

FIRST AID

1.0 First Aid Kit

The contents of first aid kits should be appropriate for the types of injuries and illnesses likely to occur at the workplace. To decide on the type, quantity and sizes of items needed, an assessment should be carried out to determine the likely demand. Where a risk assessment shows there is a need for extra first aid kits and certain first aid requirements such as first aid rooms and/or trained personnel, these requirements should be available as considered necessary for each work shift.

To minimise the risk of cross infection, wherever possible, kit items should be disposable sterile items such as single use forceps and single dose applications such as 30 ml sachets of antiseptic.

A first aid kit may be of any size, shape or type, but should be large enough to house all the required contents. It should have a white cross on a green background prominently displayed on the outside.

1.1 Contents of a First Aid Kit

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

- Adhesive strips (assorted sizes) for minor wound dressing
- Non-allergenic adhesive tape for securing dressings and strapping
- Eye pads for emergency eye cover
- Triangular bandage for slings, support and/or padding
- Hospital crepe or conforming bandage to hold dressings in place
- Wound/combine dressings to control bleeding and for covering wounds
- Non-adhesive dressings for wound dressing
- Safety pins to secure bandages and slings
- Scissors for cutting dressings or clothing
- Kidney dish for holding dressings and instruments
- Small dressings' bowl for holding liquids
- Gauze squares for cleaning wounds
- Forceps/tweezers for removing foreign bodies
- Disposable latex or vinyl gloves for infection control
- Sharps disposal container for infection control and disposal purposes
- Sterile saline solution or sterile water for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening
- Resuscitation mask to be used by qualified personnel for resuscitation purposes

- Antiseptic solution for cleaning wounds and skin
- Plastic bags for waste disposal
- Note pad and pen/pencil for recording the injured or ill person's condition and treatment given
- Re-usable ice-pack for the management of strains, sprains and bruises

In work environments where specific injuries and illnesses such as burns, eye injuries and poisoning may occur, additional first aid kit contents and facilities should be provided and appropriately trained personnel should be appointed.

- Where burns have been identified as potential injuries, a supply of cool running water and non stick burn dressings should be available.
- Eyewash stations should be provided where eye injuries have been identified as potential injuries.
- Emergency showers should be provided at workplaces where chemical splashes may occur.

First aid kits should also be provided for workers working:

- Away from the workplace, for example, a delivery driver who is transporting and unloading landscaping supplies to customers; and
- In remote areas where access to accident and emergency facilities may be delayed.

1.2 First Aid Kit for a Remote Location

As well as including all the items for a first aid kit for a low risk workplace, consideration should also be given to the following for a first aid kit for a remote location.

- Heavy smooth crepe roller bandages, 10cm wide, and sufficient quantity to bandage lower limbs to immobilise limb after a snakebite
- Splint to immobilise limb after a snake bite or fractures
- Melaleuca hydrogel burn dressings if there is no cool water supply
- Large burns sheet for covering burn areas
- Clean sheeting for cooling and dressing burns
- Thermal/emergency blanket for the management of shock and to assist portability of a patient
- First aid manual or book
- Torch and/or flashlight for use at night and for attracting attention
- Note pad and pen/pencil for recording the injured or ill person's condition, and treatment given.

First aid suppliers also have major trauma kits. The contents of these kits can be designed for particular environments and for injuries and illnesses which may occur in the event of a major trauma.

A worker or workers in a remote location should also have access to an appropriate communication system such as a mobile telephone or two-way radio.

First aid personnel undertake the initial management of work-caused injuries and illnesses. They should not be responsible for ongoing medical care. The initial management provided by first aid personnel should be consistent with their level of training and competence. When the first aid management required is beyond the level of training and competence of the first aid personnel available, they should recommend that a worker seek medical assistance.

In some cases, workers who are exposed to or involved in traumatic incidents, such as hold-ups or violence, may suffer psychological trauma. Persons suffering from such trauma should be referred for appropriate treatment as soon as possible to minimise its severity and any long-term effects.

Workers should have access to trained first aid personnel. The decision to train personnel to administer first aid should be consistent with the outcomes of the risk management process. Where the outcome of this process determines that it is not necessary to employ trained personnel, procedures should be established which ensure workers receive medical assistance from outside personnel.

There should be sufficient first aid personnel for all work shifts, if the risk assessment shows this is appropriate. Where it is not practical to have first aid personnel for all shifts, procedures should be in place at the workplace, which ensure workers have access to first aid treatment on all shifts. This may require, for example, establishing emergency transportation procedures and/or making special arrangements with a local medical centre. All staff should be aware of such procedures.

First aid duties can be demanding, both physically and emotionally, and first aid personnel should have the capacities to perform such duties. In selecting personnel to perform first aid duties, the following capabilities need to be considered:

- Ability to remain calm in an emergency
- Reliability
- Ability to complete required studies
- Ability to use the knowledge and skills gained

2.0 Senior First Aid Qualification

Workers should have access to a person with a current senior first aid qualification (or higher qualification), where the risk of injury or work-caused illness is low.

A person possessing a current senior first aid qualification should be able to:

- Undertake the initial management of injuries and illnesses occurring at the workplace; and
- Record details of first aid given

Responsibilities of a person possessing a current senior first aid qualification could include:

- Recommending actions regarding use, contents, modifications and maintenance of the first aid kit
- Ensuring a first aid kit is accessible whenever workers are at work
- Checking and replenishing kit contents
- Ensuring equipment and contents are within the 'use by' dates
- Participating in courses to maintain first aid skills at an acceptable level, for example, by attending annual refresher courses in cardiopulmonary resuscitation.

A senior first aid qualification is valid for three years from the date of issue.

3.0 Occupational Health Service

In certain high risk situations, consideration should be given to providing an occupational health service for managing injuries and adverse health effects of workplace exposures from, for example hazardous substances. In high risk work environments, consideration should be given to employing an occupational health professional with relevant first aid experience, such as an occupational health nurse.

The first aid responsibilities of an occupational health professional could include:

- Advising the employer/person in control of the workplace about first aid equipment, facilities and procedures
- Maintaining a first aid room and first aid equipment
- Co-ordinating the training of other first aid personnel.

Additional workplace health and safety responsibilities could include managing the organisation's occupational health service by, for instance:

- Conducting workplace assessments on behalf of the employer/person in control of the workplace
- Performing health assessments including biological monitoring
- Analysing the frequency and incident rate of work-caused injury and illness
- Conducting training and health promotion activities
- Coordinating the rehabilitation of ill and injured workers.

4.0 Training

Persons with current first aid qualifications should be appropriately qualified until the expiration of their current qualification or three years from their last renewal date whichever is the sooner.

The need for further training may be necessary whenever change within the workplace is likely to alter the hazards and, therefore, the type of potential injuries or illnesses. These needs may be

identified as part of a review of first aid equipment, facilities and services and be incorporated in a worker's training program.

The validity of some first aid qualifications may be subject to specific requirements, for example:

- Refresher training
- Evidence of proficiency in cardiopulmonary resuscitation

5.0 Accident

Workers should be informed about first aid equipment and facilities. Information should be complete, easy to understand and accessible. Language factors and the literacy levels of target groups should be taken into account when workers are informed about the provisions at the workplace. Where appropriate, verbal methods (explanations, demonstrations), visual methods (videos, posters) and plain English or other appropriate languages should be used. All workers should know what to do, where to go, and from whom to seek first aid.

Information about first aid should include an accident plan. This plan should:

- Specify the 'response' procedures to be followed in an accident situation, such as, notify supervisor; telephone for medical assistance
- Allocate specific tasks involved in such procedures to individuals, for example, supervisor to telephone the ambulance
- Include emergency transportation arrangements, for example, who has a driver's license; location of available vehicle for use
- Detail the location of first aid equipment and facilities at the workplace, including details of personnel responsible for the equipment and facilities
- Specify the role of the first aid provider. In specifying the role of the first aid provider, it is important to remember that this person should not administer assistance beyond their level of qualification and competence. In particular:
 - The first aid providers should be instructed not to exceed their training and expertise in first aid; and
 - Other staff, such as supervisors, should be instructed not to direct first aid providers to exceed their first aid training and expertise.
 - For example, if the first aid provider is not certified to perform cardiopulmonary resuscitation (CPR), the plan should not require this person to perform CPR.

Information about first aid facilities and services and the accident plan should be provided to workers on commencement of employment. Current information about specific risks in the workplace and changes affecting the provision and use of first aid facilities and services, and procedures detailed in the accident plan should be available to all workers.

Information may be provided through:

- Induction programs
- Information and awareness seminars
- Training courses
- Newsletters
- Notice board announcements
- Policy and procedure manuals
- Company memoranda.

Workers should be advised of other matters including:

- The availability of first aid equipment, facilities and services
- Infection control procedures.



Up-to-date lists of the telephone numbers of emergency personnel and organisations should be clearly displayed near central telephone or radio communication systems. Key emergency personnel and organisations to be included on such a list are:

- The nearest ambulance service
- The nearest doctor with whom arrangements have been made for emergency care
- The nearest hospital with an accident and emergency department
- The Poisons Information Centre
- Emergency services.

6.0 Control Measures Which Minimise the Risks to Biological Hazards

6.1 Standard Precautions

Standard precautions are work practices which assume that all blood and body substances are potentially infectious and should be used as a first line approach to infection. Standard precautions include good hygiene practices, use of PPE, and appropriate handling and disposal of sharps and other contaminated or infectious waste.

Further information on these standard precautions (control measures) is given in this section.

6.2 Procedures

Documented procedures on infection control in first aid should at least cover:

- Standard precautions
- Hygiene
- Management of a blood or body substance spillage
- Waste management
- Sharps management
- Laundry management
- Cleaning, disinfecting and sterilising first aid equipment
- Immunisation
- PPE
- Management of skin penetrating injuries and other blood or body substance exposures

6.3 Hygiene

Hand washing is an important measure in preventing the transmission of infection. Adequate hand washing facilities should be provided at the workplace. Hands should be washed using soap and water before and after contact with an ill or injured person. They should also be washed before and after contact with blood, body substances or contaminated items and after removal of protective gloves. An alcoholic chlorhexidine hand wash (available from pharmacies) or equivalent should be used in emergency or field situations, where hand washing facilities are limited or not available.

Waterproof dressings should be provided to allow first aid personnel to cover cuts or abrasions. This reduces the risk of an injured person's blood or body substances coming into contact with a first aid person's broken skin.

First aid personnel who have skin problems, such as dermatitis, and who are exposed to blood and body substances, should seek medical advice regarding the risk of infection.

First aid personnel and workers should not eat, drink or smoke when working in an area where blood or body substances may be present.

6.4 Management of Blood or Body Substance Spillage

Spills should be attended to as soon as possible. Protective gloves should be worn. Absorbent material, such as paper towels should be used to absorb the bulk of the blood or body substance. These contaminated materials should then be disposed of in a leak-proof, sealed waste bag.

After this, the area should be cleaned with warm water and detergent and then disinfected. A suitable disinfectant is a freshly prepared 1:10 dilution of 5% sodium hypochlorite (household bleach) in water. Mops and buckets should be rinsed with warm water and detergent and stored dry.

After cleaning the contaminated area and equipment, reusable gloves and other protective clothing should be removed and disinfected. Hands should be washed after items have been disinfected and gloves have been removed.

If a spill occurs on carpet, as much of the spill should be mopped up as possible and the area then cleaned with a detergent. Where there is significant spillage, arrangements should be made to have the carpet shampooed with an industrial carpet cleaner.

Large spills, such as may occur after a road accident, may be safely hosed down with water, by workers wearing protective clothing.

A 'spills kit' should be available where there is a risk of blood or body substance spills. A 'spills kit' should contain:

- PVC, household rubber or disposable latex gloves
- Cleaning agents
- Disposable absorbent material
- A leak-proof bag.

6.5 Waste Management

Contaminated waste should be placed in a leak-proof bag or container and sealed. The bag or container should not be overfilled. All waste should be handled with care, to avoid contact with blood and body substances. Gloves should be worn when handling contaminated waste bags and containers.

Where significant amounts of first aid waste are generated, contaminated items should be placed in clinical waste bags. These are yellow coloured plastic bags which display the international biohazard sign (available from medical suppliers). Waste disposal should comply with state or local government requirements.

6.6 Sharps

Sharps are a major cause of accidents involving potential exposure to biological hazards which can pose a risk of transmission of hepatitis B, C and the HIV virus. Where there is a risk of finding discarded sharps, tongs or a similar item should be available to pick up sharp items safely.

The person who uses a sharp should be responsible for its safe disposal. Sharps should be handled with care. They should not be bent, broken or reheated as these unsafe practices are common causes of sharps injuries.

Sharps should be disposed of in a puncture resistant sharps container. Sharps containers should be located as close as possible to the area where sharps are used. Disposal of sharps containers should be in accordance with local government requirements.

See also Sharps Appendix

6.7 Laundry

Soiled linen should be identified as such and kept separate from other linen. PVC, latex or household rubber gloves and protective clothing should be worn when handling soiled linen. Heavily soiled linen should be placed in a leak-proof bag and securely closed.

Soiled linen should be washed as soon as possible. Normal washing procedures and detergents are adequate for decontamination of most laundry items. A hot water cycle should be used. Heavily soiled items should be soaked in a diluted bleach solution, where possible.

6.8 First Aid Equipment

Where possible, single use disposable sterile items, such as disposable splinter forceps to minimise the risk of cross infection. Disposable items, used for first aid, should not be reused.

Non-disposable items should be processed after each use. There are three levels of processing equipment. The choice of method depends on the purpose for which the equipment is to be used.

If the equipment is to have contact only with intact skin, for example bandage shears, then it requires cleaning. However, if the equipment is contaminated with blood, then it should be cleaned and disinfected.

If the equipment is to have contact with intact mucous membranes, such as a thermometer in the mouth, then it requires cleaning and disinfection. Items that become contaminated with blood and body substances should also be cleaned and disinfected. Examples are contaminated kidney dishes and liquid containers.

Equipment that is reusable and which comes into contact with broken skin, penetrates the skin, or has contact with normally sterile body tissue, should be cleaned and sterilised. Examples are reusable splinter forceps where these come into contact with wounds or are used to penetrate skin.

Cleaning is the removal of soil and the reduction of the number of germs from a surface. Thorough cleaning of all items should commence as soon as practical after use. Gloves should be worn during cleaning and care should be taken to avoid eye splashes. Gross soil should be wiped off, and the remaining soil cleaned off with warm water and detergent. After cleaning, items should be rinsed in clean water and stored dry.

Disinfection is the inactivation of bacteria, viruses and fungi, but not necessarily bacterial spores. Disinfection can be achieved by boiling or by chemical means. All items should be cleaned prior to disinfection.

Boiling to disinfect an item by boiling, the item should be immersed in visibly boiling water for a minimum of five minutes after the water returns to the boil. If another instrument is then added to the load, time starts anew from this time. Instruments should be removed without contaminating them and placed on a clean, disinfected surface to cool down.

Chemical disinfection can be carried out using a range of chemicals, such as household bleach, chlorhexidine and alcohols. The incorrect use of some chemicals may be hazardous and chemical safety should be observed. Some hazardous disinfectants are inappropriate in the first aid setting, for example, glutaraldehyde. No disinfectant kills germs immediately and recommended soaking times should be observed. Items should be fully immersed in the disinfecting solution. Disinfectants should be dated when opened and discarded after a period of time, according to the manufacturer's recommendations.

Sterilisation is the complete destruction of all germs. The only practical means of achieving sterilisation, in the first aid setting, is by using an autoclave. Autoclaves should be maintained regularly and records kept of this maintenance.

Sterilising is a very involved process and therefore it may be more practical for first aid personnel to stock single use, disposable, sterile items. Alternatively, instrument sterilisation could be contracted out to a health care facility which has proper sterilising facilities and validation procedures.

Storage of first aid equipment All items should be stored to maintain the level of processing to which they have been subjected. Items should not be stored in disinfectant solutions, as this may encourage bacterial growth. Dry, sterile, packaged instruments should be stored in a clean, dry environment.

Ultraviolet light units are not usually capable of sterilising or disinfecting instruments and should not be used for this purpose.

6.9 Immunisation

The provision of appropriate immunisation programs should be considered. Medical advice should be sought on this matter. In particular, the need for a hepatitis B immunisation program should be assessed for first aid personnel at risk of regular exposure to blood or body substances. A full course of three doses of hepatitis B vaccine should be given. The first dose should be followed by a second dose after one month with the third dose given five months after the second dose. First aid personnel should be offered a blood test four weeks after the third dose of hepatitis B vaccine to ensure adequate immunity has been achieved.

6.10 Personal Protective Equipment (PPE)

PPE should be provided to protect first aid personnel and ill or injured persons from the risk of exposure to biological hazards. Where PPE is used, it should be properly selected for the task, be readily available, clean and properly maintained. First aid personnel should be trained in the correct use of the equipment provided. PPE should comply with relevant Australian Standards.

PPE could include:

Protective gloves which should be worn whenever there is a potential for contact with blood or body substances. Disposable PVC or latex gloves should not be reused. Heavy duty gloves may be worn where a higher level of protection is required, for example, where there is a risk of exposure to sharp objects or when cleaning a blood or body substance spill.

Protective clothing such as disposable non-porous overalls or plastic aprons which should be worn in situations where there is a risk that clothing of first aid personnel may become contaminated with blood or body substances.

Eye protection such as goggles and safety glasses which should be worn where there is a risk of blood or body substance splashes entering the eyes, for example, from arterial bleeding injuries.

Safety footwear which should be worn where there is a risk of the feet being punctured by sharp objects, such as broken glass or hypodermic needles.

Resuscitation mask because expired air resuscitation may involve exposure to blood and body substances. Use of a resuscitation mask for mouth to mask resuscitation reduces this risk. A resuscitation mask should only be used if first aid personnel have received instruction in its use.

See also PPE section of Appendix for further information

7.0 Information and Training

Information and training should be provided to first aid personnel and others on issues such as:

- The risk of exposure to biological hazards
- Infection control practices and procedures
- The correct use of PPE
- The management of blood or body substance exposure
- The management of blood or body substance spills.

Training should enable first aid personnel to anticipate and manage situations where there may be exposure to biological hazards.

8.0 Supervision

Supervision of workers should occur to ensure infection control measures are being followed.

9.0 First Aid Signs

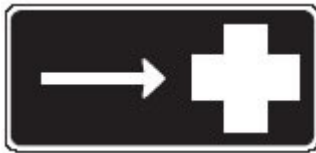
The use of well recognised, standardised first aid signs assists people to easily locate first aid equipment and facilities. First aid signs may be constructed to suit individual requirements but should comply with AS 1319 Safety signs for the occupational environment

Examples of suitable first aid signs are:

1. Symbolic first aid sign - white cross on green background



2. Symbolic first aid sign to indicate direction to First Aid - white cross and arrow on green background



3. English text first aid sign



10.0 Record Keeping

A first aid recording system should be maintained at the workplace for a number of reasons including:

- To identify areas or processes that are likely to give rise to injury or illness
- To review safety procedures for preventing further problems
- To implement safer and healthier work practices
- To identify where first aid facilities and services are most needed
- As evidence of implementation of this standard for workers' compensation purposes.

A copy of the first aid record should accompany the injured or ill person if the person is transferred to a medical service or hospital. A worker should be given a copy of their first aid record or have

access to that record on request. The original copy of the first aid record should be retained at the workplace.



When recording information relating to first aid, consideration should be given to including the following in any record:

- Name, address, date of birth and sex of injured or ill person
- Contact phone number/s
- Basis of employment, for example, full time, part time, casual, visitor
- Occupation
- Nature of injury or illness, for example, fracture, burn, respiratory difficulties
- Bodily location of injury or illness
- How the injury or illness occurred
- Time and location of the incident which caused the injury or illness
- Details of treatment, for example, the first aid treatment given and/or referral to ambulance, doctor, hospital or elsewhere
- Subsequent injury/illness management
- Any other relevant details such as witnesses to the incident
- Name and signature of person completing the record.

11.0 Confidentiality and Information

Personal information about the health of a worker is confidential. This information includes details of medical conditions, treatment provided and the results of tests. Disclosure of personal information, without that person's written consent, is unethical and in some cases may be illegal.

Health professionals should not be asked to disclose personal information about the health of a worker. The release of such information would contravene the profession's code of ethics.

Workers should be consulted on proposed changes to the workplace and any work activities affecting or likely to affect workplace health and safety. Consultation involves more than an

exchange of information. For consultation to be effective, the parties should contribute to decision-making processes, not only in appearance, but in fact.

Consultation should occur as early as possible when planning the introduction of any changes to the workplace, plant or substances used at the workplace, that affects, or may affect, the workplace health and safety of persons at the workplace. This will enable changes, arising from the consultation, to be incorporated.

12.0 Skin Penetrating Injuries (Spi)

Procedures should be in place for the management of skin penetrating injuries (SPI) and other blood or body substance exposures.

Management of a SPI:

- Encourage the wound to bleed by gently squeezing
- Wash the area with cold running water and soap if available
- Apply an antiseptic if available then cover the wound with a bandaid or dressing

When a person has exposure to blood or body substances:

- Wash away the blood or body substance with soap and water. If water is not available then use a 60-90% alcohol based hand rinse or foam
- If the eyes are contaminated, rinse eyes while open with tap water or saline solution
- If blood gets into the mouth, spit it out and then repeatedly rinse with water

If exposed to blood or body substances the person should be referred for medical assessment as soon as possible. The doctor can then assess the degree of exposure and arrange blood tests and immunisation where appropriate. Access to professional counselling should also be available if needed.

Records of blood or body substance exposure should be documented and kept at the workplace. Records of exposure and treatment should be kept confidential.

See Also Sharps Appendix