transportation (type of transport and number of workers that can be transported at the same time)

Next steps

Your assessment must be updated annually and available at the workplace you have assessed so that workers, supervisors, and WorkSafeBC prevention officers can validate its accuracy and confirm availability of the required first aid.