

# First Aid Needs Assessment

This First Aid Needs Assessment must be carried out by persons who have a level of competence and knowledge of the buildings/premises, staff demographic, likely hazards, and working arrangements within their building. It is the responsibility of each Head of School/Department to ensure that staff conducting such an assessment are competent to do so. Where a Department has staff based in more than one building a separate assessment for each building will be required. Refer to the University [First Aid Policy and accompanying Code of Practice](https://warwick.ac.uk/services/healthsafetywellbeing/guidance/first_aid) before completing this form.

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| **Title:** | Building Risk Assessment of First Aid Needs |
| **Campus:** |  |
| **Building / Blocks:** |  |  |
| **Department(s):** : | *Where there are a number of different departments sharing a building, First Aid provisions may be able to be shared. State departments involved in assessment (please overtype)*  |
| **Additional notes:**  |

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| **Person(s) conducting the assessment** |
| **Name:** |  | **Job Title:** |  | **Signature(s):** |  |
| **Name:** |  | **Job Title:** |  | **Signature(s):** |  |
| **Date assessment undertaken:**  |  |

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| **Review History**This assessment should be reviewed immediately if there is any reason to suppose that the original assessment is no longer valid. Otherwise, the assessment should be reviewed after a significant first aid treatment event. The responsible competent person must ensure that this assessment remains valid. |
|  | **Review 1** | **Review 2** | **Review 3** | **Review 4** |
| **Due date:** |  |  |  |  |
| **Date conducted:** |  |  |  |  |
| **Conducted by:** |  |  |  |  |

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| **Section 1a Preliminary Risk Assessment of First Aid Cover** |
| **INITIAL FACTORS TO CONSIDER** |
| **Q1.** **How many people work in the building that your department occupies?***Where First Aiders are located in a building may be relevant where spaces are ‘locked down’ for safety or security reasons* | **Insert No. Staff** (note that wherever ‘staff’ is used, include postgraduates) |
| **HAZARDS:** Use general risk assessments to inform these First Aid requirements, considering types of activities/hazards and the level and type of first-aid provision required |
| **Q2. Does the building or workplace have only low level hazards like those found in an office or lecture/general teaching space?** | **Yes / No***Where the answer is ‘No’, in addition to this form, complete the ‘*[*High Hazard Area First Aid Risk Assessment*](file:///C%3A%5CUsers%5Csfsjaf%5CAppData%5CLocal%5CPackages%5CMicrosoft.MicrosoftEdge_8wekyb3d8bbwe%5CTempState%5CDownloads%5CBlank%20High%20Hazard%20First%20Aid%20Risk%20Assessment%20Form%20A%20and%20Form%20B.docx)*’ and use the output from this form to complete* [*Section 4*](#Section4) *of this First Aid Needs Assessment.* |
| **First Aid personnel preliminary assessment**(Based on the staff numbers answered in Q1 use the [First Aid personnel quota in Section 3](#Section) to determine the minimum number of trained First Aiders required)If you have any high hazard spaces, use the high hazard workplace quota in this preliminary assessment | Insert minimum number required (for preliminary assessment) |
| Note:*Where Departments have a mix of low and high risk spaces, departments will need to either have all FAW trained First Aiders, or appoint sufficient numbers of locally trained FAW to cater specifically for the high risk areas (taking into consideration hours worked, holidays and any specialist training needs)* |
| Do you have a sufficient number of First Aid personnel to meet the minimum requirements? | **Yes / No**[*Regardless of outcome, complete the remainder of this First Aid Risk Assessment* *to evaluate whether additional first aid provisions may be required]* |

| **Section 1b First Aid Needs Risk Assessment** |
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| **ADDITIONAL FACTORS TO CONSIDER** | **FIRST AID NEEDS ASSESSMENT FACTORS** |
| **ACCIDENT HISTORY/RECORDS:** |
| Q3. **What types of accidents / injuries have First Aiders had to deal with?***Look back at the last 3 years of incidents to determine if existing needs have been covered and consider future needs*  | **Insert typical injuries** : |
| Q4. **Do the existing First Aid provisions (contents of the first aid boxes) cover the typical injuries based on past knowledge and potential foreseeable risks?** | **Yes / No**Where ‘No’, identify additional first aid supplies required here: |
| Q5. Is there a dedicated First Aid Room? | **Insert details if there is one available:** |
| **WORKING ARRANGEMENTS / ACTIVITY RISK ASSESSMENTS:** |
| Q6. **Are staff / postgraduate students permitted to work alone or out of core business hours?***Local arrangements should outline what work is permitted whilst lone working or whilst working out of core hours and there must be a means to summon help e.g. mobile phone or land line* | **Yes / No** | **RECOMMENDATION:**Ensure there is access to a suitable First Aid kit or ensure dedicated First Aiders to be available.Where ‘Yes’, detail the first aid provisions in place:*Regular working out of hours would warrant a need to consider dedicated First Aiders to be in place* |
| Q7. **Are there spaces which have restricted access, i.e. with door codes, card access or via a key where access to a person needing first aid could be problematic?***This is to recognise that access may not be possible to all spaces in a building. Only consider spaces which warrant separate consideration (do not consider individual office doors)* | **Yes / No** | **RECOMMENDATION:**There needs to be a sufficient number of relevant trained first aid staff who can either access all spaces or who can be summoned to help those working in a restricted access space.Ensure there are a suitable number of First Aid kits*Consider: Specialist First Aid training (where necessary)and local First Aid kit(s) with additional specialist contents suitable for injury types.* |
| Q8. **Do any First Aiders work part-time, flexible hours, or could there be periods when the First Aider is off work for long periods (e.g. outside of term time)?** | **Yes / No** | **RECOMMENDATION:** Ensure sufficient First Aider provision is available to cover periods of absence. *Consider:**Other absences such as holiday periods and other unexpected staff absence* |
| Q9. **Do you have known staff or students who may be at higher risk and who may warrant specialist or immediate response from a First Aider?** *Consider those with known (declared) pre-existing health problems who may require additional First Aid provisions.* | **Yes / No / Unknown** | **RECOMMENDATION:** Ensure First Aiders have the requisite training and knowledge of specific staff or students who may warrant specialist or immediate response.*Consider:**Additional specialist First Aid training e.g. administration of Epipen (although this is now being provided as standard)**Additional First Aid equipment suitable to need* |
| Q10. **Do any staff (or students) go out on field trips where they could be working remotely?***In local arrangements there must be the ability to summon help (e.g. mobile phone on suitable network)* | **Yes / No** | **RECOMMENDATION:** Ensure there are a sufficient number of trained First Aiders available.Ensure first aid kits contain contents which are suitable for the type of environment and potential injury types. Additional First Aid equipment, such as contortion bandages, foil blankets etc. may be required (dependent upon risk)*Consider:**Fully qualified First Aider(s) for group based on numbers and additional specialist First Aid Training (this may be particularly required where emergency services may be non-existent or where a substantial delay could be incurred to get further medical help).*  |
| Q11. **Do any staff travel overseas where emergency treatment may not be readily available?** | **Yes / No** | **RECOMMENDATION:** Ensure there are a sufficient number of trained First Aiders available and that any first aid kits contain suitable contents dependent upon environment and potential injuries.*Consider:**Fully qualified First Aiders (for group) and additional specialist First Aid Training for group (to be able to ‘treat’ injured person).**Additional First Aid equipment as required see*: <https://www.nhs.uk/live-well/healthy-body/travel-health-checklist/> for more details, or <https://www.iamat.org/elibrary/view/id/3047>. *It may even make sense for sterile needles to be included in the first aid kit if travelling to areas where sterile equipment cannot be guaranteed.* |
| Q12. **Do any staff / postgraduates travel i.e. drive as part of work commitments?** | **Yes / No** | **RECOMMENDATION:** *Consider:* *Provision of mobile First Aid kits for those that travel for or on behalf of the University, e.g. driving a minibus.* |
| **NON-EMPLOYEES:** |
| Q13. **Do any members of the public, visitors, contractors, students, school children visit your Department / School / Building?** | **Yes / No** | **COMMENTS:**First Aid provisions to be made available for non-employees that visit your Department. *Consider: Foreseeable injuries, as these should be able to be catered for by way of First Aid kit contents and First Aid training.* |
| **EMERGENCY SERVICES:** |
| Q14. **Proximity to closest hospital Accident & Emergency?****Gibbet Hill, Main Campus and Westwood**: University Hospital Coventry and Warwickshire address is: University Hospital, Clifford Bridge Road, Coventry CV2 2DX. Tel: 02476 964 000 **Wellesbourne Campus:** Warwick Hospital, Lankin Road, Warwick CV34 5AE. Tel: 01926 495321 | **COMMENTS:** It is important that First Aiders are aware of the location of the nearest hospital(s) related to their location. For persons visiting the main University of Warwick Campuses the nearest hospitals have been identified in this form, but for other locations insert the nearest hospital details into this First Aid Risk Assessment form.*Consider:**Developing local arrangements to inform local hospital of any specialist treatments that may be required based on the injury types that are foreseeable.**Note that where there is a potential for a needlestick type injury in a laboratory space it is imperative that information on what persons could have been exposed to is relayed to the hospital to avoid a delay in appropriate treatment.* |

**Section 2.** Suggested number of First Aid personnel to be available (at all times people are at work) to comply with the First Aid Policy.

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| **LEVEL OF RISK** (Informed by general risk assessments) | **NUMBER OF PERSONNEL\*** | **NUMBER OF FIRST AIDERS REQUIRED**(as per the University of Warwick First Aid Policy) |
| **Low risk** | <5 | At least **1 EFAW** |
| 5-50 | At least **1 FAW** and **1 EFAW** trained First Aider |
| >50 | At least **1 FAW** and **1 EFAW** and then **1 FAW** trained First Aider for every 50 (or part thereof) |
| **High risk** | <5 | At least **1 FAW** |
| 5-50 | At least **2 FAW** (additional specialist training may be required dependent upon the type of injuries that could occur) |
| >50 | At least **2 FAW** and then **1 FAW** trained First Aider for every 50 (or part thereof). Specialist training may be required dependent upon the type of injuries that could occur.  |

\*The HSE strongly advise that arrangements for First Aid provisions also take into account non-employees that may be on site.

**SECTION 3.** Utilise the guidance in Section 2 and the table in Section 3 to determine your First Aid requirements. You will need to consider your output from Section 1 and output from the High Hazard risk assessment (Form B) where relevant.

Where a building/floor is shared with another department with similar hazards consideration should be given to sharing First Aid resources. Where there is already a sharing of resources, state how First Aid cover is achieved.

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| **FIRST AID PERSONNEL** | 1. **CURRENT NUMBERS**
 | **ADDITIONAL REQUIRED YES/NO** | 1. **NUMBERS REQUIRED**
 | **TOTAL NUMBER****(a + b)** |
| EFAW First Aider |  | Yes / No |  |  |
| FAW First Aider |  | Yes / No |  |  |
| FAW First Aider with specialist training (specify, adding a row per specialism) |  | Yes / No |  |  |
| **FIRST AID EQUIPMENT AND FACILITIES** | 1. **CURRENT NUMBERS**
 | **ADDITIONAL REQUIRED YES/NO** | 1. **NUMBERS REQUIRED**
 | **TOTAL NUMBER****(a + b)** |
| Damp and dust proof First Aid Box sizes(will depend on risk levels)Small kitsMedium kitsLarge kits |  | Yes / No |  |  |
| Travelling First Aid kits (where relevant) |  | *Detail* |  |  |
| Additional First Aid box contents, e.g. Steristrips, foil blanket, sterile needles etc | *Detail type and number of boxes where this is required* | *Detail* |  |  |
| Additional First Aid provisions (specify each type as relevant) e.g. defibrillators, antedotes, burns kit etc |  |  |  |  |
| Emergency or chemical showers (where relevant) | *Detail locations and what spaces these serve (if external to a high hazard space)* | Yes / No | *Detail location that may be suitable (and what high hazard space it may serve)* |  |