



PHYSICIAN PRACTICE ENHANCEMENT PROGRAM

Assessment Standards

Safety: Emergency Preparedness for Staff and Patients in a Family Physician Clinical Office

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Safety

EMERGENCY PREPAREDNESS FOR STAFF AND PATIENTS IN A FAMILY PHYSICIAN CLINICAL OFFICE

This standard describes the minimum requirements for emergency preparedness for staff and patients in a family physician clinical office in the community setting.

In the clinical office of a family physician, the most common patient medical emergencies are asthma, anaphylaxis, shock, seizures and cardiac arrest. Each practice setting is unique in its patient population, services provided and location.

For a patient emergency, the expectation is that each physician determines if additional emergency medication(s) are required based on a thorough risk assessment (see Appendix A). The following must be considered:

1. Scope of practice
2. Size of practice
3. Physical location
4. Target population
5. Distance to hospital

The office must also be prepared for a staff emergency. It is assumed that the level of risk for staff injury in a community office is low. The expectations are based on WorkSafeBC requirements and legislation (see Appendix B). The following must be considered:

1. Number of staff in the work setting
2. Distance to hospital

For simplicity, in the physician's clinical office, the patient and staff emergency/first aid kit can be one kit.

The medical director maintains oversight of and responsibility for all operational and administrative components. In a clinical office, where the care of patients is shared by a number of physicians (i.e. walk-in clinic, urgent care or multi-physician clinic), a single physician must be designated as the medical director. In a solo physician clinic, the physician is the medical director.

For detailed information on the roles and responsibilities of the medical director, refer to the College practice standard [Primary Care Provision in Walk-in, Urgent Care and Multi-physician Clinics](#).

UNDERSTANDING THE ASSESSMENT STANDARD

An assessment standard consists of three components:

1. **Standard** – a goal statement of achievable levels of performance. An assessment standard is identified by a first level whole number ending in “.0” such as 1.0, 2.0, 3.0 etc.
2. **Criterion** – activities or components of the standards that once implemented lead to the overall attainment of the standard. A criterion is identified by the first level number indicating the standard to which it is associated, and a second level number such as X.1, X.2, X.3, etc.
3. **Criterion Descriptors** – specific actions for each criterion. Criterion descriptors are identified by the first level standards number, the second level criterion number and a third level criterion number such as X.Y.1, X.Y.2, etc.

A criterion marked by an **M** indicates that the criterion is mandatory and must be met. If the registrant is assessed by PPEP, the expectation is that the registrant has met this criterion.

Criterion that is not marked by an M is based on best practices using current provincial, national and international standards and guidelines. A non-M criterion should be met, but is not required. A registrant should use their best judgement to determine whether or not the unique circumstances of their practice necessitate meeting each non-M criteria.

No.	Standard Criterion	Reference
SAF 1.0	EMERGENCY/FIRST AID KIT FOR A PATIENT EMERGENCY	
SAF 1.1	The clinical office responds appropriately to a patient medical emergency.	
SAF 1.1.1	M A risk assessment (see Appendix A) has been conducted to identify and obtain all emergency medications and equipment needed in the event of a medical emergency involving a patient.	4
SAF 1.1.2	M Emergency/first aid kit is: <ul style="list-style-type: none"> • clean and organized in a designated and easily accessible location (such as one cabinet or one cart) • portable when needed • used for both patient and staff medical emergencies 	6
SAF 1.1.3	M The emergency kit includes the minimum requirements (see Appendix C).	6
SAF 1.2	Staff receives training and education for handling a patient medical emergency.	
SAF 1.2.1	M Staff receive education and training on what to do in the event of a patient medical emergency: <ul style="list-style-type: none"> • upon hire • anytime there is a change in the protocols, medications or equipment items • with regularly scheduled mock codes involving all staff members with assigned roles 	2
SAF 1.3	There is a process in place to routinely check the patient emergency/first aid kit.	
SAF 1.3.1	M The items in the emergency kit are routinely verified by a designated staff member. Verification includes: <ul style="list-style-type: none"> • re-stocking items as required • checking expiration dates on medication • checking equipment for proper functioning • checking batteries • confirming product seals are intact 	6
SAF 1.4	The emergency/first aid kit for patient medical emergencies contains appropriate emergency medication based on the risk assessment (complete Appendix A, refer to SAF 1.1.1). Note: When ordering medications for in office use, indicate “in office use” on prescription.	
SAF 1.4.1	M Epinephrine (1 mg of 1/1000 solution or prefilled syringe).	
SAF 1.4.2	M Salbutamol metered dose inhaler.	
SAF 1.4.3	M Nitroglycerin spray (0.4 mg).	
SAF 1.4.4	M Acetylsalicylic acid (80 mg).	

No.	Standard Criterion	Reference
SAF 1.4.5	Lorazepam (1 mg sublingual preparation).	
SAF 1.4.6	Oral and parenteral benzotropine (if haloperidol is given in office).	
SAF 1.4.7	Glucose gel.	
SAF 1.4.8	Glucagon (parenteral or intranasal preparations).	
SAF 1.4.9	Naloxone (for risk-appropriate clinical settings).	8
SAF 1.5	The patient emergency/first aid kit contains appropriate emergency equipment.	
SAF 1.5.1	M Bag valve mask ventilator.	
SAF 1.5.2	M Blood pressure cuff (pediatric, small adult, large adult).	
SAF 1.5.3	M Glucose meter.	
SAF 1.5.4	M Oral airways (pediatric, small adult (size 3–4), medium adult (size 4–5), large adult (size 5–6)).	
SAF 1.5.5	M Nebulizer or metered dose inhaler spacer and face masks.	
SAF 1.5.6	M Personal protective equipment (latex-free disposable gloves, fluid-resistant mask, eye protection).	
SAF 1.5.7	Oxygen source, oxygen mask (pediatric, adult) and tubing.	
SAF 1.5.8	Portable suction device and catheters, or bulb syringe.	
SAF 1.5.9	Intravenous extension tubing and T-connectors.	
SAF 1.5.10	Pulse oximeter for child and adult usage.	
SAF 1.5.11	Resuscitation tape (color-coded) for pediatric dosage determination.	
SAF 1.5.12	Automated external defibrillator.	
SAF 1.5.13	ECG machine.	

No.	Standard Criterion	Reference
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SAF 2.0 EMERGENCY/FIRST AID KIT FOR STAFF MEDICAL EMERGENCY

SAF 2.1	The clinical office responds appropriately to a staff medical emergency. All employers including physicians and medical directors (for walk-in, urgent care, multi-physician clinics) are required by law to provide an adequate and appropriate level of emergency/first aid coverage as described in Part 3 of the Occupational Health and Safety (OHS) Regulation (WorkSafeBC). In order to identify the adequate and appropriate level of first aid services, the employer must conduct an assessment (complete Appendix C) of the workplace.	
SAF 2.1.1	M The emergency/first aid kit includes the minimum requirements for staff medical emergencies based on completion of the risk assessment (see Appendix C).	6
SAF 2.1.2	M Clinical office maintains first aid records of all injuries and exposure to contaminants reported and treated. First aid records must be kept confidential and for at least three years.	3

SAF 3.0 GENERAL EMERGENCY PREPAREDNESS

SAF 3.1	The clinical office is prepared for disasters and emergencies that include: <ul style="list-style-type: none"> • fire/evacuation • disruptive/hostile patient • power loss • earthquake 	
SAF 3.1.1	M Emergency exit routes are marked and provide an unimpeded exit.	1
SAF 3.1.2	M Staff is aware of the location of firefighting equipment in the medical office.	7
SAF 3.1.3	Written emergency protocol is available, communicated and posted to all staff.	3
SAF 3.1.4	Emergency protocol is posted and communicated in suitable locations throughout the workplace.	3
SAF 3.1.5	M Staff receive education and training on general emergency preparedness in the clinical office: Documented education and training are provided: <ul style="list-style-type: none"> • upon hire • anytime there is a change in protocol 	7
SAF 3.1.6	M Staff education and training on general emergency preparedness is documented.	7
SAF 3.1.7	M Emergency instructions are posted in the medical office for easy reference.	7

No.	Standard Criterion	Reference
SAF 3.1.8	M Emergency telephone numbers and the facility address are posted near every telephone.	7
SAF 3.1.9	M Fire and smoke detectors, fire alarms and fire extinguishers are unobstructed, located throughout the office and inspected annually at a minimum.	7
SAF 3.1.10	M In the event of an emergency, staff members have defined roles and can execute their individual responsibilities.	7
SAF 3.1.11	M In the event of a minor irritation or injury to the eye or skin, there must be access to water to irrigate (flush) the affected area(s).	7

REFERENCES

1. <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities#Schedule3A>
2. Guidelines – Part 3 – Young or New Workers: <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-03?origin=s&returnurl=https%3A%2F%2Fwww.worksafebc.com%2Fen%2Fsearch%23q%3Dfirst%2520aid%26sort%3Drelevancy%26f%3Alanguage-facet%3D%5BEnglish%5D#F7DA871CD396496D8835E602BDE6A18C>
3. Forms and records: <https://www.worksafebc.com/en/health-safety/create-manage/first-aid-requirements/forms-records?origin=s&returnurl=https%3A%2F%2Fwww.worksafebc.com%2Fen%2Fsearch%23q%3Dfirst%2520aid%2520assessment%26sort%3Drelevancy%26f%3Alanguage-facet%3D%5BEnglish%5D>
4. First aid assessment: <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-03#SectionNumber:G3.16>
5. Emergency /First aid items and Developing and implementing first aid procedures: <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-03#SectionNumber:G3.17>
6. Basic requirements to meet schedule 3-A: https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-03#SectionNumber:G3.16_1.1
7. How to prepare an Emergency Response Plan for your small business: <https://www.worksafebc.com/en/resources/health-safety/information-sheets/how-to-prepare-an-emergency-response-plan-small-business?lang=en&origin=s&returnurl=https%3A%2F%2Fwww.worksafebc.com%2Fen%2Fsearch%23q%3Demergency%2520exits%26sort%3Drelevancy%26f%3Alanguage-facet%3D%5BEnglish%5D>
8. College of Pharmacists of British Columbia. Emergency use Naloxone in BC [Internet]. Vancouver: College of Pharmacists of British Columbia; 2016. [cited 2017 May 3]; [7 screens]. Available from: <http://www.bcpharmacists.org/naloxone>
9. LeBlanc C, Murray J, Staple L, Chan B. Review of emergency preparedness in the office setting: how best to prepare based on your practice and patient demographic characteristics. Canadian Family Physician. 2019 Apr;65(4):253-9.

APPENDIX A – RISK ASSESSMENT FOR DETERMINING PATIENT EMERGENCY PROCEDURES

- a. What patient population do you serve (pediatric, adult, geriatric)?
- b. Is your scope of practice limited (e.g. only psychotherapy)?
- c. What tests and procedures do you commonly perform in your clinic (e.g. allergy shots, allergy testing, stress tests)?
- d. Are any of these tests and procedures associated with higher risk such that they would increase the likelihood of a medical emergency?
- e. Are you in an urban/suburban or rural/remote setting?
- f. Is your clinical office situated close to an emergency department (under 20 minutes)?
- g. Do you have access to emergency medical services (EHS) (less than 20 minutes) or is a delay in EMS response likely?
- h. Based on your location, do you know what level of EHS is available to you? Refer to Schedule 1 and 2 of the [Emergency Medical Assistants Regulation](#).
- i. Is extreme weather a possibility?

APPENDIX B – STAFF EMERGENCY/FIRST AID KIT LIST ITEMS AND LEVEL OF FIRST AID FOR A LOW RISK OF INJURY WORKPLACE

Table 1: This table applies to a workplace that an employer determines, under section 3.16(2)(b) of the Regulation, creates a low risk of injury and that is **more than 20 minutes** surface travel time away from a hospital.

Number of workers per shift	Supplies, equipment, and facility	Level of first aid certificate for attendant	Transportation
1	Personal first aid kit		
2-5	Basic first aid kit		
6-30	Level 1 first aid kit	Level 1 certificate	

Table 2: This table applies to a workplace that an employer determines, under section 3.16(2)(b) of the Regulation, creates a low risk of injury and that is **20 minutes or less** surface travel time away from a hospital.

Number of workers per shift	Supplies, equipment, and facility	Level of first aid certificate for attendant	Transportation
1			
2-10	Basic first aid kit		
11-50	Level 1 first aid kit	Level 1 certificate	

APPENDIX C – COMPONENTS OF AN EMERGENCY/FIRST AID KIT (PERSONAL, BASIC, AND LEVEL 1 KITS)

The purpose of this guideline is to outline the recommended type and quantity of equipment, supplies, and facilities as required by [Schedule 3-A](#). An assessment under section 3.16(2) of the Regulation may indicate consideration of additional equipment. This may also involve ensuring additional training for the designated first aid attendant.

Personal first aid kit

1	10 cm X 16.5 cm sterile pressure dressings with crepe ties
6	Sterile adhesive dressings, assorted sizes, individually packaged
6	14 cm X 19 cm wound cleansing towelettes, individually packaged
1	Waterproof waste bag

Basic first aid kit

6	14 cm x 19 cm wound cleansing towelettes, individually packaged
10	Sterile adhesive dressings, assorted sizes, individually packaged
6	10 cm x 10 cm sterile gauze dressings, individually packaged
1	10 cm x 16.5 cm sterile pressure dressings with crepe ties
1	Cotton triangular bandage, minimum length of base 1.25 m
1	14 cm stainless steel bandage scissors or universal scissors
1	2.5 cm x 4.5 m adhesive tape
1	7.5 cm x 4.5 m crepe roller bandage
3	Pairs of medical gloves (preferably non-latex)
1	Waterproof waste bag

Note: A kit that meets the requirements for an Alberta Type P first aid kit is acceptable as a basic kit in BC.

Level 1 first aid kit

1	Blanket
24	14 cm x 19 cm wound cleansing towelettes, individually packaged
50	Sterile adhesive dressings, assorted sizes, individually packaged
10	10 cm x 10 cm sterile gauze dressings, individually packaged
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties
2	7.5 cm x 4.5 m crepe roller bandages
2	7.5 cm conforming gauze bandages
1	2.5 cm x 4.5 m adhesive tape
2	Cotton triangular bandages, minimum length of base 1.25 m
2	Quick straps (a.k.a. fracture straps or zap straps)
1	Windlass style tourniquet
1	14 cm stainless steel bandage scissors or universal scissors
1	11.5 cm stainless steel sliver forceps
1	Pocket mask with a one-way valve and oxygen inlet
6	Pairs of medical gloves (preferably non-latex)
1	Waterproof waste bag
	First aid records

Note: A kit that meets the requirements for an Alberta Number 1 first aid kit is acceptable as a Level 1 first aid kit in BC (with the addition of a tourniquet).