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| The first aid risk assessment process is to assist in determining the provision of appropriate first aid kits, first aid facilities and first aid officers for a specific work and learning environment (e.g., School/department, building and/or level). Persons completing this risk assessment are recommended to first refer to ***HR – HSW-PR31-WI01 – First Aid Risk Assessment Guide*** for help with completing this risk assessment.  For the purposes of this risk assessment, the term “people” includes refers to staff, students, researchers and third parties.  The completed risk assessment must be maintained by the entity responsible for the work and learning environment being assessed. |

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| **Section 1** | | | | | | | | |
| **College / Portfolio** |  | | **School / department** | |  | | **Date of assessment** |  |
| **Location of the Work and Learning Environment** | **Campus** |  | **Building** |  | **Floor** |  | **Room** |  |
| **Description of the activities and tasks undertaken in work and learning** |  | | | | | | | |

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| **Persons participating in risk assessment** | | | | | |
| Name | E/S Number | Name | E/S Number | Name | E/S Number |
|  |  |  |  |  |  |
| Name | E/S Number | Name | E/S Number | Name | E/S Number |
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| **Section 2** | | | | |
| **Hazard** | **How it could cause harm** | **Likelihood of occurrence and degree of harm** | | **First aid implications** |
| **Likelihood** | **Description & degree of harm** |
| **Allergies and Food Sensitivities** | * Not known who has allergies or food sensitivities * People may have not disclosed their allergies or food sensitivities * People may not know they have allergies or food sensitivities |  |  |  |
| **Animals** | Bites, stings, kicks, scratches |  |  |  |
| **Biological** | Allergens, exposure to infectious agents and sharps injuries can cause severe allergic reaction, skin rash/irritation, lacerations and infection |  |  |  |
| **Electricity** | Contact with electrical current can cause shock, burns, loss of consciousness and cardiac arrest |  |  |  |
| **Extreme Temperatures** | Hot surfaces and materials can cause burns. Exposure to heat can cause heat stress and fatigue. Exposure to extreme cold can cause hypothermia and frost bite |  |  |  |
| **Hazardous Substances** | Toxic or corrosive chemicals may be inhaled, contact skin or eyes causing dizziness, vomiting, skin allergies, respiratory problems, poisoning, chemical burns or irritation |  |  |  |
| **Manual Handling** | Overexertion / repetitive movement can cause muscular strain |  |  |  |
| **Occupational Violence** | Behaviours including intimidation and physical assault can cause nausea, shock and physical injuries |  |  |  |
| **Plant and Equipment** | Being hit by moving vehicles, or being caught by moving parts of machinery can cause fractures, amputation, bruises, lacerations, eye trauma and dislocations |  |  |  |
| **Radiation** | Welding arc flashes, ionizing UV, radiation and lasers can cause burns |  |  |  |
| **Slips Trips and Falls** | Slips, trips and falls can cause fractures, bruises, laceration, dislocations, and concussion |  |  |  |

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| **Section 3** |  | | | | | | | | |  |
| **Known occurrences of incidents, injuries and illnesses** | **Details** | | | | | | | | | **Comments** |
| 1. Last 12 months injury and illness data |  | | | | | | | | |  |
| 1. Description of incidents not resulting in injury or illness |  | | | | | | | | |  |
| 1. Other (description of Near Miss) |  | | | | | | | | |  |
| **Size and layout of the workplace** | **Details** | | | | | | | | | **Comments** |
| 1. Single / standalone room | …Yes | | | | …No | | | | |  |
| 1. Multiple rooms | …Yes | No. of rooms | | |  | | | …No | |  |
| 1. Single / standalone floor | …Yes | | | | …No | | | | |  |
| 1. Multiple floors | …Yes | No. of floors | | |  | | | …No | |  |
| 1. Access between floors |  | | | | | | | …N/A | |  |
| **Number and distribution of people in the work and learning place** | **Details** | | | | | | | | | **Comments** |
| 1. Number of people in the work and learning place between the hours 8:30am – 6:30pm, Monday - Friday |  | | | | | | | | |  |
| 1. Number of people in the work and learning place between the hours 6:30pm - 8:30am, Monday - Friday |  | | | | | | | | |  |
| 1. Frequency of people in the work and learning place between the hours 6:30pm - 8:30am, Monday - Friday |  | | | | | | | | |  |
| 1. Number of people in the work and learning place between the hours 8:30am – 6:30pm, Saturday - Sunday |  | | | | | | | | |  |
| 1. Frequency of people in the work and learning place between the hours 8:30am – 6:30pm, Saturday - Sunday |  | | | | | | | | |  |
| 1. Number of people in the work and learning place between the hours 6:30pm - 8:30am, Saturday - Sunday |  | | | | | | | | |  |
| 1. Frequency of people in the work and learning place between the hours 6:30pm - 8:30am, Saturday - Sunday |  | | | | | | | | |  |
| 1. Are people isolated, remote or mobile? |  | | | | | | | | |  |
| **Location of the workplace** | **Details** | | | | | | | | | **Comments** |
| 1. Nearest hospital – (in approx. km) |  | | | | | | | | |  |
| 1. Maximum time to hospital |  | | | | | | | | |  |
| 1. Nearest medical or occupational health service - (in approx. km) |  | | | | | | | | |  |
| 1. Maximum time to medical or occupational health service |  | | | | | | | | |  |
| **Existing first aid measures** | **Details** | | | | | | | | | **Comments** |
| 1. Are there existing first aid kits and how many? | …Yes | No. of FA kits | | | |  | | | …No |  |
| 1. Are there existing additional first aid kit modules and what type? | …Yes | Module type(s) | | | |  | | | …No |  |
| 1. Are there existing first aid officers and how many? | …Yes | No. of FA officers | | | |  | | | …No |  |
| 1. What level of first aid qualifications do existing first aid officers have? |  | | | | | | | | |  |
| 1. What level of additional first aid qualifications do existing first aid officers have? |  | | | | | | | | |  |
| 1. Is there an existing first aid room(s)? | …Yes | | | …No | | | | | |  |
| 1. Is there an existing safety shower(s)? | …Yes | | …No | | | | …N/A | | |  |
| 1. Is there an existing emergency eyewash station(s)? | …Yes | | …No | | | | …N/A | | |  |
| 1. Is there an existing AED(s)? | …Yes | | | …No | | | | | |  |
| 1. Distance and time to nearest AED |  | | | | | | | | |  |
| **Other considerations for first aid** | **Details** | | | | | | | | | **Comments** |
| 1. Have Safety Data Sheets (SDS) been reviewed for any specific first aid requirements which are in addition to basic first aid? Provide details | …Yes | | …No | | | | …N/A | | |  |
|  | | | | | | | | |
| 1. Are there any known medical issues with people in the work and learning environment that could or may require first aid intervention? e.g., asthma, allergies (anaphylaxis), other | …Yes | | | …No | | | | | |  |
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| **Section 4** | |
| **First aid facilities required** | |
| Number of first aid officers required |  |
| Out of hours first aid officers required |  |
| Weekend days and hours first aid officers required |  |
| Training and competencies required of first aid officers |  |
| Mental Health First Aid provisions |  |
| Number and location of kits |  |
| Contents of the first aid kits |  |
| Additional first aid kit modules |  |
| Other items in first aid kits |  |
| Other first aid facilities |  |
| Language(s) information required in |  |

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| **SECTION 5: Consultation** | | | |
| Consult with HSR in the local area to ensure all first aid related issues have been identified and appropriate controls are in place (signature not required). | | | |
| **Position** | **Name** | **Comment (optional)** | |
| **HSR (or DHSR)** |  |  | |
| **SECTION 6: Approval** | | | |
| **Position** | **Name** | **Signature** | **Date** |
| **Operational Leader:** |  |  |  |
| **Senior Leader:** |  |  |  |

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| **SECTION 7: Review** | | | |
| Risk assessment must be reviewed if any changes are made to the work and learning environment, changes are made to activities/tasks/materials/substances which impact on the provision of first aid, an incident occurred where the provision of first aid has been identified as an issue or every 12 months as a minimum. | | | |
| **Position** | **Name** | **Signature** | **Date** |
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