**NOTE!** Please tailor this example assessment to your own workplace, this list is by no means exhaustive.

This assessment is designed to assist employers determine their first aid needs for the workplace (or part of as appropriate) including the numbers and type of first aid personnel, equipment, and content of first aid kits required.

Consideration should be given to each section to establish their impact on the current level of first aid facilities.

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| **ORGANISATION NAME AND ADDRESS:** |  |

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| **EXISTING PERSONNEL RESOURCES:**  HOW MANY OF THE BELOW FIRST AID EMPLOYEES DO YOU HAVE AT PRESENT: | | |
| **APPOINTED PERSON:** | **EMERGENCY FIRST AIDERS (EFAW):** | **FIRST AIDER (FAW):** |
| (A PERSON APPOINTED AND RESPONSIBLE FOR ADMINISTERING FIRST AID ARRANGEMENTS INCLUDING CALLING THE EMERGENCY SERVICES) | (USUALLY A 1 DAY COURSE – QUALIFIED TO PROVIDE FIRST AID IN THE WORKPLACE) | (USUALLY A 3 DAY COURSE – QUALIFIED TO THE ‘EMERGENCY FIRST AID’ LEVEL BUT CAN ATTEND ADDITIONAL SPECIFIC ILLNESSES AND INJURIES) |
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| **EXISTING PREMISES RESOURCES:**  HOW MANY OF THE BELOW FIRST AID ITEMS DO YOU HAVE AT PRESENT: |
| **CONSIDER:** WHAT FIRST AID FACILITIES, E.G. EMERGENCY SHOWERS, EYEWASH STATIONS, AND FIRST AID KITS, INCLUDING TRAVEL KITS, ETC. ARE CURRENTLY AVAILABLE, WHERE ARE THEY LOCATED AND WHO IS RESPONSIBLE FOR CHECKING THESE? |
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| **HAZARDS IN YOUR WORKPLACE:** | | | |
| **CONSIDERATION:** | **YES:** | **NO:** | **HSE SUGGESTIONS:** |
| Does your workplace have low-level hazards such as the ones you might find in offices and shops? |  |  | **As A Minimum, Provide:**   * An appointed person to take charge of first-aid arrangements. * A suitably stocked first-aid kit. |
| Does your workplace have higher level hazards, e.g. warehousing, work involving dangerous machinery or work at height? |  |  | **You Should Consider Providing:**   * First-aiders. * Additional training for first-aiders to deal with injuries caused by special hazards. * Additional first-aid equipment. * The precise location of first-aid equipment (signage). * Providing a first-aid room. * Informing the emergency services in advance. * Eye Wash Station |
| Does your workplace have any high-risk workplace transport such as forklift trucks or high reach vehicles? |  |  |
| Does your workplace utilise any substances which may require consideration, such as Hydrofluoric Acid (please elaborate in the specific box below)? |  |  |

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| **EMPLOYEES & OTHERS:** | | | |
| **TOTAL EMPLOYEES WORKING ON SITE:** |  | | |
| **CONSIDERATION:** | **YES:** | **NO:** | **HSE SUGGESTIONS:** |
| How many of these employees work shifts and/or weekends? |  |  | **The Minimum Provision Is:**   * An appointed person to take charge of first-aid arrangements. * A suitably stocked first-aid box.   **Depending On Your Circumstances, You Should Consider Providing:**   * First-aiders to complete first aid training. * Additional first-aid equipment. * A first-aid room. |
| How many of these employees work away from the main site, work alone or travel on work related business? |  |  |
| How many of these employees could be at greater risk of harm, e.g. young or disabled workers or those with health problems? |  |  |
| How many of these employees work on sites under the control of other employers? |  |  |
| Are there inexperienced workers on site (Including those on ‘work experience’), or employees with disabilities or particular health problems? |  |  | **You Should Consider:**   * Additional training for first-aiders. * Additional first-aid equipment. * Location of first-aid equipment. |
| Do members of the public visit your premises? |  |  | Under the Regulations, you have no legal duty to provide first aid for non-employees, but HSE strongly recommends that you include them in your first-aid provision. |

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| **WORKING ARRANGEMENTS:** | | | |
| **CONSIDERATION:** | **YES:** | **NO:** | **HSE SUGGESTIONS:** |
| Do you have employees who travel a lot, work remotely, or work alone? |  |  | * Issuing personal first-aid kits. * Issuing personal communicators/ mobile phones to employees. |
| Do any of your employees work shifts or work out of hours? |  |  | You should ensure there is adequate first-aid provision at all times for people at work. |
| Are the premises spread out, e.g. are there several buildings on the site or multi-floor buildings? |  |  | You should consider provision of first aid measures in each building or on each floor. |
| Is your workplace remote from emergency medical services? |  |  | **You Should:**   * Inform the emergency services of your location; consider special arrangements with the emergency services. * Consider emergency transport requirements. |
| Do any of your employees work at sites  occupied by other employers? |  |  | You should make arrangements with other site occupiers to ensure adequate provision of first aid.  A written agreement between employers is strongly recommended. |
| Do you have enough provision to cover for your first-aiders or appointed persons when they are absent? |  |  | **You Should Consider:**   * What cover is needed for annual leave and other planned absences. * What cover is needed for unplanned and exceptional absences |

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| **OTHER WORKPLACE CONSIDERATIONS:** | |
| What injuries and illness have occurred in your workplace and where did they happen? |  |
| Where applicable, provide details of any special first aid requirements recommended in safety data sheets? |  |

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| **HSE RECOMMENDED PROVISION FOR FIRST AID:** | | |
| **FROM YOUR RISK ASSESSMENT, WHAT DEGREE OF HAZARD IS ASSOCIATED WITH YOUR WORK ACTIVITIES?** | **EMPLOYEE NUMBERS:** | **WHAT FIRST-AID PERSONNEL DO YOU NEED?** |
| **Low-Hazard**: e.g. offices, shops, libraries. | <25 | At least one appointed person. |
| 25-50 | At least one first-aider trained in  EFAW. |
| >50 | At least one first-aider trained in FAW for every 100 employed (or part thereof) |
| **Higher-Hazard:** Light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture | <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. |
| >50 | At least one first-aider trained in FAW for every 50 employed (or part thereof). |

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| **RECOMMENDATIONS & ACTIONS** |

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| **PERSONNEL RESOURCES:**  HOW MANY OF THE BELOW FIRST AID EMPLOYEES DO YOU REQUIRE FOLLOWING THIS ASSESSMENT: | | |
| **APPOINTED PERSON:** | **EMERGENCY FIRST AIDERS:** | **FIRST AIDER:** |
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| **PREMISES RESOURCES:**  HOW MANY OF THE BELOW FIRST AID ITEMS DO YOU REQUIRE FOLLOWING THIS ASSESSMENT: | | | |
| **SUBJECT:** | **NUMBER:** | **ACTION BY:** | **DATE:** |
| Recommended number and location of additional first aid kits: |  |  |  |
| Recommended additional content for first aid kits: |  |  |  |
| Additional recommendations, e.g. provision of first aid room or emergency shower: |  |  |  |

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| **ASSESSMENT COMPLETED BY:** | |
| **Name of Assessor:** |  |
| **Date of Assessment:** |  |
| **Date for Review:** |  |