

First aid

First aid equipment, personnel and facilities are important resources in assisting workplaces to manage workplace injuries and illnesses.

To carry out your legal obligations, you must refer to the full text of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

What law applies

Legal obligations, legislation, code of practice

What first aid facilities are required?

First aid equipment, facilities and people are needed in a workplace to respond to illness or injury, including the risk of exposure to biological hazards, blood and bloody substances

Infection control

First aid personnel and workers may be at risk of exposure to infectious diseases or biological hazards

Personal Protective Equipment (PPE)

Personal protective equipment should be provided to protect first aid personnel and ill or injured persons from risks of exposure to infections

Skin penetration injuries (SPI)

Procedures should be in place for the management of skin penetrating injuries and other blood or body substance exposure

Information and training

Information and training should be provided to first aid personnel

Record keeping

A first aid recording system should be maintained at the workplace

What law applies

In order to understand the workplace health and safety requirements for first aid, and your obligations under the law you must consider and understand relevant legislation and codes of practice.

General health and safety obligations

To understand your obligations and safety requirements you must be familiar with the:

Workplace Health and Safety Act 1995 which imposes obligations on people at workplaces to ensure workplace health and safety. The *Workplace Health and Safety Act 1995* also helps you to meet your workplace health and safety obligations through:

- The *Workplace Health and Safety Regulation 2008* which describes what must be done to prevent or control certain hazards which cause injury, illness or death
- codes of practice, which are designed to give practical advice about ways to manage exposure to common risks. In particular, the *Risk Management Code of Practice 2007* should be read in conjunction with information on PPE.

Every Queensland employer must have **workers' compensation** insurance. Most employers insure with WorkCover Queensland, while a small number of large organisations have their own insurance. This insurance coverage ensures that employees injured at work receive financial support.

What you must do

It is a requirement of the *Workplace Health and Safety Act 1995* that risks must be assessed and control measures then implemented and reviewed to prevent or minimise exposure to the risks.

If the *Workplace Health and Safety Regulation 2008* describes how to prevent or minimise a risk at your workplace you **must** do what the regulation says. If there is a code of practice that describes how to prevent or minimise a risk at your workplace you **must** do what the code says or adopt and follow another way that gives the same level of protection against the risk.

If there is no regulation or code of practice about a risk at your workplace you **must** choose an appropriate way to manage exposure to the risk. People must, where there is no regulation or code of practice about a risk, take reasonable precautions and exercise proper diligence against the risk.

See the *Risk Management Code of Practice 2007* for further information.

Specific regulations for first aid

The regulatory framework for workplace health and safety in Queensland encompasses a range of instruments, such as legislation, codes of practice and enforcement activities.

The *Workplace Health and Safety Act 1995* places obligations on:

- employers, self employed persons and workers
- people conducting a business, undertaking or in control of a workplace
- designers, manufacturers and suppliers of plant
- designers of buildings

Part 24 of the *Workplace Health and Safety Regulation 2008* sets out what employers and self-employed people must do in relation to first aid.

The *First Aid Advisory Standard 2004* (now known as a Code of Practice) provides practical advice for the selection, provision, maintenance and use of first aid equipment, facilities and services at a workplace (including a construction and rural workplace).

What first aid facilities are required?

Risk management

The risk management process can be used to decide what first aid equipment, facilities and people are needed in a workplace to respond to illness or injury, including the risk of exposure to biological hazards, blood and body substances.

Employers and self-employed people should consider the following steps:

- identify the hazards that may cause an injury or illness
- assess the risk, type and extent of work injuries and work caused illnesses that may occur
- decide on the appropriate first aid equipment, facilities, services (including trained people) to address the injuries or illnesses that may occur such as:
 - a workplace with a large physical area may need first aid to be available in more than one location
 - a workplace which is some distance from medical facilities and/or has access problems may need people with advanced first aid training
- implement the chosen first aid equipment facilities and services to effectively manage the injuries and illnesses
- monitor and review first aid equipment facilities and services to ensure they continue to meet requirements

More information on the basic steps in the risk management process for first aid is provided in the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Guidance is also provided in the *Risk Management Advisory Standard 2000* (now known as a Code of Practice).

First aid kits

A first aid kit should be appropriate for the types of injuries and illnesses likely to occur at the workplace. Do a risk assessment to decide on the type, quantity and sizes of items needed in the kit.

The first aid kit can be any size, but must be large enough to fit all the required contents and should be clearly signed.

First aid signs are needed because it is easier to locate equipment and facilities. For examples of signs please refer section 2.6 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Include single use, disposable items in the kit where possible. Reusable items must be cleaned, sterilised and disinfected.

First aid kits (for low risk workplaces) should include:

- adhesive strips (assorted sizes) for minor wound dressing
- non-allergenic adhesive tape for securing dressings and strapping
- eye pads for emergency eye cover
- triangular bandage for slings, support and/or padding
- hospital crepe or conforming bandage to hold dressings in place
- wound/combine dressings to control bleeding and for covering wounds
- non-adhesive dressings for wound dressing
- safety pins to secure bandages and slings
- scissors for cutting dressings or clothing
- kidney dish for holding dressings and instruments
- small dressings' bowl for holding liquids
- gauze squares for cleaning wounds
- forceps/tweezers for removing foreign bodies
- disposable latex or vinyl gloves for infection control
- sharps disposal container for infection control and disposal purposes
- sterile saline solution or sterile water for emergency eye wash or for irrigating eye wounds This saline solution must be discarded after opening
- resuscitation mask to be used by qualified personnel for resuscitation purposes
- antiseptic solution for cleaning wounds and skin
- plastic bags for waste disposal
- note pad and pen/pencil for recording the injured or ill person's condition and treatment given
- re-usable ice-pack for the management of strains, sprains and bruises

In some workplaces specific injuries or illnesses may occur. Additional first aid kit contents and facilities, including properly trained people, should be provided, for example:

- where burns have been identified as potential injuries
- where eye injuries/poisoning may occur
- where chemical splashes may arise in which case a emergency shower would be necessary

In remote locations a first aid kit should also include:

- heavy smooth crepe roller bandages, 10cm wide, and sufficient quantity to bandage lower limbs to immobilise limb after a snakebite
- splint to immobilise limb after a snakebite or fractures
- melaleuca hydro gel burn dressings if there is no cool water supply
- large burns sheet for covering burn areas
- clean sheeting for cooling and dressing burns
- thermal/emergency blanket for the management of shock and to assist portability of a patient

- first aid manual or book
- torch and/or flashlight for use at night and for attracting attention
- note pad and pen/pencil for recording the injured or ill person's condition and treatment given

People working in remote locations should have access to an appropriate communication system like a mobile, telephone or two-way radio.

Major trauma kits may be required in certain remote locations.

A checklist on first aid kits is provided in section 2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

First aid personnel

Workers should have access to trained first aid personnel who undertake initial management of work caused injuries or illnesses. If ongoing medical care or special medical assistance, for example trauma counselling, is required, the first aid personnel should recommend that a worker seek further assistance.

The decision to train personnel in first aid should be based on the outcome of the risk management process.

There should be sufficient first aid personnel for all shift workers. When this is not appropriate, procedures should be put in place to ensure workers have access to first aid treatment on all shifts. Examples include having access to emergency transport or having special arrangements with a local medical centre. All staff should know these procedures.

First aid personnel should be:

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

Qualifications

In low risk workplaces, workers should have access to a person with a current Senior First Aid qualification.

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

- undertake the initial management of injuries and illnesses occurring at workplaces and
- record details of first aid given

The responsibilities of a person possessing a current senior first aid qualification are outlined in section 2.2.1 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

In high risk workplaces, workers should have access to a person with a current occupational first aid qualification.

A person with a current occupational first aid qualification should have:

- broad first aid management skills like maintenance of first aid equipment and
- knowledge of the requirements of a working environment and current workplace health and safety legislation

The responsibilities of person with a current occupational first aid qualification are outlined in section 2.2.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

In certain high risk workplaces, consideration should be given to providing an occupational health service, for example where there is:

- specific high risks such as hazardous substances
- more than 300 staff members

An occupational health professional, for example and occupational health nurse should have relevant first aid experience.

More information on first aid personnel is provided in section 2.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

First aid rooms

Provide a first aid room where:

- a risk assessment shows that treatment for injuries or illnesses would be more effective with the provision of a first aid room, or
- 200 or more people are employed (under the Building Code of Australia, a casualty room with a minimum floor area of 11 m² dedicated to first aid is required for all new buildings built after 1 January 1992 and any building subject to building approval)

The room should:

- be available when workers are at work
- be close to motor vehicle access (This will help with transport to medical assistance).
- be close to toilets and telephones
- be large enough to accommodate furniture/equipment with enough space for people to work
- have effective ventilation, heating, cooling and lighting
- have enough seating close to the first aid room if workers are waiting for treatment

- have a designated waste container for waste contaminated by blood or body substances which allows for the safe disposal of materials and sharp instruments. Waste disposal should comply with State or local government requirements
- have clean bench tops/floors/surfaces
- have hand basin, running water and supplies of soap and disposable paper towels
- be clearly identified as a first aid room
- have entrances and corridors wide enough to fit a stretcher, wheelchair or any kind of transport leading to or from the room.
- have signs attached to the door showing the name of the person in charge, the person on duty, the locations of the nearest first aid personnel and contact numbers in case of emergency.

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.

For advice on furniture and equipment, check section 2.3.1 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Infection control

Risk of infection

First aid personnel and workers may be at risk of exposure to infectious diseases or biological hazards if they receive:

- a skin penetrating injury such as a needle stick injury
- if blood or body substances come into contact with broken skin, open wounds, eyes or mouth
- contaminated first aid equipment or materials are used

Infectious diseases which may be transmitted by blood and some body substances include:

- hepatitis B
- hepatitis C
- human immunodeficiency virus (HIV), the virus that causes AIDS

All workplaces should undertake a review of their first aid practices to remove the risks of infection or exposure to biological hazards.

Standard precautions

Assume all blood body substances are infectious. Standard precautions include:

- good hygiene practices
- use of personal protective equipment (PPE)
- correct handling and disposal of sharps and other infectious waste.

Hygiene

Hands should be washed using soap and water:

- before and after contact with an ill or injured person
- when there is contact with blood or body substances or contaminated items
- when protective gloves are removed

When soap and water is not available, use an alcoholic chlorhexidine hand wash or equivalent.

Waterproof dressings should be available to allow first aid personnel to cover injuries. This reduces the risk of an injured person's blood or body substance coming into contact with the broken skin of the first aid person.

More information on infection control is provided in section 2.4 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Blood or body substance spillage

Spills should be attended to immediately and 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 be disposed off in a sealed, leak-proof waste bag.

Spills kit

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

- PVC household rubber or disposable latex gloves
- cleaning agents
- disposable absorbent material
- a leak-proof bag

Cleaning the area when finished

When finished, the area should be cleaned with warm water and detergent and then disinfected. Mops and buckets should be rinsed with warm water and detergent and stored dry. Reusable gloves and other protective clothing should be removed and disinfected after cleaning the contaminated area and equipment.

Check section 2.4.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice) for more information on cleaning the infected area such as dealing with carpets and large spills.

Cleaning, disinfecting and sterilising

Single use disposable sterile items like disposable splinter forceps, should be used to reduce the risk of cross infection. When disposable items are used for first aid they should not be reused.

Non-disposable items need careful handling and should be processed after each use. The method of processing depends on the purpose for which the equipment is to be used.

If first aid equipment has contact only with intact skin, such as bandage shears, then it requires cleaning.

Cleaning removes soil and reduces of the number of germs from the surface.

If the equipment becomes contaminated with blood such as used kidney dishes and liquid containers, or has contact with intact mucous membranes,

such as a thermometer in the mouth, then the equipment needs cleaning and disinfecting.

Disinfecting inactivates bacteria, viruses and fungi, but not necessarily bacterial spores.

When reusable equipment such as reusable splinter forceps come into contact with wounds or are used to penetrate the skin, they should be cleaned and sterilised immediately.

Sterilising completely destroys all germs. The only practical means of achieving sterilisation, in the first aid setting, is by using an autoclave.

Thorough cleaning of all items should start as soon as possible after use. Protective gloves should be worn during cleaning and care should be taken to avoid eye splashes.

Further information on cleaning, disinfecting and sterilising is provided in section 2.4.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Waste management

Contaminated waste should be placed in a leak-proof bag or container and sealed. The bag or container should not be overfilled.

All waste should be handled with care to avoid contact with blood or body substances. Gloves should be worn when handling waste bags and containers. Waste bags, appropriate for the type of waste, should be used when large amounts of waste are generated. Waste disposal practices must comply with state or local government requirements.

For further information waste management practices, check section 2.4.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Sharps

Sharps are a major cause of accidents involving potential exposure to biological hazards which can pose a risk of transmission for Hepatitis B, C and HIV viruses.

Sharps include hypodermic needles, syringes (with or without the attached needle), scalpel blades, suture needles and lancets.

The following practices should be followed:

- if there is a risk of finding discarded sharps, tongs or a similar item should be available to pick up the sharp items safely

- sharps should be disposed of in a puncture proof container
- sharps containers should be located as close as possible to the area where sharps are used
- dispose of sharps containers in accordance with local government requirements

More information on the management of sharps is provided in section 2.4.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Laundry and storage of equipment

Soiled linen should be identified and kept separate from clean linen. PVC latex or household rubber gloves and protective clothing should be worn when handling soiled linen.

Soiled linen should be washed immediately in hot water with detergent. Heavily soiled items should be placed in a leak-proof bag and closed and soaked in bleach where possible.

All first aid items and equipment should be stored to maintain an appropriate state of cleanliness and sterility. All items and dry, sterile, packaged instruments should be stored in a clean, dry environment.

Check section 2.4.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice) for advice on dealing with soiled linen and the storage of first aid equipment.

Immunisation

Employers should consider providing an immunisation program. Medical advice should be sought in this matter. For instance, a Hepatitis B immunisation program should be assessed for first aid personnel who are at risk of regular exposure to blood or body substances.

Check section 2.4.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice) for advice on immunisation programs.

Personal protective equipment (PPE)

Personal protective equipment (PPE) should be provided to protect first aid personnel and ill or injured persons from risks of exposure to infections. PPE should comply with the relevant Australian standards.

PPE could include:

- protective gloves such as disposable PVC, latex gloves or heavy duty gloves where there is a risk of exposure to sharp objects or when cleaning blood or body substance spills
- protective clothing such as disposable non-porous overalls or plastic aprons
- eye protection such as goggles and safety glasses
- safety footwear to protect feet from sharp objects
- resuscitation mask to reduce the risk of exposure to blood and body substances

More information on PPE is provided in section 2.4.2 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Skin penetrating injuries (SPI)

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

Management of a SPI:

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

When a person has exposure to blood or body substances:

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

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

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

Information and training

Information and training should be provided to first aid personnel and others on the following issues:

- the risk of exposure to biological hazards
- infection control practises and procedures
- correct use of personal protective equipment (PPE)
- management of blood or body substance exposure and spills

Training should help first aid personnel to anticipate and handle events where there may be exposure to biological hazards.

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

Workers should be informed about first aid equipment and facilities.

Accident response plan

Information about first aid should include an accident response plan which should:

- specify the 'response' procedures to be followed in an accident situation such as notify the supervisor or telephone for medical assistance
- allocate specific tasks to individuals such as instructing the supervisor to telephone for an ambulance
- include emergency transportation arrangements such as identifying a person with a driving licence and the location of an available vehicle(s)
- detail the location of first aid equipment and facilities at the workplace including details of personnel responsible for the equipment and facilities
- specify the role of the first aid provider:
 - the first aid providers should be instructed not to exceed their training and expertise in first aid
 - other staff such as supervisors should be instructed not to direct first aid providers to exceed their first aid training and expertise

Information about first aid facilities and the accident plan should be given to workers at the start of their employment. When starting work, workers should also be aware of the availability of first aid equipment, facilities and services and infection control procedures.

Important details about the provision of information and training to workers are included in section 2.5 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Record keeping

A first aid recording system should be maintained at the workplace.

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

The original copy of the first aid records should be retained at the workplace and a copy should be given to the worker or be available on request.

For information on the recording system and recorded details check section 2.7 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

Confidentiality

Personal information about the health of a worker is confidential including details of medical conditions, treatment provided and results of tests. Disclosure of information without the patient's approval could be considered illegal.

More information on confidentiality is provided in section 2.8 of the *First Aid Advisory Standard 2004* (now known as a Code of Practice).

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