

**First Aid Risk Assessment**

This Risk Assessment has been approved by the Melbourne Archdiocese Catholic Schools (MACS) Board for application in each MACS school and must be customised for use in each particular school in accordance with the instructions outlined in this Framework.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School** | | | | |
| **Conducted by** | **Date** | | | |
| **This checklist has been developed to assist schools to determine the appropriate first aid requirements, including facilities, first aid kits and number of trained first aid officers. If hazards have been identified,  ensure appropriate control measures are implemented.** | | | | |
| **Total student population** |  | | | |
| **Number of students and staff with known medical conditions** |  | | | |
| **First Aid Officers** | | | | |
| Are adequate numbers of first aid officers available during high risk times such as yard duty? *[include number for your school]* | Yes | | | No |
| Are adequate numbers of first aid officers available during excursions and camps?  *[include number for your school]* | Yes | | | No |
| Can first aiders reach the scene of incidents quickly in all areas of the school? | Yes | | | No |
| Are first aiders available to cover all school events such as concerts, functions and sporting activities?  *[include number for your school]* | Yes | | | No |
| Are there strategies in place to cover annual leave and other absences of first aid officers?  *[include arrangements for your school]* | Yes | | | No |
| Are first aid officers aware of infection control procedures? | Yes | | | No |
| **First Aid Kits** | |
| Are there hazards or health concerns for which extra first aid kit or specialised treatment is required (e.g. chemicals, potential for burn, asthma, anaphylaxis)? | Yes | | | No |
| Number and location of kits *[complete for your school]* |  | | |  |
| Are there additional kits for excursions and camps?  *[include number for your school]* | Yes | | | No |
| Are there additional kits for yard duty?  *[include number for your school]* | Yes | | | No |
| Is there additional equipment (e.g. defibrillator)? | Yes | | | No |
|  |  | |  | |
| **First Aid Room/Area** |  |  | | |
| Do the existing first aid facilities adequately cover the most common types of injuries? | Yes | | | No |
| Is the first aid room/area located in close proximity to high hazard areas?  *[Indicate the location of the first aid room/area]* | Yes | | | No |
| Is the first aid room/area well signed, easily accessible and close to toilets? | Yes | | | No |
| **Hazards to consider when determining first aid requirements** | |
| Do staff members (including contractors and cleaners) work alone? | Yes | | | No |
| Do staff work outside normal school hours (including weekends)? | Yes | | | No |
| Are there risks from manual tasks? | Yes | | | No |
| Are there risks from slips and trips? | Yes | | | No |
| Is there a risk of contact with bodily fluids or other biohazards (e.g. providing first aid to students with special needs)? | Yes | | | No |
| Are there risks from animals? | Yes | | | No |
| Are there risks from hazardous substances and dangerous goods? | Yes | | | No |
| Are staff at risk of occupational violence? | Yes | | | No |
| Are activities conducted in remote locations? | Yes | | | No |
| Are there risks from machinery or equipment? | Yes | | | No |
| **Access to medical services** | |
| Is medical assistance easily accessible?  *(Consider realistic potential delays in emergency assistance)* | Yes | | | No |
| Is there a major hospital nearby? | Yes | | | No |

**Once the checklist is completed, the first aid requirements can be determined.**

|  |  |
| --- | --- |
| **First Aid Requirements** | **Recommendations** |
| Number of kits |  |
| Location of kits |  |
| Contents of kits |  |
| Number of first aid officers required |  |
| Level of training required for first aid officers |  |
| Provision of a first aid facilities required  (e.g. room or area) |  |