

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: Jo Hodsdon, Chloe Samarakoon Piper,	Date: 27 /07/ 2024
School / Workplace: Peninsula Specialist College	
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.).	Bush walks, camps, excursions, extra activities eg: horse riding, Cooking, art, gardening,
Potential illnesses or life threatening injuries (e.g. anaphylaxis and asthma, cardiac arrest where an Automatic External Defibrillator may be required) and likely causes.	Anaphylaxis, asthma, epilepsy/seizures, diabetes
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.).	All easily accessible
The number and distribution of employees and others, including arrangements such as shift work, travel requirements, visitors.	N/A
The location of the site (e.g. proximity to medical facilities and access to ambulance services).	Close proximity to medical facilities and ambulance services approximately 20mins away.

3. Are following minimum First Aid Room requirements available, where a first aid room is required as per section 3.3.1 in the <i>First Aid and Infection Prevention and Control Procedure</i> ?					
	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)	✓

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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
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 - <i>The minimum acceptable level of training is HLTAID0011 Provide First Aid</i>		Tick
Less than 50 employees (and students)	1 first aid officer	1 first aid kit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
50 - 199 employees (and students)	2 first aid officers	4 first aid kits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
200 - 399 employees (and students)	4 first aid officers	6 first aid kits	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
400 - 599 employees (and students)	6 first aid officers	8 first aid kits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: N/A

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6. Review Controls

Workplace Manager and/or Management OHS Nominee verifies provision of the above first aid facilities:

Name:

Effective Not effective

Date: / /

Signature: