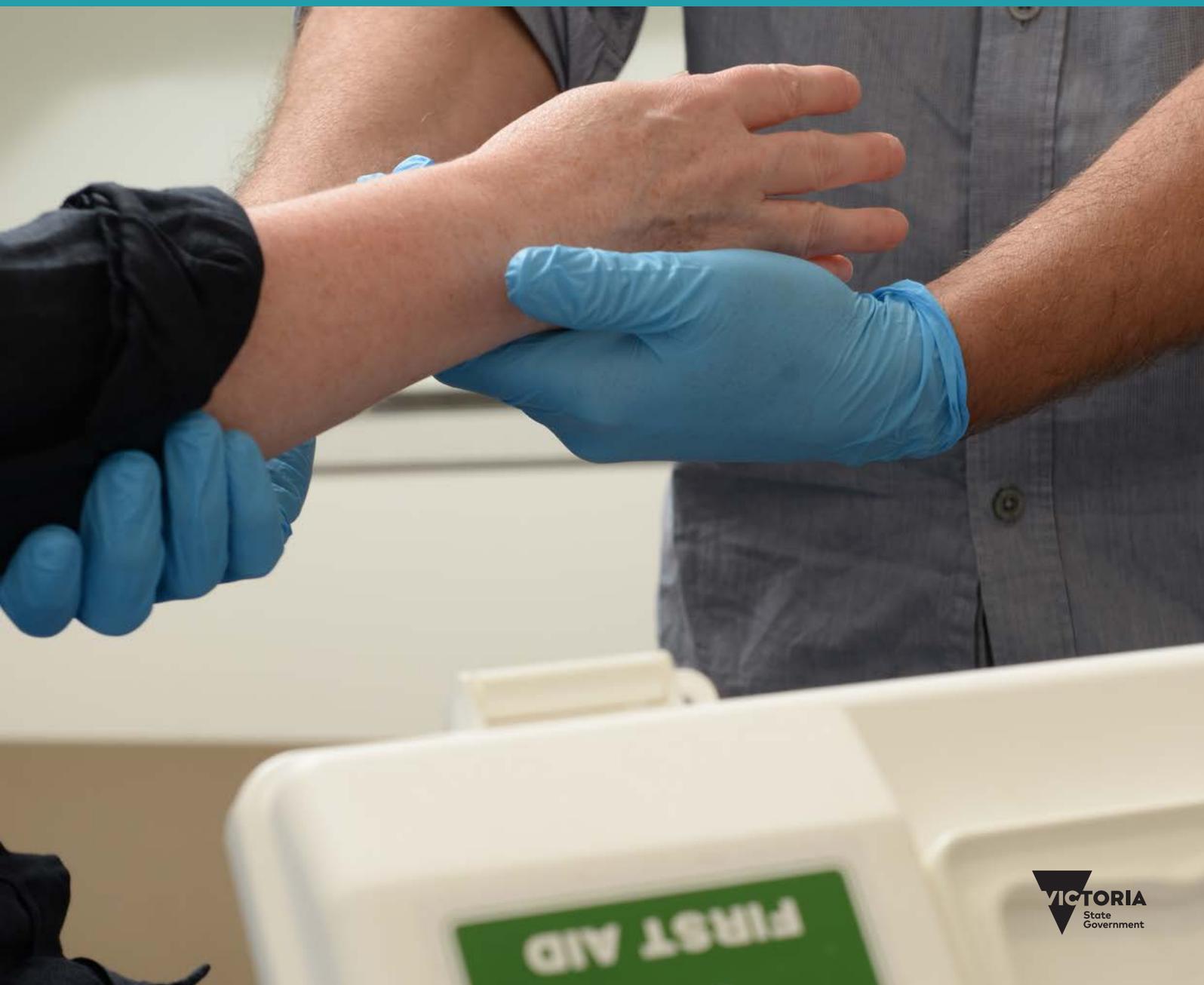


Compliance code

First aid in the workplace

Edition 1



Contents

Preface.....	4
Introduction	5
Purpose	5
Scope	5
Application.....	5
What is first aid?	5
Who has duties?.....	6
Options for how to comply	6
Consultation	7
Information, instruction, training and supervision	8
Option 1: Prescribed approach	10
Using the prescribed approach	10
Determining if a workplace is low risk or higher risk.....	10
Low-risk micro-businesses	12
First aid officers	12
First aid kits	13
First aid rooms and medical services	14
Other first aid equipment	14
Signage	15
First aid procedures.....	15
Reviewing first aid arrangements	16
Option 2: Risk assessment approach	19
Establishing first aid requirements	19
First aid officers	21
First aid kits	23
First aid rooms and medical services	23
Other first aid equipment	24
Signage	24
First aid procedures.....	24
Reviewing first aid arrangements	25
First aid risk assessment process	26
First aid kits, rooms and equipment	27
First aid kits	27

First aid rooms.....	30
Automated external defibrillators (AEDs)	31
Showers and eye wash stations.....	31
Appendices	33
Appendix A – The compliance framework.....	34
Appendix B – Checklist for applying first aid arrangements (prescribed approach).....	35
Appendix C – Sample first aid assessment (risk assessment approach).....	37
Appendix D – Checklist for reviewing first aid requirements	39
Appendix E – Standard precautions for infection control	40

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Preface

This Compliance Code (Code) provides practical guidance for those who have duties under the *Occupational Health and Safety Act 2004* (OHS Act) and the Occupational Health and Safety Regulations 2017 (OHS Regulations).

The Code was developed by WorkSafe Victoria (**WorkSafe**). Representatives of employers and employees were consulted during its preparation. It was made under the OHS Act and approved by Jill Hennessy MP, Minister for Workplace Safety.

Duty holders under the OHS Act and OHS Regulations should use this Code together with this legislation. This Code replaces the *First aid in the workplace compliance code 2008*, which is no longer in force and effect.

While the guidance provided in the Code is not mandatory, a duty holder who complies with the Code will – to the extent it deals with their duties or obligations under the OHS Act and OHS Regulations – be considered to have complied with those duties or obligations.

If conditions at the workplace or the way work is done raise different or additional risks not covered by the Code, compliance needs to be achieved by other means. WorkSafe publishes guidance to assist with this at **worksafe.vic.gov.au**.

Failure to observe the Code may be used as evidence in proceedings for an offence under the OHS Act or OHS Regulations. However, a duty holder will not fail to meet their legal duty simply because they have not followed the Code. A WorkSafe inspector may cite the Code in a direction or condition in an improvement notice or a prohibition notice as a means of achieving compliance.

A health and safety representative (**HSR**) may cite the Code in a provisional improvement notice when providing directions as to how to remedy an alleged contravention of the OHS Act or OHS Regulations.

Approval for the Code may be varied or revoked by the Minister. To confirm the Code is current and in force, go to **worksafe.vic.gov.au**.

Introduction

Purpose

1. The purpose of this Code is to provide practical guidance to employers about how to comply with their duties under the OHS Act to provide adequate workplace facilities, in particular first aid facilities for the welfare of employees.

Scope

2. This Code provides information in relation to adequate first aid facilities in the workplace, including assessing first aid needs, first aid kits, first aid rooms, number of first aid officers and training, and first aid procedures.
3. While this Code provides information about complying with duties to employees, including independent contractors, under section 21 of the OHS Act, employers should consider whether they owe duties to provide first aid facilities to other persons, for example volunteers or patrons. This Code does not cover those duties.

Application

4. This compliance Code applies to employers. HSRs and other employees may also find this Code useful.

Note: The word **must** indicates a legal requirement that has to be complied with. The words **need(s) to** are used to indicate a recommended course of action in accordance with duties and obligations under Victoria's health and safety legislation. The word **should** is used to indicate a recommended optional course of action.

What is first aid?

5. **First aid in the workplace** is the provision of initial health care and basic life support for people who suffer an injury or illness at work.
6. First aid arrangements include:
 - first aid needs assessment
 - first aid officers and their training requirements
 - first aid kit contents, location and maintenance
 - first aid rooms
 - first aid equipment, and
 - first aid procedures.

Key terms

First aid facilities: first aid rooms, first aid kits and first aid equipment.

First aid officer: a person who has completed current and appropriate training, which is kept current, and has been nominated by the employer for that role in the workplace.

Who has duties?

7. **Employers** must provide and maintain, so far as is reasonably practicable, a working environment for their employees that is safe and without risks to health. <OHS Act s21>

For information about what reasonably practicable means, when complying with Part 3 of the OHS Act or the OHS Regulations, see the WorkSafe Position *How WorkSafe applies the law in relation to reasonably practicable* at worksafe.vic.gov.au.

8. In meeting their duty under section 21(1), an employer must provide, so far as is reasonably practicable, adequate facilities for the welfare of employees at any workplace under the employer's management and control. <OHS Act s21(2)(d)> This needs to include having appropriate first aid measures in place, including first aid kits and suitably trained first aid officers.
9. An employer's duties under section 21 of the OHS Act extend to independent contractors engaged by the employer and any employees of the independent contractor working at the workplace. These extended duties are limited to matters over which the employer has control or would have control if there was not an agreement in place purporting to limit or remove that control. <OHS Act s21(3)> For example, first aid facilities would normally be considered to be under the control of the employer.
10. **Employees**, while at work, have a duty to take reasonable care for their own health and safety and that of other persons who may be affected by their acts or omissions in the workplace. Employees must also co-operate with their employer in relation to actions taken to comply with the OHS Act or OHS Regulations (for example by following any information, instruction or training provided). <OHS Act s25>

Options for how to comply

11. To meet the duties addressed in this Code, employers may follow either of the following options, after reading the requirements in both and deciding which is the most appropriate for their workplace.

Option 1: Prescribed approach

12. This option provides detailed guidance on how to comply with the OHS Act, based on the organisation's level of risk and size. The guidance includes the:
 - number of first aid officers to be provided, and their responsibilities and training
 - number of first aid kits to be provided and their contents

- number of first aid rooms to be provided and their contents.

Option 2: Risk assessment approach

13. This option guides organisations through the process of determining their first aid needs based on an assessment of their workplace hazards and risks.
14. Organisations with large workplaces or a complex range of occupational health and safety (OHS) hazards should choose this option. However, it is open to any employer to choose this approach. Any organisation with sufficient expertise and resources may find that the risk assessment approach allows them to devise a 'tailor-made' solution for their particular circumstances.

What is the effect of choosing one option over the other?

15. Employers who comply with this Code are taken to have complied with the OHS Act in relation to providing adequate facilities involving first aid.
16. Both options are intended to provide guidance on how to comply with duties relating to first aid. While option 1 will generally be the most useful approach for small to medium-sized organisations, option 2 provides a more flexible approach.
17. Option 1 provides a simple means of achieving compliance. However, if an employer chooses to follow option 1, they need to do everything required in the prescribed approach. Otherwise, they should choose option 2 and undertake a risk assessment.
18. An employer who follows the guidance in option 1 may still need to assess the need for additional first aid officer training and modules for the first aid kit where particular workplace needs and hazards exist.
19. Employers who choose option 2 can comply with the law if they make reasonable decisions about first aid requirements, based on what is reasonably practicable in the specific circumstances. Information obtained from any risk assessments that may have already been carried out to assist with controlling risks at the workplace should provide much of the information needed to make appropriate decisions about first aid requirements. Employers who tailor a first aid solution for their workplace can best demonstrate compliance through a documented risk assessment. Employers need to retain any documents created in determining adequate first aid arrangements.
20. If the employer chooses option 2, the prescriptive guidance in option 1 will not be used by WorkSafe to determine if compliance with the OHS Act has been achieved.

Consultation

21. Employers must, so far as is reasonably practicable, consult with employees and HSRs, if any, on matters related to health and safety that directly affect, or are likely to directly affect them. This duty to consult also extends to independent contractors (including any employees of the independent contractor) engaged by the employer in relation to matters over which the employer has control (see paragraph 9). **<OHS Act s35>**

Note: The characteristics of the workplace will have an impact on the way consultation is undertaken. For example, consider:

- the size and structure of the business
- the nature of the work
- work arrangements (such as shift work)
- characteristics of employees (such as language or literacy).

See worksafe.vic.gov.au for more information on consultation.

22. An employer has a duty to consult with employees (including HSRs) when identifying or assessing hazards or risks to health and safety at the workplace, making decisions about measures to control such risks and proposing changes that may affect the health or safety of employees at the workplace. **<OHS Act s35>**
23. It is important to consult with your employees as early as possible at each step of the first aid provision process. Consultation related to this Code would include consultation on:
 - first aid needs
 - first aid training
 - changes to any procedures related to first aid.
24. Employers who are required to consult on a matter must share information about the matter with employees, including relevant contractors and HSRs, give them a reasonable opportunity to express their views, and take those views into account before making a decision. **<OHS Act s35>**
25. Employers also need to encourage employees and contractors to report any problems immediately so that risks can be managed before an injury occurs.
26. Employees and contractors may have practical suggestions or potential solutions that can be implemented.

Information, instruction, training and supervision

27. Employers must provide employees with any necessary information, instruction, training or supervision to enable them to perform their work in a way that is safe and without risks to health. This duty also extends to independent contractors (including any employees of the independent contractor) engaged by the employer in relation to matters over which the employer has control. **<OHS Act s21(2)(e)>**
28. The mix of information, instruction, training or supervision required will depend on the frequency and type of hazards in the workplace, and how much employees already know about first aid provision arrangements.
29. Information, instruction and training on first aid in the workplace needs to cover:

- the location of first aid kits
 - the names and work location of trained first aid officers
 - procedures to be followed when first aid or further assistance is required.
30. The information and instruction needs to be provided:
- as part of employees' induction training
 - if there is a change in the location of first aid facilities (eg first aid room)
 - if there are any changes in the names, locations or contact details of first aid officers
 - at appropriate intervals or as determined by a risk assessment (if the employer chooses this approach in option 2).
31. Training programs should be practical and 'hands on'. The structure, content and delivery of the training needs to take into account any special requirements of the employees and independent contractors being trained (eg specific skills or experience, disability, language, literacy and age).
32. Employers need to review their training program regularly, and when there are changes to first aid arrangements.
33. Refresher training needs to be provided as appropriate for a particular workplace. The frequency of refresher training should be determined having regard to how often employees and independent contractors are required to carry out tasks associated with first aid.
34. For more information about specific training requirements for first aid officers, see paragraphs 52–57.

Option 1: Prescribed approach

Using the prescribed approach

35. Employers who follow the guidance in this section can comply with the OHS Act on the provision of adequate first aid facilities for their employees.
36. If an employer chooses to follow the prescribed approach, they need to do everything specified in the prescribed approach. Employers should read the requirements in both options 1 and 2 before deciding to apply option 1.
37. To apply the prescribed approach, employers first need to determine the nature of injuries that could occur and whether their workplaces are low risk or higher risk of injury. They then need to apply the first aid provisions prescribed. Some provisions may vary according to risk level and number of employees.
38. When considering the number of employees for the purpose of providing first aid officers, first aid kits and first aid rooms, employers should also consider the number of volunteers and others in their workplace.
39. If work occurs over more than one shift, first aid facilities and first aid officers need to be available whenever people work. The number of people working overtime is often less than a regular shift, but additional hours of work heightens fatigue. This may increase the risk of incidents and injuries. The employer needs to ensure when overtime or shift work is being performed that adequate first aid facilities are available for the number of people working each shift.
40. Workplaces which are low risk and have fewer than 10 employees only need to meet the requirements for low-risk microbusinesses (see paragraphs 46–8).

Determining if a workplace is low risk or higher risk

41. Employers need to consider the types of injuries that are likely to occur in their workplace, and whether these are likely to be serious injuries. Table 1 provides some common examples of the types of injuries that may require first aid.

Table 1 - Injuries associated with common workplace hazards that may require first aid

Hazard	Potential harm requiring first aid
Manual tasks	Overexertion can cause musculoskeletal disorder.
Working at height or on uneven or slippery surfaces	Slips, trips and falls can cause fractures, bruises, lacerations, dislocations, concussion.
Electricity	Potential ignition source—could cause injuries from fire. Exposure to live electrical wires can cause shock, burns and cardiac arrest.
Machinery and equipment	Being hit by a moving vehicle, or being caught by moving parts of machinery can cause fractures, amputation, bruises, lacerations, dislocations.

Hazard	Potential harm requiring first aid
Hazardous chemicals	Toxic or corrosive chemicals may be inhaled or may contact skin or eyes causing poisoning, chemical burns, irritation. Flammable chemicals could result in injuries from fire or explosion.
Extreme temperatures	Hot surfaces and materials can cause burns. Working in extreme heat can cause dehydration and heat-related illness. It can also increase risks by reducing concentration and increasing fatigue and chemical uptake into the body. Exposure to extreme cold can cause hypothermia and frostbite.
Radiation	Welding arc flashes, ionising radiation and lasers can cause burns and blindness. Ultraviolet (UV) radiation from the sun can cause sunburn and eye damage.
Violence	Behaviours including intimidation and physical assault can cause both physical and psychological injuries.
Biological	Infection, allergic reactions contamination
Animals	Bites, stings, kicks, falls crush injuries, scratches, disease transmission

42. Examples of serious injuries include:

- amputation of any part of the body
- a head injury (such as a fractured skull or loss of consciousness)
- an eye injury such as loss of sight
- de-gloving or scalping
- electric shock
- a spinal injury
- the loss of a bodily function (for example loss of movement of a limb, loss of sight or hearing)
- lacerations (such as a cut requiring stitches).

Serious injury or illness can include injuries incurred as a result of work with plant (such as machinery), hazardous substances, dangerous goods, confined spaces and hazardous manual handling.

Low-risk workplaces

43. Low-risk workplaces are those where:

- employees are not exposed to hazards that could result in serious injury or illness that would require immediate medical treatment, and
- the workplace is located where medical assistance or ambulance services are readily available.

Low-risk workplaces could include offices, libraries and most retail shops.

Higher risk workplaces

44. Higher risk workplaces are those where employees may be exposed to hazards that could result in serious injury or illness that would require immediate medical treatment. Higher risk workplaces could include manufacturing plants, commercial kitchens,

meatworks, motor vehicle and body panel workshops, medical research facilities, prisons and forestry operations.

Workplaces with both low-risk and higher risk areas

45. If a workplace includes low risk working areas as well as higher risk areas (for example a workplace with an administrative office plus a workshop), employers need to apply the prescribed approach for the higher risk workplaces.

Low-risk micro-businesses

46. A low-risk micro-business is one that:

- meets the criteria of low-risk workplaces above, and
- has fewer than 10 employees.

47. Low-risk micro-businesses could include retail shops and outlets, offices, libraries and art galleries.

48. A low-risk micro-business can comply with its duty to provide adequate first aid facilities by providing a basic first aid kit and meeting the first aid kit requirements as set out in paragraphs 127–48.

First aid officers

49. Employers need to consider the maximum number of employees in the workplace at any one time.

Low-risk workplaces

50. In low-risk workplaces, employers can comply by providing:

- one first aid officer for 10 to 50 employees
- two first aid officers for 51 to 100 employees
- an additional first aid officer for every additional 100 employees.

Higher-risk workplaces

51. In higher risk workplaces, employers can comply by providing:

- one first aid officer for up to 25 employees
- two first aid officers for 26 to 50 employees
- an additional first aid officer for every additional 50 employees.

First aid training

52. As a minimum, first aid officers should hold nationally recognised statement of attainment issued by a registered training organisation (RTO) for the nationally endorsed first aid unit of competency *Provide First Aid*, or a course providing equivalent skills.

53. For higher risk workplaces, there may be a need for first aid officers who have completed *Apply Advanced First Aid* or a course providing equivalent skills.

54. The employer needs to assess whether additional training for first aid officers is required where there are particular workplace hazards or needs. Examples could include where:
- work is remote or isolated
 - there are risks from hazardous substances such as arsenic or cyanide, or from dangerous goods
 - the workplace has specialist first aid equipment or a first aid room
 - employees have existing medical conditions which may require first aid.

To locate suitable first aid courses or RTOs, visit training.gov.au.

55. Where employees or other people such as volunteers or residents in the workplace have known existing medical conditions, first aid officers should be trained to respond to these conditions if the topic has not been covered in previous first aid training.
56. If the workplace is large or has a complex range of OHS hazards, the employer needs to choose option 2 (see page 19) and determine the appropriate level of first aid training based on a risk assessment.
57. Employers need to ensure that the qualifications of first aid officers are current and updated regularly. Refresher training in cardiopulmonary resuscitation (CPR) should be carried out annually and first aid qualifications should be renewed every three years.

Immunisation for first aid officers

58. Where there is an identified risk of vaccine-preventable disease, first aid officers need to be offered vaccinations in line with the Department of Health [Australian immunisation handbook](#).

First aid kits

Quantity

59. In low-risk workplaces, employers can comply by providing:
- one first aid kit for 10 to 50 employees
 - one additional kit for every additional 50 employees up to 200
 - one additional kit for every 100 additional employees above 200.
60. In higher risk workplaces, employers can comply by providing:
- one first aid kit, including specific first aid kit modules, for up to 25 employees
 - two kits, including specific first aid kit modules, for up to 50 employees
 - one additional kit, including specific first aid kit modules, for every additional 50 employees.
61. For isolated or remote locations or mobile workplaces, employees need to have access to appropriate first aid kits.

Location

62. Kits need to be clearly identifiable and easily accessible, and employees need to be instructed of their location.
63. Where there are separate work areas, it may be appropriate to locate first aid facilities centrally and provide portable first aid kits in each work area. This may include motor vehicles.

Contents and container

64. Adequate first aid arrangements will vary from one workplace to the next. Employers need to ensure that first aid kits are adequately stocked for their workplace.
65. First aid kits need to include the contents listed in for basic workplace kits on page 27. See also information about medicines in first aid kits (page 29).
66. The employer needs to assess whether additional first aid kit modules are required where particular hazards exist. For example, where employees may be exposed to corrosive chemicals, flying particles or flammable liquids, the employer needs to determine whether an eye module or a burns module is required. See page 28 for more on additional first aid kit modules.
67. For information about the adequacy of containers for first aid kits, see paragraphs 124–6.
68. Employers need to ensure that first aid kits are maintained in accordance with paragraphs 144–5.

First aid rooms and medical services

69. The provision of a first aid room will depend on the type of workplace and the number of employees and other persons. Employers can comply by providing a first aid room in:
 - low-risk workplaces with more than 200 employees
 - higher-risk workplaces with more than 100 employees.
70. For more information about first aid rooms and their contents, see paragraphs 146–50.

Access to medical services and the nature and extent of those services

71. In higher-risk workplaces, arrangements need to be in place to ensure the services of an appropriate medical centre are available. These services may be provided within the workplace or be readily accessible outside the workplace. The medical services need to be able to provide emergency medical treatment and have an understanding of the types of hazards at the workplace and the potential effect on the health of employees that may arise from exposure to those hazards.

Other first aid equipment

72. Employers need to consider whether it is reasonably practicable to have an automated external defibrillator (AED) in the workplace. For more information, see 'Automated external defibrillators' (page 31).

73. Employers need to provide emergency eye-wash equipment where there is a risk of hazardous chemicals or infectious substances causing eye injuries. For more information, see 'Showers and eye wash stations' (page 31).

Signage

74. The employer needs to provide safety signs to ensure first aid facilities are adequately signed, and that the telephone numbers of emergency services and details of first aid officers are provided. Signs should comply with AS 1319 *Safety signs for the occupational environment*, for example by including a white cross on a green background. See figures 1 and 2.

75. Additional guidance on signage is provided in AS 1319 *Safety signs for the occupational environment*.



Figure 1 – First aid facilities sign

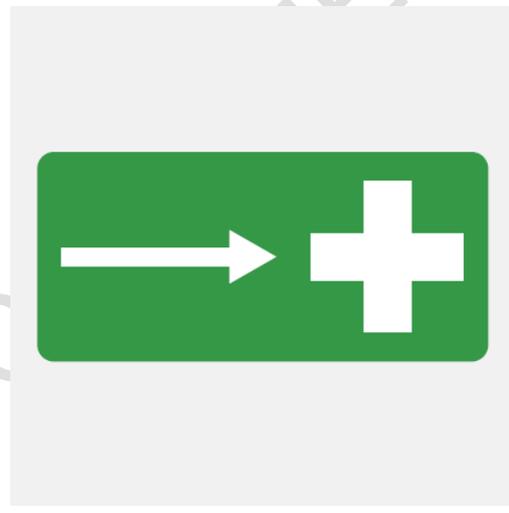


Figure 2 – Sign to indicate direction to first aid

First aid procedures

76. Employers need to develop and implement first aid procedures to ensure that employees have a clear understanding of first aid in their workplace. For example, the procedures need to include:

- types and locations of first aid kits
- location of first aid facilities (such as first aid rooms)
- first aid kit contents and review dates
- list of emergency numbers
- systems for emergency communication with first aid officers and emergency services, including for remote or isolated employees, and processes for checking and maintaining these
- arrangements for training first aid officers
- arrangements for providing first aid information and instruction for employees (including how the names and locations of first aid officers are communicated to employees)
- processes for reporting injuries and illnesses in the workplace
- requirements for notifying WorkSafe of a notifiable incident

- infection control processes, including avoiding exposure to blood and other body substances (see Appendix E).

Reviewing first aid arrangements

77. Employers should review their first aid arrangements regularly to ensure that they are still adequate for the risk level and number of employees. The review should include:

- numbers of first aid kits and contents of kits
- number of first aiders required and training required
- whether a first aid room is required, and
- whether first aid contact details are up to date.

See the checklist for reviewing first aid arrangements in Appendix D.

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Table 3 – Prescribed approach - Summary of numbers of first aid officers, kits and rooms

Low-risk workplaces

	Up to 10 employees (micro-business)	10–50 employees	51–100 employees	101–200 employees	More than 200 employees
First aid officers	Not required	One first aid officer	Two first aid officers	Three first aid officers	Three first aid officers for 200 employees plus one officer for every additional 100 employees
First aid kits*	One first aid kit	One first aid kit	Two first aid kits	Two first aid kits for the first 100 employees plus one kit for every additional 50 employees	Four first aid kits for 200 employees plus one kit for every 50 additional employees
First aid rooms	Not required	Not required	Not required	Not required	Required

*** Areas without timely access to medical and ambulance services**

For isolated, remote locations or mobile workplaces, employees need to have access to appropriate first aid kits.

Higher risk workplaces

	Up to 25 employees	26-50 employees	50–100 employees	More than 100 employees
First aid officers	One first aid officer	Two first aid officers	Two first aid officers for the first 50 employees plus one officer for every additional 50 employees	Three first aid officers for the first 100 employees plus one officer for every additional 50 employees
First aid kits* (including any necessary additional modules)	One first aid kit	Two first aid kits	Two first aid kits for the first 50 employees plus one kit for every additional 50 employees	Three first aid kits for the first 100 employees plus one kit for every additional 50 employees
First aid rooms	Not required	Not required	Not required	Required

*** Areas without timely access to medical and ambulance services**

For isolated, remote locations or mobile workplaces, employees need to have access to appropriate first aid kits.

Option 2: Risk assessment approach

Establishing first aid requirements

78. Employers need to:

- identify the hazards that could result in work-related injury or illness
- assess the likelihood and severity of work-related injury or illness
- determine and provide the appropriate first aid facilities and training
- review their requirements and first aid arrangements on a regular basis or as circumstances change.

Employers have a duty consult with employees including HSRs on certain matters (see page 8).

79. As part of this systematic approach, employers need to take account all of the following:

The nature of the hazards and the severity of the risks

80. Certain work environments have greater risks of injury and illness due to the nature of the work being performed. This is an important factor in determining first aid requirements. For example, offices and libraries will require different first aid facilities to factories.

81. Where a workplace stores or uses highly toxic or corrosive chemicals, additional first aid facilities need to be provided, particularly if specified in the relevant safety data sheet (SDS). For example, facilities may need to include emergency showers and eyewash stations (see page 24).

Table 4 - Injuries associated with common workplace hazards that may require first aid

Hazard	Potential harm
Manual tasks	Overexertion can cause musculoskeletal disorders.
Working at height or on uneven or slippery surfaces	Slips, trips and falls can cause fractures, bruises, lacerations, dislocations, concussion.
Electricity	Potential ignition source—could cause injuries from fire. Exposure to live electrical wires can cause shock, burns and cardiac arrest.
Machinery and equipment	Being hit by moving vehicles, or being caught by moving parts of machinery can cause fractures, amputation, bruises, lacerations, dislocations.
Hazardous chemicals	Toxic or corrosive chemicals may be inhaled or may contact skin or eyes causing poisoning, chemical burns, irritation. Flammable chemicals could result in injuries from fire or explosion.
Extreme temperatures	Hot surfaces and materials can cause burns. Working in extreme heat can cause dehydration and heat-related illness. It can also increase risks by reducing concentration and increasing fatigue and chemical uptake into the body. Exposure to extreme cold can cause hypothermia and frostbite.

Hazard	Potential harm
Radiation	Welding arc flashes, ionising radiation and lasers can cause burns and blindness. Ultraviolet (UV) radiation from the sun can cause sunburn and eye damage.
Violence	Behaviours including intimidation and physical assault can cause both physical and psychological injuries.
Biological	Infection, allergic reactions contamination.
Animals	Bites, stings, kicks, falls crush injuries, scratches, disease transmission

Known occurrences of injuries, illnesses and incidents

82. A review of injury, illness and 'near miss' incident data for the workplace will help identify problem areas. However, the use of this data should not be the only means of identifying hazards as it covers past occurrences that may not reliably indicate potential injuries and illnesses.
83. Specialist practitioners and representatives of industry associations, unions and government may be of assistance in gathering health and safety information regarding workplace hazards, injuries and illnesses, and in determining appropriate first aid resources.

Size and layout of the workplace

84. In relation to the size and layout of a workplace, the employer needs to take into account:
- the nature of the work being performed in different work areas
 - the distance an injured or sick person has to be transported to receive first aid
 - the level of first aid available throughout the workplace.
85. First aid facilities need to be located at convenient points and in areas where there is a significant risk of an injury occurring, where reasonably practicable.
86. A large workplace may require first aid to be available in more than one location if:
- the place of work is a long distance from emergency facilities
 - small numbers of employees are dispersed over a wide area
 - access to treatment is difficult, or
 - the workplace has more than one floor.

The number of employees and the way work is done

87. Where there are separate work areas (eg a number of buildings on a site or multiple floors in an office building), it may be appropriate to locate first aid facilities centrally and provide appropriate first aid kits in each work area (including portable first aid kits in motor vehicles).
88. Where employees work away from their employer's premises, the employer will need to take into account:
- whether employees work alone or in groups

- employees' access to telephones and emergency radio communications, and
- the nature of the work being performed.

89. If work occurs over more than one shift, adequate first aid facilities and first aid officers need to be available whenever people work. The number of people working overtime is often less than a regular shift, but additional hours of work heightens fatigue. This may increase the risk of incidents and injuries. The employer needs to ensure when overtime or shift work is being performed that adequate first aid facilities are available for the number of people working each shift.
90. In work environments where other people, such as volunteers, residents, prisoners or members of the public, may be present, the employer needs to assess what additional first aid facilities may be required. Examples of these workplaces include schools, museums, libraries, sporting venues and prisons.

Location of the workplace

91. The distance of the workplace from ambulance services, hospital and medical centres or occupational health services (services that specialise in work-related healthcare) needs to be taken into account.
92. If life-threatening injuries could result and if timely access to emergency services cannot be assured, a first aid officer trained in more advanced techniques (such as oxygen provision) may be needed. Decisions about training will depend on a combination of factors, such as the number of employees, the nature of the hazards present and the severity of the risks involved.
93. The time taken for medical aid to reach the person is more significant than distance. For workplaces in remote areas, special considerations may apply. Where there may be poor roads and adverse weather conditions, facilities for aerial evacuation need to be included when planning first aid facilities. Efficient communications systems need to be available for ensuring optimum response times. Communication systems may include mobile or satellite phones, radios and global positioning systems (GPSs). Systems selected need to be suitable for the infrastructure available in the area. For example, an area may not have sufficient mobile phone coverage.
94. For employees working in remote locations, the employer needs to provide portable first aid kits. Remote workplaces may require special consideration and the provision of specialised first aid kit modules (eg for eye injuries, burns, and snake, spider and insect bites).

Recording the first aid assessment

95. The employer should record the first aid assessment and its outcomes. This may be beneficial when reviewing first aid facilities and training needs. See Appendix C for an example of a first aid assessment.

First aid officers

96. For first aid officers to perform their role, they will need to undertake appropriate training.

97. The skills and knowledge required of first aid officers may vary with each type of workplace. Having regard to the outcomes of the risk assessment, the employer needs to ensure that an adequate number of suitably trained first aid officers are provided for the welfare of employees in the workplace. In addition, the employer needs to ensure that the first aid officers have access to adequate first aid kits and where appropriate, first aid rooms and occupational health centres.
98. The employer needs to ensure that a record of any first aid treatment given is kept by the first aid officer and reported to managers on a regular basis to assist the employer when reviewing the risk assessment outcomes. First aid treatment records are subject to the requirements of the *Health Records Act 2001*.

Immunisation for first aid officers

99. Where there is an identified risk of vaccine-preventable disease, first aid officers need to be offered vaccinations in line with the Department of Health [Australian immunisation handbook](#).

First aid training

100. As a minimum, first aid officers should hold nationally recognised statements of attainment issued by a registered training organisation (RTO) for the nationally endorsed first aid unit of competency *Provide First Aid*, or a course providing equivalent skills.
101. For large workplaces, or those workplaces with a complex range of OHS hazards, there may be a need for first aid officers who have completed *Apply Advanced First Aid* or a course providing equivalent skills.
102. The employer needs to assess whether additional training for first aid officers is required where there are particular workplace hazards or needs. Examples could include where:
- work is remote or isolated
 - there are risks from hazardous substances such as cyanide or arsenic, or from dangerous goods
 - the workplace has specialist first aid equipment or a first aid room
 - employees have existing medical conditions which may require first aid.
103. Where employees or others in the workplace have known existing medical conditions, first aid officers should be trained to respond to these conditions if the topic has not been covered in previous first aid training.

To locate suitable first aid courses or RTOs, visit training.gov.au.

104. The employer needs to ensure that the qualifications of first aid officers are current and updated regularly. Refresher training in CPR should be carried out annually and first aid qualifications should be renewed every three years.

Occupational health professionals and access to medical services

105. In certain higher risk workplaces, employers need to determine whether an occupational health centre for the initial treatment of injuries and illnesses should be provided. In this

situation, the employer should consider engaging the services of a suitably qualified occupational health professional such as a registered nurse or medical practitioner.

106. Alternatively, arrangements need to be in place to ensure the services of an appropriate medical centre external to the workplace are available. The medical centre needs to provide emergency medical treatment and preferably have an understanding of the types of hazards at the workplace and the potential effect on the health of employees that may arise from exposure to those hazards. Employers need to consider developing an emergency management plan in conjunction with the external medical centre.

107. Where the workplace has suitably qualified personnel onsite who have relevant first aid competencies, the employer may decide that their professional qualifications negate the need for them to undertake first aid training.

First aid kits

Quantity

108. Appropriate first aid facilities will vary from one workplace to the next. Having regard to the factors listed on pages 19–21, an appropriate number of first aid kits need to be provided by the employer.

Location

109. The employer needs to determine the appropriate location of first aid kits. Kits need to be clearly identifiable and easily accessible, and employees need to be instructed of their location.

Contents and container

110. The employer needs to determine the adequate contents of a first aid kit for their workplace, considering the outcomes of the risk assessment.

111. For most workplaces, a first aid kit needs to include the items listed for a basic kit on page 27. See also information about medicines in first aid kits (page 29).

112. The employer needs to assess whether additional first aid kit modules are required where particular hazards exist. Some examples of commonly needed additional modules are those dealing with eyes, burns and remote workplaces. See page 28 for more on additional first aid kit modules.

113. For information about containers for first aid kits, see page 27.

114. Employers need to ensure that first aid kits are maintained in accordance with paragraphs 144-5.

First aid rooms and medical services

115. Employers need to determine the requirement for a first aid room for their workplace, having regard to the outcome of the risk assessment.

116. First aid rooms need to meet the room requirements and include the basic contents set out in paragraphs 146–50. Additional first aid kit modules and other items or equipment need to be provided for the first aid room if required by the risk assessment.

Access to medical services and the nature and extent of those services

117. In higher risk workplaces, arrangements need to be in place to ensure the services of an appropriate medical centre are readily accessible. These services may be provided within the workplace or be readily available outside the workplace. The medical services need to provide emergency medical treatment and have an understanding of the types of hazards at the workplace and the potential effect on the health of employees that may arise from exposure to those hazards.

Other first aid equipment

118. Employers need to consider whether it is reasonably practicable to have an AED in the workplace. For more information, see 'Automated external defibrillators' (page 31).

119. Employers need to provide emergency eye-wash equipment where there is a risk of hazardous chemicals or infectious substances causing eye injuries. For more information, see 'Showers and eye wash stations' (page 31).

Signage

120. Where appropriate, the employer needs to provide safety signs to ensure first aid facilities are adequately signed, and that the telephone numbers of emergency services and details of first aid officers are provided. Signs should comply with AS 1319 *Safety signs for the occupational environment*, for example by including a white cross on a green background. See figures 3 and 4.

121. Additional guidance on signage is available in AS 1319 *Safety signs for the occupational environment*.



Figure 3 – First aid facilities sign

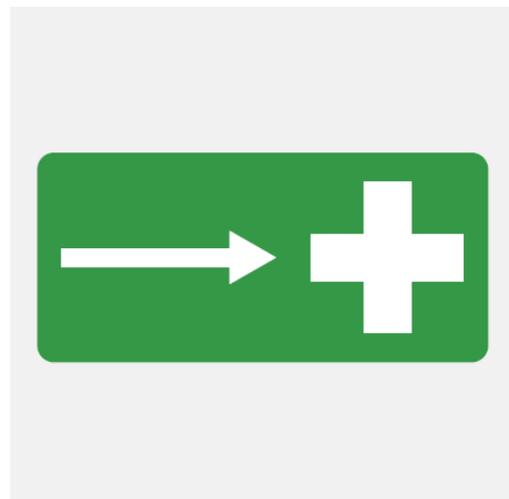


Figure 4 – Sign to indicate direction to first aid

First aid procedures

122. Employers need to develop and implement first aid procedures to ensure employees have a clear understanding of first aid in their workplace. For example, the procedures need to include:

- types and locations of first aid kits
- location of first aid facilities (such as first aid rooms)

- first aid kit contents and review dates
- list of emergency numbers
- systems for emergency communication with first aid officers and emergency services, including for remote or isolated employees, and processes for checking and maintaining these
- arrangements for training first aid officers
- arrangements for providing first aid information and instruction for employees (including how the names and locations of first aid officers are communicated to employees)
- processes for reporting injuries and illnesses in the workplace
- requirements for notifying WorkSafe of a notifiable incident
- infection control processes, including avoiding exposure to blood and other body substances (see Appendix E).

Reviewing first aid arrangements

123. Employers should regularly review first aid arrangements to ensure they are adequate and effective. In particular, employers should review first aid requirements when:

- the number of employees changes
- the way work is performed is changed, or new work practices are introduced
- there has been an incident that required first aid, or
- there is new information about a previously unidentified hazard

See the checklist for reviewing first aid arrangements in Appendix D.

First aid risk assessment process

Step 1 – Identify potential causes of workplace injury and illness

- Has a comprehensive hazard identification of the workplace occurred?
- Have incident, injury and 'near miss' data been reviewed?
- Has advice from your organisation's OHS coordinator or advisor been obtained?
- Have you consulted with employees or HSRs?
- Is specialist or external assistance required?



Step 2 – Assess the risk of workplace injury and illness

- Is the nature of the hazards involved in the work known?
- Is the likelihood of a person's exposure to a hazard known?
- Do you know how many people may be exposed to a hazard and for how long?
- Has information on material safety data sheets (SDSs) and product labels been checked?
- Have you consulted with employees or HSRs?



Step 3 – What first aid arrangements are required to meet the addressed needs?



First aid officers and training

- How many first aid officers are needed?
- What competencies do they require?
- What training is needed?

First aid facilities

- How many kits are needed and are other modules needed?
- Where should they be located and are they identifiable?
- Who is responsible for maintaining the kits?
- Is other first aid equipment required?
- Is a first aid room or medical centre required?

First aid procedures

- What procedures are needed for the workplace?



Periodic review of assessment

First aid kits, rooms and equipment

First aid kits

Container

124. The container needs to:

- be suitable for the environment to keep the contents clean, dry, organised and free damage
- be large enough to hold any additional first aid kit modules that are to be included, preferably in separate compartments
- be easily recognisable (eg with a white cross on a green background prominently displayed on the outside and clearly marked as 'first aid kit').

125. The container should not be locked.

126. The name and telephone number of workplace first aid officers, as well as emergency services telephone numbers and addresses, should be located in or near to each first aid kit.

Basic workplace first aid kit contents

127. For most workplaces, a first aid kit needs to contain the following items:

First aid instructions / quick reference guide	1
Notebook and pen or pencil	1
Resuscitation face mask or face shield	1
Disposable nitrile gloves (nitrile is a latex-free rubber suitable for people with latex allergies)	5 pairs (medium–large)
Gauze swabs 7.5cm x 7.5cm, sterile (3-pack)	5 packs
Saline Steritube 15ml	8
Adhesive dressing strips—plastic or fabric, packet of 50	1
Tweezers/forceps	1
Non-adherent wound dressing/pad 5 x 5 cm (small)	6
Non-adherent wound dressing/pad 7.5 x 10 cm (medium)	3
Non-adherent wound dressing/pad 10 x 10 cm (large)	1
Conforming cotton bandage, light, 5 cm width	3
Conforming cotton bandage, light, 7.5 cm width	3
Crepe bandage, 10 cm, for serious bleeding and pressure application	1
Scissors	1
Adhesive tape, non-stretch, hypoallergenic, 2.5 cm wide roll	1
Safety pins, assorted sizes	6
Blood pressure control (BPC) wound dressings No. 14, medium	1
BPC wound dressings No. 15, large	1
Dressing—Combine Pad 9 x 20 cm	1
Resealable bag	1
Triangular bandage, calico or cotton minimum width 90 cm	2
Eye pads, single use	4
Access to 20 minutes of clean running water or, if this is not available, hydrogel 3.5 gm sachets	5 sachets
Instant cold pack pack for treatment of soft tissue injuries and some stings	1

Splinter probes, single use, disposable	10
Hand sanitiser	1
Emergency accident blanket	1

Additional modules

128. The employer needs to assess whether additional first aid kit modules are required where particular hazards exist. Some examples of commonly needed additional modules are:

Eye module

129. This module needs to be included in first aid kits in any workplace where:

- chemical liquids or powders are handled in open containers
- spraying, hosing, compressed air or abrasive blasting operations are carried out
- there is any possibility of flying particles
- welding, cutting or machining operations are conducted
- wearing of eye protection is recommended.

130. The module needs to be kept in a container that clearly identifies its contents and purpose.

131. Where an eye module is needed, the module should include:

- instructions for use
- eye wash (for single use) and/or access to eye wash station
- sterile eye pads/ eye shield
- adhesive tape.

132. This module does not necessarily replace the need to provide general eye wash facilities in workplaces with particular hazards.

Burns module

133. This module needs to be included in first aid kits in any workplace where there is a possibility of a person receiving a serious burn. Such workplaces may include those where:

- heat is used
- flammable liquids are used
- chemical acids or alkalines are used, or
- other corrosive chemicals are used.

134. The module needs to be kept in a container which clearly identifies its contents and purpose.

135. Where a burns module is needed, the module should include:

- burn treatment instructions on two waterproof instruction cards: one for the first aid kit and the other to be located on the wall next to the emergency shower or water supply

- hydrogel, 8 x 3.5 gram sachets
- hydrogel dressings
- clean polythene sheets, small, medium and large
- 7.5 cm cotton conforming bandage.

136. The size of dressings and sheeting required needs to be determined with regard to the nature of hazards at the workplace. For example, if there is a risk of molten metal splashing at a fabricating plant, large burn dressing and sheeting may be necessary.

137. This module does not replace the need to provide drench showers where these are required by the OHS Regulations or suggested in other compliance codes.

Other useful modules

138. The selection of other modules may arise out of the assessment process. For example, cyanide poisoning or snake bite kits may be required.

139. It is suggested that if the assessment indicates that additional modules are desirable, assistance be sought from first aid professionals or first aid supply companies to determine what contents are appropriate.

Additional contents of first aid kits for use in remote locations

140. The appropriate contents will vary according to the location, and the nature of the work and its associated risks. It is likely the first aid kit will need to include:

- emergency reference manual
- pressure immobilisation bandage or heavy elasticised bandage 10–15cm (for snake bites)
- large clean sheeting (for covering burns)
- thermal blanket (for treating shock)
- whistle (for attracting attention)
- torch/flashlight
- limb splint.

Medicines in first aid kits

141. Workplaces should consider including an asthma-relieving inhaler and a spacer to treat asthma attacks and adrenaline (epinephrine) auto-injector for the treatment of anaphylaxis. These should be stored according to the manufacturers' instructions and first aiders need to be provided with appropriate training.

142. Analgesics like paracetamol should not be included in first aid kits because of their potential to cause adverse health effects.

143. The dispensing of drugs needs to be managed by a medical practitioner (or an occupational health practitioner such as a registered division 1 nurse), not a first aid officer. First aid officers are not expected to know employees' medical conditions. Accordingly, employers should not make analgesics available for employees.

Maintaining first aid kits

144. Employers need to ensure that first aid kits are restocked as necessary. Employers need to have a system of work for reviewing and restocking kits, and for ensuring that any items that may expire are replaced regularly. Kits should be checked quarterly and after every event requiring first aid.

145. The use of single-use items should be encouraged at all times.

First aid rooms

146. The first aid room needs to be:

- available for provision of first aid as its primary purpose
- large enough for its purpose
- well lit and well ventilated
- easily accessible by injured people who may need to be supported or moved by stretcher or wheelchair and have easy access to toilets
- be near an exit so that an injured person may be removed quickly by ambulance where necessary.

147. Additional first aid kit modules and other items or equipment need to be provided for the first aid room if required.

148. Each first aid room (and its contents) needs to be under the control of a first aid officer who has the appropriate skills and knowledge.

Basic first aid room contents

149. The following items need to be provided in the room:

- resuscitation mask
- sink and wash basin with hot and cold water or hand cleanser with paper towels
- work bench or dressing trolley
- storage facilities
- hazardous waste container or bio-hazard bags for soiled dressing a container with disposable lining for soiled waste
- a secured sharps container
- electric power points
- a couch or bed with blankets and pillows
- an examination couch with a waterproof surface and disposable sheets
- a desk, chair and telephone
- signage indicating emergency telephone numbers
- signage indicating emergency first aid procedures
- a first aid kit appropriate for the workplace.

150. The following additional items may also be appropriate:

- eye protection glasses or face shield
- an automated external defibrillator.

Automated external defibrillators (AEDs)

151. Employers should consider whether it is reasonably practicable to have an AED in the workplace to manage the risk of death from cardiac arrest in their workplace.
152. When deciding whether it is reasonable to have AEDs in the workplace, employers should consider the likelihood that someone will suffer a cardiac arrest in the workplace. For example, if specific risks associated with the work increase the likelihood of cardiac arrest, or if there are large numbers of members of the public, such as clients or visitors, attending the workplace.
153. AEDs should be installed in well-known, visible and accessible locations. They should not be locked and should be clearly signed. AEDs should be maintained according to the manufacturer's instructions.
154. Anyone can use an AED on someone suspected of being in cardiac arrest. Training is not required.

What is an AED?

In many cases of cardiac arrest, the heart is in a rapid, disorganised and irregular rhythm. This is called ventricular fibrillation. An AED sends a measured electric shock (defibrillation) through the person's heart. The aim is to return the heart back to its usual coordinated rhythm.

An AED will not administer a shock to a person's heart if it is not needed.

AEDs use voice prompts and pictures to guide the operator. They also tell you when to stop and restart CPR.

Showers and eye wash stations

155. Employers should provide emergency eye-wash equipment where there is a risk of hazardous chemicals or infectious substances causing eye injuries.
156. Immediate access should be provided to emergency shower equipment in workplaces where there is a risk of:
- exposure to hazardous chemicals resulting in skin absorption or contamination from infectious substances, or
 - serious burns to a large area of the face or body, including chemical or electrical burns or burns that are deep, in sensitive areas or larger than a 20 cent piece.
157. Shower facilities can consist of:
- a deluge facility
 - a permanently rigged hand-held shower hose, or
 - a portable plastic or rubber shower hose designed to be easily attached to a tap spout—this may be appropriate where the workplace is small, a fixed deluge facility would not be reasonably practicable, and the risk of serious burns is foreseeable but relatively low.

158. Eye wash and shower equipment should deliver water at a tepid temperature, and may be permanently fixed or portable, depending on the workplace. Portable, self-contained eye wash or shower units have their own flushing fluid to flush chemicals, foreign objects or substances from the eyes or body. They need to be refilled or replaced after use.

More guidance is available in AS 4775 *Emergency eyewash and shower equipment*.

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Appendices

Appendix A

The compliance framework

Appendix B

Checklist for applying first aid arrangements

Appendix C

Sample first aid assessment

Appendix D

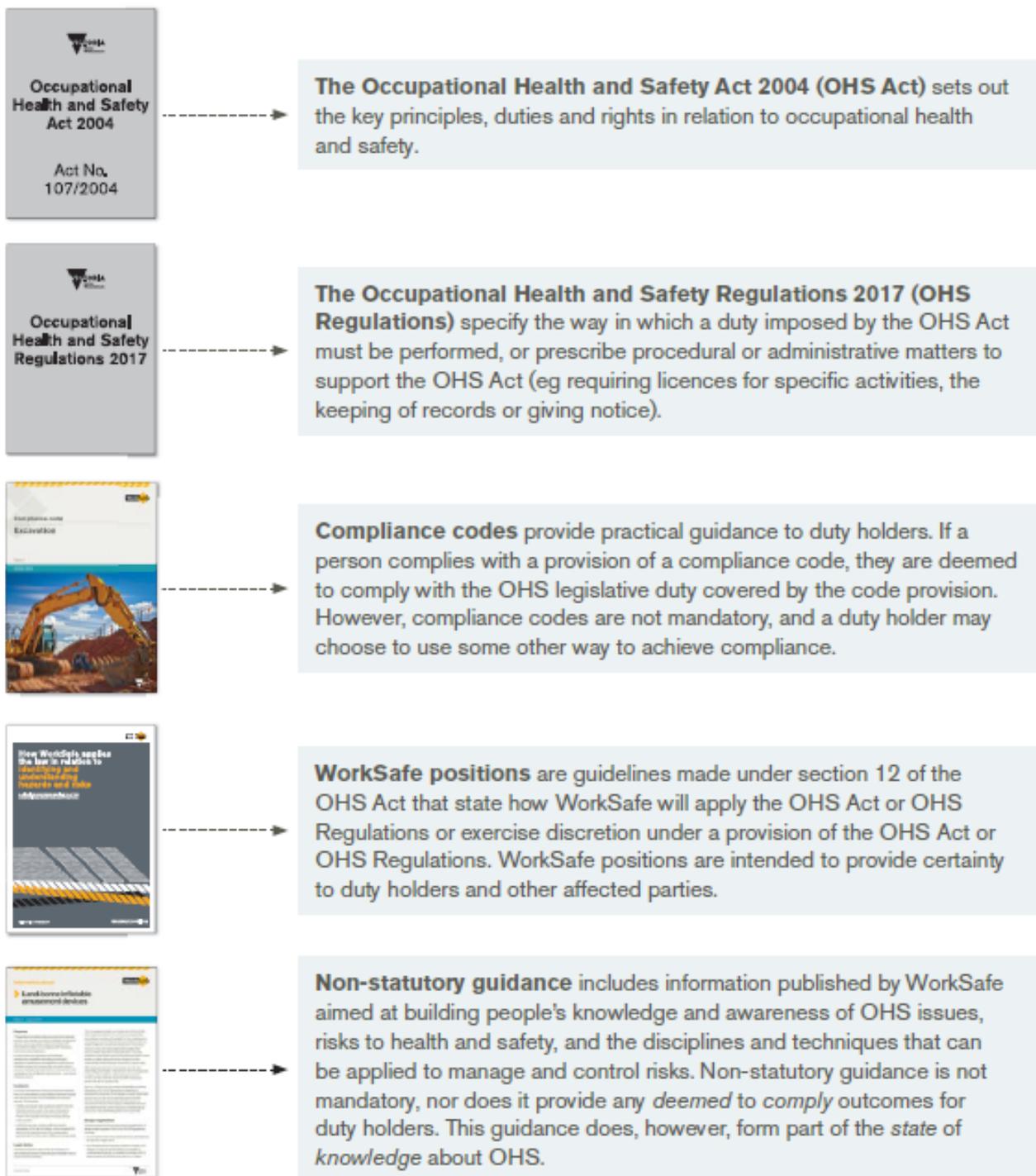
Checklist for reviewing first aid requirements

Appendix E

Standard precautions

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Appendix A – The compliance framework



Appendix B – Checklist for applying first aid arrangements (prescribed approach)

Question	Notes
<p>Risk level in the workplace</p> <ol style="list-style-type: none"> 1. Have you determined the types of injuries that could occur and whether your workplace low risk or higher risk? 2. Have you consulted with employees and HSRs (if any) on the risk level in the workplace? 	
<p>First aid officers</p> <ol style="list-style-type: none"> 3. How many first aid officers do you need? 4. In addition to the minimum training level, do they need advanced training, or additional training to meet specific workplace hazards or needs? 5. Do the first aid officers need immunisations? 	
<p>First aid kits</p> <ol style="list-style-type: none"> 6. How many basic first aid kits do you need? 7. Do you need additional first aid kit modules for specific needs or hazards in your workplace? 8. Do you have a system for checking and restocking your first aid kits? 	
<p>First aid rooms</p> <ol style="list-style-type: none"> 9. Do you need a first aid room? 	
<p>First aid equipment</p> <ol style="list-style-type: none"> 10. Do you require an AED? 11. Do you require a shower or eye wash station? 	
<p>First aid procedures</p> <ol style="list-style-type: none"> 12. Have you drafted and implemented first aid procedures? 	
<p>Signage</p> <ol style="list-style-type: none"> 13. Have you put up first aid signage? 	
<p>Reviewing arrangements</p> <ol style="list-style-type: none"> 14. Have you made a plan for when and how you will review your arrangements? 	

Example:

The owner of a small house framing contracting business is reviewing the first aid requirements needed on site. The business has two employees and operates in remote country town developments.

Some of the hazards that exist with framing houses include heights, equipment (nail guns, hammers, nails), dust, wood etc. Injuries from these hazards could include falls from height ending in lacerations or bone sprains/breaks, cuts and injuries from nail guns and nails, dust in people's eyes or splinters from wood.

The owner decides that they will use the prescribed approach, but that theirs is a higher risk workplace as employees may be exposed to hazards that could result in serious injury needing medical attention.

To manage injuries that could occur, the owner reviews the contents of the first aid kit taken to sites. Most of the items needed are in the basic kit, such as multiple sized band aids and bandages, eye pads and slings, tweezers and tools that can remove splinters. The owner also decides to have a separate eye module to deal with eye injuries from possible residual wood particles from cutting and sanding and dust from dry and dusty sites.

The owner makes sure there is always a mobile phone on site in case there's an incident and an ambulance is needed.

The owner has completed the Provide first aid in the workplace unit of competency, and is the designated first officer for the small team.

Appendix C – Sample first aid assessment (risk assessment approach)

This assessment of first aid requirements is included as an example only. The summary documentation does not reflect the consultative process that must occur or detail the assessment of each identified hazard. It therefore should not be directly transposed to other workplaces.

ABC Workplace Co. Office and manufacturing operation			
ASSESSMENT FACTORS			
1. Nature of hazards and severity of risk			
Hazard	How it could cause harm	Likelihood of occurrence and degree of harm	First aid implications
<i>Hazardous substances:</i> <ul style="list-style-type: none"> • volatile solvents • disinfectants 	<i>Solvents:</i> <ul style="list-style-type: none"> • inhalation can affect central nervous system and organs • skin and eye irritation can occur on contact <i>Disinfectants</i> <ul style="list-style-type: none"> • inhalation and contact – respiratory irritant and dermatitis 	<i>Possible daily risk for 10 workers near solvent degreasing unit</i> <i>Possible daily 5 maintenance staff exposed to disinfectants</i> <i>Good ventilation is provided. PPE is used; information (SDSs), instruction and supervision provided</i>	<i>SDS and label says if in eyes rinse cautiously with water for several minutes.</i> <i>Eye wash equipment required</i>
<i>Noise</i>	<i>Hearing damage</i>	<i>65 workers on machines</i> <i>PPE is used.</i>	<i>First aid only required in extreme situations</i>
<i>Hazardous manual handling</i>	<i>Muscle strain</i>	<i>Low risk of daily exposure</i> <i>Mechanical aids, workstation alterations and systems of work eliminate or minimise risk</i>	<i>Ice packs, slings and compression bandages</i>
2. Known occurrences of injuries, illnesses and injuries			
Last 12 months' claims data		<i>5 x abrasions</i> <i>3 x slips</i>	
Incidents not resulting in injury		<i>Incident where a trolley carrying disinfectants overturned</i>	
Other		<i>Employee using solvent reported symptoms of eye irritations and light-headedness</i>	
3. Size and layout of the workplace			
Maximum distance to first aid room		<i>65 metres</i>	
Number of floors		<i>2</i>	
Access between floors		<i>Lifts and stairs</i>	

4. Number and distribution of employees	
Number of staff	<i>80 (office 15; factory 65)</i>
Shifts	<i>3</i>
Overtime worked	<i>Yes - regularly</i>
Are any employees isolated?	<i>No</i>
5. Location of the workplace	
Nearest hospital	<i>6 kilometres</i>
Nearest medical or occupational health service	<i>2 kilometres</i>
Maximum time to medical service	<i>15 minutes</i>
6. First aid facilities required	
Number of first aid officers required	<i>9 – minimum 3 per shift (1 for the office and 2 for the manufacturing plant)</i>
Training and competencies required of first aid officers	<i>Level 2 (apply advanced first aid) certificate for office areas and level 3 (occupational first aid) certificate for manufacturing plant</i>
Number and location of kits	<i>6 - 2 on the office floor and 4 on the factory floor</i>
Contents of the first aid kit	<i>Standard workplace kit, with burns module and eye module</i>
First aid room	<i>Yes – first aid kit with automated external defibrillator unit</i>
Languages information required in	<i>English, Vietnamese, Turkish</i>

Appendix D – Checklist for reviewing first aid requirements

Question	Yes	No
Do all employees have access to first aid officers and first aid kits?	<input type="checkbox"/>	<input type="checkbox"/>
Are more first aid kits required?	<input type="checkbox"/>	<input type="checkbox"/>
Are more first aid officers needed?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees have access to first aid officers at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Are the first aid kits and modules suitable for the hazards at your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid kits well maintained and identifiable to workers?	<input type="checkbox"/>	<input type="checkbox"/>
Is a first aid room or health centre required?	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid facilities well maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Do first aiders have skills, training and competencies to provide first aid in your workplace and are their skills up to date?	<input type="checkbox"/>	<input type="checkbox"/>
Do workers know how to access first aid?	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid contact details up to date?		

Appendix E – Standard precautions for infection control

Standard precautions means assuming that all blood and bodily fluids are a potential source of infection, independent of diagnosis or perceived risk.

Standard precautions include:

- first aid officers routinely wearing disposable gloves and other protective clothing
- hand washing
- other infection-control measures (see below).

There are infectious diseases in the workplace that may have life-threatening consequences, and standard precautions against infection are the only effective defence.

Employers need to develop and implement policies and practices to minimise the risk of disease transmission in the workplace.

Principles of infection control

Employers need to ensure that all first aid officers understand how infections are transmitted in the workplace and know what preventative procedures to follow.

Blood and other bodily fluids

Use appropriate barrier precautions (such as disposable gloves, goggles and protective clothing) whenever exposure to blood or bodily fluids is likely or where moist surfaces occur.

Wash with soap and water any part of the body that comes in contact with blood or bodily fluids immediately after exposure. Flush eyes and mouth with clean water.

Using appropriate preventative measures, carefully clean up spilt blood and then clean surfaces with disinfectant.

Needles and syringes

Sharps are a major cause of incidents involving potential exposure to hepatitis B, hepatitis C and HIV. It is not the role of a first aid officer to dispose of these items. The person who uses a sharp needs to be responsible for its safe disposal.

Sharps need to be handled with care. They should not be bent, broken or re-sheathed, as these unsafe practices are common causes of sharps' injuries.

They need to be disposed of in a puncture-resistant sharps container, which should be located as close as possible to the area where sharps are used. These containers should be secured. The container should have a mouth or opening for the introduction of sharp objects. The mouth should be such that the ability to remove any contents from the container is minimised. It should be capable of being securely closed with the closure device when the container is ready for disposal.

For more information see AS/NZS 4261: *Reusable containers for the collection of sharp items in human and animal medical applications*

Linen and disposable items

All items that are soiled with blood or body substances need to be considered infectious waste and placed in suitably labelled bags and tied securely and disposed of safely.

All disposable items should be disposed of safely.

Emergency resuscitation

Face masks need to be made available for use by people who provide emergency expired air resuscitation.

Expired air resuscitation (EAR) is the method by which a rescuer breathes for a person who is in respiratory arrest.

First aid disinfection

First aid kits need to include appropriate antiseptic solution, disposable nitrile gloves and face masks suitable for emergency expired air resuscitation/CPR.

Hand washing or sanitising before and after administering first aid is essential.

Cleaning

Thorough cleaning of all items needs to start as soon as practicable after use. Disposable gloves need to be worn during cleaning and care needs to be taken to avoid eye splashes. Wipe items clean first, and then wash with warm water and detergent.

After cleaning, items need to be rinsed in clean water and dried before storing.

Disinfection

Disinfection is the inactivation of bacteria, viruses and fungi, but not necessarily bacterial spores. Disinfection can be achieved by boiling or by chemical means. All items need to be cleaned before disinfection.

Sterilisation

Sterilisation is the complete destruction of germs. Sterilising is a very involved process and therefore it may be more practical for first aid personnel to stock single-use, disposable, sterile items or to contract out instrument sterilisation to a healthcare facility that has proper sterilising facilities and validation procedures.

This document is intended for general guidance purposes only. The Code provides practical guidance for those who have duties or obligations in relation to *the Occupational Health and Safety Act 2004* and the Occupational Health and Safety Regulations 2017. Employers and employees should always check the legislation and make their own assessment about what action they need to take to ensure compliance with the law.

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