

FIRST AID PROCEDURE

Version No	3.0
Issued	24 th July 2014
Next Review	July 2017
GDS	12.63.1.1

1. OVERVIEW

The Flinders Ranges Council as part of its commitment under its Emergency Management Policy, recognises its legislative obligations to provide access to:

- Facilities for the administration of first aid,
- First aid equipment, and
- An adequate number of workers or other persons who have been trained to administer first aid.

The Procedure aims to ensure:

- Legislative compliance is maintained.
- Appropriate first aid equipment is provided having regard to the type, severity and likelihood of injuries and illness for that workplace.
- Each worker has access to first aid equipment and facilities provided for the administration of first aid.
- An adequate number of trained first aiders are available to deliver first aid or workers have access to an adequate number of other persons who have been trained to deliver first aid.
- First aid equipment, facilities and training requirements are reviewed on a regular basis.
- The provision of information, instruction and training to workers and others regarding first aid access.

SIGNED

Chief Executive Officer

Date: 24 / 7 / 2014

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Chairperson, WHS Committee

Date: 24 / 7 / 2014

2. CORE COMPONENTS

The core components of our first aid procedure aim to ensure:

- A risk based approach is taken in identifying, assessing, determining implementing and documenting first aid requirements.
- First aid facilities are provided, maintained and available for access in an emergency.
- Adequate numbers of designated first aiders and facilities are provided.
- A list of designated first aiders including contact details is easily accessible to workers in an emergency situation.
- Appropriate training is provided for designated first aiders.
- Workers are aware of first aid processes.
- First aid incidents are appropriately reported and documented.
- A list of first aid kits and their location is available and maintained.
- Fixed deluge facilities are appropriately located, tested and maintained where provided.
- Emergency procedures specify the role of first aiders according to their level of qualification and competence.
- First aid requirements are regularly reviewed.

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3. DEFINITIONS

Dangerous incident	<p>An incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to—</p> <ul style="list-style-type: none"> (a) An uncontrolled escape, spillage or leakage of a substance; or (b) An uncontrolled implosion, explosion or fire; or (c) An uncontrolled escape of gas or steam; or (d) An uncontrolled escape of a pressurised substance; or (e) Electric shock; or (f) The fall or release from a height of any plant, substance or thing; or (g) The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the Regulations; or (h) The collapse or partial collapse of a structure; or (i) The collapse or failure of an excavation or of any shoring supporting an excavation; or (j) The inrush of water, mud or gas in workings, in an underground excavation or tunnel; or (k) The interruption of the main system of ventilation in an underground excavation or tunnel; or (l) Any other event prescribed by the regulations, but does not include an incident of a prescribed kind. [as defined by the WHS Act 2012 (37)].
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 in the COP: First Aid in the Workplace, July 2012, p.3 part 1.1].
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 in the COP: First Aid in the Workplace, July 2012, p.3 part 1.1].
First aid equipment	Includes first aid kits and other equipment used to treat injuries and illnesses [as defined in the COP: First Aid in the Workplace, July 2012, p.3 part 1.1].
First aid facilities	Include first aid rooms, health centres, clean water supplies and other facilities needed for administering first aid [as defined in the COP: First Aid in the Workplace, July 2012, p.3 part 1.1].
High risk workplace	<p>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:</p> <ul style="list-style-type: none"> • Use hazardous machinery (for example mobile plant, chainsaws, power presses and lathes) • Use hazardous substances (for example chemical manufacture, laboratories, horticulture, petrol stations and food manufacturing) • Are at risk of falls that could result in serious injury (for example construction and stevedoring) • Carry out hazardous forms of work (for example working in confined spaces, welding, demolition, electrical work and abrasive blasting) • Are exposed to the risk of physical violence (for example working alone at night, cash handling or having customers who are frequently physically aggressive) • Work in or around extreme heat or cold (for example foundries and prolonged outdoor work in extreme temperatures). <p>[as defined in the COP: First Aid in the Workplace, July 2012, p.3 part 1.1].</p>
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 in the COP: First Aid in the Workplace, July 2012, p.3 part 1.1].

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4. PROCEDURE

- 4.1. The Senior Leadership Team should nominate a person to oversee the management of first aid in the workplace.
- 4.2. Identification of First Aid Needs
 - 4.2.1. The *WHS Coordinator* will collate and review the following information to assist in assessing the risk of workplace injury and illness:
 - a. The nature of the hazards at the workplace.
 - b. 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).
 - c. Records of injuries, illnesses, 'near miss' incidents and other relevant hazard information.
 - d. First aid requirements outlined in Safety Data Sheets (SDS).
 - e. The distance between different work areas and the location of first aid facilities.
 - f. Response times for emergency services.
 - g. Whether workers are undertaking remote or isolated work and the location of that work.
 - h. Communication arrangements for workers undertaking remote or isolated work.
 - i. The maximum size of the workforce, taking into consideration the number of contractors, subcontractors and volunteers that are engaged.
 - j. The particular needs of workers who have a disability or a known health concern.
 - k. Other persons at the workplace who are not workers but may require first aid, eg members of the public.
 - l. Input from WHS Committee and HSRs.
 - 4.2.2. The *WHS Coordinator* should 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 Councils 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:
 - e. The number, location and contents of first aid kits and other equipment.
 - f. The type of first aid facilities that may be needed.
 - g. First aid procedures.
 - h. The number of first aiders.
 - 4.2.3. 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.
 - 4.2.4. 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 *WHS Coordinator* should arrange specialist or external expertise as needed.
 - 4.2.5. First Aid Risk Assessments - The *WHS Coordinator* will make sure that first aid risk assessments are completed and documented as needed to determine the first aid requirements. An example is provided in Appendix 2.
 - 4.2.6. Department managers should make sure that the first aid risk assessment process outlined in 4.2.1 - 4.2.5 is undertaken for Council events during the planning stage and before the event occurs.

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4.3. First aid kits

- 4.3.1. 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, which may be considered to assist in identifying appropriate contents as part of the risk assessment. It needs to be recognised that additional equipment may be needed, for example :
- Where there is a risk of serious burns
 - For remote workplaces to treat specific types of injuries or illnesses, where a risk is posed of these specific types of injuries or illnesses occurring.
- 4.3.2. 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.
 - d. Be made of material that will protect the contents from dust, moisture and contamination.

4.4. Location of First Aid equipment

- 4.4.1. The *WHS Coordinator*, in consultation with department managers, should determine the locations where first aid kits are kept and confirm that persons have been nominated to maintain first aid kits. The minimum location standards are:
- a. A prominent, accessible location, from which the kits are 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
 - d. Provided in the vehicles of mobile workers if that is their workplace and safely located so as not to become a projectile in the event of an accident.
- 4.4.2. The *WHS Coordinator* should make sure that:
- a. Emergency floor plans include the location of first aid kits.
 - 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).

4.5. Other first aid equipment

- 4.5.1. The *WHS Coordinator* 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 required at the workplace, for example
- a. 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, be clearly signed posted and maintained according to the manufacturer's specifications.
 - b. Eye wash equipment should be provided where there is a risk of hazardous chemicals or infectious substances causing eye injuries.
 - c. Immediate access to shower facilities should be provided 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).

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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.
- Portable, self-contained eye wash or shower units which have their own flushing fluid, which needs to be refilled or replaced after use.

4.5.2. When other first aid equipment is made available at the workplace, the *WHS Coordinator* will make sure that:

- a. Safe work instructions are developed where appropriate.
- b. Any specific training needs should be identified and training should be provided and recorded.
- c. Any maintenance and testing requirements are added to preventative maintenance schedules and records of maintenance and testing are maintained.

4.6. First aid facilities

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

- a. Access to a telephone for contacting emergency services or an emergency call system.
- b. 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;
 - iii. High risk workplaces with 100 workers or more
- c. Soap and water or alcohol-based hand-rub.
- d. Personal protective equipment including disposable gloves, eye protection, a mask and protective clothing, as relevant.

If it is determined that a first aid room is needed, Appendix 4 contains further information in relation to the requirements for First Aid rooms.

4.7. First aiders

4.7.1. The risk assessment and results of consultation undertaken as part of step 4.2 will be used to determine whether first aiders will be provided by:

- a. Training one or more Council workers to administer first aid.
- b. Arranging for other persons to administer first aid to Council workers provided they have been trained to do so.

4.7.2. Where 4.7.1.a. is determined: Selection of Council first aiders should consider persons who have:

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

4.7.3. The *Executive Assistant* will make sure:

- a. First aiders 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. First aiders undertake additional training to respond to specific situations in their workplace, as relevant eg if workers have severe allergies.
- c. The selection of ongoing training courses is in accordance with Council's approved training plan.
- d. First aiders attend regular refresher training to refresh their first aid knowledge and skills and to confirm their competence to provide first aid.

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

- 4.7.4. The *Executive Assistant* will confirm that where first aid provision is through training of Council workers, an appropriate number of first aiders are trained and available to administer first aid if needed. The following ratios for first aiders are recommended within the COP and should be considered when assessing the number needed at each worksite.

- Low risk workplaces – one first aider for every 50 workers
- 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.

Consideration should be given to developing and posting a list of the first aiders as appropriate at each site. A template for listing first aiders is provided in Appendix 6.

- 4.7.5. The *Executive Assistant* should make sure first aiders have been offered hepatitis B virus vaccination.
- 4.7.6. 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 avoid becoming ill and exposing others to illness.
- 4.7.7. First aid training should provide 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. Processes should 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, for example, using resuscitation masks for cardiopulmonary resuscitation.

4.8. Record keeping

- 4.8.1. First aid treatment records are subject to requirements under Health Records legislation
- 4.8.2. When administering first aid:
- Keep a record of first aid treatment given. (A template for a first aid injury log is provided in Appendix 7)
 - Notify the relevant manager/supervisor after administering first aid to determine if corrective action is required in accordance with the Incident Reporting & Investigation Procedure.

4.9. Provision of first aid information

- 4.9.1. The *Executive Assistant* and *WHS Coordinator*, in consultation with department managers, should make sure information, instruction and training is provided about access to first aid:
- As part of workers' induction training.
 - 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.
- 4.9.2. The information and instruction on first aid should:
- Be easy to understand.
 - Be accessible.
 - Take into account the language and literacy levels of workers
 - Include the location of first aid equipment and facilities.
 - Include the names and location of persons trained to administer first aid.
 - Include the procedures to be followed when first aid is required.

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4.10. Workers Compensation Reporting

Where an employee sustains a workplace injury or illness which requires medical treatment, the *Executive Assistant* 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).

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

The *WHS Coordinator* will;

- 4.11.1. In consultation with the WHS 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.
- 4.11.2. Undertake regular checks to confirm:
 - a. First aid kits and first aid rooms are suitable and accessible.
 - b. The hazards at the workplace reflect those identified in the first aid risk assessment.
- 4.11.3. Review first aid risk assessments and first aid procedures to make sure they remain adequate and effective, taking into account:
 - a. That persons who have responsibilities under Council First Aid Procedure are familiar with them.
 - b. Changes to the way work is performed, or if new work practices have been introduced that require updating of the first aid risk assessment to ensure the arrangements remain adequate.
 - c. The effectiveness of the first aid response provided in any incident.
 - d. Any new information about previously unidentified hazards.
 - e. The results of consultation indicate that a review is necessary.
 - f. If a health and safety representative requests a review in accordance with the WHS Hazard Management Procedure.
 - g. Any shared first aid arrangements with other PCBU's.
 - h. Records of first aid treatment as recorded on the first aid treatment registers.
- 4.11.4. Where results of the review indicate that the facilities may not be adequate or when proposing changes to First Aid procedures, undertake consultation with department managers, workers and their representatives about any proposed changes in accordance with Council's WHS Communication & Consultation Procedure.
- 4.11.5. The WHS Committee shall monitor first aid activities during meetings. A report shall be presented to the Senior Leadership Team listing outstanding items requiring their direction or enforcement.
- 4.11.6. The Senior Leadership Team should review first aid statistics, audit results related to first aid, legislative changes and other relevant information and direct action when required. Outcomes of discussion and actions undertaken shall be recorded.
- 4.11.7. The First Aid Procedure should be subject to audit and the audit findings should be reported as part of the ongoing management review process.
- 4.11.8. The Senior Leadership Team may set, monitor and review objectives, targets and performance indicators for first aid, as relevant.

5. TRAINING

5.1. The Flinders Ranges Council training needs analysis should identify the first aid training needs for:

- 5.1.1. Induction of all Council workers and other persons (contractors, visitors, etc).
- 5.1.2. Council and other workers undertaking work in a high risk workplace.
- 5.1.3. Council and other workers undertaking remote or isolated work.
- 5.1.4. Council and other workers in what to do in an emergency situation.
- 5.1.5. Council workers providing first aid (including the level of training required).

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- 5.1.6. First aiders looking after specific first aid equipment eg eye wash and shower facilities etc.
- 5.1.7. Department managers required to undertake the risk assessment process for first aid.
- 5.1.8. Council workers planning events who are required to undertake the risk assessment process for first aid.
- 5.1.9. The *WHS Coordinator* in the management system requirements for first aid at the Council.
- 5.1.10. Refresher training for all of the above.
- 5.2. The Flinders Ranges Council induction process should 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 person/s responsible for rendering first aid;
 - 5.2.4. First aid requirements in regard to the specific hazards in the workplace; and
 - 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 Statements of Attainment issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid units of competency.
 - 5.3.2. Determine training requirements for first aiders, having regard to the risk assessment for the workplace and the following minimum standards:
 - a. 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.
 - 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 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.

6. RECORDS

The following records should be maintained:

- 6.1. First aid risk assessment records
- 6.2. Consultation records relating to the first aid risk assessment process
- 6.3. First aid treatment records
- 6.4. Incident reporting records
- 6.5. Emergency plans that indicate first aid involvement
- 6.6. Emergency floor plans that indicate the location of first aid kits
- 6.7. Purchase or hire documentation of first aid, including operation manuals of first aid equipment

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- 6.8. First aid equipment inspection, testing and maintenance records
 - 6.9. Statutory notifications.
 - 6.10. Training records and other competency records
- All records must be retained in line with the current version of GDS20.

7. RESPONSIBILITIES

- 7.1. The *Senior Leadership Team* is accountable for:
 - 7.1.1. Budgetary expenditure necessary for first aid.
 - 7.1.2. Maintaining legislative compliance related to first aid.
 - 7.1.3. Checking that first aid risk assessment has been undertaken and is regularly reviewed.
 - 7.1.4. Checking that first aid procedures have been developed, implemented and maintained.
 - 7.1.5. Consulting with other PCBUs, so far as is reasonably practicable, if their duty of care for first aid overlaps.
 - 7.1.6. Monitoring and reviewing first aid and incident statistics.
 - 7.1.7. Reviewing the effectiveness of first aid processes.
 - 7.1.8. Identifying and implementing corrective or preventative actions required for the continual improvement of the first aid process.
 - 7.1.9. Including first aid within the management review process.
- 7.2. The *department manager* is accountable for:
 - 7.2.1. Monitoring legislative compliance related to first aid.
 - 7.2.2. Making sure a first aid risk assessment has been undertaken for the workplace, is regularly reviewed and workers are aware of its contents.
 - 7.2.3. Making sure a risk assessment is conducted for Council events that may impact on first aid requirements eg on-site conferences, off site activities organised and/or facilitated by The Flinders Ranges Council.
 - 7.2.4. Making sure that first aid procedures have been implemented and maintained.
 - 7.2.5. Making sure that workers, contractors, visitors and others are provided with information about first aid procedures during induction and regularly refreshed.
 - 7.2.6. First aid signage is maintained in accordance with Australian Standard AS 1319: Safety Signs for the Occupational Environment.
 - 7.2.7. Consulting with other PCBUs, so far as is reasonably practicable, if their duty of care for first aid overlaps.
 - 7.2.8. Checking that first aid kits are kept in a prominent, accessible location and are able to be retrieved promptly.
 - 7.2.9. Monitoring and reviewing first aid and incident statistics.
 - 7.2.10. Reviewing the effectiveness of first aid processes.
 - 7.2.11. 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 checking:
 - 7.3.1. First aid risk assessments have been undertaken for Council events as required.
 - 7.3.2. First aid equipment and facilities are tested and/or maintained as required.
 - 7.3.3. Making sure first aid rooms, where required, are regularly cleaned and maintained.
 - 7.3.4. First aid treatment is recorded.
 - 7.3.5. Implementing any corrective or preventative actions required for the continual improvement of the first aid process.

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- 7.4. The *WHS Coordinator* 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.
 - 7.4.3. Making sure adequate numbers of first aid kits are maintained in the workplace.
 - 7.4.4. Ensuring up-to-date lists of designated first aiders and first aid kits are maintained and displayed in the workplace.
 - 7.4.5. Notifying workers and payroll of when new designated first aiders are appointed.
 - 7.4.6. Coordinating the provision of information and training to workers regarding first aid.
 - 7.4.7. Monitoring and closing out any corrective or preventative actions required for the continual improvement of the first aid provisions.
 - 7.4.8. Providing relevant reports and information to the management team and WHS committee as required.
 - 7.4.9. Identifying any significant first aid issues that require management attention.
 - 7.4.10. Organising, at least annually, the inspection of all first aid kits to ensure any out of date items are removed and re-stocked.
 - 7.4.11. First aid equipment eg defibrillators, stretchers, wheelchairs are inspected, tested as relevant and maintained and records are retained.
- 7.5. *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.
 - 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 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).
 - 7.5.7. Maintaining the cleanliness of the first aid equipment and first aid facilities after use, including disposal of waste in accordance with any legislative requirements.
 - 7.5.8. Reporting to the employer any hazardous situations that have resulted in a person requiring first aid.
 - 7.5.9. 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.
 - 7.5.10. Retaining first aid treatment records.
- 7.6. The *WHS Coordinator* is accountable for maintaining first aid kits should:
- 7.6.1. Monitor access to the first aid kit and ensure any items used are replaced as soon as practicable after use.
 - 7.6.2. 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).
 - 7.6.3. 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.

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- 7.7. *Workers* are accountable for:
- 7.7.1. Participating in training regarding first aid.
 - 7.7.2. Following any instructions given for their own or others' safety in any first aid or medical emergency situation.
 - 7.7.3. Completing documentation as required.
 - 7.7.4. Maintaining any first aid kit under their control (eg: items remain in date and in good working order and contents match legislative requirements).
 - 7.7.5. Communicating any shortages in first aid supplies to the designated first aider or other appropriate person.
 - 7.7.6. Notifying supervisor of any injury, illness or treatment sustained or obtained.
- 7.8. The *WHS Committee* is accountable for:
- 7.8.1. Providing feedback during the development and review of first aid procedures and first aid risk assessments.
 - 7.8.2. Assisting with the monitoring and review of first aid activities across the Council.
 - 7.8.3. Providing information and feedback to the EPC and management team in relation to first aid.
 - 7.8.4. Preparing reports to the Senior Leadership Team.

8. REVIEW

- 8.1. The First Aid Procedure should be reviewed by the WHS Committee, in consultation with workers or their representatives, every three (3) years or more frequently if legislation or Council needs change. This may include a review of:
- 8.1.1. Legislative compliance issues.
 - 8.1.2. Audit findings relating to first aid.
 - 8.1.3. First aid and incident statistics.
 - 8.1.4. Feedback from managers, designated first aiders, workers or other stakeholders.
 - 8.1.5. Other relevant information.
- 8.2. Results of reviews may result in preventative and/or corrective actions being implemented and revision of this document.

9. REFERENCES

Work Health and Safety Act 2012
 Work Health and Safety Regulations 2012
 General Disposal Schedule (GDS) 20 for Local Government Records in South Australia
 WorkCover SA Performance Standards for Self-Insurers

Code of Practice: First Aid in the Workplace July 2012
 Code of Practice: Managing the Work Environment and Facilities, December 2011
 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'

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10. RELATED DOCUMENTS

Emergency Management Policy
WHS 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:
1.0	Aug 2010	New Document
2.0	Nov 2011	Major changes in line with the new Approved Code of Practice as issued in December 2010.
3.0	July 2014	Terminology changes to reflect 2012 WHS act, Regulations and Codes of Practice.

12. APPENDICES

- Appendix 1: Injuries Associated With Common Workplace Hazards That May Require First Aid
- Appendix 2: Example of a First Aid Risk Assessment
- Appendix 3: Contents for a First Aid Kit
- Appendix 4: First Aid Room
- Appendix 5: Number of Trained First Aiders
- Appendix 6: Template List of First Aiders
- Appendix 7: First Aid Injury Log
- Appendix 8: First Aid Kit Location

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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	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

Source: COP First Aid in the Workplace July 2012, part 2.1 p. 6

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APPENDIX 2: EXAMPLE OF A FIRST AID RISK 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 x abrasions 3 x 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 Noise Manual handling 	<ul style="list-style-type: none"> Respiratory illnesses, cancers and dermatitis Hearing damage Muscular strain 	<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. 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

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

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 poisons laws. Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary.

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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:

- 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.

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 x 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

APPENDIX 4: FIRST AID ROOM

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
- an examination lamp with magnifier
- 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
- be easily accessible to emergency services (minimum door width of 1 metre for stretcher access)
- be well lit and ventilated
- have an appropriate floor area (14 square metres as a guide)
- 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.

Source: COP First Aid in the Workplace July 2012, part 3.4 p. 11

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:

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 ie their workplace is their vehicle and the places they visit in the course of their work (for example 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 (for example cleaners).
- If a worker sometimes works alone for relatively short periods of time (for example 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 (eg 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 (eg annual leave).

Source: COP First Aid in the Workplace July 2012, part 3.5 p. 14



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APPENDIX 6: TEMPLATE LIST OF FIRST AIDERS

LIST OF FIRST AIDERS			
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