

FIRST AID ASSESSMENT FORMS

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FIRST AID ASSESSMENT FOR ON-CAMPUS ACTIVITIES

Department/School/Unit/Entity:

Date of Assessment: Campus: Building No:

Floor Level(s) being assessed: Assessor(s)

(Note: Once the assessment is completed a copy must be sent to OHSE)

Table with 7 rows and 3 columns. Row 1: Number of persons working in the area. Row 2: Are members of the public present routinely in the workplace? Row 3: Is shift work required? Row 4: Do people work on their own or after hours including weekends? Row 5: No of floors, Maximum distance to first aid kit. Row 6: Describe the nature of incidents, injuries or occupational illnesses. Row 7: Where is the nearest medical service and how long would it take to get an injured person to this service? Includes sub-questions for nearest major hospital.

Recommendations: (Assessor is to complete – list the specific actions recommended and issues for follow-up by the unit/entity)

Number of first aiders required (See - Guidelines for completing first aid assessments):

Additional training required of first aiders:

.....

Training required for staff regarding provision of first aid facilities Yes No

.....

Additional kits required (specify what type)

.....

Additional recommendations:

.....

Time frame.....

.....

Signed..... Signed

Name (block letters) Name (block letters)

Date assessment completed..... Date assessment completed

Date copy sent to OHSE



FIRST AID ASSESSMENT FOR OFF-CAMPUS ACTIVITIES

Department/School/Unit/Entity:

Date of Assessment:

Location (Urban/Country/Remote):

Duration of Activity:

Assessor(s):

(Note: Once the assessment is completed a copy must be sent to OHSE)

1.	Number of persons working in the area.		
2.	Do people work on their own?		
3.	Describe the nature of incidents, injuries or occupational illnesses, which have occurred in this area over the last 12 months. Preferably attach summary of incident reports.		
4.	Where is the nearest medical service and how long would it take to get an injured person to this service?	Medical Service:	
	Where is the nearest major hospital with a 24-hour Accident & Emergency service? How long would it take to get an injured person to this hospital?	Travel Time:	
5.	Where are the first aid kits located?	Major Hospital:	
		Travel Time:	
		Location of each kit:	
6.	List the specific hazards in the area eg, exposure, manual handling, slips and trips, chemicals, radiation, biological & animal, water or other	Type of kit (eg Vehicle kit/Field trip kit):	
		
		Contents complete, up-to-date as per kit list.	
		Hazards:	Location:
	
	
	

7.	<p>Are there hazards or health concerns for which an extra first aid kit is required (eg chemicals, potential for burns, eye injuries, asthma).</p> <p>If yes, please list the hazards or health concerns and whether or not there is a specific kit and where the kit is located.</p>	<p>Hazards or Health concerns:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Kit required?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Specific training required?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Kit location:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
8.	<p>Will it be necessary to administer drugs eg panadol/asthma medication</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Recommendations: (Assessor is to complete – list the specific actions recommended and issues for follow-up by the unit/entity).

Number of first aiders and training required:

Training required for staff:

Contents of kit:

Number and location of kit/s:

Additional recommendations:

.....

.....

Timeframe:.....

Signed..... Signed

Name (block letters) Name (block letters)

Date assessment completed..... Date assessment completed

Date copy sent to OHSE

1. GUIDELINES FOR COMPLETING FIRST AID ASSESSMENTS

1.1 GUIDELINES TO DETERMINE THE NUMBER OF FIRST AIDERS REQUIRED

1.1.1 Low risk office

Incidence of injury/illness - rare

No of employees	Level 1	Level 2	Total
1 – 100	X 2		2
101 - 200	+ 1		3
201 –300	+1		4

1.1.2 Medium risk laboratories containing chemicals/hazardous materials or workshops with machinery/equipment

Incidence of injury/illness - 1-2 incidents a month

No of employees	Level 1	Level 2	Total
1 – 50		X 2	2
51 - 100		+ 1	3
101 –150		+ 1	4

1.1.3 High risk laboratories containing chemicals/hazardous materials or workshops with machinery/equipment

Incidence of injury/illness 1 or more incidents per week

No of employees	Level 1	Level 2	Total
1 – 20		X 2	2
21 – 40		+ 1	3
41 –60		+ 1	4

1.1.4 Other factors to be taken into consideration:

FACTORS WHICH COULD INCREASE THE NUMBERS OF FIRST AIDERS REQUIRED	FACTORS WHICH COULD DECREASE THE NUMBERS OF FIRST AIDERS REQUIRED
<p>No of incidents (past year) Increased number of incidents may indicate need for more first aiders or change risk category level. (Check hazard & incident reports)</p>	Decrease in number of incidents.
<p>Number of persons routinely present in workplace Consider staff, students, contractors, visitors, members of public. Open days/conferences may need extra first aid cover (contact OHSE).</p>	
<p>Spread of hours Look at shift work or study/weekends/after hours. Plan to cover all shifts.</p>	Security staff are also trained first aiders.
<p>Layout of building(s) Look at the time it takes to get a first aider to a casualty. It is often a good idea to mark up a floor plan with the location of the first</p>	Low risk office buildings may only need a first aider on every second floor.

<p>aider and look for gaps. High risk multistory buildings may need a first aider on every floor. Scattered work buildings may need a first aider in each building.</p>	
<p>Hazards/health concerns First aiders should be located where there is a significant risk of injury/illness. Where a workplace stores or uses highly toxic chemicals, etc additional first aid facilities may be required.</p>	
<p>Time to medical aid As the length of time increases to get medical aid look at increasing the number and level of training of the first aider.</p>	<p>If you have immediate access to a medical clinic or hospital emergency room, the number of first aiders may be able to be reduced. The hours that the service is available should be taken into account when first aid requirements are being calculated.</p>
<p>Availability of first aiders Extra numbers of first aiders may be required when staff are part-time or not always located on a campus. Allowance must also be made for absences due to leave or other reasons.</p>	

1.2 GUIDELINES TO DETERMINE THE NUMBER OF FIRST AID KITS

- In general, the distance from a workstation to a kit must not exceed 100 metres; and
- There must be at least one kit on each alternate level of a multi-level building; and
- At least one kit on each floor of a high risk multi-level building.

2. EXAMPLES OF COMPLETED FIRST AID ASSESSMENTS

2.1 OFFICES

Department/School/Unit/Entity: *Student Services*

Date of Assessment: *22/2/06* Campus: *Clayton* Building No: *30*

Floor Level(s) being assessed: *3* Assessor(s) *Jim Brown/Mary Jones*

(Note: Once the assessment is completed a copy must be sent to OHSE)

1.	Number of persons working in the area (include employees, contractors, students). If it is not possible to be specific, provide an estimate for most days, noting any specific times when more people may be working the area.	<i>170</i> <i>✓</i>
2.	Are members of the public present routinely in the workplace?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate nos. daily <i>10</i>
3.	Is shift work required? If so, describe times in which people could be working in the area after hours.	<i>No</i>
4.	Do people work on their own or after hours including weekends? If yes, approximately how many, how often and for how long at any one time? Refer to OHS procedures for work & study during times when emergency response is limited.	<i>Not at weekends 6-8 staff but may work outside core business hours during the week</i> <i>1-2 hours after 5 pm</i>
5.	No of floors Maximum distance to first aid kit	<i>3 Floors</i> <i>50 metres to kits</i>
6.	Describe the nature of incidents, injuries or occupational illnesses which have occurred in this area over the last 12 months. Preferably attach summary of incident reports.	<i>Sprains and strains x 4</i> <i>Slips, trips and falls x 2</i> <i>See attached incident numbers from the 1/1/05 to 31/12/05</i>
7.	Where is the nearest medical service and how long would it take to get an injured person to this service? Where is the nearest major hospital with a 24-hour Accident & Emergency service? How long would it take to get an injured person to this hospital?	<i>Medical Service: University health service on campus</i> <i>Travel Time: 5 minutes</i> <i>Major Hospital: Monash Medical Centre Clayton Road Clayton</i> <i>Travel Time: Approximately 15 minutes</i>
8.	What type of kit is supplied ie office /high hazard?	<i>Office kit</i>

Number of first aiders required (See - Guidelines for completing first aid assessments) *Minimum 3 level 1 first aiders to ensure adequate cover at times of sick leave/annual leave etc.*.....

Additional training required of first aiders: *Follow-up CPR updates and encourage first aiders to attend first aid information sessions*.....

Training required for staff regarding provision of first aid facilities Yes No

At time of induction staff to be made familiar with location of first aid kits, first aiders names, emergency phone numbers.....

Additional kits required (specify what type)

N/A.....

Additional recommendations:

Remove antiseptic lotion not standard issue as per Monash procedure on first aid. Emergency phone numbers and first aider contact details should be posted beside first aid kits and throughout the building.....

Time frame *Immediate – removal of antiseptic solution and display list of first aiders and contact numbers. Ongoing – training*.....

Signed..... Signed

Name (block letters) Name (block letters)

Date assessment completed..... Date assessment completed

Date copy sent to OHSE

2.2 LABORATORIES

Department/School/Unit/Entity: *Anatomy & Cell Biology*

Date of Assessment: *22/2/06*

Campus: *Clayton*

Building No: *412*

Floor Level(s) being assessed: *5*

Assessor(s) *Jane Black/Bill Green*

1.	Number of persons working in the area (include employees, contractors, students). If it is not possible to be specific, provide an estimate for most days, noting any specific times when more people may be working the area.	<i>400.....</i> <i>150 - Staff.....</i> <i>250 - Students.....</i>
2.	Are members of the public present routinely in the workplace?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Approximate nos. daily</i>
3.	Is shift work required? If so, describe times in which people could be working in the area after-hours.	<i>No.....</i>
4.	Do people work on their own, after hours including weekends? If yes, approximately how many, how often and for how long at any one time? Refer to OHS Procedures for work & study during times when emergency response is limited.	<i>10-15 people each weekend.....</i> <i>Maybe up to 3 hours at a time.....</i>
5.	No of floors Maximum distance to first aid kit	<i>5 floors.....</i> <i>50 metres to kits.....</i>
6.	Describe the nature of incidents, injuries or occupational illnesses which have occurred in this area over the last 12 months. Preferably attach summary of incident reports.	<i>Sprains and strains x 8; Burns x 10; Cuts, lacerations x 17;</i> <i>Foreign bodies x 1; Animal bites x 5; Needlestick injuries x 6</i> <i>(See attached list).....</i>
7.	Where is the nearest medical service and how long would it take to get an injured person to this service? Where is the nearest major hospital with a 24-hour Accident & Emergency service? How long would it take to get an injured person to this hospital?	Medical Service: <i>University Health Service on campus</i> Travel Time: <i>Approx. 5 minutes</i> Major Hospital: <i>Monash Medical Centre, Clayton Road, Clayton</i> Travel Time: <i>Approx. 15 minutes</i>
8.	What type of kit is supplied ie office /high hazard?	<i>High hazard kit</i>
9.	Are the kit contents complete and up-to-date as per kit contents list?	<i>Yes</i>
10.	Where are the first aid kits located list (eg room numbers and contents). Or if kits are generally located in the same place ie in the tea room/next to the lift *	<i>Kits are located in each laboratory where there are specific hazards and in common areas in other parts of building e.g. tea room</i>
11.	How many current first aiders are there in the workplace? Please list the number of Level 1, 2	Total no of first aiders: Level 1 Level 2 Other, please give details

	and other trained first aiders trained first aiders	x 1	x 12			
12.	List the specific hazards in the area eg. manual handling, slips and trips, chemicals, radiation, biological & animal or other Where the hazards are located in specific rooms (eg. laboratories) please list the specific location.	Hazards: <i>Chemicals, Burns, Eye injuries</i>			Location: <i>In laboratory</i>	
13.	Are there hazards or health concerns for which an extra first aid kit is required (eg? HF, cyanide, potential for burns, eye injuries. asthma). If yes, please list the hazards or health concerns and whether or not there is a specific kit and where the kit is located.	Hazards or Health concerns:	Kit required?	Specific training required?	First aider currently trained	Kit location:
		Potential for burns	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	12	In lab
		HF	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	8	In lab
		Phenol 100%	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6	In lab
		Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
14.	Do you have medical oxygen?	Yes <input checked="" type="checkbox"/>	First aider/s currently trained in use? Yes <input checked="" type="checkbox"/>	No. of first aider/s currently trained in use? 4.....	Date of last oxygen equipment service <i>December 2005</i>	
15.	Do you have a defibrillator?	No <input checked="" type="checkbox"/>	First aider/s currently trained in use? Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of first aider/s currently trained in use?	Date of last defibrillator equipment service	

Recommendations: (Assessor is to complete – list the specific actions recommended and issues for follow-up by the unit/entity
Number of first aiders required (See - Guidelines for completing first aid assessments): *21 x level 2. Need to train x9 level 2 to ensure adequate coverage taking into account number of incidents during previous 12 months.*
Additional training required of first aiders:

Training required for staff regarding provision of first aid facilities Yes No

All new staff should attend induction program and be familiar with the location of first aid kits and first aiders, emergency showers, MSDS registers.

Additional kits required (specify what type)
.....

Additional recommendations:
Time frame *New first aiders to be trained within the next 3 months. Training for new staff as soon as work commences.*

Signed..... Signed

Name (block letters) Name (block letters)

Date assessment completed..... Date assessment completed

Date copy sent to OHSE

2.3 OFF-CAMPUS ACTIVITIES

Department/School/Unit/Entity: *Science*

Date of Assessment: *13 November 2005*

Location (Urban/Country/Remote): *Gippsland - Remote*

Duration of Activity: *2 nights/3 days*

Assessor(s): *Mary Smith, David Jones - Zone 26*

(Note: Once the assessment is completed a copy must be sent to OHSE)

1.	Number of persons working in the area.	<i>20 undergraduates</i>	
2.	Do people work on their own, after hours?	<i>No</i>	
3.	Describe the nature of incidents, injuries or occupational illnesses, which have occurred in this area over the last 12 months. Preferably attach summary of incident reports.	<i>Sprains, strains x 2 Trips, falls x 3 Bites x 2 Abrasions (see attached list) x 4</i>	
4.	Where is the nearest medical service and how long would it take to get an injured person to this service? Where is the nearest major hospital with a 24-hour Accident & Emergency service? How long would it take to get an injured person to this hospital?	Medical Service: <i>East Gippsland Clinic Main Street</i> Travel Time: <i>65 Minutes</i>	Major Hospital: <i>Gippsland Hospital</i> Travel Time: <i>90 Minutes</i>
5.	Where are the first aid kits located?	Location of each kit: <i>3 kits, 1 in each vehicle 1 field kit for base camp</i> Type of kit (eg Vehicle kit/Field trip kit): <i>3 vehicle kits 1 field kit</i>	
6.	List the specific hazards in the area Eg. exposure, manual handling, slips and trips, chemicals, radiation, biological & animal, water or other	Hazards: <i>Manual handling Animal/insects Sunburn</i>	Location: <i>In the environment</i>

7.	<p>Are there hazards or health concerns for which an extra first aid kit is required (eg chemicals, potential for burns, eye injuries. asthma).</p> <p>If yes, please list the hazards or health concerns and whether or not there is a specific kit and where the kit is located.</p>	<p>Hazards or Health concerns:</p> <p>Asthma.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Kit required?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Specific training required?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Asthma Manag.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Kit location:</p> <p>Vehicle Field kit - base camp</p> <p>.....</p> <p>.....</p> <p>.....</p>
8.	<p>Will it be necessary to administer drugs eg panadol/asthma medication</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Recommendations: (Assessor is to complete – list the specific actions recommended and issues for follow-up by the Unit/entity)

Number of first aiders and training required: 1 x Level 2 with remote area training (already trained); 2 x Level 2; (already trained, 1 of the above to also have Asthma Management training)

Ensure first aiders are currently qualified and have attended CPR updates regularly.....

Training required for staff: Session to introduce first aiders and how to get help if required.....

Contents of kit: Kit x 1 Vehicle kit x 2

Number and location of kit/s: 3 kits x 1 in each vehicle, 1 field kit

Additional recommendations:

Asthma module to be included in field kit.....

Timeframe Immediate asthma training. Day before departure introduce first aiders.

Signed..... Signed.....

Name (block letters)..... Name (block letters).....

Date assessment completed..... Date.....