



Health Services Unit
EVENT RISK ASSESSMENT TOOL For MEDICAL COVERAGE
PART A

DATE REQUEST SUBMITTED	SUBMITTED BY (NAME, DEPARTMENT & CONTACT EMAIL & NUMBER)	DATE & TIME OF EVENT
Is this a campus approved event? Please specify:		
LOCATION, PLEASE SPECIFY:		

TYPE of EVENT *(select one)*

	Conference/Workshop
	Examination
	Faculty event, please specify:
	Sporting event, please specify:
	Medical outreach, please specify:
	Other:

DURATION OF EVENT *(select one)*

1-2 Hours		AM
2-4 Hours		PM
4-6 Hours		During working hours (8:30 – 4:30)
6-8 Hours		Outside working hours
>8 Hours		Comments, please specify:
If multiple days, please specify:		

NUMBER OF PERSONS *(select one)*

SELECT CATEGORY *(Can select multiple)*

SELECT AGE GROUP

<input type="checkbox"/> <20	<input type="checkbox"/> Staff	<input type="checkbox"/> <18
<input type="checkbox"/> <50	<input type="checkbox"/> Student	<input type="checkbox"/> >18
<input type="checkbox"/> <100	<input type="checkbox"/> Visitor	<input type="checkbox"/> If under 18 and not a student, parental consent is given.
<input type="checkbox"/> >100	<input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Comment:
<input type="checkbox"/> Please specify:		

PART B
(To be completed by Health Services Unit staff)

NUMBER OF CERTIFIED FIRST AIDERS PRESENT *(not including HSU staff)*

	0 First Aiders
	1-3 First Aiders
	>4 First Aiders

RISK PROBABILITY *(select one)*

PROBABILITY LEVEL	DESCRIPTION
HIGHLY UNLIKELY	Rare chance of an occurrence
UNLIKELY	Not likely to occur under normal circumstances
POSSIBLE	May occur at some point under normal circumstances
LIKELY	Expected to occur at some point in time
HIGHLY LIKELY	Expected to occur regularly under normal circumstances

RISK DESCRIPTION

SOURCE OF RISK

RISK SEVERITY LEVEL *select ONE*

SEVERITY LEVEL	
LOW	
MEDIUM	
HIGH	

STAFFING RECOMMENDATIONS (*check all that apply*)

	Use HSU resources
	External Hire
	No onsite support required
	Ambulance
	Nurse
	Medical Officer on call only
	Medical officer on site
	EMT/ First Responder only
	Other, please specify:

COMMENTS

APPROVED BY: _____

DATE: _____

POST EVENT REPORT (*check all that apply*)

	Uneventful
	Basic first aid required
	Medical Officer contacted via phone for support
	Patient(s) brought to HSU for care and treatment
	Patient(s) transferred directly to other medical institution for care (not brought to HSU)
	Patient(s) transferred from HSU to other institution
	No. of patients seen/treated at event, <i>please specify in comments box</i>
	Use of Ambulance required
	Other, please specify:

COMMENTS

COMPLETED BY: _____

DATE: _____