

Department of Justice and Attorney-General

Workplace Health and Safety Queensland

First aid in the workplace

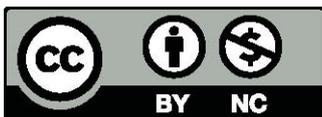
Code of Practice 2014

This Queensland code of practice was made by the Attorney-General and Minister for Justice on 30 May 2014.

This code commences on 30 May 2014.

This code is based on a national model code of practice developed by Safe Work Australia and approved by the Select Council on Workplace Relations in July 2012 as part of the harmonisation of work health and safety laws.

PN11670



Creative Commons

Except for the logo of Safe Work Australia, this copyright work is licensed under a Creative Commons Attribution-Noncommercial 3.0 Australia licence. To view a copy of this licence, visit:

<http://creativecommons.org/licenses/by-nc/3.0/au/>

In essence, you are free to copy, communicate and adapt the work for non commercial purposes, as long as you attribute the work to Safe Work Australia and abide by the other licence terms.

Contents

FOREWORD	4
SCOPE AND APPLICATION	4
1. INTRODUCTION	5
1.1 The meaning of key terms	5
1.2 Who has health and safety duties in relation to first aid?	5
1.3 What is required in providing first aid?	6
2. HOW TO DETERMINE FIRST AID REQUIREMENTS FOR YOUR WORKPLACE	8
2.1 The nature of the work and workplace hazards.....	8
2.2 Size and location of the workplace	9
2.3 The number and composition of workers and other people.....	9
3. FIRST AID EQUIPMENT, FACILITIES AND TRAINING	10
3.1 First aid kits	10
3.2 First aid signs	11
3.3 Other first aid equipment	11
3.4 First aid facilities	12
3.5 First aiders.....	13
3.6 First aid procedures.....	15
3.7 Providing first aid information	16
4. REVIEWING YOUR FIRST AID REQUIREMENTS	17
APPENDIX A – FIRST AID AND THE RISK MANAGEMENT PROCESS	18
APPENDIX B – EXAMPLE OF A FIRST AID ASSESSMENT	19
APPENDIX C – EXAMPLE OF CONTENTS FOR A FIRST AID KIT	21
APPENDIX D – STANDARD PRECAUTIONS FOR INFECTION CONTROL	23

FOREWORD

This Code of Practice on first aid in the workplace is an approved code of practice under section 274 of the *Work Health and Safety Act 2011* (the WHS Act).

An approved code of practice is a practical guide to achieving the standards of health, safety and welfare required under the WHS Act and the *Work Health and Safety Regulation 2011* (the WHS Regulation).

A code of practice applies to anyone who has a duty of care in the circumstances described in the code. In most cases, following an approved code of practice would achieve compliance with the health and safety duties in the WHS Act, in relation to the subject matter of the code. Like regulations, codes of practice deal with particular issues and do not cover all hazards or risks that may arise. The health and safety duties require duty holders to consider all risks associated with work, not only those for which regulations and codes of practice exist.

Codes of practice are admissible in court proceedings under the WHS Act and Regulations. Courts may regard a code of practice as evidence of what is known about a hazard, risk or control and may rely on the code in determining what is reasonably practicable in the circumstances to which the code relates.

Compliance with the WHS Act and Regulations may be achieved by following another method, such as a technical or an industry standard, if it provides an equivalent or higher standard of work health and safety than the code.

An inspector may refer to an approved code of practice when issuing an improvement or prohibition notice.

This code of practice has been developed by Safe Work Australia as a model code of practice under the Council of Australian Governments' *Inter-Governmental Agreement for Regulatory and Operational Reform in Occupational Health and Safety* for adoption by the Commonwealth, state and territory governments.

SCOPE AND APPLICATION

This Code provides practical guidance for persons conducting a business or undertaking on how to comply with duties under the WHS Act and Regulations to provide adequate first aid facilities in the workplace. It includes information on first aid kits, procedures, facilities and training for first aiders.

This Code applies to all types of work and all workplaces covered by the WHS Act, including workplaces that are outdoors, mobile or remote.

How to use this code of practice

In providing guidance, the word 'should' is used in this Code to indicate a recommended course of action, while 'may' is used to indicate an optional course of action.

This Code also includes various references to provisions of the WHS Act and Regulations which set out the legal requirements. These references are not exhaustive. The words 'must', 'requires' or 'mandatory' indicate that a legal requirement exists and must be complied with.

1. INTRODUCTION

Providing immediate and effective first aid to workers or others who have been injured or become ill at the workplace may reduce the severity of the injury or illness and promote recovery. In some cases it could mean the difference between life and death.

1.1 *The meaning of key terms*

First aid is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.

First aider is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given them the competencies required to administer first aid.

First aid equipment includes first aid kits and other equipment used to treat injuries and illnesses.

First aid facilities include first aid rooms, health centres, clean water supplies and other facilities needed for administering first aid.

High risk workplace means a workplace where workers are exposed to hazards that could result in serious injury or illness and would require first aid. Examples of workplaces that may be considered high risk are ones in which workers:

- use hazardous machinery (e.g. mobile plant, chainsaws, power presses and lathes)
- use hazardous substances (e.g. chemical manufacture, laboratories, horticulture, petrol stations and food manufacturing)
- are at risk of falls that could result in serious injury (e.g. construction and stevedoring)
- carry out hazardous forms of work (e.g. working in confined spaces, welding, demolition, electrical work and abrasive blasting)
- are exposed to the risk of physical violence (e.g. working alone at night, cash handling or having customers who are frequently physically aggressive)
- work in or around extreme heat or cold (e.g. foundries and prolonged outdoor work in extreme temperatures).

Low risk workplace means a workplace where workers are not exposed to hazards that could result in serious injury or illness such as offices, shops or libraries. Potential work-related injuries and illnesses requiring first aid would be minor in nature.

1.2 *Who has health and safety duties in relation to first aid?*

A **person conducting a business or undertaking** has the primary duty under the WHS Act to ensure, so far as is reasonably practicable, that workers and other persons are not exposed to health and safety risks arising from the business or undertaking.

The WHS Regulations place specific obligations on a person conducting a business or undertaking in relation to first aid, including requirements to:

- provide first aid equipment and ensure each worker at the workplace has access to the equipment
- ensure access to facilities for the administration of first aid
- ensure that an adequate number of workers are trained to administer first aid at the workplace or that workers have access to an adequate number of other people who have been trained to administer first aid.

A person conducting a business or undertaking may not need to provide first aid equipment or facilities if these are already provided by another duty holder at the workplace and they are adequate and easily accessible at the times that the workers carry out work.

Officers, such as company directors, have a duty to exercise due diligence to ensure that the business or undertaking complies with the WHS Act and Regulations. This includes taking reasonable steps to ensure that the business or undertaking has and uses appropriate resources and processes to eliminate or minimise risks to health and safety.

Workers have a duty to take reasonable care for their own health and safety and must not adversely affect the health and safety of other persons. Workers must comply with any reasonable instruction and cooperate with any reasonable policy or procedure relating to health and safety at the workplace, such as procedures for first aid and for reporting injuries and illnesses.

1.3 What is required in providing first aid?

First aid requirements will vary from one workplace to the next, depending on the nature of the work, the type of hazards, the workplace size and location, as well as the number of people at the workplace. These factors must be taken into account when deciding what first aid arrangements need to be provided.

This Code provides information on using a risk management approach to tailor first aid that suits the circumstances of your workplace, while also providing guidance on the number of first aid kits, their contents and the number of trained first aiders that are appropriate for some types of workplaces.

The risk management approach involves the following four steps (summarised in Appendix A):

- identifying hazards that could result in work-related injury or illness
- assessing the type, severity and likelihood of injuries and illness
- providing the appropriate first aid equipment, facilities and training
- reviewing your first aid requirements on a regular basis or as circumstances change.

Guidance on the general risk management process is available in the *How to Manage Work Health and Safety Risks Code of Practice*.

Consulting your workers

Consultation involves sharing of information, giving workers a reasonable opportunity to express views and taking those views into account before making decisions on health and safety matters.

WHS Act section. 47: A person conducting a business or undertaking must consult, so far as is reasonably practicable, with workers who carry out work for the business or undertaking who are (or likely to be) directly affected by a work health and safety matter.

WHS Act section. 48: If the workers are represented by a health and safety representative, the consultation must involve that representative.

- the number, location and contents of first aid kits and other equipment
- the type of first aid facilities that may be needed
- first aid procedures
- the number of first aiders.

Consulting, co-operating and co-ordinating activities with other duty holders

WHS Act section. 46: A person conducting a business or undertaking must consult, co-operate and co-ordinate activities with all other persons who have a work health or safety duty in relation to the same matter, so far as is reasonably practicable.

Sometimes you may have responsibility for health and safety together with other business operators who are involved in the same activities or who share the same workplace. In these situations, you should communicate with each other to find out who is doing what and work together in a co-operative and co-ordinated way so that all risks are eliminated or minimised so far as is reasonably practicable.

For example, if you provide labour hire workers as part of your business you have a duty of care as well as the host business. In these situations, you must discuss the hazards and risks associated with the work and ensure the host business has appropriate first aid arrangements that your workers can access.

If you share your workplace with other businesses that have workers trained in administering first aid, you may be able to ensure that your workers have access to them instead of training your own workers. In these circumstances, it will be necessary to:

- consult the other business operators to work out what first aid arrangements are needed
- co-operate with each other in sharing first aid equipment and facilities
- co-ordinate access to the first aiders.

Further guidance on consultation is available in the *Work Health and Safety Consultation, Co-operation and Co-ordination Code of Practice*.

2. HOW TO DETERMINE FIRST AID REQUIREMENTS FOR YOUR WORKPLACE

WHS Regulation section 42: When considering how to provide first aid, a person conducting a business or undertaking must consider all relevant matters including:

- the nature of the work being carried out at the workplace
- the nature of the hazards at the workplace
- the size, location and nature of the workplace
- the number and composition of the workers at the workplace.

2.1 The nature of the work and workplace hazards

Certain work environments have greater risks of injury and illness due to the nature of work being carried out and the nature of the hazards at the workplace. For example, factories, motor vehicle workshops and forestry operations have a greater risk of injury that would require immediate medical treatment than offices or libraries. These workplaces will therefore require different first aid arrangements.

Table 1: Injuries associated with common workplace hazards that may require first aid

Hazard	Potential harm
Manual tasks	Overexertion can cause muscular strain.
Working at height	Slips, trips and falls can cause fractures, bruises, lacerations, dislocations, concussion.
Electricity	Potential ignition source could cause injuries from fire. Exposure to live electrical wires can cause shock, burns and cardiac arrest.
Machinery and equipment	Being hit by moving vehicles, or being caught by moving parts of machinery can cause fractures, amputation, bruises, lacerations, dislocations.
Hazardous chemicals	Toxic or corrosive chemicals may be inhaled, contact skin or eyes causing poisoning, chemical burns, irritation. Flammable chemicals could result in injuries from fire or explosion.
Extreme temperatures	Hot surfaces and materials can cause burns. Exposure to heat can cause heat stress and fatigue. Exposure to extreme cold can cause hypothermia and frost bite.
Radiation	Welding arc flashes, ionizing radiation and lasers can cause burns
Violence	Behaviours including intimidation and physical assault can cause nausea, shock and physical injuries
Biological	Infection, allergic reactions
Animals	Bites, stings, kicks, scratches

Records of injuries, illnesses, 'near miss' incidents and other information that has already been obtained to assist in controlling risks at the workplace will be useful to make appropriate decisions about first aid.

You should check the safety data sheets (SDS) for any hazardous chemicals that are handled, used or stored at your workplace. The SDS provides information about the chemical, possible health effects, controls that may be used to reduce exposure and first aid requirements.

Manufacturers, importers and suppliers of hazardous chemicals have a duty under the WHS Regulations to ensure that the current SDS is provided to a person at the workplace if the person asks for it.

2.2 Size and location of the workplace

In relation to the size and location of the workplace, you should take into account:

- the distance between different work areas
- the response times for emergency services.

First aid equipment and facilities should be located at convenient points and in areas where there is a higher risk of an injury or illness occurring.

A large workplace may require first aid to be available in more than one location if:

- work is being carried out a long distance from emergency services
- small numbers of workers are dispersed over a wide area
- access to a part of the workplace is difficult
- the workplace has more than one floor level.

Where there are separate work areas (e.g. a number of buildings on a site or multiple floors in an office building), it may be appropriate to locate first aid facilities centrally and provide first aid kits in each work area. This may include portable first aid kits in motor vehicles and other separate work areas.

The distance of the workplace from ambulance services, hospital and medical centres should be taken into account when determining your first aid requirements. For example, if life-threatening injuries or illnesses could occur and timely access to emergency services cannot be assured, a person trained in more advanced first aid techniques (such as the provision of oxygen) will be needed.

Additional first aid considerations may be necessary for workers in remote or isolated areas. For example, where access is difficult due to poor roads or weather conditions, arrangements may need to include aerial evacuation.

In minimising the risks to health and safety associated with remote or isolated work, you must provide a system of work that includes effective communication with the worker. This will assist in enabling an immediate response in an emergency. Further guidance about working in remote or isolated areas is available in the *Managing the Work Environment and Facilities Code of Practice*.

2.3 The number and composition of workers and other people

When considering the size of your workforce, you should include any contractors, subcontractors, and volunteers you engage. This may mean the size of your workforce may vary over time. For the purposes of deciding who requires access to first aid, you should consider the maximum number of workers that you may engage at any one time. Generally, a larger workforce requires more first aid resources.

You should also consider:

- the particular needs of workers who have a disability or a known health concern
- others at your workplace who are not your workers (e.g. students in workplaces such as schools, members of the public in places of entertainment, fairgrounds and shopping centres).

Appendix B provides an example of how to determine first aid requirements.

3. FIRST AID EQUIPMENT, FACILITIES AND TRAINING

The information provided in this chapter may be used as a guide to determine the appropriate first aid equipment, facilities, first aiders and procedures needed in various workplaces.

First aid equipment, facilities and first aiders must be accessible to workers whenever they work, including those working night shifts or overtime.

3.1 *First aid kits*

All workers must be able to access a first aid kit. This will require at least one first aid kit to be provided at their workplace.

Contents

The first aid kit should provide basic equipment for administering first aid for injuries including:

- cuts, scratches, punctures, grazes and splinters
- muscular sprains and strains
- minor burns
- amputations and/or major bleeding wounds
- broken bones
- eye injuries
- shock.

The contents of first aid kits should be based on a risk assessment. For example, there may be higher risk of eye injuries and a need for additional eye pads in a workplace where:

- chemical liquids or powders are handled in open containers
- spraying, hosing or abrasive blasting operations are carried out
- there is any possibility of flying particles causing eye injuries
- there is a risk of splashing or spraying of infectious materials
- welding, cutting or machining operations are carried out.

Additional equipment may be needed for serious burns and remote workplaces.

The recommended content of a typical first aid kit and information on additional equipment is provided in Appendix C.

Design of kits

First aid kits can be any size, shape or type to suit your workplace, but each kit should:

- be large enough to contain all the necessary items
- be immediately identifiable with a white cross on green background that is prominently displayed on the outside
- contain a list of the contents for that kit
- be made of material that will protect the contents from dust, moisture and contamination.

Location

In the event of a serious injury or illness, quick access to the kit is vital. First aid kits should be kept in a prominent, accessible location and able to be retrieved promptly. Access should also be ensured in security-controlled workplaces. First aid kits should be located close to areas where there is a higher risk of injury or illness. For example, a school with a science laboratory or carpentry workshop should have first aid kits located in these areas. If the workplace occupies several floors in a multi-storey building, at least one kit should be located on every second floor. Emergency floor plans displayed in the workplace should include the location of first aid kits.

A portable first aid kit should be provided in the vehicles of mobile workers if that is their workplace (e.g. couriers, taxi drivers, sales representatives, bus drivers and inspectors). These kits should be safely located so as not to become a projectile in the event of an accident.

Restocking and maintaining kits

A person in the workplace should be nominated to maintain the first aid kit (usually a first aider) and should:

- monitor access to the first aid kit and ensure any items used are replaced as soon as practicable after use
- undertake regular checks (after each use or, if the kit is not used, at least once every 12 months) to ensure the kit contains a complete set of the required items (an inventory list in the kit should be signed and dated after each check)
- ensure that items are in good working order, have not deteriorated and are within their expiry dates and that sterile products are sealed and have not been tampered with.

3.2 First aid signs

Displaying well-recognised, standardised first aid signs will assist in easily locating first aid equipment and facilities. First aid signs may be constructed to suit individual requirements but should comply with AS 1319: 1994 - *Safety Signs for the Occupational Environment*.

3.3 Other first aid equipment

In addition to first aid kits, you should consider whether any other first aid equipment is necessary to treat the injuries or illnesses that could occur as a result of a hazard at your workplace.

Automatic defibrillators

Providing an automatic defibrillator can reduce the risk of fatality from cardiac arrest and is a useful addition for workplaces where there is a risk of electrocution or where there are large numbers of members of the public.

Automatic defibrillators are designed to be used by trained or untrained persons. They should be located in an area that is clearly visible, accessible and not exposed to extreme temperatures. They should be clearly signed and maintained according to the manufacturer's specifications.

Eye wash and shower equipment

Eye wash and shower equipment may be permanently fixed or portable, depending on the workplace. Eye wash equipment should be provided where there is a risk of hazardous chemicals or infectious substances causing eye injuries.

Immediate access should be provided to shower equipment in workplaces where there is a risk of:

- exposure to hazardous chemicals resulting in skin absorption or contamination from infectious substances
- serious burns to a large area of the face or body (including chemical or electrical burns or burns that are deep, in sensitive areas or greater than a 20 cent piece).

Shower facilities can consist of:

- an appropriate deluge facility
- a permanently rigged hand-held shower hose
- a portable plastic or rubber shower hose that is designed to be easily attached to a tap spout— for small, relatively low risk workplaces where a fixed deluge facility would not be reasonably practicable but the risk of serious burns is still foreseeable (e.g. a fish and chip shop).



Portable, self-contained eye wash or shower units have their own flushing fluid which needs to be refilled or replaced after use. Further guidance is available in AS 4775 – *Emergency eyewash and shower equipment*.

3.4 First aid facilities

A risk assessment will help determine the type of first aid facilities needed. For example, a clean, quiet area within the workplace that affords privacy to an injured or ill person may be suitable and practicable for some workplaces.

Access to a telephone for contacting emergency services or an emergency call system should be provided as part of all first aid facilities.

First aid rooms

A first aid room should be established at the workplace if a risk assessment indicates that it would be difficult to administer appropriate first aid unless a first aid room is provided.

For example, workers who carry out work at workplaces where there is a higher risk of serious injury or illness occurring that would not only require immediate first aid, but also further treatment by an emergency service, may benefit from having access to a dedicated first aid room.

A first aid room is recommended for:

- low risk workplaces with 200 workers or more
- high risk workplaces with 100 workers or more.

The contents of a first aid room should suit the hazards that are specific to the workplace. The location and size of the room should allow easy access and movement of injured people who may need to be supported or moved by stretcher or wheelchair.

The following items should be provided in the room:

- a first aid kit appropriate for the workplace
- hygienic hand cleanser and disposable paper towels
- an examination couch with waterproof surface and disposable sheets
- a cupboard for storage
- a container with disposable lining for soiled waste
- a container for the safe disposal of sharps
- a bowl or bucket (minimum two litres capacity)
- electric power points
- a chair and a table or desk
- a telephone and/or emergency call system
- the names and contact details of first aiders and emergency organisations.

A first aid room should:

- be located within easy access to a sink with hot and cold water (where this is not provided in the room) and toilet facilities
- offer privacy via screening or a door
- have entrances and corridors leading to and from the first aid room that are wide enough to permit transport of injured or ill persons supported by a stretcher, wheelchair and carrying chair, and other people
- be well lit and ventilated
- have an appropriate floor area (refer the Building Code of Australia)
- have an entrance that is clearly marked with first aid signage.

Maintaining a first aid room should be allocated to a trained occupational first aider, except where this room is part of a health centre or hospital.

Health centres

Health centres staffed by a registered health practitioner (a doctor or nurse) or paramedic can provide emergency medical treatment and cater to the types of hazards in high risk workplaces. A health centre may be established in the workplace (e.g. at a large mine site) or, if readily available, external emergency services may be used.

If a health centre is located at the workplace, the facility should:

- be self-contained
- be located at ground level where possible in a quiet, clean area that is a safe distance from hazardous operations and clear of any general thoroughfare
- be convenient and accessible to workers at the times that they work and have an entrance clearly marked with health centre signage
- have walls, floors and ceilings that are made of impervious materials and are easy to clean
- have enough space to accommodate first aid equipment.

3.5 First aiders

WHS Regulation section 42: A person conducting a business or undertaking must ensure that an adequate number of workers are trained to administer first aid at the workplace or that workers have access to an adequate number of other people who have been trained to administer first aid.

First aid in the workplace can be provided in a number of ways:

- training one or more of your own workers to administer first aid
- arranging for a person who does not work for you to administer first aid to your workers provided they have been trained to do so. These may be first aiders of other businesses who share your workplace or other persons who are qualified to administer first aid. This will involve consulting, co-operating and co-ordinating the access arrangements with the other persons and ensuring that access is available at the times when your workers carry out work (e.g. taking into account any shift work).

Types of first aid training

First aiders should hold nationally recognised statement/s of attainment issued by a registered training organisation (RTO) for the nationally endorsed first aid unit/s of competency.

Apply First Aid provides competencies required to recognise and respond to common life-threatening injuries or illnesses, including life-support using cardiopulmonary resuscitation (CPR), and to manage the casualty and incident until the arrival of medical or other assistance.

In low risk workplaces, first aiders are sufficiently trained if they can perform CPR and treat minor illnesses and injuries.

Apply Advanced First Aid – provides additional competencies required to apply advanced first aid procedures. This type of training is suitable for some high risk workplaces.

Manage First Aid in the Workplace (Occupational First Aid) – provides competencies required to apply advanced first aid procedures and to manage a first aid room.

Provide First Aid in Remote Situations – provides the competencies required to administer first aid in a remote and/or isolated situation, including preparing for aero-medical evacuation. This type of training is suitable for high risk workplaces that are likely to have a major delay in accessing emergency services.

Additional training for first aiders

First aiders should attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. Refresher training in CPR should be undertaken annually and first aid qualifications should be renewed every three years.

First aiders may also need to undertake additional first aid training to respond to specific situations at their workplace. For example, where workers have severe allergies, first aiders should be trained to respond to anaphylaxis if this topic has not been covered in previous first aid training.

Number of trained first aiders

The following ratios are recommended:

- low risk workplaces – one first aider for every 50 workers
- high risk workplaces – one first aider for every 25 workers.

The number and type of trained first aiders can be further refined by following the five-step guide below:

Step 1:

Identify the maximum number of workers at the workplace at any one time.

Step 2:

Consider the nature of the work being carried out at the workplace and determine if your workers are at a high risk of being exposed to hazards that could require immediate first aid treatment.

Step 3:

Determine if the workplace is remote or if access to emergency services is difficult. High risk workplaces that do not have timely access to medical and ambulance services should have at least one first aider for every 10 workers.

Step 4:

Consider the variety of ways that your workers carry out work, for example:

- if a worker spends most, if not all, of their time working alone and in transit i.e. their workplace is their vehicle and the places they visit in the course of their work (e.g. couriers, taxi drivers, sales representatives, door-to-door charity collectors and inspectors)
- if a worker's location varies on a regular basis and they often work without supervision (e.g. tradespeople, construction workers in the housing industry, farm hands and cleaners)
- if a worker sometimes works alone for relatively short periods of time (e.g. when opening or closing a business for trade or working back late to meet a deadline).

In these situations, it may not be practicable to have a first aider available at all times at the workplace. However, these workers must be able to access first aid assistance, for example by ensuring they are provided with:

- an effective means of contacting emergency services or first aiders
- information, instruction and training on how to respond if a serious injury or illness occurs.

Step 5:

Before finalising the number of first aiders your workers require access to, consider if there are any other factors that indicate that your workplace needs additional first aiders, for example:

- the arrangement of work (multiple shifts or overtime)
- seasonal work, where there may be a sudden and significant increase or decrease in the number of workers
- where there are large numbers of other persons present on a regular basis (e.g. schools, shopping centres, hotels and function centres)
- workplaces that have unique hazards such as fitness centres, amusement rides and dive schools
- access during times when a first aider is absent (e.g. annual leave).

3.6 *First aid procedures*

You should develop and implement first aid procedures to ensure that workers have a clear understanding of first aid in their workplace. The procedure should cover:

- the type of first aid kits and where they are located
- the location of first aid facilities such as first aid rooms
- who is responsible for the first aid kits and facilities and how frequently they should be checked and maintained
- how to establish and maintain appropriate communication systems (including equipment and procedures) to ensure rapid emergency communication with first aiders
- the communication equipment and systems to be used when first aid is required (especially for remote and isolated workers). These procedures should contain information about how to locate the communication equipment, who is responsible for the equipment and how it should be maintained
- the work areas and shifts that have been allocated to each first aider. These procedures should contain the names and contact details of each first aider
- arrangements to ensure first aiders receive appropriate training
- arrangements for ensuring that workers receive appropriate information, instruction and training in relation to first aid
- seeking information when a worker commences work about any first aid needs that may require specific treatment in a medical emergency, such as severe allergies. Information about a worker's health must be kept confidential and only provided to first aiders with the worker's consent
- how to report injuries and illnesses that may occur in the workplace
- practices to avoid exposure to blood and body substances – refer to Appendix D
- what to do when a worker or other person is too injured or ill to stay at work (e.g. if they require assistance with transport to a medical service, home or somewhere else where they can rest and recover)
- access to debriefing or counselling services to support first aiders and workers after a serious workplace incident.

Record-keeping

A record of any first aid treatment given should be kept by the first aider and reported to managers on a regular basis to assist reviewing first aid arrangements. First aid treatment records are subject to requirements under Health Records legislation.

Procedures and plans for managing an emergency

WHS Regulation section 43: A person conducting a business or undertaking must ensure that an emergency plan is prepared for the workplace that provides procedures to respond effectively in an emergency.

The emergency procedures must include:

- an effective response to an emergency situation
- procedures for evacuating the workplace
- notification of emergency services at the earliest opportunity
- medical treatment and assistance, and
- effective communication between the person authorised by the person conducting the business or undertaking to co-ordinate the emergency response and all persons at the workplace.

You may incorporate your first aid procedures into your emergency planning procedures.

Emergency procedures should specify the role of first aiders according to their level of qualification and competence. In particular, first aiders should be instructed not to exceed their training and expertise in first aid. Other staff, including supervisors, should be instructed not to direct first aiders to exceed their first aid training and expertise.

Further guidance on emergency plans and preparing emergency procedures is available in the *Managing the Work Environment and Facilities Code of Practice*.

3.7 Providing first aid information

You must provide information about first aid to your workers so that they know what to do and who to contact if they are sick or injured.

Information should be easy to understand, accessible and should take into account the language and literacy levels of your workers. Information may be given using verbal methods (e.g. explanations and demonstrations) or visual methods (e.g. videos and posters).

The information and instruction on first aid should include:

- the location of first aid equipment and facilities
- the names and location of persons trained to administer first aid
- the procedures to be followed when first aid is required.

The information and instruction should be provided as part of workers' induction training and when there are any changes, for example in the location of first aid facilities or in the names, locations or contact details of first aiders.

4. REVIEWING YOUR FIRST AID REQUIREMENTS

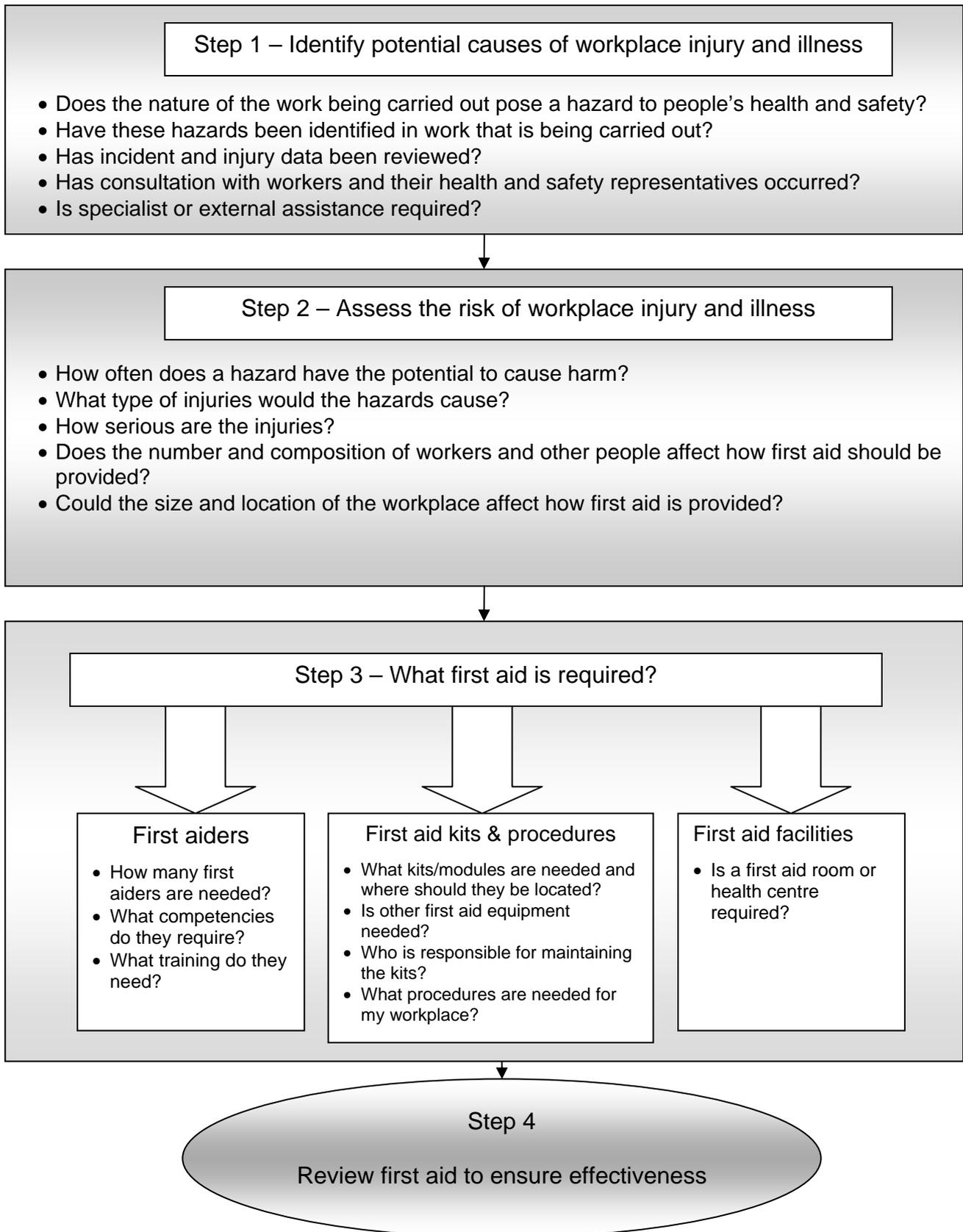
You should regularly review your first aid arrangements in consultation with your workers to ensure they remain adequate and effective.

- Check that the people who have responsibilities under your first aid procedures are familiar with them.
- If the way work is performed is changed, or new work practices introduced, review first aid against a risk assessment to ensure the arrangements are still adequate.
- Organise a mock first aid emergency to check that first aid is effective. Check that kits and first aid rooms are accessible and suit the hazards that are unique to your workplace.
- If an incident has occurred that required first aid, evaluate the effectiveness of the first aid that was provided and make changes if necessary.
- If new information is obtained about a previously unidentified hazard, review the first aid measures you have put in place.

The following questions can assist you to review first aid and assess whether improvement is needed:

- Do the first aid kits and modules suit the hazards at your workplace?
- Are more first aid kits required?
- Are first aid kits accessible to workers?
- Are first aid kits well maintained and identifiable to workers?
- Is a first aid room or health centre required?
- Are first aid facilities well maintained?
- Do first aiders have the skills and competencies required of them and are their skills up-to-date?
- Do workers know how to access first aiders?
- Are more first aiders needed?
- Do workers have access to first aiders at all times?
- Do workers and other people know what to do in an emergency situation?
- Is there easy access for emergency services, such as parking for an ambulance?

APPENDIX A – FIRST AID AND THE RISK MANAGEMENT PROCESS



APPENDIX B – EXAMPLE OF A FIRST AID ASSESSMENT

This assessment of first aid requirements is included as an example only. It does not reflect the consultative processes that must occur or detail the assessment of each identified hazard.

ABC Company - Office and manufacturing operation		
The size and location of the workplace		
Number of floors	2	
Access between floors	Lifts and stairs	
Nearest hospital	6 kilometres	
Nearest medical or occupational health service	2 kilometres	
Maximum time to medical service	15 minutes	
The number and composition of the workers and other persons at the workplace		
Number of workers	80 (15 office / 65 factory)	
Number of other persons	2 to 5 visitors per day	
Shifts	3	
Overtime worked	Yes – regularly	
Remote or isolated workers	None	
Injuries, illnesses and incidents		
Last 12 months' claims data	5 × abrasions 3 × falls	
Incidents not resulting in injury	Incident where a trolley carrying disinfectants overturned	
Other	Worker handling a solvent reported symptoms of eye irritation and dizziness	
Nature of the work being carried out and the nature of the hazards at the workplace		
Hazards	How the hazard could cause harm	Likelihood of occurrence and degree of harm
<ul style="list-style-type: none"> • Hazardous chemicals: <ul style="list-style-type: none"> ○ Solvents ○ Disinfectants 	<ul style="list-style-type: none"> • Respiratory illnesses, cancers and dermatitis 	<ul style="list-style-type: none"> • Possible risk of daily exposure to hazardous chemicals for 2 cleaners. Good ventilation is provided. Protective equipment such as gloves and aprons are used by workers.

<ul style="list-style-type: none"> Noise Manual handling 	<ul style="list-style-type: none"> Hearing damage Muscular strain 	<ul style="list-style-type: none"> Possible risk of daily exposure to noise for 65 factory workers. Low noise emitting machines have been purchased. Protective equipment such as ear plugs is used by workers. Low risk of daily exposure to manual handling risks. Mechanical aids, work station alterations and systems of work significantly eliminate and reduce risk.
Do safety data sheets and labels specify a first aid response?		Yes – seek medical assistance if chemicals are inhaled or ingested
Required first aid		
Number of first aiders needed		9 – minimum 3 per shift (1 for office and 2 for the plant)
Training and competencies for first aiders		<i>Applied First Aid</i> : providing competencies to recognise and respond to common life-threatening injuries or illnesses using cardiopulmonary resuscitation (CPR) and other first aid procedures, and provide appropriate first aid for a range of injuries and illnesses.
Number and location of kits		5 kits: one on the office floor and four on the factory floor
Contents of first aid kits and modules		Standard workplace kit, with burns module and eye module
Kit maintenance		Tasked to 6 first aiders

APPENDIX C – EXAMPLE OF CONTENTS FOR A FIRST AID KIT

For most workplaces, a first aid kit should include the following items:

A first aid kit for a workplace where the risk of injury or illness is low should include at least the following:

- **instructions for providing first aid** – including cardio-pulmonary resuscitation (CPR) flow chart
- **adhesive strips** (assorted sizes) for minor wound dressing
- **splinter probes** (single use, disposable)
- **non-allergenic adhesive tape** for securing dressings and strapping
- **eye pads** for emergency eye cover
- **triangular bandage** for slings, support and/or padding
- **hospital crepe or conforming bandage** to hold dressings in place
- **wound/combine dressings** to control bleeding and for covering wounds
- **non-adhesive dressings** for wound dressing
- **safety pins** to secure bandages and slings
- **scissors** for cutting dressings or clothing
- **kidney dish** for holding dressings and instruments
- **small dressings' bowl** for holding liquids
- **gauze squares** for cleaning wounds
- **forceps/tweezers** for removing foreign bodies
- **disposable nitrile, latex or vinyl gloves** for infection control
- **sharps disposal container** for infection control and disposal purposes
- **sterile saline solution or sterile water** for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening
- **resuscitation mask** to be used by qualified personnel for resuscitation purposes
- **antiseptic solution** for cleaning wounds and skin
- **plastic bags** for waste disposal
- **note pad and pen/pencil** for recording the injured or ill person's condition and treatment given
- **re-usable ice-pack** for the management of strains, sprains and bruises.

Medication, including analgesics such as paracetamol and aspirin, should not be included in first aid kits because of their potential to cause adverse health effects in some people including asthmatics, pregnant women and people with medical conditions. The supply of these medications may also be controlled by drugs and poisons laws. Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary.

Some types of workplaces may require additional items to treat specific types of injuries or illnesses.

Outdoor work

If work is performed outside and there is a risk of insect or plant stings or snake bites, assess whether the following items should also be included in the first aid kit:

- a heavy duty crepe bandage
- sting relief cream, gel or spray.

Remote work

Where people work in remote locations, a first aid kit should include:

- heavy smooth crepe roller bandages, 10cm wide and sufficient quantity to bandage lower limbs to immobilise limb after a snakebite
- splint to immobilise limb after a snake bite or fractures

- hydrogel burn dressings if there is no cool water supply
- large clean sheeting (for covering burns)
- thermal/emergency blanket for the management of shock and to assist portability of a patient
- first aid manual or book
- whistle (for attracting attention)
- torch and/or flashlight for use at night and for attracting attention.
- note pad and pen/pencil for recording the injured or ill person's condition, and treatment given.

The appropriate contents will vary according to the nature of the work and its associated risks.

Burn injuries

If your workers are at risk of receiving burns, you should include the following items:

- burn treatment instructions on two water-proof instruction cards: one for the first aid kit and the other to be located on the wall next to the emergency shower or water supply
- hydro gel (8 × 3.5 gram sachets)
- hydro gel dressings
- clean polythene sheets (small, medium and large)
- 7.5cm cotton conforming bandage.

APPENDIX D – STANDARD PRECAUTIONS FOR INFECTION CONTROL

First aiders should take standard precautions to avoid becoming ill and exposing others to illness when handling blood or body substances. Standard precautions are work practices that are applied to all patients and their blood and body substances, regardless of their infectious status, to ensure a basic level of infection prevention and control. Standard precautions include hand hygiene, use of personal protective equipment, appropriate handling and disposal of sharps and waste, cleaning techniques and managing spills of blood and body substances.

Providing first aid safely

Before providing first aid to an injured or ill person, first aiders should assume they could be exposed to infection. First aiders should wash their hands with soap and water or apply alcohol-based hand rub before and after administering first aid. First aiders should also wear personal protective equipment to prevent contact with blood and body substances, including disposable gloves. Eye protection, a mask and protective clothing may also be necessary if splashes of blood or body substances are likely to occur.

You should establish procedures to avoid workers becoming ill and exposing others to illness when handling blood or body substances. Procedures could include:

- proper hand hygiene practices
- how to handle and dispose of sharps
- how to clean surfaces and reusable equipment
- how to manage spills and handle and clean soiled laundry
- how to handle and dispose of waste
- when to use personal protective equipment (e.g. using resuscitation masks for cardiopulmonary resuscitation).

First aiders should be aware of what to do if they have accidental contact with blood or body substances, a sharps injury or contact with a person known to have a contagious illness. Any part of the body that comes in contact with blood or body substances should be washed with soap and water immediately. Prompt medical advice should be obtained.

All first aiders should be offered hepatitis B virus vaccination.

Contaminated items

All items that are soiled with blood or body substances should be placed in plastic bags and tied securely. Waste disposal should comply with any state or local government requirements.

Sharps, including scissors and tweezers, that have become contaminated with blood or body substances should be disposed of in a rigid-walled, puncture-resistant sharps container by the person that used them. The materials, design, construction, colour and markings of sharps containers should comply with:

- AS 4031-1992 – *Non-reusable containers for the collection of sharp medical items used in health care areas*
- AS/NZS 4261-1994 – *Reusable containers for the collection of sharp items used in human and animal medical applications.*

If a first aider sustains a sharps injury or thinks they are at risk of infection from blood or bodily fluid contamination, they should seek prompt medical advice.

Cleaning spills

Cleaning should commence as soon as possible after an incident involving blood or body substances has occurred. First aiders should wear disposable gloves when cleaning spills and if splashes of blood or body substances may occur, additional protective equipment such as eye protection, plastic aprons and masks should be worn. Surfaces that have been contaminated with blood or body substances should be wiped with paper towelling and cleaned with warm soapy water. It is generally unnecessary to use sodium hypochlorite (chlorine bleach) for managing spills but it may be used in specific circumstances, for example if the surface is hard to clean.