First Aid Guidelines

All leaders have a legal duty (under the Workplace Health and Safety Act 1995) and its associated Advisory Standard 2004 to assist activity participants who may be injured or ill, including the appropriate administration of first aid when necessary. Considering this then, it is a legal requirement for all leaders associated with the outdoor activities of our Church to hold a minimum standard of an Intermediate First Aid Certificate. (See Section 2 & 4 of the Adventist Outdoor Operations Manual)

This training can be obtained through approved authorities such as:

- Australian Red Cross
- St John Ambulance
- Queensland Ambulance

When activity leaders are planning an activity, all participants should provide the leaders with an accurate account of illnesses, medical conditions, and associated previous injuries so that the leadership can be appropriately prepared for any related incidents. This information should be kept in a safe place on the activity site for ease of access if required. This information should at all times remain confidential, protecting the individual. An example of this document is the 'Participant Medical Record' that can be found in Section 6 of the AO Operations Manual (in 'forms' on PF pack 2006).

Although all leaders should have their Intermediate First Aid qualification, at an activity, the leadership should nominate a particular leader / s as the responsible personnel for administration of First Aid needs. It is a requirement of the chief leader and others to let all participants know who is the person responsible for First Aid care. This function will provide a stability of service when it comes to the actual care and the reporting of incidents.

The responsibility of the nominated First Aid provider is:

- Undertake the initial treatment of injuries and illnesses occurring at the activity site
- Record all details of First Aid given
- Maintain the First Aid kit matching the level of training undertaken both prior to and after an activity.

In any activity being planned by any group, a risk assessment of the activity should be made, identifying possible injury, allowing the leadership, prior knowledge of potential first aid requirements. In this planning phase knowledge of all emergency evacuation routes and nearby medical assistance providers need to be identified.

First Aid Kits

The contents of a first aid kit will change at times with the different types of activities undertaken.

In general the following is a guide of what may be kept in a low risk environment:

- Adhesive strips
- Non-allergenic adhesive tape
- Eye pads
- Triangular bandage
- Crepe or conforming bandage
- Wound/combine dressing
- Non-adhesive dressings
- Safety pins
- Scissors
- Small dressing bowl
- Gauze squares
- Forceps/tweezers

- Gloves
- Sterile water/saline
- Resuscitation mask
- Antiseptic solution
- Plastic bags
- Note book and pencil
- Ice pack

An issue that will affect what you have in a first aid kit will be how far are you holding your activity from medical assistance? If it is some distance you may need to consider including some further pieces of equipment:

- Heavy smooth crepe bandages of varying size
- Splints
- Thermal blankets
- Clean sheeting
- First aid manual
- Light

Infection Control

This is an issue of significance in our society today. We are confronted with all kinds of medical conditions in our first aid care these days including such things as Hepatitis B and C (Hep B / C) and Human Immunodeficiency Virus (HIV).

To manage these plus other less significant conditions of cross infection we must be ever diligent in our treatment practices. Issues such as good hygiene and washing hands, using gloves as part of standard precautions when dealing with blood and body substance spillage, waste management, sharps disposal, laundry and cleaning and disinfecting of instruments are practices that MUST always be utilised.

Incident Reporting

This is achieved by keeping good records of incidents as they occur and as treatment is provided. Notation of the condition of the casualty, the incident, all treatment provided and the process of cares need to be recorded at the time of the incident and continued until the casualty is stable or alternatively is delivered into the care of medical assistance.

An incident report then needs to be completed and sent to Risk Management as per the instruction on the incident report. A copy also needs to go to the Chair of the Northern Australian Conference AO Board.

Reference:

AO Operations Manual 2002
Workplace Health & Safety Act 1995
First Aid Advisory Standard 2004