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

|  |  |
| --- | --- |
| 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/NoArea identified: |
| Number of tables and chairs required: |  |
| School First Aider(s) | Name & Contact number: |
| Does school have a Defibrillator? | Yes/NoLocation: |
| 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: |