**KNOW YOUR BLOOD PRESSURE EVENT SAFETY CHECKLIST**

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| Know your blood pressure event details |
| Event name |  |
| Event location |  |
| Event date/dates  |  | Start/Finish times |  |
| Event contact |  | Telephone No. |  |
| Emergency contact |  | Telephone No. |  |
| KYBP event number  |  |
| Number of staff/volunteers present on the day(s) |  |
| Know your blood pressure safety checklist |
| Areas of consideration | **YES**  | **NO** | Comments and control measures |
| Is this KYBP event part of or in association with any other event? |  |  |  |
| Has permission been granted for use of the location or venue?  |  |  |  |
| Have all staff/ volunteers- taking blood pressures, received the mandatory training? |  |  |  |
| Is the KYBP event open to the general public? |  |  |  |
| Has access to the location been considered including traffic, parking, walking distances, and steps etc.? |  |  |  |
| Does the event involve any strenuous manual handling including the lifting and movement of heavy/awkward items? |  |  |  |
| Are there any known hazards such as traffic, crowds, trip hazards, changes in levels etc.? Which may be at the location? |  |  |  |
| Have arrangements for first-aid been considered? |  |  |  |
| Have arrangements for using welfare facilities including toilets and hand washing facilities been considered? |  |  |  |
| Have arrangements for refreshments been considered for staff and volunteers? |  |  |  |
| Have arrangements for rest breaks been considered for staff and volunteers? |  |  |  |
| Have adverse weather conditions been taken into consideration including extremes of heat or cold? |  |  |  |
| Are all staff and volunteers fully briefed before the event? |  |  |  |
| Is there any cash handling on the day of the event? If yes please give details regarding procedures that will be in place including security and personal safety. |  |  |  |