



OCCUPATIONAL HEALTH AND SAFETY – FIRST AID POLICY

SWA Policy No: 01
Drafted: January 2007
Adopted:
Amended:
Version: 01

Introduction

First aid is an important aspect of Occupational Health and Safety. In recognition of this, South West Arts Inc committed to providing suitably trained First Aid Officers, together with First Aid Facilities to administer First Aid treatment.

This policy applies to all employees, volunteers, contractors and visitors of South West Arts Inc.

Purpose

The purpose of this document is to provide an overview for South West Arts Inc to establish first aid facilities and services for their organisation.

Policy

South West Arts Inc is committed to providing a safe and healthy work environment for employees, volunteers, contractors and visitors. South West Arts Inc will endeavour to provide appropriate and adequate First Aid treatment in the event of a person sustaining a work-related injury or illness.

South West Arts Inc will systematically identify causes of work injury and work-related illness and assess the risk of work injuries and work-related illness occurring. The appropriate First Aid Facilities and training will be determined, evaluated and provided.

South West Arts Inc will meet First Aid Legislative requirements as a minimum standard.

South West Arts Inc will give all designated First Aid Officers the opportunity to be vaccinated against Hepatitis B.

First Aid Facilities will be maintained on a regular basis.

Definitions

First Aid is the provision of emergency treatment for people suffering injury or illness at work.

First Aid Facilities refers to the First Aid Kit and/or First Aid Room.

Responsibilities

It is the responsibility of the **Executive Officer and Board** to ensure that:

- adequate and appropriate First Aid Facilities are provided;
- appropriate and adequate training is arranged for First Aid Officers;
- First Aid Officers' training is up to date and certificate current.

It is the responsibility of **First Aid Officers** to:

- inspect and maintain First Aid Facilities;
- assess if medical assistance is required;
- administer appropriate First Aid in accordance with their training;
- maintain First Aid records as outlined in this procedure;
- maintain confidentiality with regard to information obtained as part of their role.

Procedure

The Executive Officer is required to determine the number of First Aid Officers required for each worksite. This should be done through discussions with the Board who will advise what legislative requirements exist.

First Aid Officers

If First Aid Officers are deemed necessary for the site, the Executive Officer should determine which Employees would like to be trained as the site First Aid Officer.

The Executive Officer will then arrange training for First Aid Officers.

A copy of the First Aid Officers' qualifications is to be filed on their personnel file.

First aid emergency drills should be included as part of the emergency evacuation drill process.

Where First Aid Officers exist, the name, photograph and extension number of the First Aid Officers is to be located next to the First Aid Facilities.

First Aid Facilities

The level of First Aid Facilities should be determined through discussions with the Board which will determine the type of facility required by law, to assist in determining the level of First Aid Facilities.

Where First Aid Facilities are deemed necessary, they are to be located at points convenient throughout the workforce and where there is a significant risk of an injury occurring. The First Aid Facilities must be identified with a sign hung directly above the First Aid Facility. The sign must have a white cross on a green background. The sign must be Australian Standard Compliant (AS1319).

First Aid Kit

The contents of the First Aid Kit must be protected from dust and damage, and be kept in a container which clearly identifies the contents and purpose. The container must be easily recognisable (for example, a white cross on a green background prominently displayed on the outside) and should not be locked.

The following items should be included in a basic First Aid Kit:

- emergency services telephone numbers and addresses;
- name, photograph and telephone number of First Aid Officers (should be displayed on the outside of kit);
- basic first aid notes;
- individually wrapped sterile adhesive dressing;
- sterile eye pads;
- sterile covering for serious wounds;
- triangular bandages;
- safety pins;
- small sterile un-medicated wound dressing;
- medium sterile un-medicated wound dressing;
- large sterile un-medicated wound dressing;
- adhesive tape;
- elastic or crepe bandages;
- scissors;
- disposable latex gloves;
- approved resuscitation face mask fitted with a 1-way valve;
- eye wash (once-only use container) & guidance notes;
- disposable face masks;
- protective eye glasses;
- disposal bags marked "Caution - Biological Hazard".

The First Aid Kit, and where appropriate First Aid Facilities, must be inspected by the First Aid Officer every month. The First Aid Facilities checklist must be completed and filed by the First Aid Officer following each inspection.

The First Aid Officer must notify the Executive Officer if stock needs to be replenished.

The Executive Officer will ensure the stock is ordered, delivered and given to the First Aid Officer to restock the facilities.

First Aid Treatment

If a person requires First Aid treatment the nearest First Aid Officer must be contacted to administer First Aid treatment.

The First Aid Officer must record the following information:

- name and location of person;
- type of injury, if known;
- urgency of matter; and
- determination if another First Aid Officer is required.

The First Aid Officer will attend to the injured or ill person and provide assistance that they consider the most appropriate. First Aid Officers must only provide assistance in accordance with their training.

Where an injury is of a more serious nature and requires the person to be referred to a doctor or taken to hospital, the First Aid Officer will determine the appropriate transport. The First Aid Officer will ask the injured employee's Manager or Supervisor to arrange the transport.

First Aid Records

When using supplies from the First Aid Kit the 'First Aid Kit Log Book' must be completed. The log book is to be kept inside the First Aid Kit. The following details must be entered into the log:

- date and time;
- name of injured person;
- nature of injury/illness;
- treatment provided;
- supplies used;
- name of attending First Aid Officer.

The First Aid Officer must record details of all injuries using an Injury/Incident Report Form.

The First Aid Officer must complete an Incident Report Form and file on site, providing a copy to the Finance and Administration Officer for internal recording.

Attachments

First Aid Requirements
Injury/Incident Report Form
First Aid Kit Checklist
First Aid Kit Log Book

LEGISLATIVE REVIEW OF FIRST AID REQUIREMENTS

STATE	APPLICABLE STATE LEGISLATION, REGULATION OR CODE OF PRACTICE	GENERAL REQUIREMENT IN RELATION TO FIRST AID OFFICERS / QUALIFICATIONS	
		Section	Description
NSW	OH&S Act 2000	Regulation 20 (2)	An employer must provide at each place of work: (a) first aid facilities that are adequate for the immediate treatment of injuries and illnesses that may arise at the place of work, and (b) if more than 25 persons are employed at a place of work trained first aid personnel
VIC	OH&S Act 1985	First Aid Code of Practice, Appendix 1-3	Provides guidance on the establishment of appropriate requirements, facilities and training and suggests factors to consider in an assessment (workplace size, layout; location, number and distribution of employees including shift work arrangements; nature of work hazards; known occurrences of accidents or illnesses; and the distance from the workplace to the nearest available and appropriate medical / occupational health / ambulance service.
QLD	Workplace Health & Safety Act 1995	Regulation although Workplace Health & Safety Advisory Standard 1999 also provides more specific details	A workplace, including a construction workplace, must have first aid equipment and facilities available for use.
ACT	Occupational Health & Safety Act 1989	Section 27 (2. h (i))	Requires employers to provide appropriate medical and first-aid services for the employees.
SA	Occupational Health, Safety & Welfare Act 1986	Regulation 2.11 and Code of Practice for Occupational Health and First Aid in the Workplace	Requires employers to provide Occupational Health and Safety First Aid facilities for the welfare of employees. The code deals with establishing what is appropriate for the workplace; employee awareness of first aid kits, first aid services and rooms and occupational health centres.
WA	Occupational Safety & Health Act 1984	Regulation 3.12	For every 25 employees a first aid box must be provided in an accessible place and where more than 200 employees are employed at a workplace, a person with an approved first aid certificate must have control over an appropriately equipped casualty room

INJURY/INCIDENT REPORT FORM

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not, and to document the investigation into the accidents by the Occupational Health and Safety representative involved.

Please complete within 24 hours of the accident. If the accident caused, or could have caused, serious injury or property damage, please contact the Executive Officer immediately.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED (or by Occupational Health and Safety Officer if worker is incapacitated)

PERSON INVOLVED IN ACCIDENT/INCIDENT (Please print)

Title	Surname	First Name	Date of Birth
(please tick) Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Other <input type="checkbox"/>			Male <input type="checkbox"/> Female <input type="checkbox"/>
Department		Position	Contact telephone number

DETAILS OF THE INJURY **INCIDENT** **NEAR MISS**
 (tick appropriate box)

Date injury/incident/near miss occurred: ____/____/____.

Time injury/incident/near miss occurred: _____ am/pm

Location where injury/incident occurred
 (please print):

Part of body affected (tick appropriate answers)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> systemic	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> great toe
<input type="checkbox"/> mouth	<input type="checkbox"/> stomach		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> Teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> back		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	
<input type="checkbox"/> not applicable						

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Nature of Injury (tick appropriate answers)

<input type="checkbox"/> abrasion	<input type="checkbox"/> puncture	<input type="checkbox"/> heart attack	<input type="checkbox"/> sprain	<input type="checkbox"/> burn	<input type="checkbox"/> traumatic shock
<input type="checkbox"/> bruise	<input type="checkbox"/> laceration	<input type="checkbox"/> hearing loss	<input type="checkbox"/> strain	<input type="checkbox"/> scald	<input type="checkbox"/> electric shock
<input type="checkbox"/> fracture	<input type="checkbox"/> amputation	<input type="checkbox"/> foreign body	<input type="checkbox"/> hernia	<input type="checkbox"/> rash	<input type="checkbox"/> psychosocial
<input type="checkbox"/> concussion	<input type="checkbox"/> bite	<input type="checkbox"/> minor cuts		<input type="checkbox"/> allergy	<input type="checkbox"/> chemical
<input type="checkbox"/> Aggravation of previous injury or medical condition.					
<input type="checkbox"/> not applicable					

Type of Incident which caused Injury (tick appropriate answers)

<input type="checkbox"/> striking against	<input type="checkbox"/> stumbling	<input type="checkbox"/> lifting	<input type="checkbox"/> pushing	<input type="checkbox"/> ingestion
<input type="checkbox"/> struck by	<input type="checkbox"/> slipping	<input type="checkbox"/> bending	<input type="checkbox"/> pulling	<input type="checkbox"/> absorption
<input type="checkbox"/> caught in	<input type="checkbox"/> tripping	<input type="checkbox"/> twisting	<input type="checkbox"/> jumping	<input type="checkbox"/> inhalation
<input type="checkbox"/> stepping on	<input type="checkbox"/> falling	<input type="checkbox"/> stress	<input type="checkbox"/> motor vehicle	<input type="checkbox"/> needlestick
<input type="checkbox"/> other: describe				
<input type="checkbox"/> not applicable				

Agency of Injury/Illness/near miss (tick)

<input type="checkbox"/> Vehicle	<input type="checkbox"/> Buildings	<input type="checkbox"/> Mobile Plant	<input type="checkbox"/> Structures
<input type="checkbox"/> Power tools	<input type="checkbox"/> Furniture	<input type="checkbox"/> Other tools	<input type="checkbox"/> Surfaces
<input type="checkbox"/> Animal/Insect	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Materials	<input type="checkbox"/> Sunburn
<input type="checkbox"/> Biological agent	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Equipment	<input type="checkbox"/> Stress
<input type="checkbox"/> Objects	<input type="checkbox"/> Ionising radiation	<input type="checkbox"/> Other	
<input type="checkbox"/> not applicable			

If reporting an incident or near miss, please describe how this occurred:

SECTION B: TO BE COMPLETED BY THE OCCUPATIONAL HEALTH AND SAFETY REPRESENTATIVE AND THE PERSON INVOLVED WITHIN 48 HRS

This is an extremely important section as the aim of the accident/incident investigation is to identify preventative action that will avoid recurrence of a similar accident.

Probable cause or causes of Injury / Incident (tick appropriate answers)

<input type="checkbox"/> inadequate instruction	<input type="checkbox"/> fault of plant or equipment	<input type="checkbox"/> poor storage	<input type="checkbox"/> weather
<input type="checkbox"/> inadequate workspace	<input type="checkbox"/> equipment unavailable	<input type="checkbox"/> poor access	<input type="checkbox"/> terrain
<input type="checkbox"/> assistance unavailable	<input type="checkbox"/> lack of attention	<input type="checkbox"/> incorrect method	<input type="checkbox"/> work practices

Describe how the accident occurred:

PREVENTION OF ACCIDENT/INCIDENT RECURRENCE

Describe what action is planned or has been taken to **prevent a recurrence** of the accident, based on the key contributing factors (Please print)

(Immediate)

(Long Term)

SECTION C:

Signed by Supervisor _____ Supervisor's name _____
Signed by Person Involved _____ Signed by OH&S officer _____

FIRST AID KIT INSPECTION CHECKLIST

First Aid Kit Number: _____

First Aid Kit Location: _____

PRODUCT	FIRST AID KIT QUANTITY	QUANTITY REMAINING	QUANTITY USED SINCE LAST INSPECTION
Packet of 50 individually wrapped adhesive strips			
Sterile eye pads			
Sterile coverings for serious wounds			
Triangular bandages			
Safety pins			
Small sterile un-medicated wound dressings			
Medium sterile un-medicated wound dressings			
Large sterile un-medicated wound dressings			
Roll adhesive tape, 1.25cm wide (preferably micropore tape)			
Crepe bandages			
Elastic bandages			
Scissors			
Pair disposable gloves			
Resuscitation mask			
Pair tweezers			
Small bottles of sterile eyewash solution			
Alcohol swabs			
Hand towels			
First aid booklet			

1. Emergency Services Telephone Numbers and Telephone Numbers and Addresses Posted Next to the First Aid Kit: Yes No

2. Name, photograph and telephone number of First Aid Officers posted on the outside of the First Aid Kit: Yes No

Inspection completed by: _____ Date: _____
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