

Procedure: Provision of first aid services

Purpose

To specify the requirements and responsibilities for providing first aid services at the Australian National University (ANU) and to ensure compliance with the *Work Health and Safety Act, 2011* (Cth) and the *Work Health and Safety Regulations, 2011* (Cth) and the University's Work Health & Safety (WHS) Management System. This procedure sits within the University's Work Health and Safety Management System and is linked to the University's Work health and safety policy.

Definitions

First aid is the immediate treatment or care given to a person suffering from an injury/illness until more advanced care provided, or the person recovers.

First aider is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given them the competencies required to administer first aid.

Senior First Aid Officer are persons who have successfully completed the "Apply First Aid" course.

Advanced First Aid Officer are persons who have successfully completed the "Apply Advanced First Aid" as well as a module on "Resuscitation".

Automated External Defibrillator or AED is a portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient and is able to treat them through defibrillation.

Remote First Aid Officer are persons who have successfully completed the "Remote First Aid" course. "Remote First Aid" training is in addition to "Senior First Aid".

Occupational First Aid Officer are persons who have successfully completed the "Manage First Aid in the Workplace" course.

First aid equipment includes first aid kits and other equipment used to treat injuries and illnesses.

First aid facilities include first aid rooms, health centres, clean water supplies and other facilities needed for administering first aid.

First aid treatment plan (specific) with a workers consent, and only provided to applicable first aiders and kept confidential. A specific treatment plan for a worker with specific needs required in a medical emergency e.g. asthma, diabetes, heart conditions, severe allergies or other known conditions which can assist a first aid response in the event of a known medical emergency occurrence.

High-risk workplace means a workplace where workers are at risk of exposure to high-risk hazards that could result in serious injury or illness and would require first aid.

Immunisation or vaccination is the processes of introducing a vaccine into the body to produce or enhance immunity.

Immunity is the body's resistance to disease.

Low risk workplace means a workplace where workers are not at risk of exposure to hazards that could result in serious injury or illness such as offices, shops or libraries. Potential work-related injuries and illnesses requiring first aid would be minor in nature.

Mental Health First Aid is the help given to someone developing a mental health problem or in a mental health crisis. Training in understanding of the signs and symptoms, is available at the University.

Vaccine is an agent that produces specific antibodies when introduced into the body, so conferring immunity against a specific disease.

Worker is a person is a *worker* if the person carries out work in any capacity for the University, including work as:

- an employee; or
- a contractor or subcontractor; or
- an employee of a contractor or subcontractor; or
- an employee of a labour hire company who has been assigned to work in the person's business or undertaking; or
- an outworker; or
- an apprentice or trainee; or
- a student gaining work experience; or
- a volunteer; or
- a person of a prescribed class.

Workplace **is** a place where University related business undertaken for or on behalf

of the University and includes any place where a worker goes or is likely to be while at work.

Procedure

Scope

1. This procedure is to be read in conjunction with the [Working safely away from campus procedure](#).

Responsibilities

College Deans, Research School and Service Division Directors

2. College Deans, Research School and Service Division Directors shall ensure workers and other persons are not exposed to unacceptable health and safety risks. Specific obligations for this procedure include:

- ensuring all workers have access to first aid facilities and appropriate first aid equipment;
- ensuring there is an adequate number of trained first aid officers, (*Refer Section 9*);
- ensuring the procedures implementation within areas of their responsibility.

Local area Facilities/Operations managers

3. Local area Facilities/Operations managers or equivalent are responsible for:

- Carrying out local area first aid risk assessment in determining the first aid requirements in conjunction with the first aid officers in that area;
- Establish local area first aid record keeping, e.g. retention of first aid risk assessments (arrangements) be retained in accordance with University records (Refer Section 37);
- Ensuring inoculation in accordance with the University's immunisation procedure through the inoculation of first aid personnel. (Refer Section 36);
- Monitoring the inspection and checking of first aid items allocated to the first aid officers; and
- Monitoring the inspection and checking of Automatic External Defibrillators (AED) through the nominated first aid officer/s.

First aid officers

4. The first aid officer classifications/categories and their respective

responsibilities within the University are as follows:

- Senior first aid officer – Senior first aid officers have the essential skills required to administer first aid to a victim of illness or injury until the arrival of professional medical help.
- Advanced first aid officer – Advanced first aid officers are able to provide advanced first aid response and life support, and are responsible for the management of casualty(s), incidents and other first aid officers until the arrival of medical assistance. Additional training competencies to include oxygen equipment, including oxy-sok, oxy-viva, oxygen masks and airway management devices in the provision of oxygen supplementation and oxygen resuscitation. This type of training is a requirement for some high-risk workplaces.
- Remote area first aid officer – Remote area first aid officers have the skills and knowledge to provide first aid to a casualty(s) in a remote and/or isolated situation, including preparing for aero-medical evacuation. This type of training is suitable for high-risk workplaces that are likely to have a major delay in accessing emergency services.
- Occupational first aid officers – Are able to provide advanced first aid response, life support, management of casualty(s), incidents, and other first aid officers, until the arrival of medical or other assistance. Provision of mental health first aid assistance may also be required. Occupational first aid officers are responsible for maintaining first aid rooms, and where allocated the AED in the workplace. Providing notices of the location of first aid kits on each floor of the building.

5. First aid officers in the local area shall:

- assist the facilities/operations manager in completing the local area first aid risk assessments;
- be familiar with the local area hazard/s and risk/s posed by them, including particular conditions of their workplace;
- upon treatment of an injury, first aid officers must report the incident via the Workplace safety incident and hazard reporting tool in lieu of the injured person and their supervisor as per the [WHS Incident management procedure](#);
- participate in the local area vaccination program;
- undertake regular first aid kit checks after each use. If the kit hasn't been used, a check should be undertaken once every 12 months to ensure the kit

contains a complete set of the required items, and stock is within its use by date;

- ensure that items within the kit have not deteriorated, are within their expiry dates, and in good working order; and
- monitor restocking of used first aid kits and ensuring replacement after use.

Work health and safety (WHS) committees and advisory group

6. It is the responsibility of the local WHS committees and advisory groups to:
- monitor and review local risk analysis for first aid requirements and first aid implementation;
 - recommend actions needed to comply with this procedure; and
 - consult with Work Environment Group for further advice regarding this procedure.

Work Environment Group

7. Work Environment Group is responsible for:
- Providing advice as required to local WHS Committees and Advisory Groups; and
 - Maintaining the AED network, facilities wayfinding map and list of AED locations.

Local first aid procedures

8. Local area Facilities/Operations managers assisted by first aid officer develop and implement local first aid procedures to ensure that workers have a clear understanding of first aid in their workplace. The procedure should cover:
- the requirement for a first aid kit/s including where they are located;
 - the location of first aid facilities such as first aid rooms;
 - who is responsible for the first aid kits, facilities the frequency of inspections and maintenance;
 - how to establish and maintain appropriate communication systems (including equipment and procedures) to ensure rapid emergency communication with first aiders;
 - the communication equipment and systems utilised when first aid is required (especially for remote and isolated workers). The procedure should contain information about how to locate the communication equipment, who is responsible for the equipment and its maintenance;
 - the work areas, shifts allocated to each first aider. These procedures should contain the names and contact details of each first aider;

- arrangements to ensure first aiders receive appropriate first aid training;
- seeking information when a worker commences work about any first aid needs that may require specific treatment in a medical emergency, such as severe allergies and episodes of fainting. Information regarding (*first aid treatment plan*) for worker health kept confidential and only provided to first aiders with the worker's consent;
- access to debriefing or counselling services to support first aiders and workers after a serious workplace incident; and
- when and how should local areas review and monitor their local area protocols.

First aid officer/worker ratios

9. The number and composition of first aid officers to workers should consider the type and size of the workplace to include students, contractors, sub-contractors, visitors and volunteers engaged in the workplace. Below are recommended levels of first aid officer/worker ratio as per the guideline based on the level of risk specified:

- Low risk workplaces (e.g. working in an office); have at least one first aid officer for every 50 workers; and
- High-risk workplaces (e.g. working with chemicals in a laboratory) at least one first aid officer for every 25 workers.

Consideration should also include particular needs of workers who have a disability or known health concerns.

First aid equipment

First aid kits

10. All workers must be able to access a first aid kit.

The number of first aid kits required in an area/building be determined in first aid risk assessment. The risk assessment must consider many factors including:

- the number of levels in a building/structure;
- ease of access to all areas within a building/structure;
- the number of workers housed within the building/structure;
- the number of first aid officers housed within the building/structure;
- the nature of hazards within the building/structure (low/high risk hazards and tasks);

- special locations (vehicle, remote sheds etc.); and
- special requirements (Hydrofluoric acid, Cyanide, etc.).

11. First aid kits should be:

- kept in a prominent, accessible location and be able to be retrieved promptly;
- located close to areas where there is a higher risk of injury or illness;
- near laboratories or workshops and accessible to workers in that area; and
- located on every permanently occupied floor of a multistorey building.

12. Induction for local area workers must include locations of first aid kits and the first aid officer's contacts list.

13. Contents of first aid kits at minimum must contain contents as specified for University first aid kits in Table 1 (General/Office low-risk). Additional contents based on a risk assessment, taking into consideration the nature of the work conducted including known/expected hazards identified (med/high-risk). For example, inclusion of extra-large combines necessary in dealing with incidents of major trauma inflicted by heavy workshop machinery.

14. Medication, including analgesics such as paracetamol and aspirin must not be included in first aid kits. Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary. The type of medication disclosed in the workers first aid treatment plan.

15. It is recommended first aid kit maintenance be conducted by an external provider, who turn over more first aid stock as stockist as stored supplies will expire at the same rate as stock held in kits.

Table 1 – Minimum contents for ANU first aid kits

Consumables	Minimum Quantity
Adhesive non-stretch, hypo-allergenic dressing tape (2.5 cm x 5 m)	1
Adhesive plastic, cloth or hypoallergenic dressing strips, sterile (packet of 50)	1
Antiseptic liquid/spray (50 mL)	1
Body Fluid Spill kit (at least 1 per floor) Infectious Waste absorbent Disposable scoop and scraper Disposable apron	

Clinical Waste disposable bag x 2 Hygienic skin wipe x 2 Procedure for safe clean up (disposable gloves, surgical masks etc. may also be included)	1
BPC wound dressings: No 14 (medium) No 15 (large)	1 each
Burn aid gel sachets (3.5 g)	5
Conforming cotton bandages: 5 cm 7.5 cm	3 each
Crepe bandage (10 cm)	1
Dressing - Combine pad 9 x 20 cm	1
Dressing with burn gel (10 x 10 cm)	1
Eye pads, sterile (single use)	4
Gauze swabs, 7.5 cm x 7.5 cm, sterile, (3 per pack)	5
Non-adherent wound dressings, sterile 5 cm x 5 cm (small) 7.5 cm x 10 cm (medium) 10 cm x 10 cm (large)	6 3 1
Plastic bags (amputated bag set in envelope): Large (255 mm x 300 mm) Medium (100 mm x 180 mm) Small (75 mm x 100 mm)	1 each
Rescue blanket, silver space, non-flammable	1
Safety pins (packet of 6)	1
Splinter probes, single use, sterile	10
Saline (15 mL)	8
Triangular bandages, minimum 90 cm	2
Wound cleaning wipe (single 1% Centrimide)	10

BP)	
Non-consumables	Quantity
Blue\Black pen	2
Chemical 'Ice' pack	1
CPR card or sticker	1
First Aid Manual	1
Label with Emergency services telephone numbers	1
List and contact details of current first aid officers	1
Scissors, blunt, short nosed, minimum length 12.5 cm	1
Sharps Container— e.g. 'Sharp safe 0.6 litre'	1
Splinter forceps 125 mm	1
Treatment book with non-removable pages	1
Personal protective equipment (PPE)	Quantity
Disposable surgical masks	2
Gloves, disposable nitrile examination gloves, single use Small Medium Large	2 pairs each
Pocket mask with filter and one-way valve	1
Safety glasses\goggles	1

Note: Some types of workplaces may require additional items to treat specific types of injuries or illnesses as determined by the first aid risk assessment. For example, areas that deal with hydrofluoric acid must have calcium gluconate gel in their first aid kits.

First aid signs

16. First aid signs assist in easily locating first aid equipment and facilities. First aid signs are a white cross on a green background, in accordance with the [AS 1319: 1994 – Safety Signs for the Occupational Environment](#). A number of first aid signs displayed clearly indicating the location of first aid facilities within the building. The exact location and number considered in the risk assessment conducted by the Facilities/Operations manager or nominated representative and first aid officers.

Emergency shower and eye wash stations

17. Where the need for an emergency shower and eyewash station identified via a needs/risk assessment, emergency eyewash and showers must meet the [Australian Standard, AS 4775-2007 Emergency eyewash and shower equipment](#). Access to shower equipment should be provided in workplaces where there is a risk of:

- exposure to hazardous chemicals that can result in skin absorption;
- exposure to infectious or biohazardous substances;
- serious burns to a large area of the face or body. This includes risk of chemical or electrical burns or burns that are deep, in sensitive areas or greater than a 20 cent piece; and
- exposure to cryogenic liquid (showers should be near cryogenic liquid usage areas).

18. Shower facilities should consist of:

- a permanently rigged hand-held shower hose; and/or
- an appropriate deluge facility.

19. Eyewash stations must meet the [Australian Standard, AS 4775-2007 Emergency eyewash and shower equipment](#) and connected to the water supply.

Where risk control requires an eyewash station, be plumbed to the potable water supply, tempered, and accessible within 10 seconds or less without major impediment.

20. All emergency showers and eyewash stations be inspected tested and date recorded. This is a statutory requirement of the Facilities and Services – Campus Buildings and Requirements Manual (CBRM) administered by Facilities and Services.

21. A green service record tag attached to each unit and marked upon completion of each service.

Resuscitation equipment

Automatic external defibrillators

22. Automatic external defibrillator (AED) can reduce the risk of fatality from cardiac arrest and is a useful addition to the workplace. Anyone can use an AED, following the visual and verbal prompts provided by the AED. Where a trained person is available, they should operate the AED.

23. AEDs should be located in an area that is:

- clearly visible and accessible from a buildings main entrance /lobby;
- be accessible to anyone within 150 metres of the building in addition to the occupants of the building where the AED is located;
- not obscured by columns and or plants;
- housed in a dedicated AED box, fitted with an open door alarm to raise awareness of potential emergency situations;
- at a convenient height for access (no higher than 48 inches above ground level);
- indicated with signage that identifies the AED's location; and
- not exposed to extreme temperatures.

The requirement for an AED is an outcome of the local area first aid risk assessment.

24. The occupational first aid officer, or assigned person, in consultation with WEG must ensure the AED location signs and units are maintained according to the manufacturer's specifications. This includes maintenance of the pads and the checking and/or replacing of batteries. Refer to location map for all [AEDs on campus](#).

Oxygen resuscitation equipment

25. Oxygen resuscitation equipment be located where available in first aid room or within close proximity of the AED. The oxygen resuscitation equipment, administered by advanced first aid officers trained in resuscitation techniques.

First aid facilities

26. A first aid room is recommended for:

- Low risk workplaces with 200 workers or more (e.g. offices).
- High risk workplaces with 100 workers or more (e.g. laboratories and workshops)

27. All new buildings that will house 100 or more workers must have first aid

rooms.

28. A first aid room should:

- Provide hand washing facilities with hot and cold water (or easy access where this is not provided in the room);
- offer privacy via a screen or a door;
- be well lit and ventilated;
- be easily accessible to emergency services (minimum door width of 1 metre for stretcher access);
- have an entrance that is clearly marked with first aid signage; and
- be well maintained under the cleaning contract or arrangements.

29. The following items should be provided in a first aid room:

- a first aid kit containing the minimum content as specified in Table 1 or as assessed applicable to the risks associated with the workplace;
- hygienic hand cleanser and disposable paper towels;
- an examination couch with waterproof surface and disposable sheets;
- an examination lamp with magnifier;
- a cupboard for storage;
- a chair and a table or desk;
- a telephone and/or emergency call system;
- the names and contact details of first aid officers and emergency organisations;
- a container with disposable lining for soiled waste;
- a container for the safe disposal of sharps; and
- a bowl or bucket with a minimum capacity of 2 litres.

Contaminated items

30. Soiled items with blood or bodily substance should be placed into plastic bags, tied securely. Waste disposal must comply with state or local government requirements.

The person using sharps including needles, syringes and disposable probes should dispose of items via an approved puncture resistant yellow sharps infectious waste labelled container in accordance with University *Sharps handling*

procedure and

AS 4031 – Non-reusable containers for the collection of sharp medical items used in health care areas and AS 4261 – Reusable containers for the collection of sharp items used in human and animal medical applications. Reusable items contaminated with blood and body substances require washing and disinfecting by a competent person or disposed of safely.

Emergency procedures

31. The University has developed general [emergency procedures](#) that guide workers

On the appropriate action to take in the event of an emergency occurring on campus. Refer to [Emergency response – medical emergency](#).

32. Most University buildings have trained first aid officers. Seek help from nearby

Occupied buildings in the case of medical emergencies.

33. In a first aid emergency a nominated first aid officer is expected to take charge directing others on the scene e.g. wardens to assist with managing the emergency until emergency services personnel take over.

33. During an emergency evacuation, first aid officers should carry with them at least

One first aid kit, and if available, the oxygen resuscitation equipment and AED (if located in their area) to the assembly point. First aid officers can be identified by green hats and or vests with a white cross.

ANU Health Service

34. The University Health Service is a fully accredited primary health care facility. Providing comprehensive health services to staff and students on the Acton campus. Staff of ANU Health Service provide a wide range of services but may not be able to provide immediate first aid/medical/emergency treatment. Refer to [ANU health service](#) webpage.

Immunisation

35. In minimising the risk of contracting serious infections, the University's [Immunisation procedure](#) identifies first aid personnel as having a higher risk of contracting serious infections than that faced by the general population. Therefore, the University seeks to minimise the risk to staff, students and visitors in relation to contracting serious infections. Refer to the University's immunisation procedure, table 10 for vaccination requirements.

Record keeping

36. The reporting of injuries and illnesses recorded using the University's incident and hazard-reporting tool in accordance to the [WHS incident management procedure](#).

37. Risk Assessment documentation on local area first aid provisions shall be retained

In-line with University Records Electronic Records Management System (ERMS) as per [the WHS Documentation management procedure](#). For further information in relation to records of injury and treatment refer to the WHS [First Aid in the Workplace Code of Practice](#).

First aid allowance

38. First aid officers are eligible to receive one of two allowances: senior or advanced level. The University's Enterprise Agreement stipulates for a first aid officer's eligibility to receive an allowance, they are required to hold a current:

- certificate of first aid (senior or advanced level) competence or be a registered health professional such as medical practitioner or nurse; and additionally hold a
- mental health first aid accreditation.

39. Upon presentation of a current first aid and mental health first aid certificate's, the University shall provide an allowance to authorised first aid officers in their local area. To claim the allowance, a completed and signed [first aid allowance form](#) be submitted to Human Resources.

Training

40. First aid officers should hold nationally recognised Statement/s of Attainment issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit/s of competency.

41. First aid officers attend recertification training, necessary in refreshing their first aid knowledge and skills to confirm their competence in providing first aid. CPR

training requires annual refresher training as the first aid component expires every three years. Mental health first aid also requires refresher training every 3 years.

42. First aid officers are required to complete Mental Health first aid training.

Mental

Health first aid refresher requires recertification every three years.

43. First aid officers may also need to seek guidance on additional first aid response

where specific situations may require their response. For example, where workers have severe allergies, or other types of medical condition brought to their attention by a worker in their first aid treatment plan.

Sources

Legal and other requirements
<u><i>Work Health And Safety Act 2011(Cth)</i></u>
<u><i>Work Health And Safety Regulations 2011(Cth)</i></u>
<u><i>Safe Work Australia - First Aid in the Workplace - Code of Practice (2016)</i></u>
<u><i>AEDs on campus</i></u>
<u><i>AS 4775 Emergency eyewash and shower equipment</i></u>
<u><i>AS 1319 - Safety Signs for the Occupational Environment.</i></u>
<u><i>AS 4031 - Non-reusable containers for the collection of sharp medical items used in health care areas</i></u>
<u><i>AS 4261 - Reusable containers for the collection of sharp items used in human and animal medical applications.</i></u>

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