



Queensland Government
Workplace Health and Safety

FIRST AID

ADVISORY STANDARD 1999

July 2000

Workplace Health And Safety First Aid Advisory Standard 1999

Important Information about this standard

- 1 It replaces the Workplace Health & Safety (First Aid) Advisory Standard 1996 (repealed on 1 February 1999)
- 2 Was made on 3 December 1998
- 3 Commences on 1 February 1999
- 4 Expires on 1 February 2004

What is this Standard About?

This Advisory Standard provides practical advice about the selection, provision, maintenance and use of first aid facilities and services at a workplace.

What is an advisory standard?

An advisory standard is a document that states ways to manage exposure to a risk. If you have a workplace health and safety obligation and there is an advisory standard about that risk, you can meet your obligation by adopting and following the advice in the standard. Alternatively, you may meet your obligation by choosing another way, providing it gives the same level of protection for the risk.

Obligations and the *Workplace Health and Safety Act 1995*

The *Workplace Health and Safety Act 1995* imposes obligations on people at workplaces to ensure workplace health and safety. Workplace health and safety is ensured when persons are free from the risk of death, injury or illness

created by workplaces, workplace activities or specified high risk plant.

Ensuring workplace health and safety involves identifying and managing exposure to the risks at your workplace.

How can I meet my Obligations?

Under the Act, there are three types of instruments made to help you meet your workplace health and safety obligations - regulation, advisory standards and industry code of practice.

If there is a regulation about a risk – you must do what the regulation says.

If there is an advisory standard or industry code of practice about a risk - you must either—

- do what the standard or code says; or
- adopt and follow another way that gives the same level of protection against the risk.

If there is no Regulation, advisory standard or industry code of practice about a risk - you must choose any appropriate way and take reasonable precautions and exercise proper diligence to ensure you meet the obligation.

Contents

| | |
|---|-----------|
| <i>Important Information about this standard</i> | 2 |
| 1. Definitions - The Dictionary | 5 |
| 2. Basic Concepts | 6 |
| 2.1 <i>Consultation</i> | 6 |
| 2.2 <i>Confidentiality Of Information</i> | 6 |
| 2.3 <i>Record Keeping</i> | 6 |
| 2.4 <i>Information About First Aid - An Accident Plan</i> | 7 |
| 3. First Aid Requirements | 9 |
| 3.1 <i>Identifying Causes Of Injury And Illness</i> | 9 |
| 3.2 <i>Assessing The Risk Of Injuries And Illnesses</i> | 10 |
| 3.3 <i>Choosing First Aid Facilities And Services</i> | 10 |
| 3.4 <i>Evaluating First Aid Facilities And Services</i> | 11 |
| 4. First Aid Personnel | 12 |
| 4.1 <i>Senior First Aid Certification</i> | 12 |
| 4.2 <i>Occupational First Aid Certification</i> | 12 |
| 4.3 <i>Occupational Health Service</i> | 13 |
| 4.4 <i>Training</i> | 13 |
| 5. First Aid Kits | 14 |
| 6. First Aid Rooms | 15 |
| 7 Infection Control in the Workplace | 16 |
| Appendix 1 - Infection Control - Recommended Risk Management Approach | 17 |
| Appendix 2 - Infection Control - Recommended Safe First Aid Practices | 20 |
| Appendix 3 - Sample Form for Recording Additional First Aid Information | 24 |
| Appendix 4 - Suggested Contents of a First Aid Kit for a Small Sized Workplace | 25 |
| Appendix 5 - Suggested Additional Contents of a First Aid Kit for a Remote Location. | 26 |
| Appendix 6 - Checklist for First Aid Kits | 27 |

| | |
|---|-----------|
| Appendix 7 - First Aid Signs | 28 |
| Appendix 8 - Suggested Contents of a First Aid Room. | 29 |
| Appendix 9 - Dictionary | 30 |
| Further Information | 31 |
| Emergency Management | 33 |

1. Definitions - The Dictionary

The Dictionary in Appendix 9 defines certain terms used in this standard. To aid the reader, the first time a term in the dictionary is used in the standard, it is marked with an asterisk.

2. Basic Concepts

2.1 Consultation

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 is about fostering cooperation and developing partnerships between government, employers* and workers* to ensure workplace health and safety.

Consultation is an important strategy in achieving workplace health and safety and happens in two ways-

- ▷ at an industry level through establishing workplace health and safety council and industry committees (see part 6 of the Act); and
- ▷ at the workplace level through the election by workers of workplace health and safety representatives* and establishing workplace health and safety committees (see part 7 of the Act).

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.



For consultation to be effective:

- ▷ procedures for consultation should be developed and disseminated widely at the workplace;
- ▷ where there is a workplace health and safety officer and/or workplace health and safety representative, they should have access to relevant information on first aid at the workplace;
- ▷ where there is a workplace health and safety officer and/or workplace health and safety representative, enough time should be allowed for them to consider the implications of any information acquired.

2.2 Confidentiality Of 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 professional's code of ethics.

2.3 Record Keeping

Under the *Workplace Health and Safety Regulation 1997*, records must be made, in the approved form, of any work caused illness, work injury or dangerous event*; within 3 days of the person required to make the record becoming aware of the event happening. These records are to be kept at the workplace, for 12 months from when they are made.

The Chief Executive of the Department of Employment, Training and Industrial Relations must be notified, in the approved form, of any serious bodily injury, work caused illness or dangerous event; within 24 hours of person required to give the notice becoming aware of the event happening.

Work injuries and work caused illnesses must be recorded in the approved form for recording and notification. This form, the *Incident Record/Report* form, can be obtained from the Division of Workplace Health and Safety. Guidance for recording workplace injury and disease is provided in *AS 1885.1 - Describing and reporting occupational injuries and disease*.

Records associated with the implementation of this advisory standard, or alternatives that have been chosen when providing first aid facilities and services, eg documented risk assessment should be maintained. These records should be kept in a central location.

In relation to first aid, a recording and reporting system incorporating existing statutory recording and reporting requirements (*Incident Record/Report form*) should be maintained.



First aid recording systems may also include information on:

- ▷ the immediate treatment;
- ▷ details about the incident/accident including information about work processes involved;
- ▷ details about the injury or work caused illness;
- ▷ any referral arrangements (for example, local medical service, ambulance or hospital); and
- ▷ subsequent injury management (for example, rehabilitation).

A sample form for recording this additional information is provided in Appendix 3.

This information may be used:

- ▷ to identify areas likely to give rise to injury or work caused illness;
- ▷ to review safety procedures for preventing further problems;
- ▷ to identify where first aid facilities and services are most needed;
- ▷ to implement safer and healthier work practices;
- ▷ as evidence of implementation of this standard; and
- ▷ to determine the need for education and training programs about safe and healthy work systems and procedures.

A copy of a first aid record should accompany the injured or ill person when the person is being transferred to a local 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 first aid records should be retained to meet the provisions outlined above.

Forms for recording work injuries and work caused illnesses, including first aid treatment, should be available at, or near, first aid stations.

2.4 Information About First Aid - An Accident Plan

Workers should be informed about first aid facilities and services. 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:

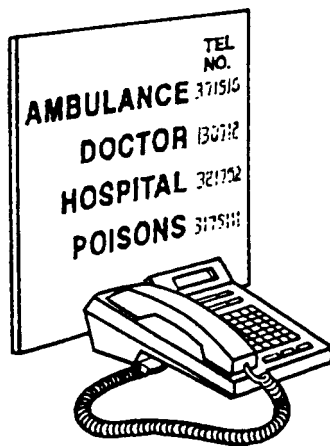
- specify the “response” procedures to be followed in an accident situation; eg. notify supervisor; telephone for medical assistance;
- allocate specific tasks involved in such procedures to individuals; eg. supervisor to telephone the ambulance;
- include emergency transportation arrangements; eg. who has a driver’s licence; location of available vehicle for use;

- detail the location of first aid facilities at the workplace, including details of personnel responsible for these 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 that for which they are qualified and have maintained competency in. 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 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; and
- ▷ company memoranda.

Workers should be advised of other matters including:

- ▷ the availability of first aid 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; and
- ▷ emergency services.

3. First Aid Requirements

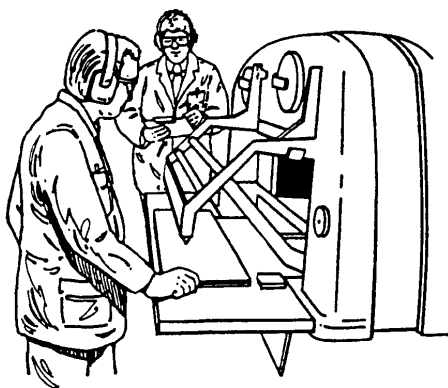
Under the *Workplace Health and Safety (Miscellaneous) Regulation 1995*, a workplace must have first aid equipment and facilities readily available for use. Workers should also have access to trained first aid personnel.

First aid requirements should be determined using a risk management approach. This is a systematic method to:

- ▷ identify causes of work injury and work caused illness;
- ▷ assess the risk of work injuries and work caused illnesses occurring;
- ▷ choose appropriate first aid facilities and services;
- ▷ implement the chosen first aid facilities and services; and
- ▷ regularly evaluate first aid facilities and services.

Determining first aid requirements at a workplace will involve making decisions based upon the risk assessment in a range of areas including:

- ▷ the selection, provision, and maintenance of first aid facilities and services;
- ▷ the selection and training of first aid personnel; and
- ▷ policies, procedures and processes associated with the use of first aid facilities and services.



3.1 Identifying Causes of Injury and Illness

There are several ways of identifying the causes and potential sources of injury and/or illness. Hazard* identification will depend on the work processes and hazards involved.

Methods may range from a simple checklist for a specific piece of equipment or substance to a

more open-ended appraisal of a group of related work processes. A combination of methods may provide the most complete results.

Methods of identifying workplace hazards include the following:

Consultation with workers is a simple, effective means of identifying hazards at the workplace. Workers can assist to assess what can go wrong and suggest ways of reducing or eliminating these hazards.

Work process evaluation can determine and evaluate the tasks associated with work processes which create hazards.

A walk-through survey of the workplace - for complex work processes, the use of an expert may be required.

Review of "near miss" incident, accident and injury data about the workplace help identify problem areas. The use of data should not be the only means of identifying hazards. For reliable use of data, there should be a suitable reporting, investigating and recording system. *Data which relate to past occurrences may not indicate potential injuries and illnesses.*

Material Safety Data Sheets and Product Labels are an important source of information about the hazardous properties of chemical substances and their control. This includes appropriate first aid procedures.

Specialist practitioners and representatives of industry associations, unions and government may be of assistance in gathering and distributing health and safety information regarding workplace hazards, injuries and illnesses and in determining appropriate first aid resources.

Hazards that may result in injury or work caused illness should be identified in relation to the need for first aid facilities at the workplace. Effects may be direct injury effects or work caused illness arising from longer term exposure to the hazards. First aid will more likely be required for the effects of direct injury. These may include cuts, abrasions, fractures, burns, foreign bodies in the eyes, crush, compression injuries and chemical poisoning.

Possible injuries and work caused illnesses should be prioritised in terms of potential severity to identify first aid requirements.

3.2 Assessing The Risk Of Injuries And Illnesses

To assess the risk of potential injuries, work caused illnesses and incidents, the following should be determined:

- ▷ the frequency of worker exposure to hazards and causes of injury and illness at work;
- ▷ the duration of exposure; and
- ▷ the potential severity of outcomes.

Frequency of Exposure is how often a worker is exposed to the hazard which has a risk of injury, illness or incident. This may range from frequent to extremely unlikely, depending on the nature of the hazard. Past injury records for the industry, occupation, type of plant or equipment, or work process may help to determine the frequency of injury. If the workplace is small, the statistical records may not be a reliable indicator of risk.

Duration of Exposure is the proportion of working hours during which a worker is exposed to a particular hazard. This can range from brief to continuous exposure to the hazard.

Outcome can range from simple bruises to fatal injuries. The expected severity of injury or work caused illness may be determined from experience within a workplace or information on the industry.

Assessment of the above three factors will determine the likelihood of injuries or illnesses associated with a particular work process. Assessment requires good judgement and awareness of the potential risks of injury, illness or incidents occurring. This should be a consultative process with workers.

Measures should be introduced for eliminating or reducing the risks of injury and illness. First aid provisions should not be relied upon - prevention is the better alternative.

3.3 Choosing First Aid Facilities And Services

The choice of first aid facilities and services should be based on the risk Assessment process. In making this decision, consideration should be given to :

- ▷ nature of the work;
- ▷ size and layout of the workplace;
- ▷ location of the workplace; and
- ▷ number and distribution of workers.

(1) Nature of the Work

Certain work environments have greater risks of injury and illness, due to the nature of the work being performed. This is an important criterion for deciding first aid requirements, as different first aid facilities may be required for different activities. For example, offices and libraries may require different first aid facilities to factories.

Where highly toxic or corrosive chemicals are stored or used, additional first aid facilities should be provided particularly if specified in the relevant Material Safety Data Sheet (MSDS). Facilities may need to include emergency showers and eyewash stations. Additional first aid training in the treatment of injuries specific to a workplace may also need to be provided.

Additional items may need to be added to a basic first aid kit and first aid room for treating specific injuries and illnesses such as burns, eye injuries and poisoning. The suggested contents of a basic first aid kit are listed in Appendix 4. Suggested contents of first aid kits for remote locations is contained in Appendix 5. Where burns have been identified as potential injuries, supply of water and additional dressings should be considered. First aid personnel should be trained in the management of such injuries.

(2) Size and layout of the workplace

In relation to the size and layout of a workplace, consideration should be given to:

- ▷ the nature of work being performed at different work areas;
- ▷ the distance an injured or ill person has to be transported to first aid facilities;
- ▷ the ease with which this can be undertaken; and
- ▷ the level of first aid available throughout the workplace.

First aid facilities and services should be located at points convenient to the workforce and where there is a significant risk of an injury occurring.

A workplace with a large physical area may require first aid to be available in more than one location, for example, when:

- ▷ small numbers of workers are dispersed over a wide area;
- ▷ access to first aid facilities is difficult; and
- ▷ a workplace is on more than one floor.

(3) Location of the workplace

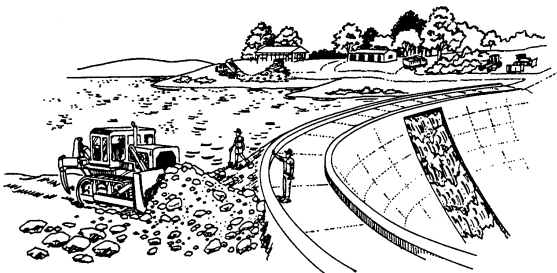
The distance of the workplace from ambulance, hospital and medical centres should be considered.

If it takes more than half an hour to get medical aid to an injured or ill person, access to a person trained in more advanced first aid may be necessary. Section 4.2 provides further information about more advanced first aid trained personnel. The final decision depends on a combination of factors such as worker numbers, first aid personnel and the type of work.

The time taken for medical aid to reach the injured or ill person is more significant than distance. For workplaces in remote areas, additional first aid facilities and services should be provided. In these areas, consideration may need to be given to the following when planning first aid facilities:

- ▷ road quality and access;
- ▷ potential for flooding; and
- ▷ evacuation facilities.

Efficient communication systems should be available for ensuring optimum response times.



(4) Number and distribution of workers

The risk of injury or work caused illness can be influenced by the number of workers.

Where there are separate work areas, it may be appropriate to locate first aid facilities centrally and provide portable first aid kits in each work area.

Where workers work away from their workplace, other factors will need to be considered including:

- ▷ whether workers work alone or in groups;
- ▷ workers' access to communications, such as telephone or emergency radio; and
- ▷ the nature of the work being performed.

In these situations, consideration should be given to providing small and more portable first aid kits

to workers. Workers should be informed about the contents of these kits, their location and access arrangements.

Consideration should be given to circumstances in which the workplace is not a building, for example work vehicles. In such situations, the choice and extent of first aid facility provided should depend on the risk assessment process.

Where work occurs on more than one shift, first aid facilities should be available whenever there are workers at work. The number of workers working overtime is often less than a regular shift, but additional hours of work heightens fatigue. This may increase the risk of accidents and injuries. When overtime or shift work is being performed, appropriate first aid facilities and services should be available for the number of workers working each shift.

In work environments such as schools, museums, libraries and sporting venues where members of the public may be present, additional first aid services and facilities may need to be considered for treating injured and ill members of the public.

In determining appropriate first aid facilities and services, decisions will also need to be made about the following :

- ▷ first aid personnel;
- ▷ first aid kits;
- ▷ first aid rooms; and
- ▷ infection control in the workplace.

The next step in the risk management approach is the **implementation** of chosen first aid facilities and services.

3.4 Evaluating First Aid Facilities And Services

Implemented first aid facilities and services should be reviewed regularly to ensure that objectives are being achieved and that there are no unforeseen negative outcomes. The review should be performed in consultation with first aid personnel and workers. Such reviews should cover:

- ▷ the effectiveness of first aid facilities and services; and
- ▷ the distribution of relevant information.

4. First Aid Personnel

First aid personnel undertake the initial management of workers suffering from injury and illness at work. 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 first aid personnel available, they should recommend that a worker seek medical assistance.

It is important to recognise that, 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 assessment process described in Section 3. Where the outcome of this assessment determines that it is not necessary to employ trained personnel, procedures should be established which ensure workers receive medical assistance from outside personnel. For example, a local medical centre may be advised of the hazards of that workplace and special arrangements may be made for the provision of emergency assistance. Such procedures should be detailed in an accident plan, which should be known by all staff.

There should be sufficient first aid personnel for all work shifts. Where this is not practical, 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 personnel should not be responsible for continuing medical care.

The level of first aid training provided to administer first aid in each workplace should be consistent with the outcomes of the risk assessment process described in Section 3.

The skills of first aid personnel should be maintained at a level appropriate to the identified risks in the workplace.

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; and
- ▷ ability to use the knowledge and skills gained.

First aid duties can be demanding, both physically and emotionally, and first aid personnel should have the capacities to perform such duties.

4.1 Senior First Aid Certification

A person possessing a current Senior First Aid qualification* should be able to:

- ▷ undertake the initial treatment 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 also include:

- ▷ maintaining a first aid kit that matches the level of training undertaken and the requirements for the particular workplace; and
- ▷ participating in courses to maintain their first aid skills at an acceptable level (for example, by attending annual refresher courses in cardiopulmonary resuscitation).

Workers should have access to a person with a current Senior First Aid qualification, where the risk of injury or work caused illness is low.

Training for a Senior First Aid qualification can only be conducted by instructors accredited by an approved authority. A Senior First Aid qualification is valid for three years from the date of issue.

4.2 Occupational First Aid Certification

A person possessing a current Occupational First Aid qualification should have:

- ▷ broad first aid management skills, including maintenance of a first aid room and use of first aid equipment; and

- ▷ some knowledge of the hazards of the working environment and current workplace health and safety legislation.

Responsibilities of a person possessing a current Occupational First Aid qualification could also include:

- ▷ advising the employer/person in control of the workplace about first aid facilities and services including first aid kits, rooms, procedures;
- ▷ maintaining a first aid room, first aid equipment and first aid kits; and
- ▷ participating in courses to maintain their first aid skills at an acceptable level (for example, by attending annual refresher courses in cardiopulmonary resuscitation and training in the correct use of any additional equipment provided).

Workers should have access to a person with a current Occupational First Aid qualification, where the risk of injury or work caused illness is high.

Where a first aid room is provided for managing injuries and work caused illnesses, appointment of personnel certified in Occupational First Aid would be appropriate in most circumstances.

Training for Occupational First Aid qualification can only be conducted by instructors accredited by an approved authority. The Occupational First Aid qualification is valid for three years from the date of issue.

4.3 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. This may also be a consideration where staff numbers exceed 300.

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

- ▷ advising the employer/person in control of the workplace about first aid facilities and services such as first aid kits, rooms, procedures;
- ▷ maintaining a first aid room, first aid equipment and first aid kits; and
- ▷ co-ordinating the training of other first aid personnel.

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

- ▷ conducting workplace assessments on behalf of the employer/person in control of the workplace;
- ▷ performing health assessments including biological monitoring;
- ▷ providing on-going health care for workers;
- ▷ conducting training and health promotion activities; and
- ▷ rehabilitation of ill and injured workers.

4.4 Training

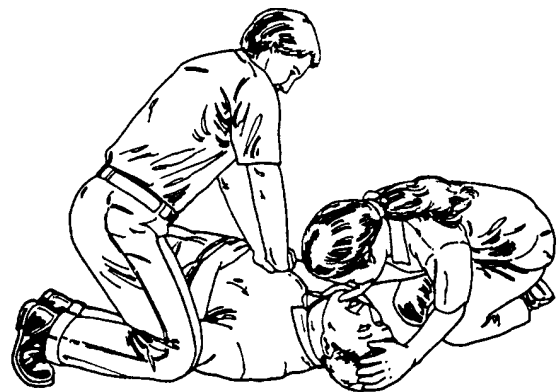
The training of first aid personnel is provided by organisations authorised under the *Ambulance Service Act 1991*. (Refer to "Further Information" for a list of first aid training providers.)

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 work caused illnesses. These needs may be identified as part of a review of first aid 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; and
- ▷ evidence of proficiency in cardiopulmonary resuscitation.





5. First Aid Kits

A person with a Senior First Aid qualification, or higher qualification, should be responsible for a first aid kit including:

- ▷ recommending actions regarding use, contents, modifications, and maintenance;
- ▷ ensuring a first aid kit is accessible whenever workers are at work;
- ▷ checking and replenishing contents; and
- ▷ ensuring equipment and contents are within the "use by" dates.

The contents of first aid kits should be appropriate for the types of injuries and work caused illnesses likely to occur at the workplace. The contents of a first aid kit listed in Appendix 4 are appropriate for work environments where the risk of serious injury or illness and the demand for first aid is low.

In work environments where specific injuries and illnesses such as burns, eye injuries and poisoning may occur, additional first aid kit contents should be provided and appropriately trained personnel should be appointed. Where burns have been identified as potential injuries, supply of water and additional dressings should be considered. Eyewash stations should be considered where eye injuries have been identified as potential injuries. Provision of emergency showers should be considered for workplaces where chemical splashes may occur.

First aid kits should be provided for workers working:

- ▷ in remote areas from which access to accident and emergency facilities may be difficult or delayed; and
- ▷ away from their employer/person in control of the workplace's establishment.

Suggested additional contents of a first aid kit for working in remote locations are listed in Appendix 5.

At least one first aid kit should be provided for each workplace. A first aid kit may be of any size, shape or type. It should be large enough to house all of the contents including any additional items. Appendix 6 provides a checklist for assessing the appropriateness of a first aid kit in a workplace. The first aid kit should have a white cross on a green background prominently displayed on the outside. See Appendix 7 for examples of suitable first aid signs.



6. First Aid Rooms



The provision of a first aid room should be consistent with the outcomes of the risk assessment described in Section 3. The Building Code of Australia requires the provision of a casualty room with a minimum floor area of 11 m² when there are more than 200 workers. The Building Code applies to all new buildings built after 1 January 1992 and any building subject to building approval.

A person with a current Occupational First Aid qualification, or higher qualification, should be responsible for the room and its contents, assessing requirements, and maintaining facilities and equipment. The suggested contents of a first aid room are listed in Appendix 8.

The room and first aid personnel responsible for it and its contents, should be readily available when workers are at work.

The first aid room should be positioned close to motor vehicle access. This will assist with transporting injured or ill workers to medical assistance. Entrances and corridors should be wide enough to permit transport of injured or ill persons supported by a stretcher, wheelchair, carrying chair and other people. The room should have close access to toilets and a telephone. Suitable seating should be provided close to the first aid room, if workers have to wait for treatment.

The room should be large enough to accommodate furniture and equipment, with sufficient space for people to work. The room should have an impervious floor covering and be effectively ventilated, heated or cooled and illuminated.

The room should be cleaned each working day. All surfaces should be easy to clean. Arrangements should exist for safely disposing of refuse, contaminated materials and sharp instruments. Local authority by-laws may apply for the disposal of contaminated waste material.

The room should be clearly identified as a first aid room by a suitable sign, with a white cross on a green background. See Appendix 7 for examples of suitable first aid signs. These safety signs can be purchased from safety sign companies. Check the local yellow pages telephone directories. A notice should be attached to the door of the first aid room showing clearly:

- ▷ the name of the person in charge;
- ▷ the name of the person on duty;
- ▷ locations of the nearest first aid personnel; and
- ▷ emergency after hours telephone numbers.

A first aid room may also be used as a rest room by workers who are unwell.

7 Infection Control in the Workplace

Infectious diseases, such as the common cold, have been in the workplace for a long time. What has changed is that there are now infectious diseases in the workplace that may have life threatening consequences and for which infection control in the workplace is the only viable defence.

Infected blood and body substances are the major identified sources of transmission of the Hepatitis B (HBV) and C (HCV) viruses, and Human Immunodeficiency Virus (HIV).

Obligations under the Act and Regulation should be met by developing and implementing policies and practices to minimise the risk of workplace transmission of infectious diseases. This includes providing workers with guidelines, resources, information and training where applicable.

Infection control requirements should be determined by using a risk management approach. Section 22 of the *Workplace Health and Safety Act 1995* provides the steps involved in risk management. Appendix 1 recommends what should be included in a risk assessment for

infection control in the workplace. A risk management approach was also recommended in Part 3 of this standard to determine first aid requirements.

Appendix 2 provides guidance concerning first aid practices, which should be used to manage infection control. Topics covered in Appendix 2 include:

- ▷ hygiene;
- ▷ standard precautions;
- ▷ management of blood or body substance spillage;
- ▷ waste management;
- ▷ sharps*;
- ▷ laundry;
- ▷ cleaning, disinfecting and sterilising; and
- ▷ management of blood or body substance exposures and skin penetrating injuries.

Appendix 1 - Infection Control - Recommended Risk Management Approach

1. Ensuring Workplace Health And Safety

All workplaces have the potential for illness or injury to occur and these may require first aid intervention. In some instances first aid personnel, or the ill or injured person may be at risk of exposure to biological hazards*, particularly where there is a potential for contact with blood or body substances. Infectious diseases which may be transmitted by blood and some body substances include : hepatitis B, hepatitis C and Human Immunodeficiency Virus (HIV), the virus that causes the disease known as AIDS. Infection control practices can assist in preventing transmission of these and other infections.

Section 22 of the *Workplace Health and Safety Act 1995* states that workplace health and safety should be ensured by -

- "(a) identifying hazards; and
- (b) assessing risks that may result because of the hazards; and
- (c) deciding on control measures to prevent, or minimise the level of, the risks; and
- (d) implementing control measures; and
- (e) monitoring and reviewing the effectiveness of the measures."

Where there is potential for exposure to biological hazards, as a result of first aid activities, workplace health and safety should be ensured. Using the following risk management approach will assist in minimising the risk of workplace transmission of infection.

2. Identifying Biological Hazards In Workplace First Aid

The aim of risk identification is to identify activities and situations where persons may be at risk of exposure to biological hazards. The process should include:

- **Consultation with workers**

Consultation should take place with first aid personnel, workers and their representatives to identify biological hazards in the workplace.

- **Conducting a survey of first aid practices**

First aid practices should be surveyed to identify the risk of transmission of infection. First aid personnel may be at risk of exposure to biological hazards if the blood or body substance of an infected person enters into the first aid person's body. This may occur by a skin penetrating injury, such as a needle stick injury; or by blood or body substances coming into contact with broken skin, open wounds, eyes or the mouth.

An injured person may be at risk of exposure to another person's blood if first aid personnel use contaminated first aid equipment to penetrate the worker's skin or dress a wound.

- **Analysing reports of exposures to blood or body substances**

Analysis of incident reports may assist in identifying trends and high-risk areas in the workplace.

3. Assessing Risks That May Result Because Of The Hazard

The aim of risk assessment is to evaluate the factors that may increase the risk of exposure to biological hazards at the workplace. Consideration should be given to:

- **Frequency of exposure**

The frequency of first aid personnel's exposure to blood or body substances, the amount and type of substance and the probable route of transmission.

- **Knowledge and training**

The level of knowledge and training of first aid personnel regarding biological hazards and safe first aid practices.

- **Effectiveness of current first aid practices**

The extent to which current first aid practices protect against the risk of exposure to biological hazards.

- **Provision and use of personal protective equipment (PPE)**

Provision of adequate PPE for first aid personnel and correct training in its use.

- **Suitability of first aid equipment**

The suitability of first aid equipment for the task, for which it is being used. In particular, whether contaminated instruments are used for first aid activities.

- **Ergonomic factors**

The extent to which ergonomic factors, such as lighting and the first aid room layout, increase the risk of exposure to biological hazards.

- **Amenities**

The availability of amenities, such as hand washing facilities.

- **Waste disposal**

The procedure for disposal of contaminated first aid waste.

4. Deciding On Control Measures To Prevent, Or Minimise The Level Of, The Risks

Control measures should be determined to prevent, or minimise the level of, the risk of exposure to biological hazards. Elimination of this risk from the workplace is the optimal control solution. If elimination is not practical, control measures should be implemented to reduce the risk.

There are many ways to control the risk of exposure to biological hazards in the workplace. The various approaches to control risk are outlined below in order of priority (known as the risk control hierarchy). This hierarchy should be followed in selecting the control approach to be taken.

4.1 Elimination

First aid practices associated with exposure to biological hazards, such as blood should be eliminated where possible. Eliminating the use of needles to remove splinters, for example, may prevent exposure to blood.

4.2 Substitution

Unsafe first aid practices should be substituted with less hazardous practices, which present a lesser risk of exposure to biological hazards. An example is substituting needles with single use disposable splinter forceps to remove splinters.

4.3 Administrative Controls

Administrative controls may include:

- **Policies and procedures**

The development and implementation of documented workplace health and safety policies and procedures on infection control in first aid. However, these should be updated regularly to ensure the correct current information is available.

- **Information and training**

The provision of information and training to first aid personnel and others on issues such as:

- ◆ the risk of exposure to biological hazards;
- ◆ preventative infection control practices and procedures;
- ◆ the correct use of personal protective equipment (PPE);
- ◆ the management of blood or body substance exposure; and
- ◆ 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.

- **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 hepatitis B vaccine should be given. This consists of three doses given at zero, one and six months. First aid personnel should be offered a blood test three months after the third dose of hepatitis B vaccine, to ensure adequate immunity has been achieved. There is good evidence that a completed primary course of hepatitis B vaccination provides long lasting protection, so booster doses are not recommended.

- **Supervision**

The supervision of workers to ensure infection control measures are being followed.

- **Investigation of blood and body substance exposures**

The investigation of blood or body substance exposures to prevent recurrence.

4.4 Personal Protective Equipment (PPE)

Appropriate 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**

These 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**

Clothing such as disposable non-porous overalls or plastic aprons 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**

Goggles and safety glasses should be worn where there is a risk of blood or body substance splashes entering the eyes, for example, arterial bleeding injuries.

- **Safety footwear**

Safety footwear 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**

Expired air resuscitation (EAR) 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 Australian Standard AS 2488 *Resuscitators Intended for Use with Humans* and AS 4259 *Ancillary Devices for Expired Air Resuscitation*).

5. Implementing Control Measures

Once a decision has been made concerning the most appropriate control measures, they should be implemented as soon as practical.

6. Monitoring And Reviewing The Effectiveness Of The Measures

6.1 Monitoring

There should be a system of supervision to ensure that implemented control measures are being followed and are effective in controlling the risk.

The following should be monitored:

- the effectiveness of infection control policies and procedures;
- the level of compliance with infection control policies and procedures;
- the effectiveness of information and training programs; and
- the effectiveness of reporting procedures for incidents involving exposure to blood and body substances.

6.2 Reviewing

First aid infection control practices should be reviewed when:

- a first aid practice involving exposure to biological hazards is introduced or modified;
- accident investigation indicates that control measures need to be reviewed;
- new information about a biological hazard becomes available;
- an illness or injury arises as a result of first aid practices;
- work practices change and the risk of injury or illness is increased; and
- there is any exposure to blood or body substances resulting from first aid activities.

Appendix 2 - Infection Control - Recommended Safe First Aid Practices

The risk of exposure to biological hazards, through first aid, can be minimised by developing and implementing appropriate policies and procedures. Safe work practices should be in place to minimise exposures to blood and body substances. This appendix provides guidance concerning first aid practices, which should be used to manage infection control. Practices covered are:

- standard precautions;
- hygiene;
- management of blood or body substance spillage;
- waste management;
- sharps;
- laundry;
- cleaning, disinfecting and sterilising; and
- management of blood or body substance exposures and skin penetrating injuries.

1. Standard Precautions

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

2. 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.

3. Management Of A Blood Or Body Substance Spillage

Procedures should be developed to manage blood and body substance spills.

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 cleaning 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" could contain:

- PVC, household rubber or disposable latex gloves;
- cleaning agents;
- disposable absorbent material; and

- a leak proof bag.

4. Waste Management

Procedures should be developed for the disposal, collection and transportation of first aid waste and sharps.

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.

5. Sharps

Sharps are a major cause of accidents involving potential exposure to biological hazards such as hepatitis B, C and 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 resheathed 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. Further information concerning sharps containers can be found in *AS 4031 - Non-reusable Containers for the Collection of Sharp Medical Items used in Health Care Areas* or *AS/NZS 4261 - Reusable Containers for the Collection of Sharp items used in Human and Animal Medical Applications*.

6. Laundry

A procedure should be developed for the cleaning, storage and transportation of soiled linen.

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. Further guidance is found in *AS 4146 - Laundry Practice*.

7. Cleaning, Disinfecting And Sterilising

There should be procedures for cleaning the first aid room and processing first aid equipment.

7.1 First Aid Room

The first aid room should be kept clean. Floors, bench tops and other surfaces should be regularly cleaned with warm water and detergent. A hand basin and adequate supplies of hand soap and disposable paper towels should be provided. Cloth towels may be used but a fresh towel (or portion of towel if a roller towel is used) should be used each time. There should also be a designated waste receptacle for waste that is contaminated by blood and body substances.

7.2 First Aid Equipment

Where possible, single use disposable sterile items, such as disposable splinter forceps, should be used 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 what the equipment is to be used for.

- If the equipment is to have contact only with intact skin, then it requires cleaning, for example bandage shears. However, if this 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 eyes and mouth, then it requires cleaning and disinfection, for example a thermometer. Items that become contaminated with blood and body substances should also be cleaned and disinfected. Examples

are contaminated kidney dishes and liquid containers.

- (c) 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**

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 practicable 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**

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, timing starts anew from this time. Instruments should be removed without contaminating them and placed on a clean, disinfected surface to cool down.

- **Chemical disinfection**

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**

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.

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**

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

Further information concerning this section can be found in *AS 4187 - Code of Practice for Cleaning, Disinfecting and Sterilising Reusable Medical and Surgical Instruments and Equipment, and Maintenance of Associated Environments in Health Care Facilities*.

8. Management of Blood or Body Substance Exposures and Skin Penetrating Injuries

Procedures should be in place for the management of blood and body substance exposures, and skin penetrating injuries. Procedures should address:

- **First aid treatment**

If a worker has an exposure to blood or body substances, the following action should be taken :

- (a) 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;

- (b) if the eyes are contaminated, rinse eyes while open with tap water or saline; and
- (c) if blood gets into the mouth, spit it out and then repeatedly rinse with water.

- **Follow up action**

The worker should be referred for medical assessment, particularly where there has been a significant exposure or a skin penetrating injury. 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, where appropriate.

- **Accident reporting, recording and investigation**

Reports of all exposures should be documented and kept at the workplace.

- **Confidentiality**

Records relating to a worker's blood or body substance exposure and subsequent treatment should be kept confidential.

Further information on communicable diseases and infection control can be obtained from The Communicable Diseases Branch of Queensland Health.

Appendix 3 - Sample Form for Recording Additional First Aid Information

Personal Details

Name: Work Section:

Known illness, including medications:

Incident / Accident Details

Date/Time:

Location:

Work process being performed:

Description of incident/accident:

Injury / Illness Details

First Aid Treatment

Date:

Referral (for further treatment, eg. ambulance, hospital, doctor)

Post Trauma Management (eg. details of rehabilitation etc.)

Name: (print name of person completing this form)

Work Title: Work Section:
(please print)

Signature:

Appendix 4 - Suggested Contents of a First Aid Kit for a Small Sized Workplace

Preference is for all items to be disposable where possible.

| CONTENTS | USE/FUNCTION/COMMENTS |
|--|---|
| adhesive strips (assorted sizes) | minor wound dressing |
| non-allergenic adhesive tape (eg 5m x 2.5cm) | secure dressings, strapping |
| eye pads (eg 5 single packs) | emergency eye cover |
| triangular bandage (eg minimum of 5) | slings, support, padding |
| hospital crepe or conforming bandage (various sizes eg 2.5cm - 10cm) | retain dressings (<i>heavier crepe bandages for sprains may also be required</i>) |
| wound/combine dressings (assorted sizes) | bleeding control, cover wound |
| non-adhesive dressings (assorted sizes) | wound dressing |
| safety pins (eg packet of 10) | secure bandage, slings |
| scissors (eg stainless steel sharp/blunt type - 12.5cm) | cutting dressings, clothing |
| kidney dish | hold dressings, instruments (<i>where reusable, clean and disinfect after use</i>) |
| small dressings bowl | holds liquids eg, antiseptic solutions (<i>where reusable, clean and disinfect after use</i>) |
| gauze squares (eg 2 packets) | wound cleaning |
| forceps/tweezers (preferably disposable splinter type - 12.5cm) | remove foreign bodies eg, splinters (<i>where reusable, clean and sterilise after use</i>) |
| disposable latex or vinyl gloves (eg box of 10) | infection control |
| sharps disposal container | infection control - disposal purposes |
| sterile saline/water (eg 1 bottle - 250ml or single use ampoules - 30ml) | emergency eye wash - irrigating eye wounds (<i>contents MUST be discarded after opening</i>) |
| resuscitation mask | to be used by qualified personnel for resuscitation purposes |
| antiseptic solution (eg 30 ml) | pre-measured containers with expiry dates, low use - single packs |
| plastic bags (eg 12 medium size) | waste disposal |
| note pad and pencil | recording the injured or ill person's condition and treatment given |
| re-usable ice-pack | for treatment of strains, sprains and bruises |

Appendix 2, section 7.2 contains information on how to clean, disinfect and sterilise first aid equipment.

*The above contents are suggested for a small workplace (less than 30 workers), where the risk of injury or illness is low. **The bracketed numbers are for guidance only and do NOT represent minimum requirements. The actual quantity of particular items and contents of the kit MUST be determined by the Risk Assessment undertaken for that workplace.***

Appendix 5 - Suggested Additional Contents of a First Aid Kit for a Remote Location.

| Type of hazards | Additional contents Remote Location | Comments |
|----------------------------------|--|---|
| distance from medical assistance | heavy smooth crepe roller bandages, 10cm | <i>for snakebites (sufficient number for bandaging lower limbs)</i> |
| | splint | <i>for snakebites and fractures (to immobilise limb)</i> |
| | large burns sheet | <i>for covering burn areas</i> |
| | thermal/emergency blanket | <i>for treatment of shock (also for assisting portability)</i> |
| | cold water supply and clean sheeting | <i>for cooling and dressing of burns</i> |
| | First Aid Manual or Book | <i>emergency reference manual</i> |
| | torch/flashlight | <i>for use at night, attracting attention</i> |
| | note pad and pencil | <i>for recording the injured or ill person's condition, and treatment to be given</i> |

NOTE:

In addition, it may be worthwhile considering a “major trauma kit” for a remote location. The above additional items for including in a first aid kit are guidelines only.

Appendix 6 - Checklist for First Aid Kits

The purpose of this checklist is to check the appropriateness of first aid kits. Indicate by ticking (✓) the relevant box. Where the answer to the question is "no", further action may be necessary.

| | Comments | | |
|-----------|---|--|----------------------|
| | | | Comments (if any) |
| 1. | Location and Position | | |
| a. | Is the first aid kit located in a prominent and accessible position? ^(if any) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| b. | Are workers informed and aware of the location of first aid kits? ^{Yes ~ No} | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. | Do all workers have access to first aid kits during all work shifts? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2. | Clearly identifiable | | |
| a. | Can the first aid kit be clearly identified as a first aid kit? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| b. | Is the first aid kit clearly marked with a white cross on a green background, in accordance with Australian Standard AS1319: Safety Signs for the Occupational Environment? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. | Contents | | |
| a. | Are the contents appropriate to the injuries and illnesses at the workplace? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| b. | Does the first aid kit contain sufficient quantities of each item? ^(if any) | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. | Is a worker, trained in first aid, responsible for maintaining the first aid kit? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. | Are the contents appropriately labelled? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. | Are the contents within their "use by" dates? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| f. | Are the contents adequately stored? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 4. | Relevant information | | |
| a. | Is there a list of contents provided in the kit? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| b. | Are emergency telephone numbers clearly displayed? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. | Are the extension numbers, names and locations of the nearest first aid personnel clearly indicated? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 5. | Training | | |
| a. | Have selected workers received training in the use and maintenance of first aid kits? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

NOTE: Where a risk assessment shows there is a need for certain first aid requirements (for example, first aid facilities, services and/or trained personnel), these requirements should be available for each work shift.

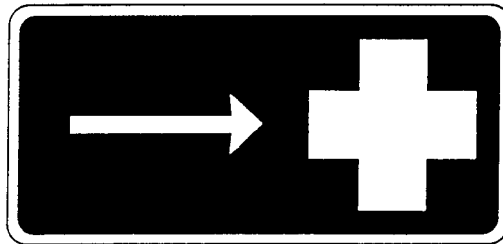
Appendix 7 - First Aid Signs

Examples of suitable first aid signs.

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



Note: Signs may be constructed to suit individual requirements. All signs should comply with Australian Standard *AS 1319-Safety Signs for the Occupational Environment*.

Appendix 8 - Suggested Contents of a First Aid Room.

| CONTENTS | USE/FUNCTION/COMMENTS |
|---|---------------------------------------|
| examination couch | waterproof surface, pillow & blankets |
| suitable seating | |
| occupational first aid text/manual | reference purposes |
| moveable screen or suspended curtain | privacy needs |
| first aid kit and modules | treatment of injured/ill workers |
| examination lamp | assisting treatment |
| storage cupboards | equipment storage purposes |
| oxygen equipment ¹ | comply with Australian Standard) |
| <i>(responsibility of suitably qualified person and used by trained staff only and should be in accordance with Australian Resuscitation Council Policy Statement No 10.1.2</i> | |
| stretcher | |
| filing cabinet | worker files/records of treatment |
| <i>(lockable for security purposes)</i> | |
| telephone | emergency communication purposes |
| refuse containers | lined with disposable plastic bag |
| <i>(infection control - disposal purposes)</i> | |
| workbench or dressing trolley | |
| sink with hot and cold water | |

NOTE: The above items are suggested as guidelines only.

¹ *For use in high risk work places and workplaces where hazardous substances, particularly cyanide, are stored or used.*

Appendix 9 - Dictionary

"biological hazards" means substances which consist of, or which may contain micro-organisms or non-viable products of living matter, which can create a risk to health.

Examples:

- *Blood is a biological hazard because it may contain Hepatitis B and C or HIV viruses.*
- *Mouldy hay is a biological hazard because it may contain organisms which can cause respiratory sensitisation if inhaled.*
- *Particles of animal skin, feathers and hair (found in animal houses, poultry sheds, etc.) is a biological hazard which is a non-viable product of living matter, in that it can cause respiratory sensitisation if inhaled.*

"dangerous event" means an event at a workplace involving imminent risk of explosion, fire or serious bodily injury.

"employer" means a person who, in the course of the person's business or undertaking, engages someone else to do work, other than under a contract for service, for or at the direction of the person.

"first aid" means the provision of first aid facilities, services and personnel required for the initial treatment of persons suffering injury or illness at a workplace.

"first aid facilities" means a first aid kit and first aid equipment. A first aid room may also be required as per the outcome of the Risk Assessment.

"first aid personnel" means a -

- person with a *"first aid qualification"*;
- nurse registered with the *Queensland Nursing Council*; or
- medical practitioners registered with the *Medical Board of Queensland*.

"first aid qualification" means a -

- current Senior First Aid or Occupational First Aid qualification issued by an organisation authorised under Queensland statutes, in particular, the *Ambulance Service Act 1991*;
- qualification equivalent to (a); and/or
- qualifications which provide for equivalent competencies.

"first aid requirements" means the requirements for first aid facilities, services and personnel at a workplace.

"first aid services" means any procedure or method associated with the provision of first aid at a workplace.

"hazard" means a source, or potential source, of injury or illness.

"occupational health service" means a specialised service for the purpose of conserving, promoting and restoring the health of a person at a workplace.

"risk" means risk of injury or disease.

"sharps" means pointed or cutting implements that are capable of inflicting a penetrating injury.

"worker" means a person who does work, other than under a contract for service, for or at the direction of an employer. A person may be a worker even though the person is not paid for work done by the person. However, a person is not a worker merely because the person does work for an organisation of which the person is a member.

"workplace" means any place where work is, is to be, or is likely to be, performed by a worker, self-employed person or employer.

NOTE: A term used in this standard, which is defined in the Dictionary in Schedule 3 of the Act, has the same meaning as that in Schedule 3.

Further Information

First Aid Training Providers:

Contact 1300 369 915

First Aid Advisory Bodies:

The Australian College of Occupational Health Nurses Inc.

PO Box 508
Mulgrave, VIC 3170
Telephone No: (03) 9886 5795
Facsimile No (03) 9886 5796
www.achon.com.au

Australian Resuscitation Council

c/- The Royal Australasian College of Surgeons
Spring Street
MELBOURNE VIC 3000.
Telephone No: (03) 9663 3831
Facsimile No.: (03) 9639 2679
www.resus.org.au

Community Initiatives and First Aid Training Advisory Committee

C/- Queensland Emergency Medical System
Secretariat
GPO Box 1425
BRISBANE Q 4001
Telephone No: (07) 3247 8946
Facsimile No: (07) 3247 8329

Administering Statutory Authorities:

Queensland Ambulance Service Act 1991 Queensland Ambulance Services (QAS)

Cnr Kedron Park Road and Park Road
KEDRON QLD 4031
BRISBANE QLD 4000
GPO Box 1425
BRISBANE QLD 4001
Telephone No: (07) 3247 8200
Facsimile No: (07) 3247 8267
www.ambulance.qld.gov.au

Employer/Worker Bodies:

Queensland Chamber of Commerce and Industry

Industry House
375 Wickham Terrace
BRISBANE QLD 4000
Telephone No: (07) 3831 1699
Facsimile No: (07) 3832 3195
www.qcci.com.au

Metal Trades Industry Association of Australia (MTIA) - Queensland Branch

202 Boundary Street
SPRING HILL QLD 4004
Telephone No: (07) 3831 2305
Facsimile No: (07) 3832 1095

Australian Council of Trade Unions Queensland Branch

Level 5, TLC Building
16 Peel Street
SOUTH BRISBANE QLD 4101
Telephone No: (07) 3846 2468
Facsimile No: (07) 3844 4865
www.qcu.asn.au

Australian Workers' Union of Employees - Queensland

Level 12
333 Adelaide Street
BRISBANE QLD 4000
Telephone No: (07) 3221 8844
Facsimile No: (07) 3221 8700
www.awu.org.au

Further Reading:

Australian National Council on AIDS, Bulletin No. 15 *Infection Control Precautions in First Aid and Resuscitation*, Canberra, 1992.

Australian National Council on AIDS, Bulletin No. 16 *Management of Exposure to Blood/Body Fluids Contaminated with Blood, Including Needle-stick/Sharps, with a Potential for HIV or Other Blood-Borne Infections*, Canberra, 1993.

National Occupational Health and Safety Commission Human Immunodeficiency Virus and Hepatitis B and the Workplace, Canberra, 1993.

A set of 11 fact sheets about infectious disease control developed by Worksafe Australia to be read in conjunction with the *National Code of Practice for Health Care Workers and Other People at Risk Transmission of Human Immunodeficiency Virus and Hepatitis in the workplace*.

Emergency Management

The information below is not part of this advisory standard.

For an emergency, the following should be considered :

- establishing emergency management and evacuation plans;
- providing emergency facilities;
- informing those affected about actions for protecting themselves.

Relevant legislation includes :

- Fire Services Act;
- Building Act;
- Building Fire Safety Regulations;
- Building Code of Australia (Queensland Appendix); and
- Part 12 - Hazardous Substances of the Workplace Health and Safety Regulation 1997.
- The Advisory Standard for Hazardous Substances

AS 3745 Emergency Control Organisation and Procedures for Buildings also provides information on emergency management
