

FIRST AID PROCEDURE

Version No	4.0
Issued	23/7/ 2019
Next Review	July 2024
GDS	12.63.1

1. OVERVIEW

The District Council of Orroroo Carrieton (the organisation) recognises its obligation to:

- Ensure access to facilities for the administration of first aid;
- Provide first aid equipment and ensure each worker at the workplace has access to the equipment; and
- 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 persons who have been trained to administer first aid.

This Procedure aims to:

- (a) Ensure that legislative compliance is maintained; and
- (b) Ensure that:
 - Appropriate first aid equipment and facilities are provided having regard to the type, severity and likelihood of injuries and illness for that workplace;
 - Workers have access to an adequate number of first aiders or other persons who have been trained to deliver first aid;
 - Workers and others are provided with information, instruction and training regarding first aid access; and
- (c) Implement processes for the regular review of the organisation's first aid arrangements, in consultation with workers.

SIGNED
Chief Executive Officer	Chairperson, WHS Committee
Date: 23 / 07 / 2019	Date: 23 / 07 / 2019

2. CORE COMPONENTS

The core components of the organisation's First Aid Procedure aim to:

- (a) Take a risk based approach in identifying, assessing, determining, implementing and documenting first aid requirements;
- (b) Provide, maintain and make accessible:
 - First aid kits, equipment and facilities; and
 - Adequate numbers of designated first aiders or other persons who have been trained to deliver first aid, that are appropriate to the workplace, having regard to the nature of the work and hazards, the size, location and nature of the workplace and the number and composition of the workers at the workplace;
- (c) Communicate the first aid process to workers, including provision of:
 - A list of designated first aiders and their contact details; and
 - A list of first aid kits and their location;
 which are easily accessible to workers in an emergency situation;
- (d) Identify and provide appropriate training for designated first aiders;
- (e) Implement a process for recording first aid treatment and reporting workplace injury or illness;
- (f) Require emergency procedures to specify the role of first aiders according to their level of qualification and competence; and
- (g) Implement a system for the review of first aid requirements by management.

3. DEFINITIONS

First aid	The immediate treatment or care given to someone suffering from an injury or illness until more advanced care is accessed or they recover [as defined by Approved Code of Practice: First Aid in the Workplace]
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 [as defined by Approved Code of Practice: First Aid in the Workplace]
First aid equipment	Includes first aid kits and other equipment used to treat injuries and illnesses [as defined by Approved Code of Practice: First Aid in the Workplace]
First aid facilities	Include first aid rooms, health centres, clean water supplies and other facilities needed for administering first aid [as defined by Approved Code of Practice: First Aid in the Workplace]
High risk workplace	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: (a) Use hazardous machinery (for example, mobile plant, chainsaws, power presses and lathes); (b) Use hazardous substances (for example, chemical manufacture, laboratories, horticulture, petrol stations and food manufacturing); (c) Are at risk of falls that could result in serious injury (for example, construction and stevedoring); (d) Carry out hazardous forms of work (for example, working in confined spaces, welding, demolition, electrical work and abrasive blasting); (e) Are exposed to the risk of physical violence (for example, working alone at night, cash handling or having customers who are frequently physically aggressive); or (f) Work in or around extreme heat or cold (for example, foundries and prolonged outdoor work in extreme temperatures). [as defined by Approved Code of Practice: First Aid in the Workplace]
Low risk workplace	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 [as defined by Approved Code of Practice: First Aid in the Workplace]
Remote	Remote or isolated work is work that is isolated from the assistance of other people because of the location, time or nature of the work being done. Assistance from other people includes rescue, medical assistance and emergency services. [as defined in the COP: First Aid in the Workplace, 2019 p.22. Appendix A - Glossary].
Remote high risk workplace	A workplace that satisfies the definitions of being both a remote and a high risk workplace. [as defined in the COP: First Aid in the Workplace, 2019 p.22. Appendix A - Glossary].
Risk	The possibility harm (death, injury or illness) might occur when exposed to a hazard. [as defined in the COP: First Aid in the Workplace, 2019 p.22. Appendix A - Glossary].

4. PROCEDURE

4.1. Identification of First Aid Needs

4.1.1. The Manager of Corporate & Community Services will collate and review the following information to assist in assessing the risk of workplace injury and illness:

- (a) The nature of the work being carried out at the workplace;
- (b) The nature of the hazards at the workplace;
- (c) The type and seriousness of injuries that could be caused by the hazards (note: APPENDIX 1 provides a list of injuries associated with common workplace hazards that may require first aid);
- (d) Records of injuries, illnesses, 'near miss' incidents and other relevant hazard information;
- (e) First aid requirements outlined in Safety Data Sheets (SDS);
- (f) The distance between different work areas and the location of first aid facilities;
- (g) Response times for emergency services;
- (h) Whether workers are undertaking remote or isolated work and the location of that work;
- (i) Communication arrangements for workers undertaking remote or isolated work;
- (j) The maximum size of the workforce, taking into consideration the number of contractors, subcontractors and volunteers that are engaged;
- (k) The particular needs of workers who have a disability or a known health concern;
- (l) Other persons at the workplace who are not workers but may require first aid (eg members of the public); and
- (m) Input from the Health and Safety Committee (HSC) and Health and Safety Representatives (HSRs).

4.1.2. First Aid Risk Assessment

- (a) The Manager of Corporate & Community Services will make sure that first aid risk assessments are completed for each workplace to determine the first aid requirements (note: a first aid risk assessment template is provided in APPENDIX 2).
- (b) Department managers will make sure that the first aid risk assessment process outlined in 4.1.3- 4.1.5 is undertaken for any event planned by the organisation during the planning stage and before the event occurs.

4.1.3. The Manager of Corporate & Community Services will consult on, and consider with, department managers, workers and their representatives the following:

- (a) The nature of the work being carried out at each of organisation's workplaces;
- (b) The nature of the hazards at the workplace;
- (c) The size, location and nature of the workplace;
- (d) The number and composition of the workers at the workplace in order to determine:
 - i. The number, location and contents of first aid kits and other equipment;
 - ii. The type of first aid facilities that may be needed;
 - iii. First aid procedures; and
 - iv. The number of first aiders.

4.1.4. Department managers or delegates will consult with other PCBUs with whom they have a shared duty for first aid and consider any shared arrangements in the first aid risk assessment process.

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4.1.5. In some cases, specialist or external expertise may be required to identify potential causes of workplace injury and illness (such as potential exposure to hazardous substances and their effect etc). The Manager of Corporate & Community Services will arrange specialist or external expertise as needed.

4.2. First aid kits

4.2.1. The findings of the first aid risk assessment will be used to determine the required contents of first aid kits. The content of a typical first aid kit and information on additional equipment is provided in APPENDIX 3. However, additional equipment may be needed, for example:

- (a) For outdoor work (where there is a risk of insect or plant stings or snake bites);
- (b) Where there is a risk of serious burns;
- (c) For people working in remote locations; or
- (d) To treat specific types of injuries or illnesses where there is a risk of those specific types of injuries or illnesses occurring.

4.2.2. The Manager of Corporate & Community Services will select first aid kits of a size, shape and type that suit the workplace. As a minimum standard each kit is to:

- (a) Be large enough to contain all the necessary first aid items;
- (b) Be immediately identifiable with a white cross on green background that is prominently displayed on the outside;
- (c) Contain a list of the contents for that kit; and
- (d) Be made of material that will protect the contents from dust, moisture and contamination.

4.2.3. The Manager of Corporate & Community Services, in consultation with department managers, will determine the locations where first aid kits are kept. The minimum location standards are:

- (a) A prominent, accessible location, from which the kit is able to be retrieved promptly;
- (b) A location close to areas where there is a higher risk of injury or illness;
- (c) At least one kit on every second floor of a multi-storied building; and
- (d) Provided in the vehicles (including mobile plant) of mobile workers if that is their workplace and safely located so as not to become a projectile in the event of an accident.

4.2.4. The Manager of Corporate & Community Services will:

- (a) Monitor usage of the first aid kit and ensure any items used are replaced as soon as practicable after use;
- (b) Undertake regular checks (after each reported 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 will be signed and dated after each check);
- (c) Ensure 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.

4.2.5. The Manager of Corporate & Community Services will make sure that:

- (a) Emergency floor plans displayed in the workplace include the location of first aid kits; and
- (b) The location of first aid kits in fixed workplaces is identified in accordance with Australian Standard AS 1319: Safety Signs for the Occupational Environment. [APPENDIX 8 contains an example register for recording the location of first aid kits]

4.3. Other first aid equipment

4.3.1. The Manager of Corporate & Community Services should consult on and consider with department managers, workers and their representatives the results of the first aid risk assessment to decide whether other first aid equipment is necessary to treat the injuries or illnesses that could occur as a result of a hazard at the workplace, for example:

- (a) Automatic defibrillators that are designed to be used by trained or untrained persons may be considered for workplaces where there is a risk of electrocution or where there are large numbers of members of the public. They should be located in an area that is clearly visible, accessible and not exposed to extreme temperatures, be clearly signed posted and maintained according to the manufacturer's specifications;
- (b) Eye wash equipment will be provided where there is a risk of hazardous chemicals or infectious substances causing eye injuries;
- (c) Immediate access to shower facilities will be provided in workplaces where there is a risk of:
 - i. Exposure to hazardous chemicals resulting in skin absorption or contamination from infectious substances; or
 - ii. 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).
- (d) Shower facilities can consist of:
 - i. An appropriate deluge facility;
 - ii. A permanently rigged hand-held shower hose;
 - iii. 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; or
 - iv. Portable, self-contained eye wash or shower units which have their own flushing fluid that needs to be refilled or replaced after use.

4.3.2. When other first aid equipment is made available at the workplace, the Manager of Corporate & Community Services will make sure that:

- (a) Safe work instructions are developed, where appropriate;
- (b) Specific training needs are identified and training is provided and recorded; and
- (c) Maintenance and testing requirements are added to the Calendar of Events and records of maintenance and testing are maintained.

4.4. First aid facilities

4.4.1. The first aid risk assessment will help determine the type of first aid facilities needed. The following are minimum standards:

- (a) A clean, quiet area that affords privacy to an injured or ill person;
- (b) Access to a telephone for contacting emergency services or an emergency call system;
- (c) A first aid room, if any of the following criteria is met:
 - i. If the first aid risk assessment indicates that it would be difficult to administer appropriate first aid unless a first aid room is provided;
 - ii. Low risk workplaces with 200 workers or more; or
 - iii. High risk workplaces with 100 workers or more;

[If a first aid room is needed, APPENDIX 4 contains a checklist of requirements for First Aid rooms]
- (d) Soap and water or alcohol-based hand-rub; and
- (e) PPE including disposable gloves, eye protection, a mask and protective clothing, as relevant.

4.5. First aiders

4.5.1. The risk assessment and results of consultation undertaken as part of step 4.1 will be used to determine whether first aiders will be provided by:

- (a) Training an appropriate number of the organisation's workers to administer first aid, (refer 4.5.4); or
- (b) Arranging for other persons to administer first aid to the organisation's workers, provided they have been trained to do so (for example, with other PCBUs involved in the same activities or who share the same workplace).

4.5.2. Where the approach taken in 4.5.1(a) is taken, first aiders should be selected based on the following criteria:

- (a) Demonstrated willingness to perform the role;
- (b) Capacity to deal with injury and illness;
- (c) Immediate availability to deliver first aid when workers are at work; and
- (d) Ability to act calmly in an emergency.

4.5.3. The Manager of Corporate & Community Services will make sure first aiders:

- (a) Hold nationally recognised Statement/s of Attainment issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit/s of competency;
- (b) Undertake additional training to respond to specific situations in their workplace, as relevant (eg if workers have severe allergies);
- (c) Attend regular training to refresh their first aid knowledge and skills and to confirm their competence to provide first aid.

Refresher training in CPR will be undertaken annually and first aid qualifications will be renewed every three years.

4.5.4. The following ratios are recommended when assessing the number of first aiders needed at each worksite:

- (a) Low risk workplaces – one first aider for every 50 workers
- (b) High risk workplaces – one first aider for every 25 workers

The determination of the number of first aiders needed may be further defined by following the details outlined in APPENDIX 5.

4.5.5. The Manager of Corporate & Community Services will make sure that an up-to-date list of the first aiders is developed and posted at each workplace.

A template for listing first aiders is provided in APPENDIX 6.

4.5.6. The Manager of Corporate & Community Services will make sure first aiders have been offered hepatitis B virus vaccination.

4.5.7. When handling blood or body substances, first aiders must apply the standard precautions (as outlined within their training), such as the use of gloves, appropriate containment of contaminated equipment (eg sharps in a rigid puncture resistant sharps container) and materials (in plastic bags which are tied securely) to reduce the risk of becoming ill and exposing others to illness.

4.5.8. First aid training provides direction for first aiders in the event they have accidental contact with blood or body substances, a sharps injury or contact with a person known to have a contagious illness, including the seeking of prompt medical advice. First aiders will be vigilant in:

- (a) Proper hand hygiene practices;
- (b) Handling and disposal of sharps;
- (c) Cleaning surfaces and reusable equipment;
- (d) Managing spills and handling/cleaning soiled laundry;
- (e) Handling and disposal of waste;
- (f) Using PPE (for example, using resuscitation masks for cardiopulmonary resuscitation).

4.5.9. An ambulance should be called if, in the opinion of the first aider, a person to whom first aid has been administered requires further treatment which will involve transport to a medical service.

4.6. Record keeping

4.6.1. First aid treatment records are subject to the record keeping requirements of General Disposal Schedule 20 for Local Government Records.

4.6.2. After administering first aid, the first aider will:

- (a) Keep a record of first aid treatment given;
[A template for a first aid injury log is provided in APPENDIX 7]
- (b) Notify the relevant manager/supervisor to determine whether further action is required in accordance with the Incident Reporting & Investigation Procedure; and
- (c) Notify the Manager of Corporate & Community Services if additional medical treatment is required.

4.7. Provision of first aid information

4.7.1. The Manager of Corporate & Community Services, in consultation with department managers, will make sure information, instruction and training is provided about access to first aid:

- (a) As part of workers' induction training;
- (b) 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.

4.7.2. The information and instruction on first aid will:

- (a) Be easy to understand, accessible, include precautions for infection control [refer Appendix 9] and take into account the language and literacy levels of workers;
- (b) Include the location of first aid equipment and facilities;
- (c) Include the names and location of persons trained to administer first aid; and
- (d) Include the procedures to be followed when first aid is required.

4.8. Workers Compensation Reporting

Where an employee sustains a workplace injury or illness which requires medical treatment, the Manager of Corporate & Community Services is required to provide the injured employee with a copy of the Injury Management Kit and notify the LGA Workers Compensation Scheme as soon as possible (within 24 hours).

4.9. Monitoring and review of first aid risk assessments and first aid risk procedures

4.9.1. The Manager of Corporate & Community Services will:

- a. In consultation with the Emergency Planning Committee, consider and instigate, as appropriate, a testing regime to evaluate the effectiveness of first aid in the workplace. This may include organising a mock first aid emergency to test the effectiveness of the first aid response.
- b. Undertake regular checks to confirm:
 - i. First aid kits, other first aid equipment and first aid rooms are suitable and accessible;
 - ii. The hazards at the workplace reflect those identified in the first aid risk assessment.
- c. Review first aid risk assessments and first aid procedures to make sure they remain adequate and effective, taking into account:
 - i. Whether persons who have responsibilities under first aid procedures are familiar with them;
 - ii. Any changes to the way work is performed, or if new work practices have been introduced that require updating of the first aid risk assessment, so as to ensure the arrangements remain adequate;
 - iii. The effectiveness of a first aid response provided in any incident;
 - iv. Any new information about previously unidentified hazards;
 - v. Whether the results of consultation indicate that a review is necessary;
 - vi. Whether a health and safety representative has requested a review;

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- vii. Any shared first aid arrangements with other PCBUs; and/or
- viii. Records of first aid treatment on the first aid treatment registers.
- d. Undertake consultation with department managers, workers and their representatives about any proposed changes (in accordance with the consultation procedure) if results of a review indicate that the facilities may not be adequate or when proposing changes to first aid procedures.
- 4.9.2. The HSC will monitor first aid activities during meetings. A report will be presented to the management team listing outstanding items requiring direction or enforcement.
- 4.9.3. The management team will regularly review first aid statistics, audit results related to first aid, legislative changes and other information relating to first aid and direct action when required. Outcomes of discussion and actions undertaken will be recorded.
- 4.9.4. The First Aid Procedure should be subject to internal audit and form part of the annual management review process.
- 4.9.5. The management team may set, monitor and review objectives, targets and performance indicators for first aid, as relevant.

5. TRAINING

- 5.1. The organisation's training needs analysis will identify the first aid training needs for:
 - 5.1.1. All workers and other persons (for example, contractors, visitors etc) including emergency response procedures (including for those working remotely or in isolation);
 - 5.1.2. Those workers with specific responsibilities for first aid, including:
 - (a) Designated first aiders (including the level of training required – refer 5.3.2);
 - (b) Persons who maintain first aid equipment (for example eye wash and shower facilities);
 - (c) Persons required to undertake first aid risk assessments;
 - (d) Workers planning events who are required to undertake first aid risk assessments;
 - (e) The Manager of Corporate & Community Services in the management system requirements for first aid; and
 - (f) Refresher training for all of the above.
- 5.2. The organisation's induction process will include information relating to the First Aid Procedure, including the:
 - 5.2.1. Nature of first aid facilities in the workplace;
 - 5.2.2. Location of first aid kits;
 - 5.2.3. Names and work locations of designated first aiders;
 - 5.2.4. First aid requirements in regard to the specific hazards in the workplace;
 - 5.2.5. Procedures to be followed when first aid is required, and
 - 5.2.6. First aid recording requirements.
- 5.3. Types of first aid training
 - 5.3.1. First aiders will maintain nationally recognised Statement/s of Attainment issued by an RTO for the nationally endorsed first aid unit/s of competency.
 - 5.3.2. The Manager of Corporate & Community Services will determine training requirements for first aiders, having regard to the risk assessment for the workplace and the following minimum standards:
 - (a) Provide 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.

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- (b) 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.
- (c) 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.
- (d) Provide First Aid in Remote Situations – provides 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.

6. RECORDS

The following records will be maintained:

- 6.1. First aid risk assessments;
- 6.2. Consultation records relating to the first aid risk assessment process;
- 6.3. First aid treatment records;
- 6.4. Incident reports;
- 6.5. Emergency plans;
- 6.6. Emergency floor plans that indicate the location of first aid kits;
- 6.7. Purchase or hire documentation of first aid equipment, including operation manuals;
- 6.8. First aid equipment inspection, testing and maintenance records;
- 6.9. Statutory notifications;
- 6.10. Training and other competency records.

All records must be managed in line with the current version of General Disposal Schedule 20 for Local Government Records.

7. RESPONSIBILITIES

7.1. The *management team* is accountable for:

- 7.1.1. Checking that first aid is managed in accordance with legislative requirements;
- 7.1.2. Approving reasonably practicable expenditure necessary for first aid upon receipt of expenditure requests;
- 7.1.3. Checking that first aid risk assessments have been undertaken for each workplace and are regularly reviewed;
- 7.1.4. Checking that first aid procedures have been developed, implemented and maintained;
- 7.1.5. Monitoring and reviewing first aid and incident statistics;
- 7.1.6. Reviewing the effectiveness of first aid processes;
- 7.1.7. Identifying and implementing corrective or preventative actions required for the continual improvement of the first aid process; and
- 7.1.8. Including first aid within the management review process.

7.2. The *department manager* is accountable for:

- 7.2.1. Making sure a first aid assessment has been undertaken for the workplace, is regularly reviewed and workers are aware of its contents;
- 7.2.2. Making sure a risk assessment is conducted for events that may impact on first aid requirements eg on-site conferences, off site activities organised and/or facilitated by the organisation;
- 7.2.3. Making sure that first aid procedures have been implemented and maintained;
- 7.2.4. Making sure that workers, contractors, visitors and others are provided with information about first aid procedures during induction and are regularly refreshed;
- 7.2.5. Consulting with other PCBUs, so far as is reasonably practicable, if their duty of care for first aid overlaps;

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- 7.2.6. Checking that first aid kits are kept in a prominent, accessible location and are able to be retrieved promptly;
 - 7.2.7. Identifying and implementing corrective or preventative actions required for the continual improvement of the first aid process.
- 7.3. *Managers and supervisors* are accountable for:
- 7.3.1. Checking first aid equipment and facilities are tested and/or maintained as required;
 - 7.3.2. Making sure first aid rooms, where required, are regularly cleaned and maintained;
 - 7.3.3. Checking first aid treatment is recorded;
 - 7.3.4. Implementing any corrective or preventative actions required for the continual improvement of the first aid process.
- 7.4. The *Manager of Corporate & Community Services* is accountable for:
- 7.4.1. Monitoring and advising on legislative change and compliance requirements for first aid;
 - 7.4.2. Making sure first aid risk assessments have been undertaken and regularly reviewed in consultation with department managers, workers and their representatives;
 - 7.4.3. Arranging specialist or external expertise to assist with identification of potential causes of workplace injury and illness;
 - 7.4.4. Making sure adequate numbers of first aid kits are located in suitable locations and are maintained;
 - 7.4.5. Ensuring up-to-date lists of designated first aiders and first aid kits are maintained and displayed in the workplace;
 - 7.4.6. Notifying workers [and payroll] when new designated first aiders are appointed;
 - 7.4.7. Making sure that first aiders hold nationally recognised training and have been offered hepatitis B virus vaccination;
 - 7.4.8. Making sure that emergency floor plans displayed in the workplace include the location of first aid kits;
 - 7.4.9. Making sure that first aid signage is maintained in accordance with Australian Standard AS 1319: Safety Signs for the Occupational Environment;
 - 7.4.10. Coordinating the provision of information and training to workers regarding first aid;
 - 7.4.11. In consultation with the Emergency Planning Committee, considering and instigating a testing regime to evaluate the effectiveness of first aid in the workplace;
 - 7.4.12. Monitoring and closing out corrective or preventative actions required for the continual improvement of the first aid provisions;
 - 7.4.13. Providing relevant reports and information to the management team and HSC, as required;
 - 7.4.14. Identifying any significant first aid issues that require management attention;
 - 7.4.15. Making sure that, when first aid equipment is made available, safe work instructions are developed where appropriate and training is provided and recorded; and
 - 7.4.16. Making sure that maintenance and testing requirements for first aid equipment (eg defibrillators, stretchers, wheelchairs) are added to the Calendar of Events and the equipment is inspected, tested and maintained and that records are retained.
 - 7.4.17. Maintaining first aid kits and other first aid facilities and supplies under their control (eg items remain in date, have not deteriorated and are in good working order and kit contents match legislative requirements);
 - 7.4.18. Undertaking regular checks (after each reported use or, if the kit is not used, at least once every 12 months) to ensure the kit contains a complete set of the

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required items (an inventory list in the kit should be signed and dated after each check).

- 7.4.19. Notifying LGA Workers Compensation Scheme of any employee who sustains a workplace injury or illness which requires medical treatment.
- 7.5. *Designated First Aiders* are accountable for:
- 7.5.1. Ensuring that their first aid certification remains current;
 - 7.5.2. Responding promptly to any first aid or emergency medical situation if it is safe to do so;
 - 7.5.3. Providing first aid treatment in accordance with their level of training, competence and experience;
 - 7.5.4. Escalating treatment to a medical provider or emergency services as necessary;
 - 7.5.5. Recording first aid treatments on the register of injuries;
 - 7.5.6. Maintaining the cleanliness of the first aid equipment and first aid facilities after use, including disposal of waste in accordance with any legislative requirements;
 - 7.5.7. Reporting to the relevant manager / supervisor any hazardous situations that have resulted in a person requiring first aid;
 - 7.5.8. Notifying the Manager of Corporate & Community Services if additional medical treatment is required for a workplace injury or illness;
 - 7.5.9. Notifying (as soon as reasonably practicable) the Manager of Corporate & Community Services of their resignation, transfer or change in work location;
 - 7.5.10. Seeking treatment and prompt medical advice if they sustain a sharps injury or think they are at risk of infection from blood or bodily fluid contamination; and
 - 7.5.11. Retaining first aid treatment records.
- 7.6. *Workers* are accountable for:
- 7.6.1. Participating in training regarding first aid;
 - 7.6.2. Following any instructions given for their own or others' safety in any first aid or medical emergency situation;
 - 7.6.3. Completing documentation, as required;
 - 7.6.4. Communicating any shortages in first aid supplies to the designated first aider or other appropriate person; and
 - 7.6.5. Notifying supervisor of any injury, illness or treatment sustained or obtained.
- 7.7. The *WHS Committee* is accountable for:
- 7.7.1. Providing feedback during the development and review of the First Aid Procedure and first aid risk assessments;
 - 7.7.2. Assisting with the monitoring and review of first aid activities across the organisation;
 - 7.7.3. Providing information and feedback to the EPC and management team in relation to first aid; and
 - 7.7.4. Preparing reports for the Management Team
- 8. REVIEW**
- 8.1. The first aid procedure will be reviewed by the WHS Committee, in consultation with workers and/or their representatives, every five (5) years or more frequently if legislation or organisational needs change. This may include a review of:
- 8.1.1. Feedback from managers, designated first aiders, workers or other stakeholders;
 - 8.1.2. Legislative compliance;
 - 8.1.3. Performance Standards for Self Insurers;
 - 8.1.4. LGAWCS Guidance;
 - 8.1.5. Internal or external audit findings relating to first aid;
 - 8.1.6. First aid and incident statistics; and
 - 8.1.7. Other relevant information;

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8.2. The reviews may result in preventative and/or corrective actions being implemented or revision of this document.

9. REFERENCES

[Work Health and Safety Act 2012](#)

[Work Health and Safety Regulations 2012](#)

[General Disposal Schedule 20 for Local Government](#)

[ReturnToWorkSA's Performance Standards for Self-Insurers](#)

[Code of Practice: First Aid in the Workplace](#) [Code of Practice: Managing the Work Environment and Facilities](#) March 2019

Australian Standard AS 1319 Safety signs for the occupational environment

Australian Standard AS 3745 Planning for emergencies in facilities

Australian Standard AS 4775 Emergency eyewash and shower equipment

LGA Workers Compensation Scheme 'Back on the job booklet'

10. RELATED DOCUMENTS

Emergency Management Policy

Hazard Management Procedure

Emergency Management Procedure

Emergency plan

First aid risk assessment

First aid treatment records

11. REVIEW HISTORY

	Version No:	Issue Date:	Description of Change:
LGAWCS	1.0	21/11/2011	New Document
	2.0	31/10/2013	Terminology changes to reflect 2012 WHS Act, Regulations and Codes of Practice.
	3.0	17/06/2016	Some rewording in overview & core components to reflect WHS Act 2012 & CoP First Aid & remove duplications; Removal of definition of dangerous incident; Addition of outdoor work to considerations for first aid kits at 4.2.1; Addition of 4.2.4 for maintenance of first aid kits; Explanatory text added to 4.3.1(a) & 4.5.1(b); Addition of 4.5.9 about transport for additional medical treatment; Replace "Health legislation" with GDS20 at 4.6.1; Aligned responsibilities in Section 7 with those outlined throughout procedure; replace references to WHS Committee with Health & Safety Committee for consistency with WHS Act; Appendix 2 converted to template; Second page of Appendix 3 converted to table; Appendix 4 converted to checklist; Appendix 5 converted to table for ease of use; language and formatting.
	4.0		
DCOC	1.0	20/12/2010	New Document
	2.0	29/10/2013	Terminology changes to reflect 2012 WHS Act, Regulations and Codes of Practice.
	3.0	23/08/2016	Some rewording in overview & core components to reflect WHS Act 2012 & CoP First Aid & remove duplications; Removal of definition of dangerous incident; Addition of outdoor work to considerations for first aid kits at 4.2.1; Addition of 4.2.4 for maintenance of first aid kits; Explanatory text added to 4.3.1(a) & 4.5.1(b); Addition of 4.5.9 about transport for additional medical treatment; Replace "Health legislation" with GDS20 at 4.6.1; Aligned responsibilities in Section 7 with those outlined throughout procedure; replace references to WHS Committee with Health & Safety Committee for consistency with WHS Act; Appendix 2 converted to template; Second page of Appendix 3 converted to table; Appendix 4 converted to checklist; Appendix 5 converted to table for ease of use; language and formatting.
	4.0	23/7/2019	Document review time frame increased from 3 to 5 years. Added the following relevant changes from CoP First Aid in the Workplace, March 2019: Minor change to Appendix 1; addition of Risk Assessment Process to Appendix 2; any equipment identified for specific risks added to the Remote Work dot points in Appendix 3; and Standard Precautions for Infection Control – Appendix 9 added.

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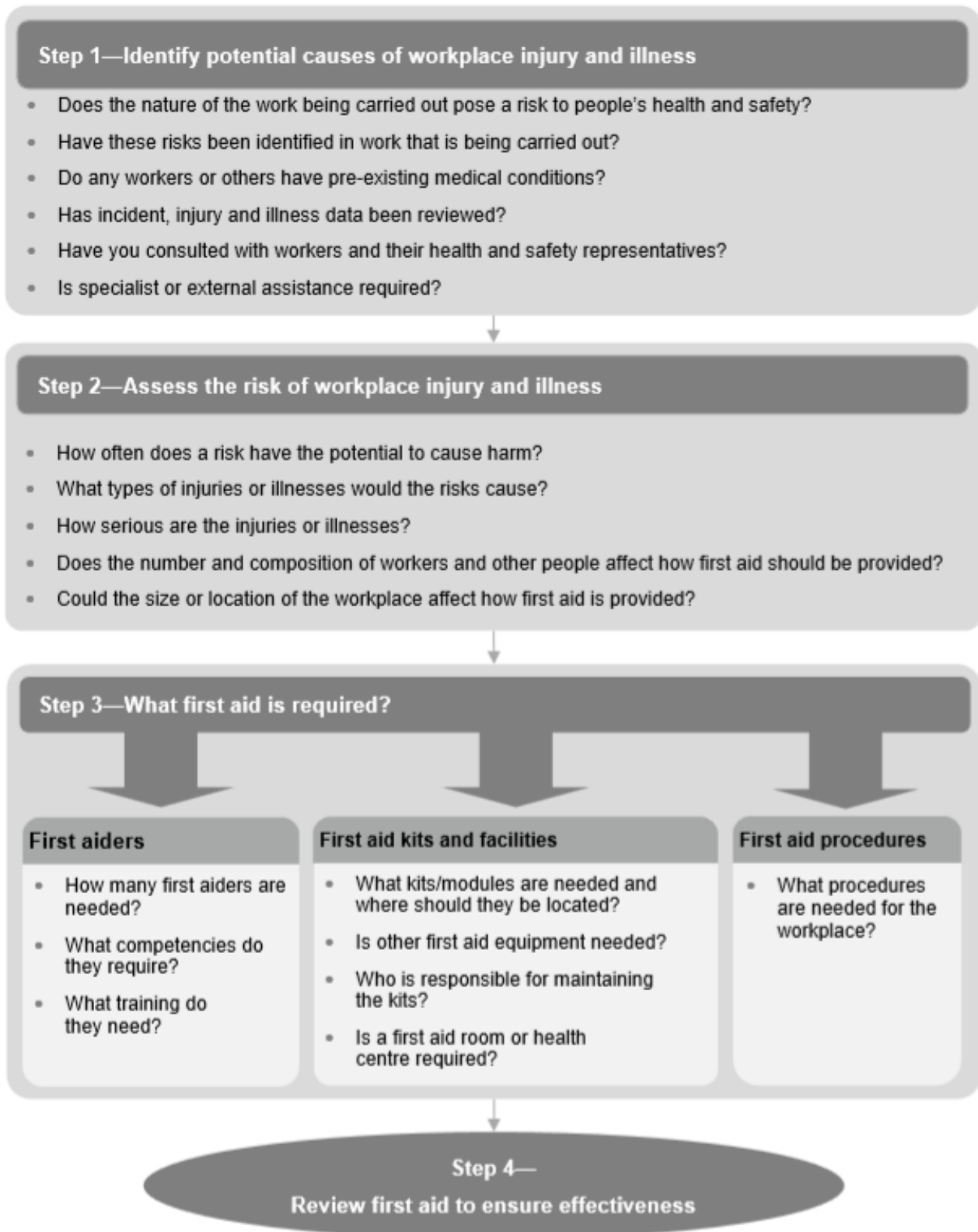
APPENDIX 1: INJURIES ASSOCIATED WITH COMMON WORKPLACE HAZARDS THAT MAY REQUIRE FIRST AID

Hazard	Potential harm
Manual tasks	Overexertion can cause muscular strain.
Working at height or on uneven or slippery surfaces	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. Working in extreme heat can cause heat related illness. It can also increase risks by reducing concentration and increasing fatigue and chemical uptake into the body. Exposure to extreme cold can cause hypothermia and frost bite.
Radiation	Welding arc flashes, ionizing radiation and lasers can cause burns Ultraviolet radiation (UVR) from the sun can cause sunburn, skin cancers and eye damage.
Violence	Behaviours including intimidation and physical assault can cause nausea, shock, physical and psychological injuries
Biological	Infection, allergic reactions
Animals	Bites, stings, kicks, scratches

Source: Code Of Practice: First Aid in the Workplace, March 2019, Part 2, Table 1, p.10

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APPENDIX 2: RISK ASSESSMENT PROCESS & TEMPLATE





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The risk 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

Workplace Location:		
The size and location of the workplace		
Number of floors		
Access between floors		
Nearest hospital		
Nearest medical or occupational health service		
Maximum time to medical service		
The number and composition of the workers and other persons at the workplace		
Number of workers		
Number of other persons		
Shifts		
Overtime worked		
Remote or isolated workers		
Injuries, illnesses and incidents		
Last 12 months' claims data		
Incidents not resulting in injury		
Other		
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
Do safety data sheets and labels specify a first aid response?		
Required first aid		
Number of first aiders needed		
Training and competencies for first aiders		
Number and location of kits		
Contents of first aid kits and modules		
Kit maintenance		

Source: COP First Aid in the Workplace July 2012, part 2.1 p.19-20.

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APPENDIX 3: CONTENTS FOR A FIRST AID KIT – TYPICAL CONTENTS

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

Item	Kit contents
	Quantity
Instructions for providing first aid – including Cardio-Pulmonary Resuscitation (CPR) flow chart	1
Note book and pen	1
Resuscitation face mask or face shield	1
Disposable nitrile examination gloves	5 pairs
Gauze pieces 7.5 x 7.5 cm, sterile (3 per pack)	5 packs
Saline (15 ml)	8
Wound cleaning wipe (single 1% Cetrimide BP)	10
Adhesive dressing strips – plastic or fabric (packet of 50)	1
Splinter probes (single use, disposable)	10
Tweezers / forceps	1
Antiseptic liquid / spray (50 ml)	1
Non-adherent wound dressing/pad 5 x 5 cm (small)	6
Non-adherent wound dressing/pad 7.5 x 10 cm (medium)	3
Non-adherent wound dressing/pad 10 x 10 cm (large)	1
Conforming cotton bandage, 5 cm width	3
Conforming cotton bandage, 7.5 cm width	3
Crepe bandage 10 cm (for serious bleeding and pressure application)	1
Scissors	1
Non-stretch, hypoallergenic adhesive tape – 2.5 cm wide roll	1
Safety pins (packet of 6)	1
BPC wound dressings No. 14, medium	1
BPC wound dressings No. 15, large	1
Dressing – Combine Pad 9 x 20 cm	1
Plastic bags - clip seal	1
Triangular bandage (calico or cotton minimum width 90 cm)	2
Emergency rescue blanket (for shock or hypothermia)	1
Eye pad (single use)	4
Access to 20 minutes of clean running water or (if this is not available) hydro gel (3.5 gm sachets)	5
Instant ice pack (eg for treatment of soft tissue injuries and some stings).	1

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 poison 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.



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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:

- A heavy duty crepe bandage 10 cm (for snake bites)
- Large clean sheeting (for covering burns)
- Thermal blanket (for treating shock)
- Whistle (for attracting attention)
- Torch / flashlight; and
- Any equipment identified for specific risks

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.

Source: COP First Aid in the Workplace July 2012, part 2.1 pp. 21, 22

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APPENDIX 4: FIRST AID ROOM CHECKLIST

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.

Have the following items been provided?		Comments
A first aid kit appropriate for the workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hygienic hand cleanser and disposable paper towels	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Examination couch with waterproof surface and disposable sheets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Examination lamp with magnifier	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cupboard for storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Container with disposable lining for soiled waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Container for the safe disposal of sharps	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bowl or bucket (minimum two litres capacity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric power points	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chair and a table or desk	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone and/or emergency call system	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Names and contact details of first aiders and emergency organisations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the first aid room have the following features?		Comments
Located within easy access to a sink with hot and cold water, (where this is not provided in the room,) and toilet facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offers privacy via screening or a door	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Easily accessible to emergency services, (minimum door width of 1 metre for stretcher access)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Well lit and ventilated	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has an appropriate floor area (14 square metres as a guide)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Entrance is clearly marked with first aid signage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maintenance		
Maintenance is allocated to a trained occupational first aider, except where the room is part of a health centre or hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Source: Approved Code of Practice First Aid in the Workplace, part 3.4</i>		


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APPENDIX 5: NUMBER OF TRAINED FIRST AIDERS

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

Number of Workers
<input type="checkbox"/> Include employees, contractors, subcontractors & volunteers <input type="checkbox"/> Consider particular needs of workers who have a disability or known health concern <input type="checkbox"/> Consider others at the workplace who are not workers (eg members of the public)
Nature of Work
<input type="checkbox"/> High risk, where workers are exposed to hazards that could result in serious injury or illness that would require first aid; <i>minimum 1 first aider for every 25 workers</i> <input type="checkbox"/> Low risk, where workers are not exposed to hazards that could result in serious injury or illness (potential work-related injuries & illnesses requiring first aid would be minor in nature); <i>minimum 1 first aider for 50 workers</i> <input type="checkbox"/> Access to emergency services <input type="checkbox"/> Remote workplace or difficulty in accessing emergency services <i>High risk workplaces that do not have timely access to medical & ambulance services should have at least one first aider for every 10 workers</i>
How work is carried out
<input type="checkbox"/> If a worker spends most, if not all, of their time working alone & in transit (ie their workplace is their vehicle) <input type="checkbox"/> If a worker's location varies on a regular basis & they often work without supervision (eg tradespeople, cleaners) <input type="checkbox"/> If a worker sometimes works alone for relatively short periods of time (eg opening or closing time, working late to meet a deadline) <i>In these situations, it may not be practicable to have a first aider available at all times, but these workers must be able to access first aid assistance (eg effective means of contacting emergency services or first aiders and information, instruction & training on how to respond if a serious injury or illness occurs.</i>
Other factors
<input type="checkbox"/> Arrangement of work (eg multiple shifts or overtime) <input type="checkbox"/> Seasonal work, where there may be a sudden & significant increase or decrease in the number of workers <input type="checkbox"/> Large numbers of other persons present on a regular bases (eg schools, shopping centres, function centres) <input type="checkbox"/> Workplaces that have unique hazards (eg fitness centres, amusement rides, dive schools) <input type="checkbox"/> Access during times when a first aider is absent (eg annual leave)

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APPENDIX 6: LIST OF FIRST AIDERS

Designated First Aiders, (current as at DD/MM/YY)			
Name of First Aider	Department	Contact details	Photograph




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APPENDIX 7: FIRST AID INJURY LOG

FIRST AID INJURY LOG						
Date	Name of first aider	Name of injured person	How did the injury happen?	Type of injury	Body location injured	Type of first aid provided

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APPENDIX 8: FIRST AID KIT LOCATION

LOCATION OF FIRST KITS					
Type of first kit (standard, small or car)	Location of first aid kit	Workplace risk category High or Low	Responsible person for first aid kit	Date kit was last restocked	Date of next restocking



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APPENDIX 9: STANDARD PRECAUTIONS FOR INFECTION CONTROL

Infection Control

When providing first aid to an injured or ill person, first aiders could come into contact with blood or body substances.

These can transfer infections to the first aider or other people they treat. First aiders should assume they could be exposed to infection and take standard precautions when exposed to blood and body substances to protect themselves and others from infection risk. Standard precautions are work practices 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 (PPE), handling and disposal of sharps and waste, cleaning techniques and managing spills of blood and body substances.

Providing first aid safely

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 PPE, including disposable gloves, to prevent contact with blood and body substances. 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 protect first aiders and others from infection risk from the provision of first aid and contact with 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 soiled laundry
- how to handle and dispose of waste, and
- when to use PPE, for example using resuscitation masks for cardiopulmonary resuscitation (CPR).

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. Where there is a risk of disease, first aiders should be offered vaccinations in line with the Department of Health Australian Immunisation Handbook.

Contaminated items

Items soiled with blood or body substances should be placed in plastic bags and tied securely. Waste disposal must comply with state or local government requirements.

Sharps including needles, syringes and disposable probes should be disposed of in a rigid walled, puncture-resistant sharps container by the person who used them. Guidance on the design, construction, colour and markings of sharps containers is provided in:

- 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. Reusable items contaminated with blood and body substances should be washed and disinfected by a competent person or disposed of safely. If a first aider sustains a sharps injury or thinks they are at risk of infection from blood or body substances, they should seek prompt medical advice.

Cleaning spills

Cleaning should start as soon as possible after an incident involving blood or body substances. First aiders should wear disposable gloves when cleaning spills and if splashes of blood or body substances may occur, extra protective equipment like eye protection, plastic aprons and masks should be worn. Surfaces 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.

Source: COP First Aid in the Workplace March 2019, Appendix F