**First Aid Risk Assessment**

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

| **1. Personal Details** | | |
| --- | --- | --- |
| 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*?** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **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** | | | | |
| --- | --- | --- | --- | --- |
| **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 students  A 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:** | |