## **First-aid needs assessment (FANA) Template (without prompts)**

It is the responsibility of the manager in charge of the premises and/or team manager to ensure that first-aid requirements are assessed. Where services have colleagues based in more than one building the team manager must ensure each site has a first-aid needs assessment (FANA) in place.

Assessments should be carried out by competent individuals who have knowledge and experience of the building, the colleague demographics, likely hazards, risks, as well as the working activities and hours of operation within their service. Complex sites and activities that create higher risks may require a more detailed FANA.

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| 1.1 |  |
| 1.2 | **Title:** | **First-Aid Needs Assessment - FANA** |
| 1.3 | **Service/Dept:** |  |
| 1.4 | **Location:** |  |
| 1.5 | **Additional notes:** |  |

# SECTION 1

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| 1.6 | **PERSON(S) CONDUCTING THIS ASSESSMENT** |
| 1.7 | **Name(s) &****Role** |  | **Signature(s):** |  |
| 1.8 | **Date assessment undertaken:** |  |

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| 1.9 | **ASSESSMENT REVIEW HISTORY**This assessment should be reviewed immediately if there is any reason to suppose that the original assessment is no longer valid. Otherwise, the assessment should be reviewed, at least every 3 years. The service/premise’s manager must ensure that this assessment remains valid. |
| 1.10 |  | **Review 1** | **Review 2** | **Review 3** | **Review 4** |
| 1.11 | **Due date:** |  |  |  |  |
| 1.12 | **Date conducted:** |  |  |  |  |
| 1.13 | **Conducted by:** |  |  |  |  |

**SECTION 2. DETERMINATION OF FIRST-AID PROVISIONS**

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| 2.1 | **FACTORS TO CONSIDER** | **Yes / No** | **FIRST-AID PROVISIONS** |
| 2.2 | **HAZARDS:** Refer to your general risk assessments to support the First-aid requirements. Consider types of activities, hazards and the levels of first-aid provision required. |
| 2.3 | Does the workplace have low level hazards e.g., those found in an office? | Yes / No |  |
| 2.4 | Does the workplace have medium/high level hazards? e.g., those found in a construction or mechanical workshops, schools? Consider hazards such as toxic substances, explosives, high voltages, manual handling, machinery, fieldwork in remote areas. | Yes / No |  |
| 2.5 | Is a defibrillator required? List considerations.  | Yes / No |  |
| 2.7 | **People to Consider:** Consider the number of people and those people that may be higher at risk. |
| 2.8 | How many total numbers of people work in the building?  | *State total* |  |
| 2.9 | Is there colleagues on site that may be at higher risk? Consider inexperienced workers, those with existing health problems or disabled people, young persons, and new and expectant mothers. | Yes / No |  |
| 2.10 | Do others visit your site? Consider - members of the public, visitors, contractors, customers, students, school children. | Yes / No |  |
| 2.11 | Do you work with customers aged 5 years or under? | Yes / No |  |

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| 3.0 | **ACCIDENT HISTORY/RECORDS:** |
| 3.1 | What types of accidents and injuries have occurred over the last 3 years? How many and of those were any RIDDOR reportable? | State total number and how many were RIDDOR.  |  |
| 3.2 | List type of RIDDOR reportable incidents that have happened. |  |  |
| 3.3 | ***WORKING ARRANGEMENTS:*** |
| 3.4 | Do colleague work alone? | Yes / No |  |
| 3.5 | Do colleagues work shift’s or out of hours?  | Yes / No |  |
| 3.6 | Does the service occupy more than one building or operate on multiple floors? | Yes / No |  |
| 3.7 | What is the site layout, and will it require additional first-aid cover for separate buildings or floors of a multi-story building? | Yes / No |  |
| 3.8 | Are there times when the first-aider might be on holiday/absent? | Yes / No |  |
| 3.9 | Do colleagues travel? i.e., drive as part of work commitments? | Yes / No |  |

**SECTION 4**

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| 4.1 | Do colleagues conduct work off site, e.g., fieldwork, where specialist first-aid maybe required? | Yes / No |  |
| 4.2 | Do you work on a site which is occupied by other organsiations?  | Yes / No  |  |
| 4.3 | Is first-aid signage and information accessible to all? | Yes / No |  |
| 4.4 | **EMERGENCY SERVICES** |
| 4.5 | How far is the nearest A & E department? List hospital. | State distance and approximate time. |  |
| 4.6 | Consider the likely time it would take for professional services to attend. |  |  |

**SECTION 5 MENTAL HEALTH FIRST-AID PROVISIONS**

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| 5.1 | **FACTORS TO CONSIDER** | **NOTES** | **FIRST-AID PROVISIONS** |
| 5.2 | Does your service have access to a mental health champions?Mental Health First Aid Training is also available. MHFA is designed to help people experiencing a change in their mental health. Like traditional first aid, it doesn’t diagnose a problem but provides support, assistance and signposting that people may need. If you want to find out more or become a Mental Health Champion please visit the MiWellbeing pages on MiDerby [Health and wellbeing (derby.gov.uk)](https://iderby.derby.gov.uk/human-resources/health-wellbeing/)for more information.  | Yes / No |  |

### **SECTION 6.** Suggested number of First-aid personnel to be available at all times people are at work.

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| 6.1 | **LEVEL OF RISK** **(Informed by general risk assessments)** | **NUMBER OF PERSONNEL\*** | **NUMBER OF FIRST-AIDERS REQUIRED** **(as suggested by the HSE)** |
| 6.2 | **Low Risk e.g., offices/libraries** | Less than 25 | At least **1 Appointed person** |
| 6.3 | **Low Risk e.g., offices/libraries** | Between 25-50 | At least **1 EFAW** trained First-aider |
| 6.4 | **Low Risk e.g., offices/libraries** | More than 50 | At least **1 FAW** trained First-aider for every 100 (or part thereof) |
| 6.5 | **High Risk e.g., construction/workshops/dangerous machinery**  | Less than 5 | At least **1 Appointed person** |
| 6.6 | **High Risk e.g., construction/workshops/dangerous machinery** | Between 5-50 | At least **1 EFAW** trained First-aider (consider the type of injuries that may occur) |
| 6.7 | **High Risk e.g., construction/workshops/dangerous machinery** | More than 50 | At least **1 FAW** trained First-aider for every 50 (or part thereof) |

\* The HSE strongly advise that arrangements for first-aid provisions also consider non-employees that may be on site.

\* Industry - specific guidance may apply. Please contact the Corporate Health and Safety team for further guidance. Employee.Healthandsafety@derby.gov.uk

**SECTION 7.** Utilise the guidance to determine your first-aid requirements in the workplace. Where a building/floor is shared with another department with similar hazards, consideration should be given to sharing First-aid resources.

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| **7.1** | **FIRST-AID PERSONNEL** | **REQUIRED YES/NO** | **NUMBERS REQUIRED** | **Who** |
| 7.2 | Appointed person | Yes / No |  |  |
| 7.3 | EFAW First-aider | Yes / No |  |  |
| 7.4 | FAW First-aider | Yes / No |  |  |
| 7.5 | First-aider with additional training (please specify) e.g., lifeguards, arborists | Yes / No |  |  |
| 7.6 | Paediatric first-aider  | Yes / No |  |  |
| **7.8** | **Additional Training** |  |  |  |
| 7.9 | Management of a casualty suffering from hypothermia or hyperthermia  | Yes / No |  |  |
| 7.10 | Management of a drowning casualty  | Yes / No |  |  |
| 7.11 | Use of an Automated External Defibrillator (AED) | Yes / No |  |  |
| 7.12 | Recognising the presence of major illness (including heart attack, stroke, epilepsy, asthma, diabetes) and providing appropriate first-aid  | Yes / No |  |  |
| 7.13 | Paediatric first-aid, childcare setting.  | Yes / No |  |  |
| **8.0** | **FIRST-AID EQUIPMENT AND FACILITIES** | **REQUIRED** | **NUMBER REQUIRED** | **LOCATION** |
| 8.1 | Damp and dust proof first-aid container | Yes / No |  |  |
| 8.2 | Contents of first-aid box | Yes / No |  |  |
| 8.3 | Additional equipment | Yes / No |  |  |
| 8.4 | Travelling first-aid kit | Yes / No |  |  |
| 8.5 | First-aid room | Yes / No |  |  |
| 8.6 | First-aid shower | Yes / No |  |  |
| **9.0** | **MENTAL HEALTH FIRST-AID PERSONNEL** | **REQUIRED YES/NO** | **NUMBER REQUIRED** | **Who** |
| 9.1 | Mental Health First-aider | Yes / No |  |  |

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| 10.0 | **Summary of first-aid provision required**  |
| 10.1 | **Name of premises/site/school**  |  |  |
| 10.2 | **Level of first-aid personnel (type of provision)** | **Numbers of personnel required to be on site at any time**  | **Names of trained personnel**  | **Date training requires updating**  |
| 10.3 | **Qualified first-aider**  |  |  |  |
| 10.4 | **Emergency first-aider**  |  |  |  |
| 10.5 | **School first-aid trained**  |  |  |  |
| 10.6 | **Paediatric first-aid trained**  |  |  |  |
| 10.7 | **Appointed Person**  |  |  |  |
| 10.8 | **Other:** (Please specify)*(Note: This is not to include any training requirements for medicine administration)*  |  |  |  |

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| **Head of Service/Headteacher first-aid needs assessment sign off** |
| **Comments**  | Insert comments relevant to assessment as appropriate  |
|  |
| **Name:** | **Signature:** | **Date:**  |
|   |   |   |
| **Assessment reviews**  | Set future actions and review dates & sign/comment upon completion  |
| **What needs to be done in the next 12 months to maintain suitable first-aid provision?**  |   |
| **Who is checking that it has been done?**  |   |
| **Who is tasked with doing it and by when?**  |   |
| **Review date**  | **Reviewed by**  | **Reviewer signature**  | **Remarks**  |
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