

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
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1. Overview

The Wudinna District Council (**the Organisation**) recognises its obligation to:

- (a) Ensure access to facilities for the administration of first aid;
- (b) Provide first aid equipment and ensure each worker at the workplace has access to the equipment; and
- (c) Ensure that an adequate number of workers are trained to administer first aid at the workplace or that workers have access to an adequate number of other persons who have been trained to administer first aid.

This Procedure aims to:

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

2. Core components

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

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

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

3. Definitions

First Aid	The immediate treatment or care given to someone suffering from an injury or illness until more advanced care is accessed or they recover. [as defined by Approved Code of Practice: First Aid in the Workplace]
First Aider	Is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given them the competencies required to administer first aid. [as defined by Approved Code of Practice: First Aid in the Workplace]
First aid equipment	Includes first aid kits and other equipment used to treat injuries and illnesses. [as defined by Approved Code of Practice: First Aid in the Workplace]
First Aid Facilities	Include first aid rooms, health centres, clean water supplies and other facilities needed for administering first aid. [as defined by Approved Code of Practice: First Aid in the Workplace]
High Risk Workplace	A workplace where workers are exposed to hazards that could result in serious injury or illness and would require first aid. Examples of workplaces that may be considered high risk are ones in which workers: (a) Use hazardous machinery (for example, mobile plant, chainsaws, power presses and lathes); (b) Use hazardous substances (for example, chemical manufacture, laboratories, horticulture, petrol stations and food manufacturing); (c) Are at risk of falls that could result in serious injury (for example, construction and stevedoring); (d) Carry out hazardous forms of work (for example, working in confined spaces, welding, demolition, electrical work and abrasive blasting); (e) Are exposed to the risk of physical violence (for example, working alone at night, cash handling or having customers who are frequently physically aggressive); or (f) Work in or around extreme heat or cold (for example, foundries and prolonged outdoor work in extreme temperatures). [as defined by Approved Code of Practice: First Aid in the Workplace]
Low Risk Workplace	A workplace where workers are not exposed to hazards that could result in serious injury or illness such as offices, shops or libraries. Potential work-related injuries and illnesses requiring first aid would be minor in nature. [as defined by Approved Code of Practice: First Aid in the Workplace]
Shall	The use of the word 'Shall' indicates that a requirement is mandatory.
Should	The use of the word 'Should' indicates that the relevant sentence is not a requirement but is advisory.

4. Procedure

4.1. Identification of First Aid Needs

4.1.1. Department Manager will collate and review the following information to assist in assessing the risk of workplace injury and illness:

- (a) The nature of the work being carried out at the workplace;
- (b) The nature of the hazards at the workplace;

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

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

4.1.2. First Aid Risk Assessment

- (a) Department Managers will make sure that first aid risk assessments are completed for each workplace to determine the first aid requirements (note: a first aid risk assessment example is provided in [APPENDIX 2](#)).
- (b) Department Managers will make sure that the first aid risk assessment process outlined in 4.1.3- 4.1.5 is undertaken for any event planned by the Organisation during the planning stage and before the event occurs.

4.1.3. The WHS Coordinator will consult on, and consider with, Department Managers, workers and their representatives the following:

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

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

4.1.5. In some cases, specialist or external expertise may be required to identify potential causes of workplace injury and illness (such as potential exposure to hazardous substances and their effect etc.). The WHS Coordinator in consultation with the appropriate Department Manager will arrange specialist or external expertise as needed.

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

4.2. First Aid Kits

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

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

4.2.2. The WHS Coordinator in consultation with the appropriate Department Manager will select first aid kits of a size, shape and type that suit the workplace. As a minimum standard each kit is to:

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

4.2.3. The Department Manager, in consultation with WHS Coordinator, will determine the locations where first aid kits are kept. The minimum location standards are:

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

4.2.4. The WHS Coordinator will:

- (a) Monitor usage of the first aid kit and ensure any items used are replaced as soon as practicable after use;
- (b) Undertake regular checks (after each reported use);
- (c) Facilitate the servicing of the kits at least once every 12 months by an external service provider to ensure the kit contains a complete set of the required items, ensure items are in good working order, have not deteriorated and are within their expiry dates and that sterile products are sealed and have not been tampered with (an inventory list in the kit will be signed and dated after each check);

4.2.5. The Department Manager will make sure that:

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

Refer to the First Aid Kit Register for First Aid Kit Location, Kit Number, person responsible, Contents Listing and Risk Rating.

4.3. Other first aid equipment



First Aid Procedure

Version No:	3.0
Issued:	15 September 2010
Reviewed:	23 November 2016
Next Review:	23 November 2019

4.3.1. The WHS Coordinator should consult on and consider with Department Managers, workers and their representatives the results of the first aid risk assessment to decide whether other first aid equipment is necessary to treat the injuries or illnesses that could occur as a result of a hazard at the workplace, for example:

- (a) Automatic defibrillators that are designed to be used by trained or untrained persons may be considered for workplaces where there is a risk of electrocution or where there are large numbers of members of the public. They should be located in an area that is clearly visible, accessible and not exposed to extreme temperatures, be clearly signed posted and maintained according to the manufacturer's specifications;
- (b) Eye wash equipment will be provided where there is a risk of hazardous chemicals or infectious substances causing eye injuries;
- (c) Immediate access to shower facilities will be provided in workplaces where there is a risk of:
 - i. Exposure to hazardous chemicals resulting in skin absorption or contamination from infectious substances; or
 - ii. Serious burns to a large area of the face or body (including chemical or electrical burns or burns that are deep, in sensitive areas or greater than a 20 cent piece).

Shower facilities can consist of:

- iii. An appropriate deluge facility;
- iv. A permanently rigged hand-held shower hose;
- v. A portable plastic or rubber shower hose that is designed to be easily attached to a tap spout-for small, relatively low risk workplaces where a fixed deluge facility would not be reasonably practicable but the risk of serious burns is still foreseeable; or
- vi. Portable, self-contained eye wash or shower units which have their own flushing fluid that needs to be refilled or replaced after use.

4.3.2. When other first aid equipment is made available at the workplace, Department Manager will make sure that:

- (a) Safe Work Instructions are developed, where appropriate;
- (b) Specific training needs are identified and training is provided and recorded; and
- (c) Testing is included in the relevant Workplace Hazard Inspection Checklist and/or Schedule of Actions and any maintenance is added to the Corrective and Preventative Action Register and records of maintenance and testing are maintained.

4.4. First aid facilities

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

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



First Aid Procedure

Version No:	3.0
Issued:	15 September 2010
Reviewed:	23 November 2016
Next Review:	23 November 2019

iii. High risk workplaces with 100 workers or more;

(d) Soap and water or alcohol-based hand-rub; and

(e) PPE including disposable gloves, eye protection, a mask and protective clothing, as relevant.

4.5. First Aiders

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

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

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

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

4.5.3. The Chief Executive Officer will make sure First Aiders:

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

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

4.5.4. The Organisation has determined that one designated First Aider for the Administration Department and one for the Works Department are required.

All Works employees shall be trained in "Provide First Aid" and attend annual cardiopulmonary resuscitation (CPR) updates due to the nature of their work and varied work locations.

The determination of the number of First Aiders needed may be further defined by following the details outlined in [APPENDIX 4](#).

4.5.5. The WHS Coordinator will make sure that an up-to-date list of the First Aiders is developed and posted at each workplace - Refer to Document # 12.3.26.2.1 – List of First Aiders

4.5.6. The Chief Executive Officer will make sure First Aiders have been offered hepatitis B virus vaccination.

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



First Aid Procedure

Version No:	3.0
Issued:	15 September 2010
Reviewed:	23 November 2016
Next Review:	23 November 2019

- 4.5.8. First aid training provides direction for First Aiders in the event they have accidental contact with blood or body substances, a sharps injury or contact with a person known to have a contagious illness, including the seeking of prompt medical advice. First Aiders will be vigilant in:
- (a) Proper hand hygiene practices;
 - (b) Handling and disposal of sharps;
 - (c) Cleaning surfaces and reusable equipment;
 - (d) Managing spills and handling/cleaning soiled laundry;
 - (e) Handling and disposal of waste;
 - (f) Using PPE (for example, using resuscitation masks for cardiopulmonary resuscitation).
- 4.5.9. An ambulance should be called if, in the opinion of the First Aider, a person to whom first aid has been administered requires further treatment which will involve transport to a medical service.
- 4.6. Record keeping
- 4.6.1. First aid treatment records are subject to the record keeping requirements of General Disposal Schedule 20 for Local Government Records.
- 4.6.2. After administering first aid, the First Aider will:
- (a) Keep a record of first aid treatment given;
 - (b) Notify the relevant Department Manager/supervisor to determine whether further action is required in accordance with the Incident Reporting & Investigation Procedure; and
 - (c) Notify the WHS Coordinator (Internal Claims Coordinator) if additional medical treatment is required.
- 4.7. Provision of first aid information
- 4.7.1. The Department Manager in consultation with the WHS Coordinator will make sure information, instruction and training is provided about access to first aid:
- (a) As part of workers' induction training;
 - (b) When there are any changes, for example in the location of first aid facilities or in the names, locations or contact details of First Aiders.
- 4.7.2. The information and instruction on first aid will:
- (a) Be easy to understand, accessible and take into account the language and literacy levels of workers;
 - (b) Include the location of first aid equipment and facilities;
 - (c) Include the names and location of persons trained to administer first aid; and
 - (d) Include the procedures to be followed when first aid is required.
- 4.8. Workers Compensation Reporting
- Where an employee sustains a workplace injury or illness which requires medical treatment, the WHS Coordinator (Internal Claims Coordinator) is required to provide the injured employee with a copy of the Injury Management Kit and notify the LGA Workers Compensation Scheme as soon as possible (within 24 hours).
- 4.9. Monitoring and review of first aid risk assessments and first aid risk procedures

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

4.9.1. The WHS Coordinator in consultation with Department Managers will:

- (a) In consultation with the Emergency Planning Committee, consider and instigate, as appropriate, a testing regime to evaluate the effectiveness of first aid in the workplace. This may include organising a mock first aid emergency to test the effectiveness of the first aid response.
- (b) Undertake regular checks to confirm:
 - i. First aid kits, other first aid equipment and first aid rooms are suitable and accessible;
 - ii. The hazards at the workplace reflect those identified in the first aid risk assessment.
- (c) Review first aid risk assessments and first aid procedures to make sure they remain adequate and effective, taking into account:
 - i. Whether persons who have responsibilities under first aid procedures are familiar with them;
 - ii. Any changes to the way work is performed, or if new work practices have been introduced that require updating of the first aid risk assessment, so as to ensure the arrangements remain adequate;
 - iii. The effectiveness of a first aid response provided in any incident;
 - iv. Any new information about previously unidentified hazards;
 - v. Whether the results of consultation indicate that a review is necessary;
 - vi. Whether a Health and Safety Representative has requested a review;
 - vii. Any shared first aid arrangements with other PCBU's; and/or
 - viii. Records of first aid treatment on the Incident Register.
- (d) Undertake consultation with Department Managers, workers and their representatives about any proposed changes (in accordance with the Communication and Consultation Procedure) if results of a review indicate that the facilities may not be adequate or when proposing changes to first aid procedures.

4.9.2. The HSC will monitor first aid activities during meetings. A report will be presented to the Senior Management Team listing outstanding items requiring direction or enforcement.

4.9.3. The Senior Management Team will regularly review first aid statistics, audit results related to first aid, legislative changes and other information relating to first aid and direct action when required. Outcomes of discussion and actions undertaken will be recorded.

4.9.4. The First Aid Procedure should be subject to internal audit and form part of the annual management review process.

4.9.5. The Senior Management Team may set, monitor and review objectives, targets and performance indicators for first aid, as relevant.

5. Training

5.1. The Organisation's Training Needs Analysis will identify the first aid training needs for:

- 5.1.1. All workers and other persons (for example, contractors, visitors etc.) including emergency response procedures (including for those working remotely or in isolation);
- 5.1.2. Those workers with specific responsibilities for first aid, including:

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

- (a) Designated First Aiders (including the level of training required – refer 5.3.2);
 - (b) Persons who maintain first aid equipment (for example, eye wash and shower facilities);
 - (c) Persons required to undertake first aid risk assessments;
 - (d) Workers planning events who are required to undertake first aid risk assessments;
 - (e) The WHS Coordinator in the management system requirements for first aid; and
 - (f) Refresher training for all of the above.
- 5.2. The Organisation’s induction process will include information relating to the First Aid Procedure, including the:
- 5.2.1. Nature of first aid facilities in the workplace;
 - 5.2.2. Location of first aid kits;
 - 5.2.3. Names and work locations of designated First Aiders;
 - 5.2.4. First aid requirements in regard to the specific hazards in the workplace;
 - 5.2.5. Procedures to be followed when first aid is required, and
 - 5.2.6. First aid recording requirements.
- 5.3. Types of first aid training
- 5.3.1. First Aiders will maintain nationally recognised Statement/s of Attainment issued by an RTO for the nationally endorsed first aid unit/s of competency.
 - 5.3.2. The WHS Coordinator in consultation with Department Managers will determine training requirements for First Aiders, having regard to the risk assessment for the workplace and the following minimum standards:
 - (a) Provide First Aid provides competencies required to recognise and respond to common life-threatening injuries or illnesses, including life-support using cardiopulmonary resuscitation (CPR), and to manage the casualty and incident until the arrival of medical or other assistance.
In low risk workplaces, First Aiders are sufficiently trained if they can perform CPR and treat minor illnesses and injuries.
 - (b) Apply Advanced First Aid – provides additional competencies required to apply advanced first aid procedures. This type of training is suitable for some high risk workplaces.
 - (c) Manage First Aid in the Workplace (Occupational First Aid) – provides competencies required to apply advanced first aid procedures and to manage a first aid room.
 - (d) Provide First Aid in Remote Situations – provides competencies required to administer first aid in a remote and/or isolated situation, including preparing for aero-medical evacuation. This type of training is suitable for high risk workplaces that are likely to have a major delay in accessing emergency services.

6. Records

The following records will be maintained:

- 6.1. First aid risk assessments;
- 6.2. Consultation records relating to the first aid risk assessment process;
- 6.3. First aid treatment records;

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

- 6.4. Incident reports;
- 6.5. Emergency plans;
- 6.6. Emergency floor plans that indicate the location of first aid kits;
- 6.7. Purchase or hire documentation of first aid equipment, including operation manuals;
- 6.8. First aid equipment inspection, testing and maintenance records;
- 6.9. Statutory notifications;
- 6.10. Training and other competency records.

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

7. Responsibilities

- 7.1. The Chief Executive Officer is accountable for:
 - 7.1.1. Checking that first aid is managed in accordance with legislative requirements;
 - 7.1.2. Approving reasonably practicable expenditure necessary for first aid upon receipt of expenditure requests;
 - 7.1.3. Ensuring First Aiders have been offered hepatitis B virus vaccination
- 7.2. The Senior Management Team is accountable for:
 - 7.2.1. Checking that first aid risk assessments have been undertaken for each workplace and are regularly reviewed;
 - 7.2.2. Making sure a risk assessment is conducted for events that may impact on first aid requirements e.g. on-site conferences, off site activities organised and/or facilitated by the Organisation;
 - 7.2.3. Checking that first aid procedures have been developed, implemented and maintained;
 - 7.2.4. Monitoring and reviewing first aid and incident statistics;
 - 7.2.5. Reviewing the effectiveness of first aid processes;
 - 7.2.6. Identifying, implementing, monitoring and closing out corrective or preventative actions required for the continual improvement of the first aid process; and
 - 7.2.7. Including first aid within the management review process.
- 7.3. Department Managers are accountable for:
 - 7.3.1. Making sure a first aid assessment has been undertaken for the workplace, is regularly reviewed and workers are aware of its contents;
 - 7.3.2. Making sure that first aid signage is maintained in accordance with Australian Standard AS 1319: Safety Signs for the Occupational Environment;
 - 7.3.3. Making sure that, when first aid equipment is made available, Safe Work Instructions are developed where appropriate and training is provided and recorded;
 - 7.3.4. Making sure that first aid procedures have been implemented and maintained;
 - 7.3.5. Making sure that workers, contractors, visitors and others are provided with information about first aid procedures during induction and are regularly refreshed;

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

- 7.3.6. Consulting with other PCBUs, so far as is reasonably practicable, if their duty of care for first aid overlaps;
- 7.3.7. Checking that first aid kits are kept in a prominent, accessible location and are able to be retrieved promptly;
- 7.3.8. Identifying and implementing corrective or preventative actions required for the continual improvement of the first aid process.
- 7.4. Managers and supervisors are accountable for:
 - 7.4.1. Checking first aid equipment and facilities are tested and/or maintained as required;
 - 7.4.2. Making sure first aid rooms, where required, are regularly cleaned and maintained;
 - 7.4.3. Checking first aid treatment is recorded;
 - 7.4.4. Implementing any corrective or preventative actions required for the continual improvement of the first aid process.
- 7.5. The WHS Coordinator is accountable for:
 - 7.5.1. Monitoring and advising on legislative change and compliance requirements for first aid;
 - 7.5.2. Making sure first aid risk assessments have been undertaken and regularly reviewed in consultation with Department Managers, workers and their representatives;
 - 7.5.3. Arranging specialist or external expertise to assist with identification of potential causes of workplace injury and illness;
 - 7.5.4. In consultation with Department Managers, making sure adequate numbers of first aid kits are located in suitable locations and are maintained;
 - 7.5.5. Ensuring up-to-date lists of designated First Aiders and first aid kits are maintained and displayed in the workplace;
 - 7.5.6. Notifying workers (and payroll) when new designated First Aiders are appointed;
 - 7.5.7. Making sure that First Aiders hold nationally recognised training and have been offered hepatitis B virus vaccination;
 - 7.5.8. In consultation with Department Managers, making sure that emergency floor plans displayed in the workplace include the location of first aid kits;
 - 7.5.9. Coordinating the provision of information and training to workers regarding first aid;
 - 7.5.10. In consultation with Managers and the Emergency Planning Committee, considering and instigating a testing regime to evaluate the effectiveness of first aid in the workplace;
 - 7.5.11. Providing relevant reports and information to the Senior Management Team and HSC, as required;
 - 7.5.12. Identifying any significant first aid issues that require management attention;
 - 7.5.13. Arranging for an external provider of First Aid Supplies to inspect First Aid Kits and Defibrillators at least once every 12 months to ensure) to ensure the kit contains a complete set of the required items (an inventory list in the kit should be signed and dated after each check) items remain in date, have not deteriorated and are in good working order and kit contents match legislative requirements.
 - 7.5.14. Making sure that maintenance and testing requirements for first aid equipment (e.g. defibrillators) are added to the Schedule of Actions and the equipment is inspected, tested and maintained and that records are retained;

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

- 7.6. Designated First Aiders are accountable for:
- 7.6.1. Ensuring that their first aid certification remains current;
 - 7.6.2. Responding promptly to any first aid or emergency medical situation if it is safe to do so;
 - 7.6.3. Providing first aid treatment in accordance with their level of training, competence and experience;
 - 7.6.4. Escalating treatment to a medical provider or emergency services as necessary;
 - 7.6.5. Recording first aid treatments on the First Aid Treatment Record;
 - 7.6.6. Maintaining the cleanliness of the first aid equipment and first aid facilities after use, including disposal of waste in accordance with any legislative requirements;
 - 7.6.7. Reporting to the relevant Manager/supervisor any hazardous situations that have resulted in a person requiring first aid;
 - 7.6.8. Notifying the Internal Claims Coordinator (WHS Coordinator) if additional medical treatment is required for a workplace injury or illness;
 - 7.6.9. Notifying (as soon as reasonably practicable) the WHS Coordinator of their resignation, transfer or change in work location;
 - 7.6.10. Seeking treatment and prompt medical advice if they sustain a sharps injury or think they are at risk of infection from blood or bodily fluid contamination; and
 - 7.6.11. Retaining first aid treatment records.
- 7.7. Persons allocated First Aid Kits are accountable for:
- 7.7.1. Monitor and record first aid kit use and ensure any items used are replaced as soon as practicable after use; and
 - 7.7.2. Notify the WHS Coordinator of any use.
- 7.8. The Internal Claims Coordinator (WHS Coordinator) is accountable for notifying LGA Workers Compensation Scheme of any employee who sustains a workplace injury or illness which requires medical treatment.
- 7.9. Workers are accountable for:
- 7.9.1. Participating in training regarding first aid;
 - 7.9.2. Following any instructions given for their own or others' safety in any first aid or medical emergency situation;
 - 7.9.3. Completing documentation, as required;
 - 7.9.4. Communicating any shortages in first aid supplies to the designated First Aider or other appropriate person; and
 - 7.9.5. Notifying supervisor of any injury, illness or treatment sustained or obtained.
- 7.10. The Health and Safety Committee is accountable for:
- 7.10.1. Providing feedback during the development and review of the First Aid Procedure and first aid risk assessments;
 - 7.10.2. Assisting with the monitoring and review of first aid activities across the Organisation;
 - 7.10.3. Providing information and feedback to the EPC and Senior Management Team in relation to first aid; and

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

7.10.4. Preparing reports for the Senior Management Team

8. Review

8.1. The First Aid Procedure will be reviewed by the Health and Safety Committee in consultation with the Senior Management Team, workers and/or their representatives, every thirty six (36) months or more frequently if legislation or Organisational needs change. This may include a review of:

8.1.1. Feedback from managers, designated First Aiders, workers or other stakeholders;

8.1.2. Legislative compliance;

8.1.3. Performance Standards for Self Insurers;

8.1.4. LGAWCS Guidance;

8.1.5. Internal or external audit findings relating to first aid;

8.1.6. First aid and incident statistics; and

8.1.7. Other relevant information;

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

9. References

[Work Health and Safety Act 2012](#)

[Work Health and Safety Regulations 2012](#)

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

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

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

Australian Standard AS 1319 Safety signs for the occupational environment

Australian Standard AS 3745 Planning for emergencies in facilities

Australian Standard AS 4775 Emergency eyewash and shower equipment

LGA Workers Compensation Scheme "Back on the Job Booklet"

10. Related documents

Workplace Return To Work Procedure (*Document number 12.3.2*)

Hazard Management Procedure (*Document number 12.3.7.3*)

WHS Workplace Emergency Management Procedure (*Document number 12.3.26.1*)

Emergency Management Plan (*Document number 12.3.26.1.....*)

List of First Aiders (*Document number 12.3.26.2.1*)

First Aid Risk Assessment (*Document number 12.3.26.2.2*)

First Aid Procedure One Pager and Flow Chart (*Document number 12.3.26.2.3*)

Incident Reporting and Investigation Procedure (*Document number 12.3.7.1*)

Incident / Near Miss Report & Investigation Form (*Document number 12.3.7.1.2*)

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

Incident Register

Communication and Consultation Procedure (*Document number 12.3.23.1*)

Corrective and Preventative Action Register (*Document number 12.3.16.5.1*)

Safety / Hazard Checklist – Works Depot (*Document number 12.3.7.4.2*)

SIGNED:
 Chief Executive Officer
 Date: ____/____/____

.....
 Chairperson, Health and Safety Committee
 Date: ____/____/____

11. Review History

Document History:	Version No:	Issue Date:	Description of Change:
	1.0	21.11.11	New Document
	2.0	31/10/13	Terminology changes to reflect 2012 WHS act, Regulations and Codes of Practice.
	3.0		Some rewording in overview & core components to reflect WHS Act 2012 & CoP First Aid & remove duplications; Removal of definition of dangerous incident; Addition of outdoor work to considerations for first aid kits at 4.2.1; Addition of 4.2.4 for maintenance of first aid kits; Explanatory text added to 4.3.1(a) & 4.5.1(b); Addition of 4.5.9 about transport for additional medical treatment; Replace “Health legislation’ wth GDS20 at 4.6.1; Aligned responsibilities in Section 7 with those outlined throughout procedure; replace references to WHS Committee with Health & Safety Committee for consistency with WHS Act; Second page of APPENDIX 3; Error! Reference source not found. converted to table for ease of use; language and formatting.

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

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

Hazard	Potential harm
Manual tasks	Over exertion can cause muscular strain.
Working at height	Slips, trips and falls can cause fractures, bruises, lacerations, dislocations, concussion.
Electricity	Potential ignition source could cause injuries from fire. Exposure to live electrical wires can cause shock, burns and cardiac arrest.
Machinery and equipment	Being hit by moving vehicles, or being caught by moving parts of machinery, can cause fractures, amputation, bruises, lacerations, dislocations.
Hazardous chemicals	Toxic or corrosive chemicals may be inhaled, contact skin or eyes causing poisoning, chemical burns, irritation. Flammable chemicals could result in injuries from fire or explosion.
Extreme temperatures	Hot surfaces and materials can cause burns. Exposure to heat can cause heat stress and fatigue. Exposure to extreme cold can cause hypothermia and frost bite.
Radiation	Welding arc flashes, ionizing radiation and lasers can cause burns.
Violence	Behaviours including intimidation and physical assault can cause nausea, shock and physical injuries.
Biological	Infection, allergic reactions.
Animals	Bites, stings, kicks, scratches.

Source: Code Of Practice: First Aid in the Workplace

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

APPENDIX 2: EXAMPLE OF A FIRST AID RISK ASSESSMENT - Refer to Document # 12.3.26.2.2

This assessment of first aid requirements is included as an example only. It does not reflect the consultative processes that must occur or detail the assessment of each identified hazard

Risk Assessment Number:		Assessment Date:	
<input type="checkbox"/> Initial Assessment	<input type="checkbox"/> Revised Assessment	Version No: _____	
Site: Council Office	Department: Administration	Location: Kitchen Wall by sink	
Purpose of the Risk Assessment: Assess the first aid requirements for the Council Office			
Incident History (Incident Numbers):			

RISK ASSESSMENT TEAM

NAME	POSITION	SIGNED	DATE

DEPARTMENT MANAGER:		WHS REPRESENTATIVE (HSR):	
Name:		Name:	
Signed:	Date:	Signed:	Date:

RISK ASSESSMENT GUIDE					
Step 1 – Consider Likelihood	Step 2 – Consider Consequences			Step 3 – Calculate Risk	
What is the likelihood of the hazard occurring	What are the consequences of this hazard occurring? Consider what is the most probable consequence with respect to the hazard.			1. Take Step 1 rating and select the correct column. 2. Take Step 2 rating and select the correct line. 3. Use the risk score where the two ratings cross on the matrix below.	
LIKELIHOOD	CONSEQUENCES				
	Insignificant Incident or near miss – no treatment 1	Minor First aid treatment 2	Moderate Medical treatment or lost time injury 3	Major Extensive injuries 4	Catastrophic Fatalities or permanent injuries 5
A – Almost certain is expected to occur in most circumstances	High (H)	High (H)	Extreme (E)	Extreme (E)	Extreme (E)
B – Likely will probably occur in most circumstances	Medium (M)	High (H)	High (H)	Extreme (E)	Extreme (E)
C – Possible might occur at some time	Low (L)	Medium (M)	High (H)	Extreme (E)	Extreme (E)
D – Unlikely could occur at some time	Low (L)	Low (L)	Medium (M)	High (H)	Extreme (E)
E – Rare may occur only in exceptional circumstances	Low (L)	Low (L)	Medium (M)	High (H)	High (H)

- Hierarchy of Controls**
- Eliminate:** remove the hazard completely
 - Substitute:** replace a hazardous process/substance with one which is less hazardous
 - Isolation:** remove the person from the hazardous environment or the hazardous environment from the person
 - Engineering:** provide a physical barrier or other engineered modifications to manage the hazard
 - Administrative:** establish policies, procedures & work practices, provide training
 - Personal Protective Equipment:** use equipment that provides protection to all individual persons against the hazard

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

Risk Assessment Number: _____

The size and location of the workplace		
Number of offices / rooms	15 – Ground Floor	
Access between offices	Corridors / doorways are wheel chair accessible	
Nearest hospital	850 metres	
Nearest medical or occupational health service	850 metres	
Maximum time to medical service	10 minutes	
The number and composition of the workers and other persons at the workplace		
Number of workers	11 Office Staff (includes 3 part time)	
Number of other persons	Varies due to customers or meetings	
Shifts	Nil	
Overtime worked	Limited. Out of normal office hours worked predominantly by CEO & EDO	
Remote or isolated workers	Limited. Isolated when working out of normal office hours	
Injuries, illnesses and incidents		
Last 12 months' claims data	5 × abrasions 3 × falls	
Incidents not resulting in injury	Incident where a trolley carrying disinfectants overturned	
Other	Worker handling a solvent reported symptoms of eye irritation and dizziness	
Nature of the work being carried out and the nature of the hazards at the workplace		
Hazards	How the hazard could cause harm	Likelihood of occurrence, degree of harm and control measures
<ul style="list-style-type: none"> • Hazardous chemicals: <ul style="list-style-type: none"> ○ Disinfectants • Noise • Manual handling • Slips, Trips and Falls 	<ul style="list-style-type: none"> • Respiratory illnesses, eye/ skin irritation, dermatitis • Hearing damage • Muscular strain • Muscular strain, bruising, grazes 	<ul style="list-style-type: none"> • Unlikely exposure to hazardous chemicals for 1 cleaner. Low risk substances used with minor consequences. Good ventilation is provided. Only small quantities used. Protective equipment such as gloves are used. • Rare risk of exposure to noise for workers. Low noise emitting machines have been purchased. • Unlikely risk of manual handling injuries. Mechanical aids i.e. sack truck / trolley to move cartons of copy paper and file boxes. Manual Handling training, work station alterations i.e. ergonomics assessments - height adjustable monitors, foot rests, ergonomic chairs. Systems of work significantly eliminate and reduce risk – Manual Handling Procedure. • Unlikely risk of slips, trips and falls with minor risk of harm. Housekeeping inspections undertaken, walkways kept clear, cord covers used where required, spills are cleaned up straight away.
Do safety data sheets and labels specify a first aid response?	Yes. Seek medical assistance if chemicals are inhaled or ingested	
Required first aid		
Number of first aiders needed	One	
Training and competencies for first aiders	<i>Applied First Aid</i> : providing competencies to recognise and respond to common life-threatening injuries or illnesses using cardiopulmonary resuscitation (CPR) and other first aid procedures, and provide appropriate first aid for a range of injuries and illnesses.	
Number and location of kits	One Kit and Eye Wash Station located on the wall in the kitchen	
Contents of first aid kits and modules	Standard workplace kit, with burns module and eye module	
Kit maintenance	Notification to WHS Coordinator if contents used to facilitate replacement. Annual service conducted by West Coast First Aid Supplies	

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

APPENDIX 3: CONTENTS FOR A FIRST AID KIT

For most workplaces, a First Aid Kit should include the following items:

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

Medication, including analgesics such as paracetamol and aspirin, should not be included in first aid kits because of their potential to cause adverse health effects in some people (including asthmatics, pregnant women and people with medical conditions). The supply of these medications may also be controlled by drugs and poison laws. Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use, as necessary.

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

Some types of workplaces may require additional items to treat specific types of injuries or illnesses.

<p>Outdoor work</p>
<p>If work is performed outside and there is a risk of insect or plant stings or snake bites, assess whether the following items should also be included in the first aid kit:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A heavy duty crepe bandage <input type="checkbox"/> Sting relief cream, gel or spray
<p>Remote work</p>
<p>Where people work in remote locations, a first aid kit should include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A heavy duty crepe bandage 10 cm (for snake bites) <input type="checkbox"/> Large clean sheeting (for covering burns) <input type="checkbox"/> Thermal blanket (for treating shock) <input type="checkbox"/> Whistle (for attracting attention) <input type="checkbox"/> Torch/flashlight. <p>The appropriate contents will vary according to the nature of the work and its associated risks.</p>
<p>Burn injuries</p>
<p>If your workers are at risk of receiving burns, you should include the following items:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Burn treatment instructions on two water-proof instruction cards: one for the first aid kit and the other to be located on the wall next to the emergency shower or water supply <input type="checkbox"/> Hydro gel (8 × 3.5 gram sachets) <input type="checkbox"/> Hydro gel dressings <input type="checkbox"/> Clean polythene sheets (small, medium and large) <input type="checkbox"/> 7.5cm cotton conforming bandage.

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

	<h1>First Aid Procedure</h1>	Version No:	3.0
		Issued:	15 September 2010
		Reviewed:	23 November 2016
		Next Review:	23 November 2019

APPENDIX 4: NUMBER OF TRAINED FIRST AIDERS

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

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