



WORK HEALTH AND SAFETY POLICY: FIRST AID

Policy number	1.16	Version	1.1
Drafted by	M.Kruck	Approved by Committee	05 Aug 2019
Responsible person	D.Manning	Scheduled review date	30 Nov 2022

INTRODUCTION

First aid is an important aspect of Occupational Health and Safety. In recognition of this, SLNC is committed to providing first aid facilities to administer first aid treatment.

This policy applies to all members of SLNC, and to visitors.

PURPOSE

The purpose of this document is to provide an overview for SLNC to establish first aid facilities and services for the organisation.

DEFINITIONS

First aid is the provision of emergency treatment for people suffering injury or illness at work.

First aid facilities refer to the first aid kit and/or first aid room.

POLICY

SLNC is committed to providing a safe and healthy work environment for members, contractors and visitors. SLNC will endeavour to provide appropriate and adequate first aid treatment in the event of a person sustaining a work-related injury or illness.

SLNC will systematically identify causes of possible injury and assess the risk of work injuries and attempt to prevent the injury re-occurring. The appropriate first aid facilities and training will be determined, evaluated and provided.

SLNC will meet first aid legislative requirements as a minimum standard.

First aid facilities will be maintained on a regular basis.

AUTHORISATION

Signature of Secretary



Date of Approval by Committee

05 / AUG / 2019

Springfield Lake Nature Care Inc (SLNC)





WORK HEALTH AND SAFETY PROCEDURES: FIRST AID

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RESPONSIBILITIES

It is the responsibility of the President to ensure that:

- adequate and appropriate first aid facilities are provided;

It is the responsibility of First Aid Officers to:

- inspect and maintain first aid facilities;
- in the case of a work injury or work-related illness, assess if medical assistance is required;
- administer appropriate first aid in accordance with their training;
- maintain first aid records as outlined in this procedure;
- maintain confidentiality with regard to information obtained as part of their role.

PROCEDURES

The President is required to determine whether First Aid Officers are required for each activity/event/site, as per any legislative requirements that exist.

For activity/event/sites where there are likely to be >50 people in attendance at any one time, a trained First Aid Officer should be in attendance. The Management Committee shall ensure that appropriate First Aid Officers are organised for such activity/event/sites, including authorising any payment for third party First Aid Officers.

SLNC First Aid Officers

If SLNC members have suitable First Aid Officer qualifications, they can operate as the activity/event/site First Aid Officer(s).

The President must ensure that the SLNC member has the qualification and a copy of the First Aid Officers' qualifications and currency are to be kept in the Member Qualifications Register.

The name and phone number of the activity/event/site First Aid Officers is to be advertised to participants at the beginning of the activity/event.

First aid facilities

The level of first aid facilities should be determined through discussions with other similar environmental groups and as required by law.

Where first aid facilities are deemed necessary, they are to be located at points convenient throughout the activity/event/site, or on a member present, and/or where there is a significant risk of an injury occurring.

The location of First aid facilities must be notified to all participants of the activity/event/site.

Where there is a building run by SLNC (e.g. clubhouse), the location of First Aid facilities must be identified with a sign hung directly above. The sign must have a white cross on a green background. The sign must be Australian Standard Compliant (AS1319).

First aid kit

The contents of the first aid kit must be protected from dust and damage, and be kept in a container which clearly identifies the contents and purpose. The container must be easily recognisable (for example, a white cross on a green background prominently displayed on the outside) and should not be locked.

The following items should be included, as a minimum, in a basic first aid kit:

- emergency services telephone numbers and addresses;
- basic first aid notes;
- individually wrapped sterile adhesive dressing;
- sterile eye pads;
- sterile covering for serious wounds;
- triangular bandages;
- safety pins;
- small, medium and large sterile un-medicated wound dressing;
- adhesive tape;
- elastic or crepe bandages;
- scissors;
- disposable latex gloves;
- approved resuscitation face mask fitted with a 1-way valve;
- eye wash (once-only use container) & guidance notes;
- disposable face masks;
- protective eye-glasses;
- disposal bags marked "Caution – Biological Hazard".

The first aid kit, and, where appropriate, first aid facilities, must be inspected by the delegated Management Committee member every six months. The first aid facilities checklist must be completed and filed by the delegated member following each inspection.

The delegated member must notify the President if stock needs to be replenished, who shall ensure the stock is ordered, delivered and given to the delegated member to restock the facilities.

First aid treatment

If a person requires first aid treatment, the nearest First Aid Officer (if required at activity/event/site) must be contacted to administer such treatment.

If no official First Aid Officer was required at activity/event/site, then the delegated SLNC member with the most knowledge / training shall undertake the treatment, unless:

- i. a non-SLNC member participant “states” that they have official First Aid qualifications and offers to carry out the treatment, in which case they, with the injured person’s consent, will carry out the treatment;
- ii. the injured person “states” that they refuse treatment, or wish to treat themselves.

With the above two instances, a voice recording / video should be taken of these “statements”, (using smart phone or other electronic device).

If the injured party is deemed by the majority of adults present not to be of sound mind when giving that statement (e.g. delirious through heat stroke) treatment should still be carried out, but only if it is feasible and safe to do so, with the voice recording / video being used as evidence of their mental state.

If the injured party is cannot give informed consent due to being unconscious or unable to be understood, then treatment should still be carried out, with a voice recording / video being used as evidence of their physical state.

The First Aid Officer and/or an SLNC Occupational Health and Safety Representative must record details of all injuries using an Injury/Incident Report Form, detailing:

- date and time;
- name and location of person needing treatment;
- nature of injury/illness, if known;
- treatment provided;
- name of attending First Aid Officer;
- urgency of matter; and
- determination if another First Aid Officer is required.

The First Aid Officer and/or an Occupational Health and Safety Representative must complete an Incident Report Form and file on site, sending a copy to the Secretary for entry into the First Aid Register.

The First Aid Officer will attend to the injured or ill person and provide assistance that they consider the most appropriate. First Aid Officers must only provide assistance in accordance with their training.

Where an injury is of a more serious nature and requires the person to be referred to a doctor or taken to hospital, the First Aid Officer will determine the appropriate transport. The First Aid Officer will ask the sick/injured employee’s manager or supervising SLNC member to arrange the transport.

First aid records

When using supplies from the first aid kit the 'First Aid Kit Logbook' must be completed. The logbook is to be kept inside the first aid kit. The following details must be entered into the log:

- date and time;
- name of injured person;
- nature of injury/illness;
- treatment provided;
- supplies used;
- name of attending First Aid Officer.

RELATED DOCUMENTS

- [Work Health and Safety Policy](#)
- [WHS: First Aid Policy 2015](#)
- [Injury and Incident Reporting Policy](#)

AUTHORISATION

Signature of President

Name of President

Date:


Luise Manning
05 / AUG / 2019

APPENDIX A

LEGISLATIVE REVIEW OF FIRST AID REQUIREMENTS

Caution: please check for updates

STATE	APPLICABLE STATE LEGISLATION, REGULATION OR CODE OF PRACTICE	GENERAL REQUIREMENT IN RELATION TO FIRST AID OFFICERS / QUALIFICATIONS	
		Section	Description
QLD	Work Health & Safety Act 2011	First Aid in the Workplace – Code of Practice 2014	<p>The WHS Regulations place specific obligations on a person conducting a business or undertaking in relation to first aid, including requirements to:</p> <ul style="list-style-type: none"> • provide first aid equipment and ensure each worker at the workplace has access to the equipment • ensure access to facilities for the administration of first aid • ensure that an adequate number of workers are trained to administer first aid at the workplace or that workers have access to an adequate number of other people who have been trained to administer first aid.

APPENDIX B

INJURY/INCIDENT/NEAR MISS REPORT FORM

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not, and to document the investigation into the accidents by the Occupational Health and Safety representative involved.

Please complete within 24 hours of the accident. If the accident caused, or could have caused, serious injury or property damage, please contact the Human Resources Department immediately.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED (or by Occupational Health and Safety Officer if worker is incapacitated)

PERSON INVOLVED IN ACCIDENT/INCIDENT (Please print)

Title	Surname	First Name	Date of Birth
(please tick) Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Other <input type="checkbox"/>			Male <input type="checkbox"/> Female <input type="checkbox"/>
Department		Position	Contact telephone number

DETAILS OF THE INJURY **INCIDENT** **NEAR MISS** (tick appropriate box)

Date injury/incident/near miss occurred: / / .

Time injury/incident/near miss occurred: _____ am/pm

Location where injury/incident occurred (please print):

PART OF BODY AFFECTED (TICK APPROPRIATE ANSWERS)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> systemic	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> great toe
<input type="checkbox"/> mouth	<input type="checkbox"/> stomach		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> Teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> back		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	

not applicable

Nature of Injury (tick appropriate answers)

- | | | | | | |
|---|-------------------------------------|---------------------------------------|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> abrasion | <input type="checkbox"/> puncture | <input type="checkbox"/> heart attack | <input type="checkbox"/> sprain | <input type="checkbox"/> burn | <input type="checkbox"/> traumatic shock |
| <input type="checkbox"/> bruise | <input type="checkbox"/> laceration | <input type="checkbox"/> hearing loss | <input type="checkbox"/> strain | <input type="checkbox"/> scald | <input type="checkbox"/> electric shock |
| <input type="checkbox"/> fracture | <input type="checkbox"/> amputation | <input type="checkbox"/> foreign body | <input type="checkbox"/> hernia | <input type="checkbox"/> rash | <input type="checkbox"/> psychosocial |
| <input type="checkbox"/> concussion | <input type="checkbox"/> bite | <input type="checkbox"/> minor cuts | <input type="checkbox"/> allergy | <input type="checkbox"/> chemical | |
| <input type="checkbox"/> Aggravation of previous injury or medical condition. | | | | | |
| <input type="checkbox"/> not applicable | | | | | |

Type of Incident which caused Injury (tick appropriate answers)

- | | | | | |
|---|------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> striking against | <input type="checkbox"/> stumbling | <input type="checkbox"/> lifting | <input type="checkbox"/> pushing | <input type="checkbox"/> ingestion |
| <input type="checkbox"/> struck by | <input type="checkbox"/> slipping | <input type="checkbox"/> bending | <input type="checkbox"/> pulling | <input type="checkbox"/> absorption |
| <input type="checkbox"/> caught in | <input type="checkbox"/> tripping | <input type="checkbox"/> twisting | <input type="checkbox"/> jumping | <input type="checkbox"/> inhalation |
| <input type="checkbox"/> stepping on | <input type="checkbox"/> falling | <input type="checkbox"/> stress | <input type="checkbox"/> motor vehicle | <input type="checkbox"/> needlestick |
| <input type="checkbox"/> other: describe | | | | |
| <input type="checkbox"/> not applicable | | | | |

Agency of injury/illness/near miss (tick)

- | | | | |
|---|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Buildings | <input type="checkbox"/> Mobile Plant | <input type="checkbox"/> Structures |
| <input type="checkbox"/> Power tools | <input type="checkbox"/> Furniture | <input type="checkbox"/> Other tools | <input type="checkbox"/> Surfaces |
| <input type="checkbox"/> Animal/Insect | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Materials | <input type="checkbox"/> Sunburn |
| <input type="checkbox"/> Biological agent | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Equipment | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Objects | <input type="checkbox"/> Ionising radiation | <input type="checkbox"/> Other | |
| <input type="checkbox"/> not applicable | | | |

If reporting an incident or near miss, please describe how this occurred:

SECTION B: TO BE COMPLETED BY THE OCCUPATIONAL HEALTH AND SAFETY REPRESENTATIVE AND THE PERSON INVOLVED WITHIN 48 HRS

This is an extremely important section as the aim of the accident/incident/near miss investigation is to identify preventative action that will avoid recurrence of a similar accident.

Probable cause or causes of injury/incident/near miss (tick appropriate answers)

<input type="checkbox"/> inadequate instruction	<input type="checkbox"/> fault of plant or equipment	<input type="checkbox"/> poor storage	<input type="checkbox"/> weather
<input type="checkbox"/> inadequate workspace	<input type="checkbox"/> equipment unavailable	<input type="checkbox"/> poor access	<input type="checkbox"/> terrain
<input type="checkbox"/> assistance unavailable	<input type="checkbox"/> lack of attention	<input type="checkbox"/> incorrect method	<input type="checkbox"/> work practices

Describe how the incident occurred:

PREVENTION OF ACCIDENT/INCIDENT/NEAR MISS RECURRENCE

Describe what action is planned or has been taken to **prevent a recurrence** of the accident, based on the key contributing factors (Please print)

(Immediate) _____

(Long Term) _____

SECTION C:

Signed by Supervisor _____	Supervisor's name _____
Signed by Person Involved _____	Signed by OH&S officer _____

APPENDIX C

FIRST AID KIT INSPECTION CHECKLIST

First Aid Kit Number: _____

First Aid Kit Location: _____

PRODUCT	FIRST AID KIT QUANTITY	QUANTITY REMAINING	QUANTITY USED SINCE LAST INSPECTION
Packet of 50 individually wrapped adhesive strips			
Sterile eye pads			
Sterile coverings for serious wounds			
Triangular bandages			
Safety pins			
Small sterile un-medicated wound dressings			
Medium sterile un-medicated wound dressings			
Large sterile un-medicated wound dressings			
Roll adhesive tape, 1.25cm wide			
Crepe bandages			
Elastic bandages			
Scissors			
Pair disposable gloves			
Resuscitation mask			
Pair tweezers			
Small bottles of sterile eyewash solution			
Alcohol swabs			
Hand towels			
First aid booklet			

1. Emergency services telephone numbers and telephone numbers and addresses posted next to the first aid kit:
 Yes No

2. Name, photograph and telephone number of First Aid Officers posted on the outside of the First Aid Kit:
 Yes No

Inspection completed by: _____ Date: _____



APPENDIX D

FIRST AID KIT LOGBOOK

This log is to be completed for all incidents in the workplace

Date	Time	Injured Person	Nature of Injury/Illness	Treatment Provided	Supplies Used	Attending First Aid Officer	Injury/ Incident Form Number