

FIRST AID

Regulations

Regulation 3.12 of the [Occupational Safety and Health Regulations 1996](#) states the responsibilities of employers, main contractors or self-employed persons for providing first aid at a workplace.

They must provide such first aid facilities as are appropriate having regard to the type of hazards to persons at the workplace and the risk of those hazards and the number of persons at the workplace.

They also must ensure that, as far as practicable, persons trained in first aid are available to give first aid at the workplace having regard to the type of hazards to persons at the workplace and the risk of those hazards and the number of persons at the workplace.

First aid is defined as 'the immediate treatment or care of a person who is injured or who becomes ill at a workplace'.

Code of Practice

Requirements for first aid in Western Australia are set out in the [Code of practice: First aid facilities and services](#).

The Code applies to all workplaces covered by the *Occupational Safety and Health Act 1984* and is aimed at assisting employers, contractors, self-employed persons, persons in control of workplaces, employees and safety and health representatives to comply with the Act and regulations.

An approved Code of Practice does not have the same legal force as a Regulation, in that failure to comply with it is not an offence. However, the failure to comply with a Code can be used as evidence in court proceedings in relation to a contravention of the Act or its Regulations.

The Western Australian Code takes a risk assessment approach: employers are required to identify and assess likely work hazards, in consultation with employees and their elected safety and health representatives, in particular giving consideration to "high risk" environments, such as:

- workplaces that use, manufacture hazardous substances
- construction and demolition sites
- timber harvesting sites
- workplaces where hazardous processes may be used (eg abrasive blasting)
- where heat is used as part of any process (eg moulding or casting, welding and cutting)
- where people are required to work in any remote or isolated areas (eg agricultural, fishing or transport industry)
- workplaces that provide assistance and care to highly dependant persons.

Based on the risk assessment, the employer must decide what is required in order to provide appropriate first aid facilities and services, including:

- the contents of first aid boxes
- the number and location of first aid boxes
- any need for a simple oxygen supply
- the number of employees to be trained in first aid and what is approved training for the particular workplace
- the availability of trained first aid personnel during working hours eg on night shift
- the availability of professional medical care (eg local hospital, medical centre) and emergency service (eg ambulance) response time
- the possible need for a first aid room and the equipment it should contain, and
- a system for recording and reporting occupational injuries, diseases and illness and the first aid administered.

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Checklist for assessing the requirements for first aid facilities

Appendix 2 to the [Code](#) suggests the use of the following checklist in making such assessments.

- How many persons are employed in the workplace?
- Is the workplace isolated?
- What specific hazards are in the workplace?
- Where is the nearest available and appropriate occupational health, medical or ambulance service? What is the distance involved? What is the expected response time in a worse-case situation (eg peak traffic)?
- What types of injury, disease or illness are occurring at the workplace?
- What first aid supplies are needed?
- Is a simple oxygen supply needed?
- How many first aid boxes are needed?
- Who will have responsibility for the contents of first aid boxes?
- Are supplies specific for identified hazards included?
- Which first aid competencies are needed?
- Which training packages will deliver the competencies needed?
- Is a first aid room needed?
- Who will be responsible for the first aid room?
- Has contact or consultation taken place with:
 - employees at the workplace?
 - safety and health representatives, if any, at the workplace
 - first aiders at the workplace?
 - the nearest available ambulance service?
 - the nearest available emergency medical service or hospital?
 - an appropriate occupational health service?
- Is there an effective means of communication for employees in the event of an emergency?
- How will an injured person be transported to medical help (eg ambulance service, RFDS, site ambulance)?
- Is specialist training required to deliver any service or administer any first aid supplies?
- How will first aid be provided if trained first aid personnel are not available at work (eg on work shifts or week ends)?

Major hazard facilities

First aid facilities and services for workplaces identified as major hazard facilities should be established in conjunction with the development of emergency plans designed to minimise the effects of any accident or near miss that occurs at that facility.

These emergency plans are covered in the National Standard for the Control of Major Hazard Facilities [NOHSC: 1014(1996)] and National Code of Practice for the Control of Major Hazard Facilities [NOHSC: 2016(1996)].

Review of first aid facilities

First aid facilities and services should be under continual review by the employer in consultation with employees to determine if they need to be changed or expanded.

Remote workplaces

Persons working in remote locations should be trained in effective communication in the event of an emergency. The Code suggests the WA Commission for Occupational Safety and Health Guidance Note [Working Alone](#) as an information source on providing means of communication in certain industries, as well as for establishing communication where a telephone is not available.

First aid boxes

The Code states that first aid boxes can be any size, shape or type providing they are:

- large enough to contain all the items required for a particular workplace
- able to protect the contents from dust, moisture and contamination
- kept securely closed to ensure contents are kept clean and dry and
- where located in a vehicle, of a material that minimises deterioration of its contents from heat and sunlight.

Contents of first aid boxes

Appendix 3 to the Code suggests the following contents for a basic first aid box. Individual items and quantities will vary according to identified hazards (note that the box should also contain any additional items appropriate to the workplace):

- Adhesive dressing strips individually wrapped
- Gauze squares 75 millimetre x 75 millimetre sterile packets
- Eye pads sterile
- Triangular bandages
- Safety pins
- Scissors (blunt or universal)
- Splinter probe or forceps
- Torch (small pencil type)
- Paracetamol or similar analgesics
- Saline disposable 10 or 30 millilitre bottle for eye wash and wound dressing
- Wound dressings
- Dressing sterile, non-adherent, small

- Dressing sterile, non-adherent, large
- Cleansing swabs
- Cotton tipped applicators
- Gauze bandages 5 centimetres
- Conforming bandages (crepe or cotton)
- Non-stretch adhesive tape hypo-allergenic 1.25 centimetres wide
- Disposable gloves (Appendix 5 to the [Code](#) lists examples of types of gloves and uses for which they are suitable)
- Cold packs (ice or chemical)
- Note pad and pencil
- Instruction booklet for emergency treatment
- Expired air resuscitation (EAR) and cardio-pulmonary resuscitation (CPR) guides
- Face shields

Note also that while the WA Code of practice suggests the provision of analgesics such as paracetamol, Codes of practice in some States/Territories expressly ban this practice (eg Victoria, Australian Capital Territory).

Location of first aid boxes

The Code makes the following requirements concerning the location of first aid boxes:

- they are immediately accessible to all employees, including persons working in isolated or remote locations, and employees with mobile workplaces, such as bus and transport drivers
- the names and contact numbers of first aiders are provided on or near the box
- additional information such as the name, address and telephone number of the nearest medical or emergency service, is supplied on or near the box
- instructions for emergency treatment of injuries, expired air resuscitation (EAR) and cardio-pulmonary resuscitation (CPR) are provided inside the box
- instructions for dealing with injuries that may be specific to a workplace (eg eye injuries or chemical burns) are provided in or near the box, and
- instructions are provided on the care of first aid instruments such as scissors or splinter forceps for wound care.

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Other requirements

Other requirements for first aid boxes include:

- they should be clearly marked
- the contents should be replaced or added to as required
- should not contain items likely to be toxic or open to misuse, and
- if containing prescription drugs, must be securely locked and accessible only to properly trained personnel.

If medical oxygen is assessed as needing to be available, it should be stored away from any heat source or reactive work process but easily available.

Responsibility for box

Employers should ensure the first aid box is in the care of a responsible person, preferably trained in first aid. That person is responsible for maintaining and replenishing the contents.

Provision of information

Employers must provide information and instruction about:

- the location of all first aid boxes, equipment and first aid rooms (if any)
- the names, work locations and contact numbers of first aiders
- procedures to be followed when first aid is required and for contacting external assistance when first aid is not available or further assistance is required (ie who calls the ambulance and procedures for evacuating an injured person)
- standard precautions for the control of infection including blood-borne infections.

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This information should be kept up to date and provided:

- when an employee is first employed at the workplace
- if there is a change in the location of the first aid facilities or services
- if there are any changes in the names, locations or contact numbers of trained first aiders, and
- thereafter, at regular intervals.

Information about first aid boxes and first aiders should be provided in a form that all employees can understand and take into account the needs of people with non-English speaking backgrounds and people with disabilities. Use of the following strategies should be considered: audio and visual aids; graphics (eg posters); interpreters; simple English phrases; same language people to provide information; and interactive practical demonstrations.

Signs should comply with Australian Standard AS 1319 Safety signs for the occupational environment.

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First aiders

First aiders should be volunteers, rather than appointees.

Arrangements should be made to cover absences of first aiders from the workplace due to holidays or sick leave.

First aiders should have some level of formal training preferably undertaken by an accredited first aid training provider using competency-based assessment (see below). Familiarity with specific workplace hazards and conditions and likely injuries is also desirable.

As far as is practicable, first aiders should have some practical experience before acting alone.

Risk assessment

A workplace risk assessment should be conducted to determine the number of first aiders and the level of training that is needed. This should involve:

- the hazards identified at the workplace
- an assessment of the risks associated with the hazards
- the size and layout of the workplace
- the location of the workplace including whether it is an isolated or remote workplace
- the distance from the workplace to the nearest occupational health or medical service, or ambulance service, and
- the number and distribution of employees including those employees working shiftwork.

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Training of first aiders

The Code states that the first aid competencies in the *HLT07 Health Training Package*, developed and maintained by the Community Services and Health Industry Skills Council, provide the basis for defining and meeting the first aid requirements for a workplace. A list of registered training providers who can provide first aid training can be found at the National Training Information Service (<http://www.ntis.gov.au/>).

Employers should discuss with their training providers the results of their hazard identification and risk assessment process so as to ensure the first aid training is appropriate for a workplace.

When choosing the competency units and deciding the number of first aiders required, shiftworkers and workers located in isolated areas or mobile workplaces should be taken into account. Arrangements should also be made to cover absences of first aiders from the workplace due to holidays or sick leave.

Rescue and evacuation

The Code states that persons must be trained in rescue and evacuation procedures, noting that these are not usually included in a first aid course. In remote areas, it suggests, first aiders should also be trained in rescue and evacuation procedures.

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Renewal and relevance of qualifications

First aiders' qualifications must remain current.

Cardio-pulmonary resuscitation techniques must be renewed every twelve months.

Importantly, first aiders need to ensure when renewing or obtaining further qualifications, that the training is appropriate for the workplace and consistent with the National Guidelines Competencies for First Aid. The Code suggests consulting the employer and training provider on this issue.

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First aid rooms

The Code requires that specifically designated first aid rooms should:

- be well lit and ventilated
- have adequate access for injured persons needing to be supported or moved by stretcher or wheelchair
- have easy access to toilets
- be located to allow easy access/egress for ambulances or emergency vehicles
- provide privacy for persons being treated
- have sufficient space for equipment to be placed and used effectively
- be regularly cleaned and sanitised
- contain a means of communication, and
- contain adequate storage for first aid equipment and supplies.

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Contents of first aid rooms

Appendix 4 to the Code suggests that first aid rooms should contain the following items:

- Telephone and backup communications (eg radio, mobile phone)
- List of emergency/medical contact numbers
- Wash basin with hot and cold water supplied
- Disposable hand towels, nail brush and soap
- Work bench or dressing trolley
- Refrigerator or immediate access to a refrigerator for the storage of cold packs and medical supplies
- Examination couch or bed, and pillow with appropriate blankets and covers
- Stretcher
- Chairs (2)
- Cupboards for storage of supplies
- Lockable cabinet for storage of records
- Lockable storage container for poisons/prescription drugs
- Refuse containers (e.g. bucket with plastic liner and lid)
- Electric power outlets
- Electric kettle
- Additional quantities of the basic requirements for a first aid box, together with other supplies relevant to specific hazards identified in the workplace
- Disposable gloves and protective glasses
- Torch/back-up emergency lighting
- Critical spares for specialist equipment (eg oxy viva replacement bottles)

A risk assessment may suggest including further items such as:

- stretcher
- biohazard container
- movable screen
- angle poise lamp or other suitable lamp
- recommended treatments for known hazards in the workplace
- more sophisticated resuscitation equipment such as automatic external defibrillation equipment and simple oxygen administration equipment (but ensure appropriately trained staff to use and maintain such equipment).

Larger workplaces or workplaces with particular hazards may require additional space, rooms and equipment.

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Extra Facilities

Additional facilities may also be required, such as:

- eye wash stations
- drench showers
- specialist first aid equipment (which requires specialist training).

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Control of first aid rooms

An appropriately qualified and experienced person should be responsible for each first aid room and its contents. Suggested persons are:

- a first aider who holds a current first aid certificate
- a qualified ambulance officer
- a state registered nurse, or
- a registered medical practitioner.

Such persons should be immediately available to attend the first aid room at all times when employees are at work.

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Occupational health service

An occupational health service should be considered in certain high risk situations or in workplaces with large numbers of workers.

Such a specialised service might include some or all of the following services:

- provision of first aid or medical services
- pre-placement and regular ongoing physical assessment
- counselling
- health promotion, and
- health surveillance.

An occupational health service may be provided internally by an occupational health nurse and/or other health professionals or externally via a contract service provider.

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Record keeping

The Code suggests Australian Standard AS 1885.1 *Measurement of occupational health and safety performance – Describing and reporting occupational injuries and disease* (known as the National Standard for workplace injury and disease recording) as a useful guide to setting up a first aid record keeping system.

Under the Occupational Safety and Health Regulations, certain injuries and diseases are required to be recorded and reported to the WorkSafe Western Australia Commissioner.

These notifiable injuries are:

- (a) a fracture of the skull, spine or pelvis
- (b) a fracture of any bone
 - (i) in the arm, other than in the wrists or hand
 - (ii) in the leg, other than a bone in the ankle or foot
- (c) an amputation of an arm, a hand, finger, finger joint, leg, foot, toe or toe joint
- (d) the loss of sight of an eye
- (e) any other injury which, in the opinion of a medical practitioner, is likely to prevent the employee from being able to work within 10 days of the day on which the injury occurred.

The notifiable diseases are:

- Infectious diseases (tuberculosis, viral hepatitis, legionnaires' disease, HIV) contracted through work involving exposure to human blood products, body secretions, excretions or other material which may be a source of infection; and
- Occupational zoonoses (Q fever, anthrax, leptospiroses, brucellosis) contracted through work involving the handling of or contact with animals, animal hides, skins, wool, hair, carcasses or animal waste products.

All information recorded about the health of a person or treatment given to a person should be treated as confidential and stored in a secure place.