

Human Resources

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, Ash Hall Date: 17 /06/ 2025							
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.).	Habitat Walks, camps, excursions, adventure activities (eg: horse riding, sailing, swimming), cooking, art, gardening, PE & Bile Education						
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, burns, fractures, head injury, drowning.						
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 *First Aid and Infection Prevention and Control Procedure*?

Yes	Yes				
✓	Sharps Disposal System	✓	Desk/table and telephone	✓	
✓	Biohazard Waste Container	✓	List of Emergency Numbers	✓	
✓	An upright Chair	✓	Electric Power points	✓	
✓	Storage Cupboards	✓	Sink (hot & cold water)	✓	
	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	 ✓ Sharps Disposal System ✓ Biohazard Waste Container ✓ An upright Chair 	 ✓ Sharps Disposal System ✓ Biohazard Waste Container ✓ An upright Chair 	 ✓ Sharps Disposal System ✓ Desk/table and telephone ✓ Biohazard Waste Container ✓ An upright Chair ✓ Electric Power points 	

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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 <i>First Aid and Infection Prevention and Control Procedure</i> ?										
	Yes			Yes					Yes	
Work Bench or Dressing Trolley	✓				Blankets an	d Pillow	'S		✓	
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	mil	nimum first aid requirements - The nimum acceptable level of training is TAID0011 Provide First Aid			Tick					
Less than 50 employees (and students)	1 fii	rst aid officer	1 first aid kit			☐ Yes	□ No	✓ N/A	A	
50 - 199 employees (and students)	2 fii	rst aid officers	4 first aid kits			☐ Yes	□ No	√N/A		
200 - 399 employees (and students)	4 fi	rst aid officers	6 first aid kits			√Yes	□ No	□ N/	Α	
400 - 599 employees (and students)	6 fii	rst aid officers	8 first aid kits			☐ Yes	□ No	√N/A		
600 - 799 employees (and students)	8 fii	rst aid officers	10 first aid kits with a bed and			☐ Yes	□ No	✓ N/A	Ą	
800 - 999 employees (and students)	10 1	first aid officers	12 first aid kits "type of inciden first aid room w stretcher	t" treatr	nent) and a	☐ Yes	□ No	✓ N/ <i>I</i>	Ą	
>1000 employees (and students)	office add em	+ one first aid cer for every litional 100 ployees and dents	12 + one kit for 100 employees first aid room w stretcher	and stu	udents. A	□ Yes	□ No	√N/A		
Where access is limited to medical and ambulance services (e.g. remote workplaces, school field excursions etc.)	2 a	dditional first aid cers for every egory	2 additional first aid kits for every category			✓ Yes □ No □ N/A				
5. Additional First Aid Facilities										
First Aid Bags X 5 for local/external excursions First Aid Cabinets X 11 in classroom 'pods'										
6. Review Controls										
Workplace Manager and/or Management OHS Nominee verifies Name: Principal: T Hodsdon provision of the above first aid facilities:										

Date: 02 / 07 / 2025

✓ Effective

o Not effective

Signature: Trevov