

FIRST AIDERS

While this deals with medium to large workplaces, Sole Traders should have a knowledge of first aid and small companies need at least one person (depending on number of persons) with first aid competency.

Interestingly, employees are often keen to undertake a course as it is not just the workplace where it may be used. Employees recognise the value of this for their family and friends – knowing what to do in an emergency situation should it arise

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.

Training of first aiders

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.

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.

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.

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.

Extra Facilities

Additional facilities may also be required, such as:

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

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.

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.

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.