**First Aid Risk Assessment**

This form is to be completed with reference to *First Aid and Infection Prevention and Control Procedure.*

| **1. Personal Details** |
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| Name of Person/s Conducting the Assessment: | Date: / /  |
| School / Workplace: |
| **2. Items to be considered for the provision of First Aid in the workplace** | **Description** |
| **Type of work performed and the nature of the hazards** (e.g. science laboratories, workshops, chemical storage, offices, vehicles, excursions, camps etc.). |  |
| **Potential illnesses or life threatening injuries** (e.g. anaphylaxis and asthma, cardiac arrest where an Automatic External Defibrillator may be required) and likely causes. |  |
| **The size and layout of the workplace** (e.g. terrain, access and egress, proximity of high hazard areas and isolated areas to first aid, etc.). |  |
| **The number and distribution of employees and others, including arrangements such as shift work, travel requirements, visitors.** |  |
| **The location of the site** (e.g. proximity to medical facilities and access to ambulance services). |  |

| **3. Are following minimum First Aid Room requirements available, where a first aid room is required as per section 3.3.1 in the *First Aid and Infection Prevention and Control Procedure*?** |
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|  | **Yes** |  | **Yes** |  | **Yes** |
| **Eye Protection**  | ❑ | **Sharps Disposal System** | ❑ | **Desk/table and telephone** | ❑ |
| **Gown/Apron** | ❑  | **Biohazard Waste Container** | ❑ | **List of Emergency Numbers** | ❑ |
| **Disposable Gloves**  | ❑ | **An upright Chair** | ❑ | **Electric Power points** | ❑ |
| **Resuscitation mask** | ❑  | **Storage Cupboards** | ❑ | **Sink (hot & cold water)** | ❑ |
| **Work Bench or Dressing Trolley**  | ❑  |  |  | **Blankets and Pillows** | ❑ |

| **4. Minimum First Aid Facilities – also refer to School Policy and Advisory Guide - Student Health and First Aid and WorkSafe Victoria Compliance Code – First aid in the workplace** |
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| **Site Characteristics** | **Minimum first aid requirements -** *The minimum acceptable level of training is HLTAID003 Provide First Aid* | **Tick** |
| Less than 50 employees (and students) | 1 first aid officer  | 1 first aid kit | ❑ Yes ❑ No ❑ N/A |
| 50 - 199 employees (and students) | 2 first aid officers | 4 first aid kits | ❑ Yes ❑ No ❑ N/A |
| 200 - 399 employees (and students) | 4 first aid officers  | 6 first aid kits | ❑ Yes ❑ No ❑ N/A |
| 400 - 599 employees (and students) | 6 first aid officers  | 8 first aid kits | ❑ Yes ❑ No ❑ N/A |
| 600 - 799 employees (and students) | 8 first aid officers | 10 first aid kits and a first aid room with a bed and stretcher | ❑ Yes ❑ No ❑ N/A |
| 800 - 999 employees (and students) | 10 first aid officers  | 12 first aid kits (including specific “type of incident” treatment) and a first aid room with a bed and stretcher  | ❑ Yes ❑ No ❑ N/A |
| >1000 employees (and students)  | 10 + one first aid officer for every additional 100 employees and students | 12 + one kit for every additional 100 employees and studentsA first aid room with a bed and stretcher | ❑ Yes ❑ No ❑ N/A |
| Where access is limited to medical and ambulance services (e.g. remote workplaces, school field excursions etc.) | 2 additional first aid officers for every category | 2 additional first aid kits for every category | ❑ Yes ❑ No ❑ N/A |
| **5. Additional First Aid Facilities** |
| Insert description of additional facilities required after completing and evaluating **sections 2, 3** **and 4** of this form: |
| **6. Review Controls** |
| Workplace Manager and/or Management OHS Nominee verifies provision of the above first aid facilities: Effective Not effective **Date:** / /  | **Name:** **Signature:** |