|  |  |
| --- | --- |
| **Name of Organisation:**  |  |
| **Assessors Name:**  |  |
| **Date of Assessment:**  |  |
| **Address/ Location:**  |  |
| **Max. Persons on site (including members of the public):**  |  |

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| **Question**  | **Yes** | **No**  | **Comments** |
| 1. | Do any employees (or persons likely to be present on site) have disabilities or medical conditions that may require specialist first aid equipment/ facilities/training? |  |  | *Consider the purchase of specialist facilities/equipment, specialist training or adjustment to the environment or practices.* |
| 2. | Are you likely to have members of staff who could be pregnant, on the premises? |  |  | *Ensure a robust risk assessment process is put in place.* |
| 3. | Do you employ, or are there likely to be on the premises, persons under the age of 18? |  |  | *Ensure a robust risk assessment process is put in place.* |
| 4. | Are there any persons who work in a remote part of the site, or who could be working alone?  |  |  | *Ensure a robust risk assessment process is put in place and adequate communication facilities and supervision arrangements.* |
| 5. | Do you employ, or are there likely to be on the premises, persons who do not speak English, or are unable to read or understand signs or information written in English?  |  |  | *Consider pictographic or multi-lingual signage/ information for these staff.* |
| 6. | Do you have staff working in the community or travelling regularly as part of their job? |  |  | *Consider personal/travel first aid kits and communications facilities.*  |
| 7. | Are there any high risk activities in your workplace that could give rise to an increased risk of injury?  |  |  | *E.g. work at height, electrical hazards, confined spaces, exposure to violence/aggression.* |
| 8. | Is your workplace remote from emergency medical assistance i.e. more than 5-10 minutes away? |  |  | *Consider purchasing specialist equipment e.g. defibrillators.*  |
| 9. | Have you had a high number of accidents, requiring first aid assistance, in the past 12 months? |  |  | *Consider the type of incidents and resulting first aid needs.* |
| 10. | Do you employ medical staff (e.g. nurses or Doctors), who would usually be present at the premises? |  |  | *Consider additional or a higher level of first aid training.* |

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| **Question**  | **Yes** | **No**  | **Comments** |
| 11. | Do your employees work at a site managed by another organisation who provide first aid facilities that are accessible to your staff? |  |  | *Consider additional first aid personnel.* |
| 12. | Do you have cover for first aiders if they are absent from work on annual leave, or sick leave? |  |  | *Consider additional first aid personnel to cover absences.* |
| 13. | Is your service located in close proximity to a medical centre, hospital or Doctor’s surgery? |  |  | *Consider additional personnel or a higher level of first aid training.* |

*Responses in red sections indicate increased risk factors, which may require additional trained personnel or specialist equipment or facilities in order to reduce the risk level.*

With the responses provided in questions 1-13, and the guidance on the next page in terms of numbers of first aiders, please complete the following table in order to set out the first aid requirements of your service:

|  |  |
| --- | --- |
| **Item Under Consideration**  | **Response & Additional Comments** |
| Number of Appointed Persons required:  |  |
| Number of Emergency First Aid at Work (1 day) trained personnel required:  |  |
| Number of First Aid at Work (3 day) trained personnel required:  |  |
| Additional specialist first aid/ medical training required?  |  |
| Type/ Size of First Aid kit required:  |  |
| Additional specialist first aid/ medical equipment required?   |  |
| Additional specialist first aid/ medical facilities required?  |  |

|  |  |
| --- | --- |
| **Signed:**  |  |
| **Date:**  |  |

*For assistance in completing this assessment, please email a copy and your questions to:* *ONE@hettleandrews.co.uk*

***\* Extract from HSE publication INDG214 (First Aid at Work – Your Questions Answered):***

|  |  |  |
| --- | --- | --- |
| ***What degree of hazard is associated with your activities?*** | ***How many employees do you have?*** | ***What first aid personnel do you need?*** |
| ***LOW hazard*** *(e.g. shops, offices, libraries):* | *Less than 25* | *At least one appointed person.*  |
| *25 – 50*  | *At least one first-aider trained in Emergency First Aid at Work.* |
| *More than 50* | *At least one first-aider trained in First Aid at Work for every 100 employed (or part thereof).* |
| ***HIGHER hazard*** *(e.g. engineering/ light assembly, food processing, warehousing, dangerous machinery/ sharp instruments, chemical manufacture):* | *Less than 5*  | *At least one appointed person.* |
| *5 – 50*  | *At least one first-aider trained in**EFAW or FAW depending on the**type of injuries that might occur.* |
| *More than 50* | *At least one first-aider trained in First Aid at Work for every 50 employed (or part thereof).* |