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| --- |
| **Details** |
| Business Unit |  |
| Location(s) |  |
| Number(s) covered |  |
|  |  |  |  |
| **Factors to consider** | **Please tick as appropriate**  | **Required first-aid provision, if yes** |
| Nature of the work and workplace hazards, considering typical numbers of staff, students and others at risk | Low Level (Offices, libraries, classrooms, PS hubs) | Yes |[ ]  No |[ ]  <50 Minimum provision 1 EFAW or 1 FAW unless able to share with nearby building/section >50 1 FAW for first 100 + EFAW for every 100 employed Minimum 1 medium sized first aid kit.  |
|  | High level (labs, workshops, kitchens) | Yes |[ ]  No |[ ]  <50 Minimum 1 FAW + 1 FAW for every 50 employed Minimum 1 medium sized first aid kit.  |
|  | Specific e.g. cyanide, HF acid, confined spaces, machinery | Yes |[ ]  No |[ ]  Minimum 1 specifically trained person, dependent on scale of work |
|  | Off-site working/Fieldwork | Yes |[ ]  No |[ ]  Minimum 1 specifically trained person, dependent on location, numbers and type of activity. Type of training needs to be relevant to nature of injury/ill-health expected in the field |
|  | Clinical Setting | Yes |[ ]  No |[ ]  Identify whether sufficient suitable medical staff are identified (see Section 5a First Aid COP) |
|  |
| **Incident Types** | **Please complete** | **Required first-aid provision** |
| Potential types of incidents  | Typical number of incidents per year |  |  |
|  | Potential type of injury/illness (refer to activities risk assessments) |  | FAW covers severe burns/scalds, fractures/dislocations, poisoning, anaphylactic shock, over and above EFAW. |
|  |  |  |  |
| **First Aid Arrangements** | **Please tick as appropriate** | **Additional first-aid provision, if yes** |
| Working Arrangements | Normal core hours only | Yes |[ ]  No |[ ]  No additional provision needed |
|  | Absence cover in place | Yes |[ ]  No |[ ]  Sufficient first aid cover for foreseeable absence |
|  | Shift working covered | Yes |[ ]  No |[ ]  Ensure cover is always available |
|  | Lone working – out of hours covered | Yes |[ ]  No |[ ]  First Aid provision must be established |
|  | Spread of locations | Yes |[ ]  No |[ ]  Consider additional first aiders/equipment (e.g. Defibrillators, suitable communications) and special arrangements |
|  | Remote locations on university campuses/property | Yes |[ ]  No |[ ]   |
|  | Travelling (fieldwork) staff/students | Yes |[ ]  No |[ ]  Consider travel first aid equipment provision |
|  | Off-site working under university control | Yes |[ ]  No |[ ]   |
|  | Other situations (e.g. in-experienced, young, employees with specific health requirements, numbers of students in area) | Yes |[ ]  No |[ ]  Give details: |
|  |  |  |
|  |  |  |  |  |  |  |
| Key | **EFAW** – Emergency First Aid trained (1-day course) |
|  | **FAW** – First Aid at Work trained (3-day course) |

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| **First Aid Provision** | **Please tick as appropriate** | **Number/Details** |
| EFAW first aiders required | Yes |[ ]  No |[ ]   |  |
| FAW first aiders required | Yes |[ ]  No |[ ]   |  |
| First aid notices required (minimum of one per location) | Yes |[ ]  No |[ ]   |  |
| Location of first aid notice(s) |  |  |
| First aid boxes – standard | Yes |[ ]  No |[ ]   |  |
| Location of first aid box(es) |  |  |
| Additional equipment (e.g. foil blankets, antidotes) | Yes |[ ]  No |[ ]   |  |
| Travel first aid kits | Yes |[ ]  No |[ ]   |  |
| Defibrillator in building | Yes |[ ]  No |[ ]  If No, location of nearest device: |  |
| Consider special arrangements with the emergency services (e.g. working in remote sites) | Yes |[ ]  No |[ ]   |  |
| Additional procedures (eg. Signing in at a reception for first aiders) please state below: |  |
|  |  |
|  |  |  |  |
| **Completed by** |
| Name |  | Signature |  |  |
| Date |  | Review Date |  |  |