

Assessment of first aid needs

| Name of Building: | |
|--|-------------------------|
| Aspects to consider | Details/comments |
| Number of staff | |
| Number of residents | |
| Approximate number of staff with disabilities or special health problems e.g. epilepsy, heart problems etc. | |
| Split sites / split levels | |
| Remote location? | |
| Services on site with a higher level of risk e.g. care taker, occupational health, maintenance? | |
| Any specific risks e.g. hazardous substances, dangerous tools or machinery? | |
| Accident records: numbers by academic year, types and locations | |
| First aid records: how often is first aid administered; are there any trends? | |
| Lunchtime / break cover adequate? | |
| Out of hours activities? | |
| Off-site activities cover required? (providing for the activity whilst maintaining adequate cover at school) | |
| Visitors: volumes generally, any public events on site? | |

| | |
|--|--|
| Estimation of risk level e.g. high, medium or low | |
| Current levels of first aid cover | First Aiders FAW* = First Aiders EFAW** = Appointed Persons = Paediatric First Aiders = |
| Automated External Defibrillator (AED)* would the presence of an AED be beneficial? | Yes / No |
| Is the current first aid cover adequate? | Yes / No |
| Recommendations: | |

| | |
|--------------------------|--|
| Assessment conducted by: | |
| Assessor's signature | |
| Date of assessment: | |
| Approved by: | |
| Approver's signature | |
| Review date: | |

* First Aid at Work

** Emergency First Aid at Work

*** First aid at work courses do not normally cover the use of AEDs. Should a decision be made to provide a defibrillator it is important that those who may need to use it are appropriately trained.