**Risk assessment of premises used for immunisation sessions.**

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| Name of School: | Schedule: Flu/DTP MEN ACWY/HPV |
| Nurses attending the session: |
| Date of immunisation session: | Date of assessment: |
| School have received and read government requirements for the SAIT (sent via email): | Yes/No |
| Please provide a WIFI code: |  |
| Please name the Room/ Area that will be used for immunisations? | Area identified: |
| Is there sufficient space for nurses to work effectively? | Yes/No |
| Where will students wait before being seen by the immunisation team? |  |
| Handwashing facilities accessible | Yes/No |
| Screens and crash mat available | Yes/No |
| Area for pupils who feel ill/unwell. | Yes/No  Area identified: |
| Number of tables and chairs required: |  |
| School First Aider(s) | Name & Contact number: |
| Does school have a Defibrillator? | Yes/No  Location: |
| There needs to be a member of school staff available throughout the session. Who will this be? | Name & Contact number: |
| Assurance by School Senior Management Team:  Signature:  Name:  Role:  Date: | |
| Completed by (Immunisation team):  Signature:  Name:  Role:  Date: | |