****First Aid Requirements Assessment**

***This documentation must be kept by the College / Portfolio for 8 years for review/audit purposes.***

***Please forward a copy of this completed form to the WHS Unit*** [***whs@flinders.edu.au***](mailto:whs@flinders.edu.au)

**College/ Portfolio:** [Type here]

**Location/ Building:** [Type here]

**Date Assessment/ Review completed:** [Type here]

**First Aid Coordinator:** [Type here]

**Persons involved in the assessment:**

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| **Name** | **Position** | **Contact #** |
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| **Items to consider as part of assessment** | | **Please provide details and**  **comments (if required)** |
| 1. **The size and location of the workplace**   *A remote workplace is one that is on average more than a 20 minute drive from the nearest public hospital/ ambulance service/ medical centre capable of providing emergency response* | | |
| Number of floors? | |  |
| Access between floors? | |  |
| Nearest hospital? | |  |
| Nearest medical or occupational health service? | |  |
| Maximum time to medical service? | |  |
| In consideration of the above, is the workplace considered to be remote? | | **Yes  No** |
| 1. **The number and composition of the workers and other persons at this workplace** | | |
| Number of staff | |  |
| Number of other persons including students, visitors, contractors etc. | |  |
| Is any out-of-hours work undertaken? | |  |
| 1. **Nature of work**   *Does the workplace have one or more of the following identified hazards?* | | *Please comment on the risk including, the likelihood of the occurrence and the degree of harm* |
| Hazardous manual tasks  Risk of falling from heights (requiring working at heights permit)  Working in Confined Spaces (requiring a confined space entry permit)  Hot Work (requiring hot work permit)  Use of hazardous chemicals  Risk of exposure to radiation  Risk of exposure to biological substances  Risk of exposure to physical violence i.e. aggressive clientele or patients  Working in extreme hot/cold conditions  Use of hazardous plant & equipment  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 1. **Incidents and Injuries**   *Identify up to the top 5 injuries or incidents over the 3 years* | | |
| 1.  2.  3.  4.  5. | | |
| 1. **Risk Rating – In consideration of the responses provided above, is workplace classified as high or low risk**   *Workplaces such as offices, libraries that are unlikely to have these types of hazards should be considered as* ***LOW RISK***  *Workplaces with one or more hazards as identified should be considered as* ***HIGH RISK*** *if the hazard exposure is likely to occur on a frequent basis* | | |
| HIGH RISK WORKPLACE  LOW RISK WORKPLACE | | |
| 1. **Determine the number of first aiders required**   ***Low risk workplace – one first aider for every 50 workers***  ***High risk workplace – one first aider for every 25 workers***  ***Where the workplace is classified as REMOTE and HIGH RISK – one first aider for every 10 workers (Field Trip)***  *Note: in certain circumstances it may not be reasonably practicable to have a first aider available at all times. In these instances, ensure that staff members have effective means of communication with emergency services and receive training/ awareness of the first response protocol to contact Security on site for assistance.* | | |
| Y / N / NA | Are there any special factors in the workplace that may indicate the need for more than the minimum number of first aiders?    Based on the total number of persons identified at the workplace, identify the number of first aiders recommended.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. **Provision of first aid kits and equipment at the workplace**   *Assess how many standard and or small workplace first aid kits are required for your area. Kits need to be conveniently located and easily accessible. Determine the types of kits you need by considering the types of injuries and illnesses that are reasonably foreseeable given the nature of the workplace and the work done there i.e. burn, chemical, eye injury etc.*  *First aid kits and or equipment should be provided in sufficient numbers AND / OR located in one or more work areas such that those kits / facilities are readily accessible or able to be retrieved promptly.*  *Workplaces consisting of multiple floors should be supplied with first aid kits on every second floor where access to each floor can be achieved. Where access between floors is not possible, consider supplying kits for each floor* | | |
| Y / N / NA  Y / N / NA | Are there any known specific hazards in the workplace which require specific first aid kit modules or items? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of standard first aid kits required? \_\_\_\_\_\_\_\_\_\_\_\_  Number of small workplace first aid kits required? \_\_\_\_\_\_\_\_  Are there known specific hazards that require other first aid provision such as eye wash and or emergency showers?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional items required (eg for outdoor work, remote work, burns injuries etc) |

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| First Aid Risk Assessment completed by: | |
| Name (please print): | Signature: |
| Date: |  |