Early Years Policy – Administration of First Aid

Attachment 4: Sample First Aid Risk Assessment Form

This template can be used to assess the first aid requirements for the service. Consultation is an important aspect of first aid risk assessment and management. The Approved provider, ECTs and educators should use this as a guide only and may identify other areas specific to their service.

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| 1. | How many people work at the service (estimate for most days)? |  |
| 2. | How many children are enrolled at the service (write the number)? |  |
| 3. | Do people regularly work in the service after hours? |  |
| 4. | Do people work on their own after hours, including on weekends? If yes, approximately how many, how often and for how long at any one time? |  |
| 5. | Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months (if possible, attach a summary of the incident reports). |  |
| 6. | Where is the nearest medical service and how long would it take to get an injured person to this service? |  |
| 7. | Where is the nearest major hospital with a 24-hour accident and emergency service? How long would it take to get an injured person to this hospital? |  |
| 8. | What type of, and how many, first aid kits are available at the service? |  |
| 9. | Are the contents of first aid kits complete and up to date as per the contents list? |  |
| 10. | Where are the first aid kits located? |  |
| 11. | How many current first aid officers are there at the service? (List the number, approved first aid qualifications and qualification expiry dates) |  |
| 12. | Identify and list specific hazards and where they may be located | **Hazards** | **Location** |
| *i.e. Cleaning products* | *i.e. Storeroom* |
| 13. | Are there any specific hazards or health concerns that require specific first aid kits or treatment (such as anaphylaxis, asthma etc.)? If yes, list the particular hazards or health concerns and where the specific first aid requirements are kept | **Hazards / health concerns** | **Specific first aid requirements** | **Specific training required** | **Staff have appropriate training** | **Location of first aid equipment** |
|  |  |  |  |  |
| 14. | Is there an induction process for all new staff that includes location of first aid kits, specific first aid requirements and so on? |  |

#### Recommendations

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| Reference number | Recommendation | Responsibility and time frame |
| *i.e. 3 & 4* | *i.e. Develop safety procedures for staff working on their own/after hours* | *i.e. Approved provider within 2 months* |
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#### Names of those responsible for completing this form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signed: |  | Date: |  |
| Name: |  | Signed: |  | Date: |  |
| Date for next review: |  |