Health & Safety Services

# First Aid Needs Assessment Template Version 3

Heads of Schools and Functions are responsible for ensuring work activities and workplaces are assessed to determine the first aid needs. Use this template to guide and record the assessment - split it into several assessments if that works better for your teams, activities or workplaces. Fieldwork or special projects may benefit from their own separate assessment.

Anyone can undertake a First Aid Needs Assessment, providing they are familiar with the premises, the teams, the hazards and the working arrangements within the relevant department. The First Aid Needs Assessor should refer to UoR Safety Code of Practice 8 and they can seek further advice from their local Health & Safety Co-ordinator if needed.

|  |
| --- |
| **FIRST AID NEEDS ASSESSMENT**  |
| **SCHOOL/ FUNCTION** |  |
| **DEPARTMENT/ TEAM/ FIELDWORK PROJECT/ ACTIVITY** [delete as applicable] |   |
| **LOCATION(S)**[Add sufficient details to define what this assessment covers] |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of assessor:** |  | **Signature:** |  |
| **Date assessment undertaken:** |  |
| **Name of Head of School/Function** |  | **Signature:** |  |
| **Date for next review of this assessment:** |  |

# Step 1. Understand the roles and expectations

Table A: Different first aid roles

|  |  |
| --- | --- |
| **Role** | **Role Description** |
| Appointed Person | Person (usually untrained) appointed to take charge of first aid arrangements. This includes looking after the equipment, facilities and calling the emergency services when required. Should be appointed by letter (available on HSS website). |
| Emergency First Aider | Person who has received basic training (Emergency First Aid at Work or EFAW training, usually one day of training) who can provide emergency medical support and initial assessment of an injured or ill person. Becomes appointed by training.Security Services personnel receive this level of training |
| First Aider | Person who has received more extensive training (First Aid at Work or FAW training, usually three days of training) who can provide some emergency treatment when medical services are not easily available. Becomes appointed by training. |

Table B: University policy on the minimum number of First Aid personnel required to be available at times people are at work.

|  |  |  |
| --- | --- | --- |
| **LEVEL OF RISK** (Informed by risk assessment) | **NUMBER OF PERSONNEL** | **NUMBER OF FIRST AIDERS REQUIRED** |
| **Low risk** | <25 | At least **1 Appointed person to manage an incident** |
| 25-50 | **1 EFAW** First Aider |
| >50 | Additional **EFAW** for every 100 (or part thereof) or **1 FAW** if other factors indicate this is needed |
| **High risk** | <5 | At least **1 Appointed person** |
| 5-50 | **1 EFAW** First Aider (possibly with specialist training, depending on type of injuries that may occur) |
| >50 | **1 FAW** for every 50 (or part thereof) if other factors indicate this is needed |

# Step 2. Identify the number of persons present

Table C: Initial expectations for first aider coverage, based on number of people present

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Required First Aid Coverage**  |  | **Optional Coverage**  |  |
|  | **People Working** |  | **People Studying** |  | Workers + Students **Total** |  |  | **Visitors** |  |  |
|  | * University staff (including from other Schools and Functions)
* Temporary and agency workers
* Visiting or sessional lecturers

Also include * PhD research students
 |  | * University students
* Pre-sessional students

Also include * Summer school students
 |  | Number of AP,EFAW,FAW **required** at these times |  | Contractors, delivery drivers, customers visiting retail outlets and Cedars hotel, attendees at public lectures, conferences, entertainment events. Visitors to recruitment events. Other visiting members of the public, including family members, pedestrians. | Workers+ Students + Visitors**Total**  | **Target** numberofAP,EFAW,FAWat these times |
| Monday-Friday 9am-5pm |  | **+** |  | **=** |  |  |  |  |  |  |
| Monday-Friday 5pm - 9am (nightime) |  | **+** |  | **=** |  |  |  |  |  |  |
| Weekends |  | **+** |  | **=** |  |  |  |  |  |  |
| Bank Holidays |  | **+** |  | **=** |  |  |  |  |  |  |
|  | *UK legislation requires employers to provide first aid cover for employees.* |  | *University of Reading policy is to provide first aid cover for all students.* | *Use the people totals and the guidance in Table B to determine how many AP, EFAW or FAWs are* ***required*** |  | *The HSE strongly advises that arrangements take into account non-employees who may be on site* |

# Step 3. Consider additional factors

Table D: Minimum provision and additional factors

| **FACTORS TO CONSIDER** | **NOTES** | **GUIDANCE**  |
| --- | --- | --- |
| Does the workplace have only the typical hazards found in an office? |  | Minimum provisions:* An Appointed Person
* A First Aid box with standard contents
 |

If your work environments pose only the hazards typically found in an office then the above may be sufficient to determine all your first aid needs.

However, please also consider the additional factors below:

| **FACTORS TO CONSIDER** | **NOTES** | **GUIDANCE**  |
| --- | --- | --- |
| Use this column to identify relevant factors – add additional rows if necessary | Use this column to explain what you find | Consider this guidance before deciding on provision |
| Do any of the people expected to be present have known particular needs in the event of a first aid response - such as children, elderly or frail people, people with cognitive impairment, pregnant people, people with sensory impairments or particular language or communication needs? |  | Consider providing:* Additional specialist First Aid training
* Additional specialist First Aid equipment
* A First Aid room or a quiet room for use when necessary, plus movable signage to prevent intrusion

Communication aids, such as explanation cards in different languages |
| Does the workplace or activity feature higher hazards which can give rise to particular first aid challenges e.g. workshops or dangerous machinery, extreme hot or cold, concentrated acids or alkalis, radioactive materials, laboratory activities using “sharps”, work with glassware including glass washing, use of knives, biohazards, contact with livestock, work next to lakes or rivers, explosives, high voltages, manual handling? |  | Consider providing:* Trained Emergency First Aiders or First Aiders
* Additional specialist First Aid training
* Additional specialist First Aid equipment
* A First Aid Shower
* A First Aid room
 |
| Is the workplace or activity particularly exposed, isolated, difficult to access or is communication difficult?  |  | Consider requiring:* First Aiders in the work team
* Additional specialist First Aid training
* Additional communication arrangements
* A dedicated First Aid box taken with the work team
* A designated temporary first aid area
* Additional First Aid or other equipment to keep the ill/injured person warm and dry
 |
| What types of incidents have previously occurred? |  | Consider First Aid provisions to cover the type of injuries and ill-health incidents that have occurred in the past in addition to those that are foreseeable.  |
| Do staff or students work alone? |  | Ensure access to a First Aid kitEnsure communications are accessible e.g. a mobile phone |
| Do any staff or students work shift or out of hours? |  | Consider the times First Aid cover is required |
| Might First Aider presence/coverage be affected by hybrid or flexible working? |  | Ensure sufficient First Aid provision during staff absences |
| Does the department occupy more than one building or operate on multiple floors? |  | Consider First Aid provision for each building/floor |
| Does the department share one building or floor with other Schools/Functions or University tenants? |  | Ensure sufficient liaison occurs to establish adequate first aid coverage, even if shared |
| Do any staff/students drive/cycle as part of work commitments? |  | Consider providing Travelling First Aid kits |
| Do any staff/post-graduates conduct work off campus, e.g. fieldwork, where specialist First Aid may be required? |  | Consider providing:Specialist First Aid kitsAdditional specialist First Aid trainingA Separate FANA to detail fieldwork provision |
| What is the proximity to closest hospital with an A&E department? |  | Where distance is greater than 30 miles consider additional provision |

# Step 4. Determine First Aid needs

Utilise the guidance in Step 1 and your answers in Step 2 and 3 to determine your First Aid requirements in the workplace.

Where a building/floor is shared with another department with similar hazards consider sharing First Aid resources.

Table E: Your First Aid needs

|  |  |  |
| --- | --- | --- |
| **FIRST AID PERSONNEL** | **REQUIRED?** | **TOTAL NUMBER REQUIRED** |
| Appointed person | Yes / No |  |
| EFAW First Aider | Yes / No |  |
| FAW First Aider | Yes / No |  |
| First Aider with additional training (please specify) | Yes / No |  |
| **FIRST AID EQUIPMENT AND FACILITIES** | **REQUIRED?** | **NUMBER REQUIRED AND OTHER NOTES** |
| Damp and dust proof First Aid container | Yes / NoIf Yes, where will it be stored? Who will periodically check it and be responsible for replenishing contents? |  |
| Additional specialised contents of First Aid Box, eg eye wash, diphoterine, etc | Yes / NoIf Yes, detail what and why |  |
| Additional First Aid equipment | Yes / NoIf Yes, detail what and why |  |
| Travelling First Aid kit | Yes / NoIf Yes, specify which vehicles or who they should be issued to – ensure your local H&S Code details this arrangement |  |
| First Aid room | Yes / NoIf Yes specify location, type of room, sole use or other which can be vacated quickly |  |
| Shower | Yes / NoIf Yes, confirm maintenance arrangements have been made with Maintenance Services to control against Legionella risk |  |
| Additional communication aids or equipment | Yes / NoIf Yes specify aids, equipment |  |

# Step 5. Determine current First Aid personnel provision

Table F: Your First Aiders

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Appointed Person(s)** | **Date of** **Appointment Letter** | **Further action** |
| 1 |  |  | A new appointment letter is not required. However, it is recommended that employee and manager consult and confirm the role annually, eg at PDR. |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
|  | **Name of EFAW First Aider(s)** | **Training Expiry Date** | **Continuing in role?** The EFAW qualification requires 1-day refresher training every 3 years. | **Target date for refresher training** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
|  | **Name of FAW First Aider(s)** | **Training Expiry Date** | **Continuing in role?** The FAW qualification requires 2-day refresher training every 3 years. | **Target date for refresher training** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
|  | **Name of First Aider with specialist training(s)** | **Training Expiry Date** | **Continuing in role?** Consult HSS | **Target date for refresher training** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Add additional rows as required. If only nominated insert “not yet appointed” or “not yet trained” next to name.

# Step 6. Action Plan

Table G: Your Action Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Who** | **Target Date** | **Completion Date** |
| Complete this FANA (consult with local H&S Committee members/Chair and HSS Liaison Advisor, as appropriate) |  |  |  |
| Ensure senior leaders nominate sufficient Appointed Persons, EFAW or FAW First Aiders. |  |  |  |
| Ensure senior leaders commit to obtaining additional equipment, if required. |  |  |  |
| Present completed FANA at Local H&S Committee, for noting. |  |  |  |
| Contact HSS to book places on First Aid training. |  |  |  |
| Confirm frequency of checks for first aid kit, instruct those responsible. |  |  |  |
| Obtain additional equipment, communication aids, etc, if required. |  |  |  |