

Section 3.08

First Aid and Infection Control

1. Purpose

The purpose of this procedure is to provide guidance in the administration and maintenance of first aid services and facilities.

2. Scope

This procedure applies to all employees and all Council workplaces.

3. References

1. Code of Practice First Aid in the Workplace

4. Responsibilities

Managers/Supervisors

Managers/Supervisors are responsible for ensuring that each workplace under their control has, or has access to, an appropriate number of suitably trained first aid personnel, and first aid equipment commensurate with workplace layout, tasks undertaken and the number of employees.

Managers/Supervisors must keep a **Register** of the location of trained first aid officers. The Manager/Supervisor is responsible to ensure that nominated First Aiders maintain first aid kits in their workplaces or is undertaken on a schedule by a First Aid Supply Company.

Managers/Supervisors must also complete the **First Aid Risk Assessment Form** (see Attachment 1).

First Aid Officer/Nominated Employee

First aid officers or Nominated Employees are responsible for maintaining first aid kits and/or facilities and notifying the Manager/Supervisor when the first aid kits and/or facilities do not meet organisational service standards.

First aid officers are also responsible for recording treatments in the **First Aid Treatment Register** (see 6.4 and Attachment 2) and notifying Managers/Supervisors where medical referral or hospitalisation is required.

Employees

Employees shall become familiar with the location of first aid kits and equipment and document treatment received in the **First Aid Treatment Register**. Accidents and incidents must also be documented on the **Accident/Incident Report Form** (see Section 3.07, Attachment 2).



5. Definitions

First Aid

First aid is the initial treatment of persons suffering from injury or illness in the workplace.

First Aid Officer

A First Aid Officer is an employee who has completed, as a minimum, a Workplace First Aid Certificate – Basic First Aid and Emergency Life Support, through an approved service provider.

6. Method

6.1. Provision of First Aid Treatment

- First aid treatment following an accident/incident must only be provided by a First Aid Officer and the treatment provided should be commensurate with the Officer's training.
- The names of First Aid Officers are available from Managers/Supervisors, the HRM, and displayed on first aid cabinets and notice boards and the Intranet.

6.2. Medical Treatment

- If emergency treatment is required, the emergency services should be contacted on telephone number "000".
- Situations which are not medical emergencies but require further specialised medical treatment may be referred to a private medical practitioner.

6.3. Manager/Supervisor to be Advised

- A Manager/Supervisor must always be advised of situations where further medical treatment is required.
- The Manager/Supervisor must take immediate action to secure the location of the accident/incident, if appropriate.

6.4. First Aid Treatment Register

- The employee or First Aid Officer, as appropriate, must record details of treatment provided in the **First Aid Treatment Register**. (This **Register** is available in all first aid kits.)
- First Aid Officers are to check the **Register** at least twice a year to ensure the proper implementation of required procedures.
- An **Accident/Incident Report Form** must be completed following the incident where appropriate.



6.5. Infection Control Procedures

Accidental Contact with Blood or Body Fluid

If employees come into contact with blood other than their own eg unprotected first aid treatment or penetration from the needle of a syringe, the following process must be undertaken. (Refer Section 4.13 *Needlestick and body fluids Safety*)

- immediately wash the affected area with warm, soapy water and cover the wound with a dressing;
- immediately notify a Manager/Supervisor of the occurrence;
- contact a medical practitioner for advice;
- complete an **Accident/Incident Report Form**.

Blood or Body Fluid Clean up

The following procedures should be implemented and followed when dealing with blood or body fluids:

- disposable gloves must be worn at all times whilst dealing with blood or body fluid;
- as much of the spill as possible should be cleaned up with paper towels and the remainder must be cleaned with a full strength disinfectant;
- all solid materials such as gloves or paper towelling that has been contaminated by blood or body fluid must be placed inside two leak-proof plastic bags and sealed. The word “**BIOHAZARD**” should be written on the bag and disposed of according to the Council’s **Hazardous Waste Disposal Procedures**;
- employees should wash their hands with soapy water immediately after the clean up process.

6.6. General Requirements

First Aid Kits

- Kits must be located in readily accessible areas having regard to the size and layout of the workplace.
- First aid kits contents list shall be retained in the kit, with information checked, at least on a six monthly basis by the First Aid Officer or employee nominated to maintain the kit and/or First Aid Supply Company.
- Daily management of the kit is the responsibility of the First Aid Officer, or if not available, a nominated officer.
- First aid kits must be clearly identifiable to all employees.
- A **First Aid Treatment Register** is available in each kit, with all treatments to be recorded, as indicated in the **Register**.
- On each floor of multi-storey buildings, one approved first aid kit should be provided.



- The contents of first aid kits must be appropriate for the specific work locations.

First Aid Officers

- To identify the number of First Aid Officers in any workplace, reference should be made to Attachment 1 (**First Aid Risk Assessment Form**) and should take into consideration the following factors:
 - the size and layout of the workplace;
 - the number and distribution of employees including shift work, overtime and flexible hours;
 - the type of hazards present and potential severity of the risk;
 - the location of the workplace in relation to professional medical assistance; and
 - whether certain accidents or incidents are known to have occurred in the past.

First Aid Rooms

- Where a first aid room is required under legislation, the room should be maintained by the Human Resources Manager in accordance with that legislation.

7. Related Documents

1. First Aid Treatment Register
2. Section 3.07, *Accident Incident Reporting and Investigation*.
3. Section 4.13, *Needlestick and Body Fluids Safety*.

8. Attachment

1. Attachment 1, *First Aid Risk Assessment Form*.
2. Attachment 2, *First Aid Treatment Register*

Attachment 1

First Aid Risk Assessment Form

This Form is designed for Managers/Supervisors to assess their workplace first aid requirements.

The **First Aid Risk Assessment Form** is to be completed by each Manager/Supervisor (Assessor) annually.

The completed Form is to be returned to and retained by the HRM.

Workplace	Name of Assessor	Date
		/ /

SECTION 1 - First Aid Kit/Records	Answer	Corrective Action if answered "No"	Sign When Completed
Does the workplace have easy access to a first aid kit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	May need to provide a kit in a suitable location.	
Are all staff members aware of the location of the first aid kit and list of First Aid Officers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Discuss item at next staff meeting. Provide a listing of First Aid Officers. Ensure that the contact list is placed in a central and accessible location.	
Is there a staff member /First Aid Supply Company responsible for ensuring the first aid kit is kept up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designate staff member/First Aid Supply Company to be responsible for half-yearly maintenance of kit contents. <i>Note: Staff member does not need to be a First Aid Officer.</i>	

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Is there a record showing that the inventory/ First Aid Treatment Register are updated and checked every six months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	A First Aid Officer to be designated to undertake checks and record appropriate information, as required. Ensure all First Aid Officers are aware of their responsibilities in this regard.	
Are you completing appropriate reports for all workplace incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Complete appropriate reports.	



SECTION 2 - General Sites

Have there been incidents of staff requiring first aid treatment recorded at the workplace over the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is emergency medical assistance/ambulance available within 20 minutes of every workplace?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the medical facility open during the normal working hours of your operations? If "NO", does the medical facility have an emergency contact facility for "after hours"?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of your staff currently trained in first aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to more than one question in this section is "NO" your workplace may require a First Aid Officer to be trained.	

SECTION 3 - Centralised/Multi-Storey Sites Only

Is a trained First Aid Officer accessible to staff in your building - consider staff (ie one First Aid Officer available for every floor within the building)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to the question in this section is "NO", you may require a First Aid Officer for your site.	



First aid training can be arranged by contacting the Human Resources Manager (HRM)

Signed by Assessor:

Name:

Date:

A COPY OF THIS FORM MUST BE RETURNED TO THE HRM

For further assistance to determine your workplace first aid requirements, contact the HRM.

Attachment 2

First Aid Treatment Register

First Aid Treatment Register

Workplace:		Reference Number:	
Name:		Address:	
Date:	Male <input type="checkbox"/>	Post Code:	Phone Number:
Time:	Female <input type="checkbox"/>	Name of First Aid Officer:	
Details of injury or illness:			
How did injury or illness occur?			
Treatment administered:			
Will further medical treatment be required?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Give brief details:			

Signed by Assessor:

Name:

Date:

A COPY OF THIS FORM MUST BE RETURNED TO THE HRM

