

**CODE OF PRACTICE**

**FIRST AID  
FACILITIES AND  
SERVICES**

**AID  
ER**

First aid is the immediate treatment or care given to someone suffering from an injury or illness. The initial treatment a person receives directly after an injury, accident or when a person becomes ill at work is extremely important in achieving the aims of first aid.

The aims of first aid are to:

- preserve life;
- prevent illness or injury from becoming worse;
- relieve pain, if possible;
- promote recovery; and
- protect the unconscious.

## 1.1 Establishing first aid facilities and services

The *Occupational Safety and Health Regulations* require the employer to provide first aid facilities.

The provision of first aid facilities and services starts with identifying all the hazards in the work environment that could lead to injury or harm to the health of people at the workplace. This should be done in consultation with employees and their elected safety and health representatives.

An assessment of the likelihood and consequences of the hazard leading to injury or harm will assist in identifying the means of reducing the risk to employees and the first aid services and facilities appropriate for the workplace.

Hazard identification, risk assessment and risk control are covered in Appendix 1 of this code.

It is important to give consideration to "high risk" environments, such as:

- workplaces that use, manufacture hazardous substances;
- construction and demolition sites;
- timber harvesting sites;
- workplaces where hazardous processes may be used (e.g. abrasive blasting);
- where heat is used as part of any process (e.g. moulding or casting, welding and cutting);
- where people are required to work in any remote or isolated areas (e.g. agricultural, fishing or transport industry);
- workplaces that provide assistance and care to highly dependant persons.

A checklist to assist in this process is in Appendix 2.

See Appendix  
7  
Regulation  
3.12

During the planning or establishment stage there may be times when employees are not at the workplace or available for consultation such as at new construction or logging sites. The employer may then need to decide what is required to provide adequate and appropriate first aid facilities and services. In these circumstances the adequacy and appropriateness of the facilities and services should be reviewed as soon as practicable after the workplace becomes operational (See section 1.2 below).

**Having identified the hazards and assessed the risks at the workplace the following matters need to be determined:**

- the contents of first aid boxes (a guide for determining the contents and quantities is at Appendix 3);
- the number of first aid boxes and where the boxes should be located ensuring they will be readily available;
- any need for a simple oxygen supply;
- the number of employees to be trained in first aid and what is approved training for the particular workplace;
- the possible need for a first aid room and the equipment it should contain (see Appendix 4); and
- a system for recording and reporting occupational injuries, diseases and illness and the first aid administered. Australian Standard *AS 1885.1 Measurement of occupational health and safety performance - Describing and reporting occupational injuries and disease* (known as the National Standard for workplace injury and disease recording) may be useful as a guide in setting up such a system.

**Other matters to be considered are:**

- the availability of trained first aid personnel during working hours e.g. on night shift;
- the availability of professional medical care (e.g. local hospital, medical centre) and emergency service (e.g. ambulance) response time.

Providing first aid facilities and services for a workplace identified as a major hazard facility should be done in conjunction with the development of emergency plans designed to minimise the effects of any accident or near miss that occurs at that facility. These emergency plans are covered in the *National Standard for the Control of Major Hazard Facilities [NOHSC: 1014(1996)]* and *National Code of Practice for the Control of Major Hazard Facilities [NOHSC: 2016(1996)]*.

See Appendix 3 and 4

See Appendix 8  
Other sources of information

See NOHSC: 1014(1996) for definition of a major hazard facility

## 1.2 Review of first aid facilities and services

Once first aid facilities and services have been established, they should be under continual review to determine if they need to be changed or expanded.

This should be done by the employer in consultation with employees and any trained first aid personnel, safety and health representatives or safety and health committee at the workplace.

This review process is particularly important when the first aid facilities have been established before employees are at the workplace, when there is any significant change in the number of employees or where tasks, duties or processes have changed or new information becomes available which may affect the safety and health of persons at the workplace.

## 1.3 Occupational health service

In certain high risk situations or in workplaces where there are large numbers of employees, consideration should be given to providing an occupational health service.

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

The service may include:

- provision of first aid or medical services;
- preplacement and regular ongoing physical assessment;
- counselling;
- health promotion; and
- health surveillance.

Initially the service may include only some of the above components before being expanded as appropriate for the workplace, such as the health surveillance required following exposure to a hazardous substance and management of work-related injuries.

The occupational health service may be provided internally by an occupational health nurse in conjunction with other health professionals as necessary. Alternatively a contract service provider may be used, possibly in combination with employed professionals.

See Appendix  
7  
Regulation  
5.23 and  
Schedule 5.3

## 1.4 Communication

See Appendix  
7  
Regulation 3.3

Communication is extremely important in getting first aid to an injured person in a workplace remote from available medical services.

Consideration must be given to how first aid could be provided to remote workplaces and to highly mobile employees who work away from a central base.

In an emergency, quick response is essential. An effective and readily available means of communication must be provided. All persons expected to use the means of communication should be trained in its use.

See Appendix  
8  
Other sources  
of information

The WorkSafe Western Australia Commission Guidance Note *Working Alone* describes what might be practicable in terms of providing a means of communication in certain industries. It also covers the provision of a communication system where a telephone is not available.

<b>Ambulance</b>	<b>000</b>
<b>Poisons Info Centre</b>	<b>131126</b>
<b>WorkSafe Accident Report</b>	<b>9327 8800 (Metro) 1800 198118 (Country)</b>



## 1.5 Reporting and recording systems

See Appendix  
8  
Other sources  
of information

A system should be developed and implemented for reporting and recording occupational injuries, diseases and illnesses and other relevant safety and health information. The system should be readily available and accessible to employees. Australian Standard *AS 1885.1 Measurement of occupational health and safety performance - Describing and reporting occupational injuries and disease* (known as the National Standard for workplace injury and disease recording) may be useful as a guide in setting up such a system.

See Appendix  
7  
Regulations  
2.4 & 2.5

Recording information on injury and disease at the workplace is an important component in developing preventative strategies. The *Occupational Safety and Health Regulations* require certain injuries and diseases to be reported to the WorkSafe Western Australia Commissioner.

## 1.6 Confidentiality of information

Any information recorded about the health of a person or treatment given to a person should be treated as confidential and stored in a secure place.

## 1.7 Employee awareness

An employer has a duty to provide information, instruction, training to and supervision of employees to enable them to work without exposure to hazards.

Information and instruction about first aid facilities and services for employees should include:

- the location of all first aid boxes, equipment and first aid rooms (if any);
- the names, work locations and contact numbers of first aiders;
- procedures to be followed when first aid is required and for contacting external assistance when first aid is not available or further assistance is required (ie. who calls the ambulance and procedures for evacuating an injured person);
- standard precautions for the control of infection including blood-borne infections.

This information should be kept up to date and provided:

- when an employee is first employed at the workplace (ie. at induction);
- if there is a change in the location of the first aid facilities or services;
- if there are any changes in the names, locations or contact numbers of trained first aiders; and
- thereafter, at regular intervals.

Information and practical guidance on standard precautions for the control of infection is provided in the WorkSafe Western Australia Commission Code of Practice *Management of HIV/AIDS and Hepatitis at Workplaces*.

**As processes change or new information becomes available all employees should be advised and kept aware of any new or changed hazards in the workplace.**

See Appendix  
8  
Other sources  
of information

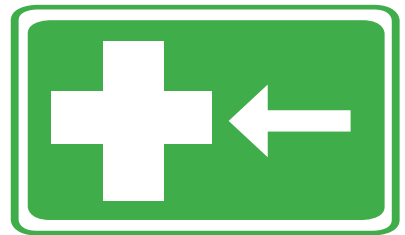
## 1.8 Providing information in an appropriate form

Information should be provided in a form that all employees can understand. Consideration should be given to the way information on first aid facilities and services may be provided for people with non-English speaking backgrounds and people with disabilities.

This could include using:

- audio and visual aids;
- graphics (e.g. posters);
- interpreters;
- simple English phrases;
- same language people to provide information; and
- interactive practical demonstrations.

**Regular checks are necessary to ensure the information provided is understood by everyone at the workplace.**



**Signs should comply with Australian Standard AS 1319** *Safety signs for the occupational environment.*

See Appendix  
8  
Other sources  
of information

## 1.9 First aiders

First aid may be administered by the first person "on the spot". It is generally recognised, however, that a first aider is a person who has had some level of formal training.

First aiders may have skills that range from basic expired air resuscitation (EAR) or cardio-pulmonary resuscitation (CPR) to being able to provide more complex treatment. Selection and training of first aid personnel is most important.

First aiders should be familiar with the specific conditions and hazards at the workplace and the types of injuries likely to require treatment. The number of first aiders at a workplace and the level of training that is needed should be determined according to the hazards identified at the workplace and the assessed risks.

As far as is practicable, first aiders should have some practical experience before acting alone. They should volunteer to undertake the training and responsibilities of a first aider rather than be appointed without consultation. Where possible training should be undertaken by an accredited first aid training provider using competency-based assessments.

## 1.10 Selection of first aiders

In selecting and determining the number of first aiders needed at a workplace consideration should be given to:

- the hazards identified at the workplace;
- an assessment of the risks associated with the hazards;
- the size and layout of the workplace;
- the location of the workplace including whether it is an isolated or remote workplace;
- the distance from the workplace to the nearest occupational health or medical service, or ambulance service; and
- the number and distribution of employees including those employees working shiftwork.

## 1.11 First aid boxes

A first aid box may be of any size, shape or type providing it is large enough to contain all the items required for a particular workplace. It should also be able to protect the contents from dust, moisture and contamination. The first aid box should be kept securely closed to ensure its contents are kept clean and dry.

The first aid box should contain basic requirements and additional items appropriate to the workplace. A guide to determining the contents of a first aid box is at Appendix 3.

First aid boxes should be provided and located to ensure:

- they are immediately accessible to all employees. Access to a first aid box for people working in isolated or remote locations must be taken into account;
- all employees in mobile workplaces, such as bus and transport drivers, have immediate access to a first aid box;
- the names and contact numbers of first aiders are provided on or near the box;
- additional information such as the name, address and telephone number of the nearest medical or emergency service, is supplied on or near the box;
- instructions for emergency treatment of injuries, expired air resuscitation (EAR) and cardio-pulmonary resuscitation (CPR) are provided inside the box;
- instructions for dealing with injuries that may be specific to a workplace (e.g. eye injuries or chemical burns) are provided in or near the box; and
- instructions are provided on the care of first aid instruments such as scissors or splinter forceps for wound care.

First aid boxes should be clearly marked and the contents adequately maintained and replaced or added to as necessary.

Where a first aid box is to be located in a vehicle, the box should be of a material that minimises deterioration of its contents from heat and sunlight.

**First aid boxes should not contain items likely to be toxic or open to misuse. Any first aid boxes containing prescription drugs must be securely locked and accessible only to properly trained personnel.**

Where the risk assessment process indicates medical oxygen should be available, it should be stored away from any heat source or reactive work process but easily available.

## Who should be responsible?

Employers should ensure at least one employee is appointed to be in charge of the first aid box and supervised access to the first aid box is available when employees are at the workplace. The person in charge of the first aid box should be responsible for making regular checks, replenishing supplies, maintaining the contents and ensuring that the contents are within their "use by" dates. The person should have an understanding of the products and their uses, and preferably be trained in first aid.

## 1.12 First aid rooms

Where the hazard identification and risk assessment process indicates a first aid room is needed, a room designated specifically for first aid should be provided. It must:

- be well lit and ventilated;
- have adequate access should an injured person need to be supported or moved by stretcher or wheelchair;
- have easy access to toilets;
- be located to allow easy access and egress for ambulances or emergency vehicles;
- be able to provide privacy for persons being treated;
- have sufficient space for equipment to be placed and used effectively;
- be regularly cleaned and sanitised;
- contain a means of communication; and
- contain adequate storage for first aid equipment and supplies.

A list of items to be considered for a first aid room is at Appendix 4.

## Extra Facilities

Apart from a room designated specifically for first aid, extra facilities may also be required such as:

- eye wash stations;
- drench showers; and
- specialist first aid equipment (which requires specialist training).

The hazard identification and risk assessment process will determine the need for these facilities.

Any first aid facilities and services provided should be regularly reviewed in consultation with employees, trained personnel, safety and health representatives or safety and health committees. This is particularly important if first aid facilities or services were provided before employees were present at the workplace.

See Appendix  
4  
First aid room

### Who should be responsible?

Each first aid room and its contents should be the responsibility of an appropriately qualified person. This may be a first aider who holds a current first aid certificate appropriate to the level of risk, a qualified ambulance officer, a state registered nurse or a registered medical practitioner. All these people should have relevant and recent practical experience or training in first aid.

A person in charge of the first aid room should be immediately available to attend the first aid room at all times when employees are at work.

### 1.13 Training for first aiders

The level of training required for first aiders at the workplace should be determined when first aid facilities and services are being planned. The Australian National Training Authority endorsed *Guidelines Competencies for First Aid* provide the basis for defining and meeting the first aid requirements for a workplace. The requirements will vary with the industry and the workplace.

The hazard identification and risk assessment process will assist in determining the training requirements. The outcome of this process should be discussed with training providers to ensure the training is appropriate for the workplace.

When choosing a training package and deciding the number of first aiders required, shiftworkers and employees located in isolated areas or mobile workplaces should be taken into account. Arrangements should also be in place to cover absences of first aiders from the workplace due to holidays or sick leave.

### The four Guidelines Competencies for first aid are:

**Guideline Competency A** - deals with providing essential first aid in recognising and responding to an emergency using basic life support measures. The first aider is not expected to deal with complex casualties or incidents, but to provide an initial response where first aid is required.

**Guideline Competency B** - deals with providing advanced first aid response, life support management of casualty(s) until the arrival of medical or other assistance, and providing support to other providers.

**Guideline Competency C** - deals with the first aider's responsibilities in ensuring adequate supplies of first aid equipment and resources are maintained and records kept. The first aider may or may not necessarily be responsible for the ordering and purchasing of equipment and resources, depending upon the workplace organisational structure.

**Guideline Competency D** - encompasses the management of policy development and implementation of effectual systems for human and physical resources to ensure that first aid can be provided in the workplace.

## Relevance of first aid qualification

The intent of Regulation 3.12 outlining workplace first aid requirements can only be met while the first aider's qualification remains current.

Persons accredited in cardio-pulmonary resuscitation should be given the opportunity to renew their cardio-pulmonary resuscitation techniques every twelve months.

When renewing or obtaining further qualifications, first aiders should consult their employer and training provider to ensure the training is appropriate for the workplace and consistent with the *National Guidelines Competencies for First Aid*.

## Rescue and evacuation

Rescue and evacuation procedures are extremely important and people must be trained in these procedures. This training is not usually included in a first aid course.

For serious injuries, treatment must be received as soon as possible. It may be necessary to have people who are trained first aiders, particularly in remote areas, to also be trained in rescue and evacuation procedures.

## Triage

Triage is a term used to describe the allocation of patient treatment in order of priority. Some information on triage may be given in a first aid training course, however, first aiders are not trained in triage.

Triage is generally considered to be relevant to a major emergency where people, with more extensive training, would be involved in making decisions on the priority treatment of patients.

See Appendix  
7  
Regulation  
3.12