**FIRST AID RISK ASSESSMENT**

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| **DETAILS** |
| **Risk Assessment Title** *(e.g. Name of equipment, plant, task, place, activity task)* |       | **Risk Assessment No.** | **XXXRA** |
| **Sector** |       | **Site and Area** |       | **Revision No.** |       |
| **Have there been any related incidents?**  | [ ]  YES[ ]  NO | If YES consider incidents details as part of the risk assessment below. | **Reason for Risk Assessment** | [ ]  Initial First Aid Risk Assessment | **Assessment Date** |       |
| [ ]  First Aid Review Risk Assessment | **Review Date** |       |
| [ ]  Other (specify) |  |
| **Are there any potential emergency situations which may arise?** | [ ]  YES[ ]  NO | If YES ensure it is addressed as part of the risk assessment below. | **References:** *e.g. Acts, regulations, codes of practice, SDS reference, operating standards, WHS Management System procedures, Industry standards, Incident/Hazard reference number etc.* | Model Code of Practice – First Aid in the Workplace (June 2020)*Please list other relevant materials used as part of the risk assessment* |
| **Is this site classified as a Low or High risk site:** | [ ]  Low[ ]  High |  | **Low Risk –** A workplace where workers are less likely to be exposed to hazards that could result in serious injury or illnesses (e.g. Offices, shops & libraries). Work related injuries and illnesses requiring first aid are likely to be minor in nature.**High Risk** - A workplace where workers are exposed to hazards that could result in serious injury or illness and would require first aid. Examples of workplaces that may be considered high risk are ones in which workers:* use hazardous machinery, for example mobile plant, chainsaws, power presses and lathes
* use hazardous substances, for example chemical manufacture, laboratories, horticulture, petrol stations and food manufacturing
* are at risk of falls that could result in serious injury, for example construction and stevedoring
* carry out hazardous forms of work, for example, working in confined spaces, welding, demolition, electrical work and abrasive blasting
* are exposed to the risk of physical violence, for example working alone at night, cash handling or having customers who are frequently physically aggressive, or
* work in or around extreme heat or cold, for example, foundries and prolonged outdoor work in extreme temperatures.
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| **RISK ASSESSMENT** |
| 1. **SIZE AND LOCATION OF THE WORKPLACE**
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| **Workplace Characteristics** | **Answer** | **Comments** | **What are the implications for the provision of First Aid?** |
| Number of floors |       |       |       |
| Access between floors (e.g. lifts stairs, ramps or combination etc.) |       |       |       |
| Nearest Hospital |       |       |       |
| Nearest medical or occupational health service |       |       |       |
| Maximum time to medical service |       |       |       |
| 1. **NUMBER, COMPOSITION AND DISTRIBUTION OF WORKERS AND OTHERS**
 |
| **Area** | **Answer** | **Comments** | **What are the implications for the provision of First Aid?** |
| What is the maximum number of workers on site at any one time? |       |       |       |
| What is the number of others on site? |       |       |       |
| Are any of these workers required to work shift work?  | [ ]  YES [ ]  NO |       |       |
| Do workers work overtime? | [ ]  YES [ ]  NO |       |       |
| Are any workers required to work alone, remotely or isolated? | [ ]  YES [ ]  NO |       |       |
| 1. **INJURIES, ILLNESES AND INCIDENTS**
 |
| **Area** | **Answer** | **Number and Nature** | **What are the implications for the provision of First Aid?** |
| Any injuries (Lost Time Incidents, Restricted Work Cases, Medical Treatment Cases) or illnesses in the past 12 months? | [ ]  YES [ ]  NO |       |       |
| Any First Aid incidents in the past 12 months? | [ ]  YES [ ]  NO |       |       |
| Any Near Miss incidents in the past 12 months? | [ ]  YES [ ]  NO |       |       |
| Any Workers Compensation claims in the past 12 months? | [ ]  YES [ ]  NO |       |       |
| 1. **KNOWN WORKPLACE HAZARDS**
 |
| **Hazard / Risk** | **Answer** | **Injuries / Illnesses** | **If YES, what First Aid equipment & consumables are required?** |
| **Manual Handling**Are workers required to undertake manual tasks? | [ ]  YES [ ]  NO | Musculoskeletal injuries, sprains, strains, fractures. | Basic First Aid Kit |
| **Gravity**Are workers required to complete work where there is a risk of falling? | [ ]  YES [ ]  NO | Slips, trips and falls resulting in fractures, bruises, lacerations, dislocations, concussion. | Basic First Aid Kit |
| **Electricity**Are workers exposed to a risk of electric shock? | [ ]  YES [ ]  NO | Potential ignition source causing injuries from fire - burns, smoke inhalation.Exposure to electricity resulting in electric shock, burns, and cardiac arrest. | Basic First Aid Kit plus Burns module |
| **Mechanical & Equipment**Are workers required to work with or around plant and equipment? | [ ]  YES [ ]  NO | Being hit by moving vehicles, or being caught by moving parts of machinery - fractures, amputation, bruises, lacerations, and dislocations. | Basic First Aid Kit. |
| **Hazardous Chemicals**Are workers exposed to hazardous chemicals? | [ ]  YES [ ]  NO | Toxic or corrosive chemicals could come into contact with the skin or eyes or be inhaled, ingested, or adsorbed into the skin causing poisoning, chemical burns or irritation. Flammable chemicals causing injury due to fire or explosion – burns, smoke inhalation. | Basic First Aid Kit plus eye wash equipment and based on risk assessment safety shower required. |
| **Extreme Temperature / Weather**Are workers exposed to extreme heat or cold? | [ ]  YES [ ]  NO | Hot surfaces or materials - burns. Exposure to heat - heat stress and fatigue.Exposure to extreme cold conditions - hypothermia and frost bite. | Basic First Aid Kit plus burns module |
| **Noise**Are workers exposed to noise? | [ ]  YES [ ]  NO | Hearing Damage | First aid only required in extreme situations. Basic First Aid Kit |
| **Psychological**Are workers exposed to a risk of physical or mental violence? | [ ]  YES [ ]  NO | Behaviours including intimidation and physical assault can cause nausea, shock and physical injuries. | Assessment of requirement for mental health first aider’s onsite. |
| **Biological**Are workers exposed to biological hazards? | [ ]  YES [ ]  NO | Infections, allergic reactions. | Basic First Aid Kit, epi-pen protocols. |
| **Excursions**Are workers exposed to risks posed by animals, insects, spiders or snakes? | [ ]  YES [ ]  NO | Bites, stings, scratches, kicks. | Basic First Aid Kit plus outdoor module & epi pen protocols. |
| 1. **FIRST AID FACILITIES, EQUIPMENT AND RESOUCES**
 |
| **Area** | **Answer** | **Comments** |
| Current number of first aiders in the workplace? |       |       |
| Are additional first aiders required? | [ ]  YES [ ]  NO | How many?       |
| Does the workplace include a first aid room? | [ ]  YES [ ]  NO |       |
| If NO, is a first aid room required? | [ ]  YES [ ]  NO |       |
| Number and location of first aid kits available in the workplace? |       |       |
| Are additional first aid kits required? | [ ]  YES [ ]  NO |       |
| Are automated external defibrillators installed? | [ ]  YES [ ]  NO | How many?       |
| If NO, are automated external defibrillators required? | [ ]  YES [ ]  NO |       |
| Are either fixed or portable emergency eye wash stations available? | [ ]  YES [ ]  NO | How many?       |
| If NO, are emergency eye wash facilities required? | [ ]  YES [ ]  NO |       |
| Are emergency showers installed? | [ ]  YES [ ]  NO | How many?       |
| If NO, are emergency showers required? | [ ]  YES [ ]  NO |       |
| Are Safety Data Sheets / Labels available which specify a first aid response? | [ ]  YES [ ]  NO |       |

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| **CORRECTIVE ACTIONS** |
| **List the corrective actions** | **Priority****(H, M, L)** | **By Whom** | **By When** |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |
| 4.       |       |       |       |
| **RA Team** | **Name** | **Job Title** | **Signature** | **Date** |
| **Team Leader** |       |       |       |       |
| Team Member |       |       |       |       |
| Team Member |       |       |       |       |