

# 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

**Advanced First Aid Officer** are persons who have successfully completed the "Provide Advanced First Aid and Provide Advanced First Aid Response" course.

**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.

**Designated First Aiders** are first aiders who hold current qualifications in Provision of First Aid (or above) and Mental Health first aid and are designated as a First Aider in their Local Area's Key Emergency Personnel Register.

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

**First aid equipment** includes first aid kits and other equipment (such as AED or eye wash or shower 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.

**High-risk area** in the context of this procedure means a workplace where workers are exposed to 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 areas** in the context of this procedure means a workplace where workers are not exposed to hazards that could result in serious injury or illness.

**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.

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

**Personal First Aid Emergency Plan (PFAEP)** with a person's consent, and only provided to applicable first aiders and kept confidential. A specific treatment plan for a person 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.

**Remote First Aid Officer** are persons who have successfully completed the "Remote First Aid" course.

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

**The Work Health and Safety Management System (WHSMS) Handbook** provides practical guidance for University and its local areas on how to implement the University WHS Management System and defines the responsibilities and actions required by management and workers within the management system.

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

**Workers** is anyone who carries out work for the University and include staff, Visiting and Honorary Appointments (VaHA), volunteers, titleholders, affiliates, labour hire workers, students gaining work experience and contractors of ANU. HDR students may be ANU workers depending on their role but they are covered under the scope of this procedure.

**Workplace** A workplace is a place where work is carried out for a business or undertaking (i.e. 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](#).

2. This procedure is further explained in and supplemented by WHSMS Handbook Chapter 3.4 First Aid.

## **Responsibilities**

### *College Deans, Research School and Service Division Directors*

3. College Deans, Research School and Service Division Directors or their delegate 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 designated first aiders (*Refer Sections 11 and 12*);
- Ensuring first aid assessments are conducted annually [using WHSMS Handbook Chapter 3.4 Appendix A](#);
- Ensuring first aid kits are checked frequently and contents are up-to-date in accordance with WHSMS Handbook Chapter 3.4 requirements;
- Ensuring the implementation of WHSMS Handbook Chapter 3.4 within areas of their responsibility; and
- Any other responsibilities and actions specified in WHSMS Handbook Chapter 3.4 First Aid.

### *Local area WHS Officer and Occupational First Aider and/or Designated First Aider*

4. Local area WHS Officers or equivalent or Occupational First Aiders are responsible for:

- Carrying out local area first aid assessment annually [using WHSMS Handbook Chapter 3.4 Appendix A](#) to determine the first aid requirements in conjunction with the first aid officers in that area;
- Managing local area first aid record keeping in accordance with WHSMS Handbook Chapter 3.4 Section 3.4.3 requirements;
- Monitoring the inspection and checking of items in first aid kits allocated to the first aiders;
- Monitoring the inspection and checking of Automatic External Defibrillators (AED) through the nominated first aiders; and
- Any other responsibilities and actions required in the WHSMS Handbook Chapter 3.4 First Aid.

## *First Aid Officers*

5. Classifications/categories of Designated First Aid Officers and their corresponding training are as follows:
  - Senior first aid officer – Complete [Provide First Aid \(FAHR03\)](#) or equivalent
  - Advanced first aid officer – Complete [Provide Advanced First Aid and Provide Advanced First Aid Response \(FAHR02\)](#) or equivalent external courses. This type of training is a requirement for some high-risk areas.
  - Remote first aid officer – [Complete Provide First Aid in Remote Situations \(FAHR04\)](#) or equivalent external courses This type of training is suitable for workplaces that are likely to have a major delay in accessing emergency services in a remote setting.
  - Occupational first aid officer – Complete [Occupational First Aid \(FAHR01\)](#) or equivalent external courses Occupational first aid officers are able to manage first aid in the local area, maintaining first aid rooms, and where allocated the AED in the workplace.
6. Designated First Aiders in the local area shall:
  - Assist the WHS Officer or equivalent or Occupational First Aider in completing the annual local area first aid 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 are to 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 if they wish to;
  - Undertake regular first aid kit checks;
  - 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 ensure replacement after use;
  - Fulfil any actions required in WHSMS Handbook Chapter 3.4
7. Work Environment Group is responsible for: Providing advice as required to Deans and Directors, local WHS Committees and Advisory Groups.
8. Facilities and Services is responsible for maintaining the AED network, facilities wayfinding map and list of AED locations.

## Local first aid procedures

9. Local Areas in consultation with Health and Safety Representatives shall develop and implement local first aid procedures for medical emergencies which can potentially be life-threatening that require specific first aid processes (e.g. HF exposure, cyanide poisoning, peroxide, explosion, confined spaces).
10. These procedures are in accordance with local hazards using [WHSMS Handbook Chapter 3.4 Appendix H](#). This section is further explained in WHSMS Handbook Chapter 3.4 Section 3.4.2.2.4 Local First Aid Procedures.

## First aider/worker ratios

11. The number and composition of Designated First Aiders consider the type, size and risks of the workplace as well as students, contractors, sub-contractors, visitors and volunteers engaged in the workplace.

12. The University aims to ensure the number of workers trained in first aid is relevant to the risks of local areas. First aid resources are as closely aligned to the below ratios as far as reasonably practicable:

- Low risk areas (e.g. working in an office): have at least one First Aider for every 50 occupants;
- High-risk areas (e.g. working with chemicals in a laboratory): have at least one First Aider for every 25 occupants; and
- Remote areas: have at least one first aid officer for every 10 occupants.

Consideration should also include particular needs of workers who have a disability or known health concerns. More First Aiders are required in specific situations – [See WHSMS Handbook Chapter 3.4 Appendix A for details](#).

## First aid equipment

### *First aid kits*

13. All workers must be able to access first aid kit without hindrance.

The number of first aid kits required in an area/building must be determined during a first aid assessment. When conducting the first aid assessment, the following factors must be considered:

- 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 Aiders 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.).

14. First aid kits are:

- 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;
- Inside or in the very close vicinity of laboratories or workshops and accessible to workers in that area;
- Located on every permanently occupied floor of a multistorey building; and
- Portable if provided in vehicles owned by the University.

15. Tier 2 and Tier 3 Inductions must include locations of first aid kits and the Designated First Aider contact details.

16. Contents of first aid kits at a minimum must contain contents as specified in [WHSMS Handbook Chapter 3.4 Appendix B](#) for either the low and high risk area kits. Additional contents must also be included based on the first aid assessment, taking into consideration the nature of the work conducted including known/expected hazards identified (med/high-risk), in accordance with [WHSMS Handbook Chapter 3.4 Appendix B](#).

17. Medication, including analgesics such as paracetamol and aspirin must not be included in first aid kits. Workers requiring prescribed and over-the-counter medications are to carry their own medication for their personal use as necessary.

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

19. First aid kit contents for low risk areas kits must be checked at least annually whereas high risk areas and remote kits must be checked at least 6 monthly. Remote first aid kits are checked and/or refilled as required after the fieldwork activities.

20. This section is further explained in and supplemented by WHSMS Handbook Chapter 3.4 Section 3.4.2.1 Planning, 3.4.2.2.1 First Aid Assessment and Appendix B.

### *First aid signs*

21. First aid signs must be in accordance with the [AS 1319: 1994 - Safety Signs for the Occupational Environment](#). Some example signs are shown in [WHSMS Handbook Chapter 3.4 Appendix G](#). The signs are to be posted on first aid rooms and at least above the first aid kit to indicate the location of the first aid kit.

### *Emergency shower and eye wash stations*

22. Eye wash equipment must be provided where there is a risk of hazardous chemicals or infectious substances causing eye injuries. Immediate access is provided to shower equipment 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 are near cryogenic liquid usage areas).

23. Shower facilities consist of:

- An appropriate deluge facility;
- A permanently rigged hand-held shower hose; and/or
- A portable plastic or rubber shower hose that is designed to be easily attached to a tap spout for small, relatively low risk workplaces where a fixed deluge facility would not be reasonably practicable, but the risk of serious burns is still foreseeable.

24. Emergency shower and 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.

25. All emergency showers and eyewash stations be inspected tested and date recorded as required in [WHSMS Handbook Chapter 3.4 Appendix B](#).

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

27. Local areas must check that F&S contractors have completed the green tag appropriately in workplace inspections or otherwise assign corrective actions.

## **Resuscitation equipment**

### *Automated external defibrillators*

28. Automated 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.

29. AEDs are 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.

30. The School/Division Director or their delegate 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](#).

31. This section is further explained in and supplemented by WHSMS Handbook Chapter 3.4 Appendix B

#### *Oxygen resuscitation equipment*

32. The need for oxygen resuscitation equipment and or medical oxygen cylinder is determined by a risk assessment.

33. Oxygen resuscitation equipment may be located where available in first aid room or within close proximity of the AED. The oxygen resuscitation equipment must be administered by a competent First Aider trained in [advanced resuscitation techniques](#).

34. This section is further explained in and supplemented by WHSMS Handbook Chapter 3.4 Appendix B.

#### **First aid facilities**

35. The need for a first aid room is an outcome of the first aid assessment. See WHSMS Handbook Chapter 3.4 Appendix E.1 for guidance.



36. 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)
37. All new buildings that will house 100 or more workers must have first aid room facility provision and local areas can decide using the first aid assessment and Handbook Chapter 3.4 Appendix E.1 to determine if a first aid room is required.
38. A first aid room is:
- Located within easy access to a sink with hot and cold water (where this is not provided in the room) and toilet facilities;
  - Offering privacy via a screen or a door;
  - Easily accessible to emergency services (minimum door width of 1 metre for stretcher access);
  - Well lit and ventilated;
  - Having an appropriate floor area (14 square metres as a guide); and
  - Having an entrance that is clearly marked with first aid signage.
39. First aid rooms are well maintained, managed and inspected frequently by a Occupational First Aider in accordance with [WHSMS Handbook Chapter 3.4 Appendix E](#) requirements.
40. The following items must be provided in a first aid room as minimum:
- A first aid kit appropriate for 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 container with disposable lining for soiled waste;
  - A container for the safe disposal of sharps;
  - A bowl or bucket with a minimum capacity of 2 litres;
  - Electric power points;
  - A chair and a table or desk;
  - A telephone and/or emergency call system; and
  - The names and contact details of first aid officers and emergency organisations.

## **Contaminated items**

41. Soiled items with blood or bodily substance are placed into plastic bags, tied securely. Waste disposal must comply with state or local government requirements.
42. The person using sharps including needles, syringes and disposable probes disposes 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**

43. 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](#).
44. Most University buildings have competent First Aiders. Seek help from either First Aiders in own building or nearby occupied buildings in the case of medical emergencies. In a first aid emergency a Designated First Aider is expected to take charge directing others on the scene until emergency services personnel take over.
45. During an emergency evacuation, First Aiders are to 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 Aiders can be identified by green hats and or vests with a white cross.

## **Health Service on Acton Campus**

46. Refer to [Medical Services](#) webpage for medical services available on the Acton Campus.

## **Immunisation**

47. In minimising the risk of contracting serious infections, the University's

48. [Immunisation procedure](#) identifies First Aiders as having a higher risk of contracting serious infections than that faced by the general population. Therefore, the University seeks to minimise the risk by providing vaccination options to Designated First Aiders. However it is the First Aiders decision on whether they will take the vaccination. Refer to the University's [immunisation procedure](#) table 1 for vaccination.

## **Record keeping**

49. The reporting of injuries and illnesses recorded using [Figtree](#) in accordance to the [WHS incident management procedure and WHSMS Handbook Chapter 3.16 Incident and Hazard Reporting](#).

50. Documentation related to first aid provisions shall be retained in accordance with [WHSMS Handbook Chapter 3.4](#) Section 3.4.3 Record Management.

## **Designated First Aider Appointment**

51. Where gaps in the number of Designated First Aiders are identified via the First Aid Assessment and or monthly monitoring of the Key Emergency Personnel Register ([See Chapter 3.5 Appendix B](#)), the Director of a School/Division, or their representatives, shall call for volunteers to fill these positions from their staff members. Where there are no volunteers, the Director shall appoint staff with managerial or supervisory responsibilities to become a Designated First Aider.

52. In most cases, only staff members are eligible to be appointed as Designated First Aiders in accordance with their local first aid assessments. This is to ensure that all staff and students have access to sufficient First Aiders at all times. In rare cases where it is not reasonably practicable to nominate or appoint a staff member to be a first aider, Higher Degree by Research (HDR) students may be nominated or appointed as a first aid officer as determined by the first aid assessment.

## **Designated First Aider Training**

53. All designated first aiders must hold the following current certification:

- certificate of first aid (Provide First Aid or above) competence or be a registered health professional such as medical practitioner or nurse; and
- mental health first aid accreditation.

The monitoring of training completion, expiry of training and refresher completion are managed locally through the Local Training Plan monitoring and Key Emergency Personnel Register monthly monitoring process. School/Division Directors or their delegates are responsible to ensure all designated first aiders for their areas hold current certification as listed above.

54. The Certificate of First Aid competence in Clause 50 refers to nationally recognised Statement/s of Attainment issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit/s of competency.

55. Designated First Aiders must attend regular 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 and the first aid components require retraining every three years. Mental health first aid also requires refresher training every three years.

56. Designated First Aiders may also need to be provided with additional first aid response instructions and training 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 Personal First Aid Emergency Plan (PFAEP). This instruction shall be in the form of a Local First Aid Procedure (for potentially life-threatening conditions that require specific first aid) (See [WHSMS Handbook Chapter 3.4 Appendix H](#)) or as per the Personal First Aid Emergency Plan (See [Chapter 3.4 Appendix E](#)).

### **Designated First Aider Allowance**

57. Eligible Designated First Aiders are paid one of two allowances: Level 2 or Level 3 and above. All Designated First Aiders must complete the '[First Aid Officer Registration, Allowance and Resignation](#)' [Form Part 1 and 2](#) after completing all training specified in Clause 50 to be recognised as a Designated First Aider. HDR students who are Designated First Aiders only need to complete Part 1 of the form.

**Note:** Where a HDR student is appointed as a Designated First Aider, their first aid training costs are covered by the University, however they are not eligible to receive First Aid Allowance payments.

58. Designated First Aiders are required to complete the '[First Aid Officer Registration, Allowance and Resignation](#)' [Form Part 3](#) if they cease to be a Designated First Aider (whether they no longer wish to be or change business units or the School/Division no longer requires them to be).

59. An automated report of Designated First Aiders is generated monthly from HORUS, which is available to School/Division Directors, WHS Officers and the Work Environment Group.
60. Local area WHS Officers are required to compare the current list of Designated First Aiders and their Key Emergency Personnel Register monthly and identify:
- a. Any persons registered on the HORUS report who are no longer Designated First Aiders; or
  - b. Designated First Aiders who are not registered on the HORUS report. The WHS Officer is responsible to:
    - Direct the person who is no longer a Designated First Aider to complete and submit the [‘First Aid Officer Registration, Allowance and Resignation’ Form Part 3](#); and
    - Direct any Designated First Aiders not on the current HORUS generated list of Designated First Aiders to complete the [‘First Aid Officer Registration, Allowance and Resignation’ Form Part 3](#).
61. The University will recover any overpayment of the first aid allowance should a Designated First Aider cease to be a first aider and/or become not current with their training.
62. The Work Environment Group collects the Key Emergency Personnel Register information annually and will conduct analysis in comparison to the list of current Designated First Aiders to identify any gaps. The Work Environment Group may also conduct ad hoc audits on specific Schools/Division to ensure Designated First Aiders have registered in HORUS and receive the first aid allowance appropriately. Refer to WHSMS Handbook Chapter 3.4 Appendix D.2 for detailed processes flow.
63. This procedure is further explained in and supplemented by [WHSMS Handbook Chapter 3.4 First Aid](#).

#### Sources

Refer to [ANU WHS Legal and Other Requirements Matrix](#).

## Document information

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