



ACT Public Service

Injury Prevention Management Policy

FIRST AID IN THE WORKPLACE

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Application	All Agencies
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Policy Statement	<p>ACT Government recognises that employers have a duty to ensure that employees have access to an appropriate medical and first aid service. This policy offers information and practical advice to managers, supervisors and employees engaged in the provision of first aid to personnel in ACT Public Service workplaces.</p>

Signed and authorised by Cheryl Vardon, Commissioner for Public Administration

FIRST AID IN THE WORKPLACE

1. Introduction

This policy replaces the July 1999 policy of the same title. This policy has been reviewed to reflect current whole-of-Government needs and the *ACT First Aid in the Workplace Code of Practice of April 1994* developed and published by ACT Workcover.

The ACT Government is committed to providing a safe and healthy working environment for its employees, contractors, clients and visitors. The provision of a first aid system will ensure that, should an injury or illness occur at work, employees have immediate access to qualified First Aid assistance.

2. Purpose

The ACT Government and its employees are accountable under the *Occupational Health and Safety Act 1989* (OHS Act), as modified by the *Public Sector Management Act 1994* (PSM Act), for the provision of a safe working environment.

The ACT Government recognises that employers have a responsibility to provide employees with an appropriate medical and first aid service.

The immediate and appropriate management of an emergency reduces the impact of injury and prevents further trauma. This is addressed through providing:

- appropriate first aid procedures
- first aid equipment
- qualified First Aid Officers.

This policy is designed to outline minimum standards for the provision of workplace first aid. ACTPS agencies are required to use the information in this policy document as guidance material and may wish to undertake risk assessments and make relevant adjustments to meet the local needs of their workplaces, while ensuring that duty of care is maintained.

3. Objectives

The objectives of the policy are to:

- offer information and practical advice to managers, supervisors and employees on appropriate first aid services to meet the needs of their workplaces
- outline *minimum* standards for the provision of workplace first aid
- provide guidance for the establishment of first aid rooms
- outline the responsibilities of managers, staff and First Aid Officers in relation to the delivery of a first aid service.

4. Scope

This policy shall apply to all ACTPS permanent and temporary employees who are engaged in accordance with the PSM Act. Contractors, visitors, clients and volunteers who are injured at an ACTPS workplace may also receive first aid treatment in accordance with this policy.

5. Definitions

Workplace First Aid – the emergency aid or treatment of illness and injury at work and includes emergency treatment, dressing of minor injuries, recognition and reporting of hazards, participation in safety programs and the maintenance of relevant records,.

First Aid Officers – personnel who hold current approved first aid qualifications from accredited trainers, and who have been designated as workplace First Aid Officers.

Designated Workplace – any premises or environment where employees or self-employed persons work.

The ACT Workcover Code of Practice: *First Aid in the Workplace* identifies three (3) types of workplaces, as follows:

Group A - workplaces where the principal activities do not present a significant risk of injuries and or diseases through normal workplace practices;

Group B – workplaces which are **not** Group A nor Group C;

Group C – workplaces that are mobile such as aircraft, vehicles and vessels.

Standard Precautions - are work practices required for the basic level of infection control and are recommended for the treatment and care of all patients. Standard Precautions are designed to reduce the risk of transmission of micro-organisms from both recognised and unrecognised sources of infection to a susceptible host. See [Section 19](#) for guidelines of Standard Precautions.

Duty of Care - is a term used to describe the legal duty owed by one person to another to act in a certain way. A first aider has a duty of care towards casualties to exercise reasonable care and skill in providing first aid treatment because of the knowledge and skills relevant to a medical emergency situation that he or she possesses. While an ordinary first aider does not have a duty to go to the aid of every casualty they come across, a First Aid Officer – ie one who has been designated as a workplace First Aid Officer as defined above – does have a duty of care to provide first aid assistance to another person in the workplace.

6. Employee Awareness

All employees should be advised of:

- the nature of first aid facilities
- the location of the first aid kits and first aid rooms (if applicable)
- the names and work locations (including telephone numbers) of First Aid Officers
- the procedures to be followed when first aid is required
- first aid requirements in relation to specific hazards in the workplace.

This advice should occur when:

- an employee first becomes employed
- when there is significant change in the personnel, workplace, nature or type of duties performed.

7. First Aid Services

7.1 Appropriate Services

In establishing what first aid services are appropriate for workplaces, the following should be considered:

- location, size and layout of the workplace
- number and distribution of employees, including shift work arrangements
- the nature and level of risks

- statistical information on accidents or illnesses
- distance from the workplace to the nearest available and appropriate medical service or occupational health service.

7.2 Decisions to be made

Having regard to each of the points above, decisions are to be made by agencies in relation to:

- the contents of first aid kits
- the number and location of first aid kits
- the number and training of First Aid Officers
- employee training and advice on availability of first aid assistance
- suitable means of communication between first aid officer and staff/others
- first aid rooms and their contents
- suitable transport for the sick or injured
- the languages in which information should be provided.

8. First Aid Officers and Relief First Aid Officers

Employees with appropriate and mandatory qualifications may be appointed as First Aid Officers. Employees must be chosen on the basis of their qualifications and their availability to perform the duties of a First Aid Officer. Relief First Aid Officers must also have the required qualifications and be prepared to take responsibility for workplace first aid duties when the appointed First Aid Officer is absent or on leave.

8.1 First Aid Officer Qualifications

The required training for First Aid Officers as recommended in the ACT Workcover Code of Practice: *ACT First Aid in the Workplace* is:

- a) Senior First Aid Certificate – for persons designated as responsible for rendering first aid
- b) Occupational First Aid Certificate – for persons responsible for a first aid room.

The employing agency will meet the costs of initial and continuing First Aid training for First Aid Officers and Relief First Aid Officers. Information about relevant courses and appropriate agencies to provide training is at [Attachment 1](#).

Some workplaces may also wish to provide Mental Health First Aid Training as an additional qualification for their First Aid Officers. Details for this course can be found at <http://www.mhfa.com.au/>

The initial and subsequent First Aid Certificates are valid for three years. First Aid Officers must renew their certificates prior to the expiry date.

8.2 First Aid Officer Responsibilities

8.2.1 First Aid Officers are responsible for the initial care of ill or injured employees and should render first aid treatment in accordance with their approved training.

8.2.2 The skills and knowledge of First Aid Officers should include the ability to:

- a) undertake the initial treatment of injuries and illnesses occurring in the workplace
- b) know when to call on the assistance of the emergency services or, where available, workplace medical practitioners or workplace nurses
- c) follow the advice and direction of the emergency services
- d) undertake cardio-pulmonary resuscitation
- e) utilise standard precautions to minimise the spread of infectious diseases when treating wounds and disposing of clinical waste

- f) dispose of waste appropriately
- g) maintain first aid kits and first aid rooms (if applicable)
- h) record details of first aid treatment given
- i) make appropriate reports to management.

8.2.3 A First Aid Officer who is engaged in attending to a casualty should remain with the casualty until no further treatment or assistance is required, or until the casualty is handed over to ambulance or medical personnel.

8.2.4 First Aid Officers must remember their limitations and should administer or carry out only those duties that have been included in their training.

8.3 Number of First Aid Officers

Refer to Definitions of Workplaces at [Section 5](#). The minimum numbers and ratios of First Aid Officers to employees should be:

No of employees present at a workplace at any one time	20-50	51-100	101-150	151-200	More than 200 employees
Group A Workplaces No of First Aid Officers	1	1	2	2	1 additional officer for each 100 employees
Group B Workplaces No of First Aid Officers	1	2	3	4	1 additional officer for each 50 employees.

These numbers of First Aid Officers may need to be increased, depending on:

- the size and layout of the workplace
- the location of the workplace
- the number and distribution of employees including casual and shift work arrangements
- the nature and specific hazards of the work
- known occurrences of accidents or illnesses
- the distance from the workplace to the nearest available and appropriate medical services.

8.4 Remote or Mobile Locations (Group C Workplaces)

Where an employee or group of employees does **not** have timely access to appropriate medical and ambulance services, such as in remote, isolated or mobile workplaces (remembering that first aid is effective because it is immediate), agencies will need to make arrangements to ensure that first aid services are readily available. There should be **at least one** First Aid Officer at each location.

8.5 Payment of Allowances

First Aid Officers will receive an allowance corresponding to their level of qualification and in accordance to *Public Sector Management Standard 3*. (Refer to <http://www.psm.act.gov.au/legislation/standards/standards.htm>)

Relevant rates of allowances should be outlined in the current certified agreement for the relevant agency.

9. Use of Analgesics

Analgesics (e.g. paracetamol) come under the category of medication and are not considered a first aid item. "First aid" is defined as the provision of emergency treatment and life support

for people suffering injury or illness. The dispensing of medication would generally not fall within this definition. A major concern with dispensing medication is that a recipient may suffer an allergic reaction. This is possible even with common medications such as paracetamol or aspirin. Many people are intolerant to such substances.

First Aid Officers are not expected to have knowledge of the medical conditions of employees. First Aid Officers must not dispense analgesics to employees, nor must the employer provide analgesics to staff by any other means other than on the advice of a medical practitioner.

10. Agency Responsibilities

Agencies should ensure that:

- in any workplace, First Aid Officers are immediately available and/or on call at all times when employees are at work
- First Aid Officers are made aware of any specific hazards that exist in the workplace and the possible effects of the hazard
- First Aid Officers maintain their qualifications and receive appropriate training to do so.

In implementing this policy, agencies are responsible for:

- payment for ongoing first aid training for First Aid Officers and Relief First Aid Officers
- payment or reimbursement of relevant vaccinations for First Aid Officers (such as Hep B)
- planning, resourcing and implementing local procedures to support the policy;
- identifying specific accountabilities within the organisation, such as delegation of First Aid Officers and the area responsible for monitoring the services provided
- engaging appropriate service providers (eg training, equipment provision and maintenance etc)
- open and effective dialogue with employees about this policy
- communicating this policy to all staff
- monitoring the effectiveness of this policy.

11. Reporting First Aid Treatment

First Aid Officers are required to :

- record any treatment administered (an example of a First Aid Record Form is provided at [Attachment 2](#))
- provide assistance to complete an accident/incident report, if required
- immediately advise the OH&S Officer of any serious accidents in the workplace
- report health hazards that may be associated with first aid incidents in the workplace to the Injury Prevention and Management Officer or relevant Human Resources area and the relevant supervisor.

Records created relating to first aid treatment may be used in an action against the first aid officer and/or for other purposes (eg, in relation to any claim against a person or entity who allegedly caused the injury in the first place). It is important that those records be made as soon as possible after the assistance was provided and be clear and comprehensive. If this is adhered to, their usefulness in establishing what happened will be greater and they may in fact be extremely useful in either meeting any claim or in deterring persons from taking legal action. The legal liability of First Aid Officers is addressed in [Section 14](#).

12. Record Retention

Records documenting the provision of first aid treatment to individual employees may be destroyed 5 years after the last action.

13. Privacy

First Aid Officers are required to comply with the *Privacy Act 1988*, which protects the individual's rights in relation to the collection, use, storage and disclosure of personal information. The records of any treatment administered must be stored in a confidential manner and only released to people who have authorised access to the documents.

14. Legal Liability

Before starting to treat a casualty, the First Aid Officer should receive consent for the treatment. If the casualty is unconscious, or unable to give consent due to their injuries then the First Aid Officer can assume consent and commence treatment.

A designated First Aid Officer, who in the course of his or her employment with the Territory renders first aid assistance to another Territory employee, is acting on behalf of the Territory. The Territory will usually assume liability and meet any damages and legal costs when a claim is made arising out of the provision of that assistance.

It is recognised that from time to time First Aid Officers may be called upon, in the course of their employment, to provide first aid assistance to persons other than Territory employees. Once again, the Territory will usually assume liability and meet any damages and legal costs when a claim is made arising out of the provision of that assistance.

First aid officers should not administer first aid services beyond the level of their training and experience and should weigh any risks involved in treating any person against their level of qualification.

15. Ambulance Costs

An ambulance service is to be called at the earliest suggestion that it maybe required.

If an ambulance is used to transport an employee as a result of a work-related injury or illness, the cost of the service will be borne by the employing agency. In the event that an ambulance is required for an injury or illness unrelated to an employee's work or workplace, the employee will meet the associated costs.

If an ambulance is required for a visitor/third party who becomes ill or is injured at the workplace, associated costs are the responsibility of the visitor/third party or relevant employer.

The relevant person responsible for Injury Prevention and Management (IP & M) in the employing agency must be notified immediately after the service has been called.

16. First Aid Kits

All workplaces are required to have available a minimum of one basic first aid kit which is applicable to their type of workplace. (Refer to Workplace Definitions at [Section 5](#).)

The contents of first aid kits should be determined by the nature of the hazards in the workplace. A basic list of recommended items is outlined at [Attachment 3](#). It may be necessary to have additional supplies/modules to meet the specific needs of individual workplaces. ([Attachment 4](#))

16.1 Number of First Aid Kits

At least one kit should be provided for every 100 employees or part thereof. Extra first aid kits should be provided for each additional 50 employees at the workplace. In a large establishment, which covers a wide area, or occupies several floors in a building, more than one first aid kit will need to be provided.

For mobile workplaces, a first aid kit should be located in each vehicle.

16.2 Accessibility of First Aid Kits.

The first aid kit must be readily accessible in case of emergency. It should be located not more than 100 metres from the furthest workplace and not more than one story above or below the floor level of the workplace. Adequate space should be available for rendering first aid when it is required.

The first aid kit should be portable or mounted in such a way as to allow it to be removed and carried to an injured person.

There must be immediate access to appropriate treatment in areas of specific hazards, such as:

- hazardous substances and dangerous goods (corrosives, cyanide, hydrogen fluoride, pesticides)
- machinery or equipment (eg plant maintenance, construction, warehousing, and logging).

16.3 First Aid Containers and Signage

Each first aid kit should be in a suitable dust-proof container and kept in a prominent position. The first aid box should be clearly labelled with a white cross on a green background and the words “**FIRST AID KIT**” in green.

The names, work locations and contact details of First Aid Officers should be listed prominently in or near the first aid kit.

The kit should be in the care of a designated First Aid Officer who is responsible for ensuring the kit is replenished as soon as practicable after use.

17. First Aid Rooms

A first aid room should be provided in a **Group A** workplace where there are 200 or more employees at any one time and in a **Group B** workplace where there are 100 people at any one time.

A first aid room should also be provided in work areas which contain a high degree of risk, or where ambulance response times are likely to be longer than normally expected.

Each first aid room and its contents should be the responsibility of a First Aid Officer who holds a current Occupational First Aid Certificate (refer to section 8.1 (b)).

Where there has been a particular hazard identified, a first aid room may be required (refer [section 7.1](#)).

17.1 First Aid Room Requirements

A first aid room should:

- be a dedicated area, suitably located with convenient access for emergency personnel with stretchers, gurneys and other equipment
- be well lit and ventilated
- be readily accessible to toilet facilities
- have a minimum floor area of 14 square metres
- have an entrance clearly marked “**FIRST AID**”.

Items that should be provided in the first aid room are detailed at [Attachment 5](#).

18. Rest Rooms

A rest room should:

- be provided in workplaces where there are more than 50 employees but no first aid room
- contain a couch, blanket and pillow
- be well ventilated
- be located close to toilet facilities
- be available as a rest room on a continual basis and should **not** be used as a storage area or office.

Where there is no rest room or first aid room, but there are more than 10 employees, it is desirable that a rest couch, complete with blanket and pillow, be provided and placed in a location that gives some privacy.

19. Standard Precautions

Standard Precautions are work practices that provide a primary strategy for successful control of infections relevant to all workplaces, and particularly in health services or activities associated with medical treatment and surgery. Systems should be in place to ensure that First Aid Officers are protected from exposure to all human blood and body substances, sewage, used hypodermic needles (and other sharps) and blood contaminated items.

Application of Standard Precautions will minimise the risk of transmission of communicable diseases such as HIV and Hepatitis and should be used in all situations in which employees have contact with blood or body fluids.

All human blood or other body fluids and tissues should be considered potentially dangerous.

Standard Precautions include the following measures:

- effective hand hygiene, particularly before and after administration of first aid
- use of disposable gloves for patient care and cleaning
- protective barriers must be worn at all times when working with blood or blood products or body fluids or waste that may contain blood:
 - a) protective eyewear must be worn whenever handling blood and body substances or contaminated items
 - b) gowns, boots, and masks should be worn when there is risk of contamination to clothes, feet, or face
 - c) individuals with draining lesions should not work directly with other people. Open wounds should be dressed
- **Do Not** recap, shear, or break needles at any time
- discard needles and sharp objects into a yellow puncture resistant sharps collector/container immediately after use. Containers must not be overfilled and must comply with Australian Standard AS 4031-1992 or Australian New Zealand Standard AS/NZS 4261-1994
- use single use disposable equipment/instruments. If this is not possible reusable equipment must be reprocessed in a reprocessing unit, compliant with Australian/New Zealand Standard AS/NZS 4815 or AS/NZS 4187.

Further guidance on Infection Control and Clinical Waste Management is provided at [Attachment 6](#).

20. References

- *Public Sector Management Act 1994 (PSM ACT)*
- *Occupational Health & Safety Act 1989*, as modified by the PSM Act
- *Clinical Waste Act 1990*
- *Clinical and Related Wastes Manual (2nd Edition)*, May 1998
- ACT Workcover Code of Practice *ACT First Aid in the Workplace* (amended April 1997)
- AS/NZS 4817 / AS/NZS 4815 *Cleaning, Disinfecting and Sterilising Reusable Medical and Surgical Instruments and Equipment and Maintenance of the Associated Environments in Health Care Facilities*
- ACTPS agency Certified Agreement(s) 2004-2007
- *Privacy Act 1988* (Commonwealth)
- Public Sector Management Standards
- AS ISO 15489.1 – 2002 *Records Management*
- Territory Administrative Records - *TARDiS* – Entry 11.53.1 of May 2003
- AS/NZS 4261-1994

21 Approving Authority and Review Date

This policy will be reviewed within three years from the date of approval.

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Commissioner for Public Administration

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Date

Feedback and advice on policy directions can be forwarded to IPM.Policyfeedback@act.gov.au

TRAINING COURSES

The following contacts are suitable to provide relevant training for First Aid Officers:

Australian Red Cross contact: 02 62066000
http://www.redcross.org.au/ourservices_acrossaustralia_firstaid_default.htm

Level 2 /Intermediate First Aid Course 18 Hours Validity : 3 years

*Level 3/Occupational First Aid Course 30 Hours Validity : 3 years

St John Ambulance contact: 02 62822399
<http://www.stjohnact.com.au/index.htm>

Senior First Aid Course 18 Hours Validity: 3 years

*Occupational First Aid Course 30 hours Validity: 3 years

Parasol EMT contact: 02 62809880
<http://www.parasolemt.com.au/trainingfa.htm>

Advanced First Aid Course 24 hours Validity: 3 years

*Occupational First Aid Course 32 hours Validity: 3 years

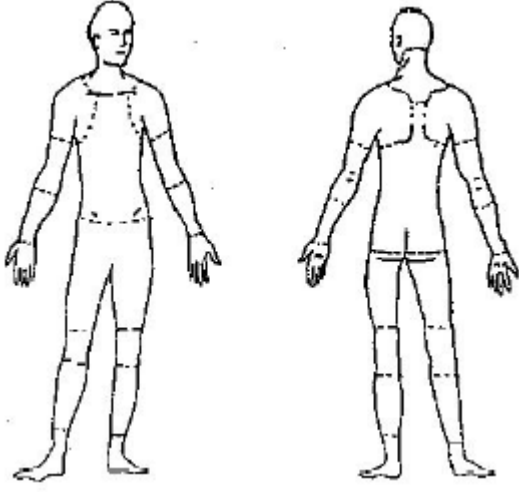
Notes:

Occupational First Aid Certificate is the qualification that is recommended in the ACT Workcover Code of Practice : *ACT First Aid in the Workplace* for First Aid Officers who are in charge of First Aid Rooms.

Additional training information for Mental Health First Aid can be accessed from: www.mhfa.com.au/courses.htm . (Please note that this course alone is not sufficient to qualify for appointment as a First Aid Officer.)

FIRST AID RECORD

ALLERGY NOTICE: BEFORE TREATMENT CHECK IF THE INJURED PERSON IS ALLERGIC TO ANY SUBSTANCES.

Surname & Given Name	Title	Sex
Date of Injury or Illness	Time	
Date Injury or Illness Reported	Time	
Description of Injury or Illness		
Description of Where the Injury/Illness Occurred or Commenced.		
Suspected Cause of the Injury or Illness		
<p style="text-align: center;">Key to Coding (injury only)</p> <p>A - Abrasion B - Burn C - Contusion D - Discolouration F - Fracture H - Haemorrhage L - Laceration P - Pain R - Rigidity S - Swelling T - Tenderness</p>	 <p style="display: flex; justify-content: space-around;">FrontBack</p>	
Treatment Provided.		Treatment Time
Referral of Case and Remarks.		
Name of First Aid Officer	Signature	

Privacy Statement: The above information is collected as a record of treatment only, this information will remain confidential and will only be accessed by a person legally authorised to do so.

RECOMMENDED CONTENTS FOR FIRST AID KITS

*THE CONTENTS FOR FIRST AID KITS ARE MINIMUM RECOMMENDATIONS.
ADDITIONAL SUPPLIES CAN BE PROVIDED IN AGENCIES.*

First Aid Kit contents should be checked regularly for relevant expiry dates and replaced when necessary.

First Aid Contents List	Kit A	Kit B	Kit C
Adhesive dressing strips - assorted sizes individually sealed packets	50	50	50
Adhesive dressing tape 2.5cm x 5cm	1	1	1
Wound dressing, sterile BP No 13	2	2	1
Wound dressing, sterile BP No 14	2	2	1
Gauze bandages 100mm	2	2	1
Gauze bandages 50mm	2	2	1
Swabs, packets of 10, prepacked, antiseptic	2	2	1
Eye pads, sterile	4	4	2
Sterile eyewash solution, 10ml single use ampoules	6	6	2
Disposable gloves (pairs)	6	6	4
Rescue blanket	1	1	1
Dressing non-adherent, sterile 7.5 x 7.5cm	2	2	2
Triangular bandages 1m x 1m on two adjacent sides, unhemmed and folded	6	6	2
Safety pins (packet of 12)	1	1	1
Surgical scissors, blunt nosed	1	1	1
Dressing forceps, 125mm minimum	1	1	1
Eye bath	1	1	1
Kidney dish	1	1	1
Splinter forceps, tweezers	1	1	1
Splinter probe	1	1	1
Antiseptic ointment – Savlon or equivalent	1	1	1
Plastic bags (ice packs/severed limb)			
small 150mm x 100mm	1	1	1
medium 200mm x 150mm	1	1	1
large 400mm x 200mm	1	1	1
Communicable diseases pack (pocketmask, disposable gloves and goggles)	1	1	1
Guidance note from the Australian Red Cross Society or St John Ambulance Australia on DRABC http://www.stjohn.org.au/quick_pdfs/DRABC.pdf	1	1	1
St John Ambulance Australia book First Aid Vol.1 or Equivalent Publication from Registered Trainers.	1	1	1

Kits A, B and C relate to the relevant workplace category groups A, B and C referred in Section 5 of the First Aid in the Workplace Policy.

ADDITIONAL FIRST AID KIT MODULES

The following additional items may be included in First Aid Kits depending on the level and nature of hazards that could be experienced in the workplace.

EYE INJURIES

- Additional quantity of 6 x 10ml sterile eye wash ampoules;
- 4 sterile eye pads;
- 1 roll of adhesive tape 1.25cm;
- Associated guidance notes or pamphlets from accredited First Aid Training Provider.
http://www.stjohn.org.au/quick_pdfs/eye_injury.pdf
<http://www.parasolemt.com.au/manual/eyeinjuries.asp>

BURNS

- additional quantity of 4 assorted size dressings
- 1 sterile sheet
- associated guidance note or pamphlet from an accredited First Aid Training Provider.
http://www.stjohn.org.au/quick_pdfs/burns.pdf
<http://www.parasolemt.com.au/manual/burnsandscalds.asp>

REMOTE AREAS

- 1 firm roller bandage
- additional quantity of 6 x 10ml sterile eye wash ampoules
- 4 sterile eye pads
- 1 roll of adhesive tape 1.25cm
- spray or wipe aluminium sulphate 20% (eg Stingose)
- 15 + sun screen protection
- sterile sheet
- associated guidance note or pamphlet from an accredited First Aid Training Provider.

EXPOSURE TO HAZARDOUS SUBSTANCES

Copies of Material Safety Data Sheets (MSDS) of the hazardous substances should be located near the first aid kit and the kit should include the appropriate items as recommended in the MSDS.

PARTICULAR HAZARDS

In workplaces where there are particular hazards, additional equipment may be required. eg emergency showers, free standing eye wash units.

FIRST AID ROOM RECOMMENDED CONTENTS

The following items and arrangements should be provided in a Workplace First Aid Room:

- a first aid kit
- sink and wash basin with hot and cold water supply
- liquid soap, and disposable paper towels, or accepted alternative means (eg alcohol based hand rub or gel)
- work bench and/or dressing trolley
- lockable cupboard for storage of records
- cupboard for storage of dressings, utensils and linen
- soiled dressings container with disposable lining and clear process for clinical waste management
- a yellow puncture resistant sharps collector/container for the disposal of sharps, syringes and other sharp implements, compliant with Australian Standard AS 4031-1992 or Australian New Zealand Standard AS/NZS 4261-1994
- electric power points
- couch with vinyl upholstery to facilitate cleaning with detergent and water
- blankets, pillows and sheets and pillow cases and clear process for clean linen ordering and used linen management (agencies may prefer to use disposable products)
- two chairs with arms
- one desk chair and a table or desk
- a telephone and/or emergency call system
- a stretcher or similar device for transport that is either disposable or easily cleaned with detergent and water between use
- resuscitation and relevant emergency equipment
- suitable cleaning products and processes to enabled effective cleaning of equipment between use
- appropriate cleaning regime for room – ie by contracted agents. Please refer to cleaning information at [section 4.1](#)

Infection Control and Clinical Waste Management Guidance

1. HYGIENE

Standard Precautions include good hygiene practices such as:

- effective hand hygiene with liquid soap and running water or by accepted alternative means (eg alcohol based hand rub or gel) before and after the administration of first aid
- protection of damaged skin by covering with a waterproof dressing and wearing gloves
- appropriate handling and disposal of sharps and other contaminated or infectious material or clinical waste
- the appropriate and effective use of Personal Protective Equipment (PPE) eg. single use disposable gloves, gowns, plastic aprons, surgical masks, eye/face shields or goggles in accordance with best practice, national guidelines and local infection control policy

2. MANAGEMENT OF BLOOD OR BODY FLUIDS SPILLAGE

Procedures need to be developed to address the following needs:

- containment of all blood and body substances, i.e. confining spills, splashes and contamination of the environment and employees kept to a minimum. Protective gloves need to be worn and absorbant material such as paper towels should be used to absorb the bulk of the blood or body substance. These contaminated substances should then be disposed of appropriately as detailed below. After this, the area must be cleaned with warm water and detergent;
- a spill kit should be provided in the first aid room (or designated place for handy retrieval if there is no first aid room). This kit is to comprise: a bucket; detergent; mask; goggles; gloves; disposable apron; scoop; paper towel; and disposable cloths. (Spill kits are available already made up from Government Supplies, the code for chemical spill is 29009 but the company can supply one for vomit and blood etc).
- disposal of NON SHARP contaminated substances: - these should be disposed of in a yellow, appropriately signed, leak-proof, waste bag and then placed in a second bag and sealed. The bag should not be overfilled. These bags must **not** contain sharps. This must be supported by a clear, readily available process for the collection, storage and disposal of clinical and other waste.
- contaminated clothing with blood or body substances should be removed and stored in leak proof plastic bags until it can be returned to the owner for washing. The clothing can be taken home and soaked in cold water before washing. A normal warm machine wash with detergent is appropriate.

3. DISPOSAL OF SYRINGES/SHARPS

- used syringes, needles and sharps must be placed in a yellow puncture resistant Australian Standard AS 4031-1992 or Australian New Zealand Standard AS/NZS 4261-1994 complaint sharps collector/container
- **Do Not** touch sharps with any part of your body
- staff who have not been trained in the safe disposal of sharps should ring the **SHARPS Hotline on 132281** and ask for city rangers to come to collect the sharp at the given location.

Individual agencies should assess the need for spill kits and sharps kits to be provided in their workplaces, in response to the risks identified in their environments.

4. CLEANING

4.1 First Aid Room

The first aid room should be kept clean. Floors, bench tops and other surfaces should be regularly cleaned with warm water and detergent. The frequency of cleaning should be determined by the room's use but should be thoroughly cleaned at least once per week. It is expected that the contract cleaners will undertake this task. A hand basin and adequate supplies of liquid hand soap and paper towels should be provided. Bedding linen should be removed for cleaning after each use if disposable covers are not used.

4.2 First Aid Equipment

It is recommended that disposable single-use items should be used wherever possible and then discarded appropriately.

Re-usable items should be processed after each use in accordance with Australian/New Zealand Standards AS/NZS 4187 or 4815 depending on location/organization. The reprocessing method to be used should be determined by the future use of the item. This means that an item that has been used on intact skin may require a higher level of processing if it is to be used on sterile tissue in the future.

Items that have been in contact with intact skin and will be used for non-invasive procedures can be processed by cleaning thoroughly as per the procedure outlined below.

4.3 Cleaning

Gloves must be worn and care taken to avoid eye splashes, goggles should be worn as necessary. Gross soil should be wiped off, and the remaining soil cleaned off with warm water and detergent. After cleaning, items should be rinsed in hot water to promote drying and then, if necessary, dried with a clean lint free cloth. Store dry. Drying items thoroughly is important to ensure there is no medium left to promote bacterial growth.

EQUIPMENT USE	METHOD
contact with intact skin only	Cleaning with detergent solution
contaminated with blood and body substances	Cleaning and sterilizing
contact with intact mucous membranes, such as eyes and mouth	Cleaning and sterilizing. Disposable, single use equipment is recommended.