Local First Aid Provision Review

1. Name of the Department/Building?	
2. Does your Department occupy more than one building?	☐Yes ☐No ☐D/K
3. Does your building have more than one floor?	☐Yes ☐No ☐D/K
a. If yes, please indicate how many	☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9
4. Do you share your building with any other Department?	☐Yes ☐No ☐D/K
5. What is the total number of staff in your Department/Building?	
6. Do any members of your Department work out of hours or carry out shift work?	☐Yes ☐No ☐D/K
7. Do any members of your Department regularly work alone?	☐Yes ☐No ☐D/K
8. Do you have visits to your Department from members of the public?	☐Yes ☐No ☐D/K
a. If yes please indicate how many per day on average	☐0-10 ☐10-50 ☐50-100 ☐100-500 ☐More than 500
9. Are there any specific high risks related to either your work place or work activities?	☐Yes ☐No ☐D/K
a. If yes please indicate what they are. (Feel free to add extras).	☐Dangerous machinery ☐Hazardous substances ☐Biological matter ☐Laboratories ☐Work at height ☐Confined spaces ☐Power tools ☐Near or in water ☐Physical exertion necessary ☐Heavy lifting ☐Hot surfaces ☐Sharp instruments
10. Approximately how many members of staff routinely work within these high risk areas or high risk activities?	☐0-10 ☐10-50 ☐50-100 ☐100-500
11. Are particular types of accident or injury common to your Department?	☐Yes ☐No ☐D/K
a. If yes what do you think they are?	☐Minor cuts and abrasions ☐Friction burns and abrasions

	☐Bruising ☐Slips, trips and minor falls ☐Substance spills, contamination ☐Crushing ☐Muscle strains, sprains ☐Broken bones ☐Cooking related burns ☐Piercing ☐Minor electric shock ☐Other please state:
12. Do you have young people within your work environment (young person is under 18 years)?	☐Yes ☐No ☐D/K
13. How many students/visitors do you have within your building/work area at any one time (average number will suffice)?	☐None ☐1 – 50 ☐50 - 100 ☐100 - 200 ☐200 – 300 ☐Over 300 (please state)
14. Do you have employees/students with disabilities or special health problems?	☐Yes ☐No ☐D/K
15. Do you have employees/students who may have difficulty understanding first aid arrangements i.e. language or visual impairment?	☐Yes ☐No ☐D/K
16. Do you currently have first aid kits available?	☐Yes ☐No ☐D/K
a. If yes please indicate location	☐one within the building (Department) ☐one on every floor ☐one in every room ☐one per first aider
17. Is the location of the first aid kits clearly visible?	☐Yes ☐No ☐D/K
18. Is the identity of the Departmental first aiders pointed out at induction of all new Departmental staff?	☐Yes ☐No ☐D/K
19. Do you currently have any additional first aid equipment?	☐Defibrillator ☐Rest room ☐one in every room ☐one per first aider

Once complete please return to Marcia Martin at M.A.Martin@bath.ac.uk or UHSE, Room 3.12 Wessex House.