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Compliance code

First aid in the workplace



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Preface

This compliance code provides practical guidance to those who have duties under the *Occupational Health and Safety Act 2004* (the OHS Act) or the *Occupational Health and Safety Regulations 2007* (the Regulations). It shows how to comply with those duties or obligations.

It was made under the OHS Act and was approved by The Hon. Tim Holding MP, Minister for Finance, WorkCover and the Transport Accident Commission, on 19 September 2008.

This compliance code was developed by WorkSafe Victoria. Representatives of employers, employees and government agencies were consulted during its preparation.

Employers, employees, self-employed persons and those with management and control of workplaces need to use the compliance code in conjunction with the Act and Regulations.

This compliance code is not mandatory. A relevant duty holder who complies with the compliance code will – to the extent the compliance code deals with their duties or obligations under the OHS Act and Regulations – be considered to have complied with their duties and obligations.

Please note: On 18 June 2017, the Occupational Health and Safety Regulations 2017 (OHS Regulations 2017) replaced the Occupational Health and Safety Regulations 2007, which expired on this date. This compliance code has not yet been updated to reflect the changes introduced by the OHS Regulations 2017. Complying with a compliance code made in relation to the old regulations may not necessarily mean compliance with a duty under the new regulations. Information on the key changes introduced by the OHS Regulations 2017 can be found in the guidance titled *Occupational Health and Safety Regulations 2017: Summary of changes* available at worksafe.vic.gov.au

If conditions at the workplace or the way work is done raise different or additional risks not covered by the compliance code, compliance needs to be achieved by another means.

WorkSafe publishes guidance to assist with this process at worksafe.vic.gov.au.

Evidence of a failure to observe a compliance code may be used as evidence in proceedings for an offence under the OHS Act or Regulations. However, a duty holder will not fail to meet their duty or obligation simply because of a failure to observe a compliance code.

A WorkSafe inspector may cite a compliance code in a direction or condition in an improvement notice or a prohibition notice as a means of achieving compliance.

A health and safety representative (HSR) may cite a compliance code in a provisional improvement notice when providing directions as to how to remedy an alleged contravention of the OHS Act or Regulations.

The approval of a compliance code may be varied or revoked by the Minister. To confirm this compliance code is current and in force, go to worksafe.vic.gov.au.

Introduction

Purpose

1. This compliance code provides practical guidance to employers on how to comply with duties under the law to provide appropriate first aid facilities in workplaces.

Scope

2. This compliance code covers first aid arrangements including first aid needs assessment, first aid training, first aid kits and first aid facilities.

Application

3. This compliance code applies to employers. Health and safety representatives (HSRs) and other employees may also find this code useful.

What does the law say?

4. The law requires employers to provide, so far as is reasonably practicable, a safe working environment and adequate facilities for the welfare of their employees. Section 21(2)(d) requires that, in meeting their duty under section 21(1), an employer must provide, so far as is reasonably practicable, adequate facilities for the welfare of employees at any workplace under the employer's management and control.
5. This needs to include having appropriate first aid measures in place, including first aid kits and suitably trained first aid officers.
6. Employers owe the same duty to any independent contractors and their employees who are working at the workplace, but only for matters over which the employer has, or should have, control.

Options for how to comply

7. To meet the duties addressed in this compliance code, employers may follow either of the following approaches:

Option 1: Prescribed approach

8. This option provides detailed guidance on how to comply with the *Occupational Health and Safety Act 2004* (the OHS Act), including:
 - the number of first aid officers to be provided as well as their duties and training
 - the number of first aid kits to be provided and their contents
 - the number of first aid rooms to be provided and their requirements.

9. This will generally be the most useful approach for small to medium-sized organisations.
10. There are some workplaces with very few (fewer than 10) employees that have very low levels of risk. These 'micro-businesses' will comply if they provide a first aid kit that meets certain content requirements. However, the employer will still need to first determine if their workplace falls within this category (see page 10 for further guidance).

Option 2: Risk assessment approach

11. Organisations with large and diverse workplaces or a complex range of occupational health and safety (OHS) hazards need to choose this option. Other organisations with sufficient expertise and resources may find that the risk assessment approach allows them the flexibility to devise a 'tailor-made' solution for their particular circumstances. However, it is open to any employer to choose this approach.

What is the effect of choosing one option over the other?

12. Both options are intended to provide guidance on how to comply with duties relating to first aid, and employers need to consider both options before deciding which is the most appropriate for their workplace.
13. Employers who comply with this compliance code are taken to have complied with the OHS Act in relation to first aid.
14. Option 1 provides a simple means of achieving compliance. However, if an employer chooses to follow option 1, **they need to follow it in its entirety**. Otherwise, they should choose option 2 and undertake a risk assessment.
15. An employer who follows the guidance in option 1 may still need to assess the need for additional modules for the first aid kit where particular hazards exist. For example, where employees may be exposed to corrosive chemicals, flying particles or flammable liquids, the employer needs to determine whether an eye module or a burns module is required.
16. Employers who choose option 2 will comply with the law if they make reasonable decisions, based on what is reasonably practicable in the specific circumstances, about first aid requirements. Information obtained from any risk assessments that may have already been carried out to assist with controlling risks at the workplace will provide much of the information needed to make appropriate decisions about first aid requirements. Employers who tailor a first aid solution for their workplace can best demonstrate compliance through a documented risk assessment.
17. If the employer chooses option 2, the prescriptive guidance in option 1 will not be used by WorkSafe to determine if compliance with the OHS Act has been achieved.

Consultation

18. By law, so far as is reasonably practicable, employers must consult with HSRs and employees on a range of matters that directly affect (or are likely to directly affect) their health and safety. Consultation related to this code would include:
 - consultation on first aid needs
 - consultation on first aid training
 - consultation on changes to any procedures related to first aid.
19. For more information on the consultation provisions, see Appendix C.

Employee awareness

20. Employees need to be given information and instruction on first aid in the workplace, including:
 - the location of first aid kits
 - the names and work location of trained first aid officers
 - procedures to be followed when first aid or further assistance is required.
21. The information and instruction needs to be provided:
 - as part of employees' induction training
 - if there is a change in the location of first aid facilities (eg first aid room)
 - if there are any changes in the names, locations or contact details of first aid officers
 - at appropriate intervals or as determined by a risk assessment (if the employer chooses this approach in option 2).
22. Information needs to be provided in a form that all employees can understand. Consideration needs to be given to how information on first aid facilities may be provided for people with non-English speaking backgrounds and people with disabilities. This may include using:
 - audio and visual aids
 - graphics (eg posters)
 - interpreters
 - simple English phrases
 - people who speak the same language to provide information
 - interactive practical demonstrations.
23. For additional guidance on providing information to workers from non-English speaking backgrounds, refer to the *Communicating occupational health and safety across languages* compliance code.

Guidance on analgesics

24. Analgesics are not listed in the first aid kit contents in this compliance code.
25. Analgesics, such as drugs containing paracetamol or aspirin, have the potential to cause adverse health effects in asthmatics, women in the late stage of pregnancy and people with gastric or duodenal ulcers. They may also cause a hypersensitive reaction to other prescribed medications. In addition, a dependency on analgesics may be formed, resulting in an adverse health reaction. Analgesics may be dangerous when used in large amounts or for long periods and may mask or contribute to the ill health of recipients.
26. The dispensing of drugs needs to be managed by a medical practitioner (or an occupational health practitioner such as a registered division 1 nurse), not a first aid officer. First aid officers are not expected to know employees' medical conditions. Accordingly, employers should not make analgesics available for employees unless a medical practitioner advises the employer that analgesics are necessary for specific employees.

Guidance on infection control

27. Safe work practices need to be in place to minimise exposure to blood and bodily fluids. See Appendix F for more on standard precautions.
28. The *Infection control guidelines for the transmission of infectious diseases in the healthcare setting* (Australian Government, 2004) provides additional information.

Immunisation for first aid officers

29. First aid officers need to be offered hepatitis B vaccinations by the employer if they are likely to have contact with blood or bodily fluids.
30. Further information can be found in the *Australian immunisation handbook* (9th edition, NHMRC, Australian Government, 2008).

Option 1: Prescribed approach

Introduction

31. Employers who follow the guidance in this section will have complied with the OHS Act on the provision of appropriate first aid facilities and first aid officers for their employees.
32. This guidance is aimed at:
 - workplaces with 10 or more employees
 - workplaces with fewer than 10 employees that have a higher level of risk.

What is a low-risk workplace?

33. Low-risk workplaces are those where:
 - employees are not exposed to hazards that could result in serious injury or illness that would require immediate medical treatment such as those associated with plant, hazardous substances, dangerous goods, confined spaces and hazardous manual handling
 - the business is located where medical assistance or ambulance services are readily available to the community and to the workplace where the business operates.

Low-risk workplaces include offices, libraries and most retail operations.

What is a higher-risk workplace?

34. Higher-risk workplaces are those where employees may be exposed to hazards that could result in serious injury or illness that would require immediate medical treatment. Higher risk workplaces include manufacturing plants, kitchens, motor vehicle and body panel workshops, medical research facilities and forestry operations.
35. Examples of serious injuries requiring immediate medical treatment are:
 - the amputation of any part of the body
 - a serious head injury
 - a serious eye injury
 - de-gloving or scalping
 - electric shock
 - a spinal injury
 - the loss of a bodily function
 - serious lacerations.

What about low-risk workplaces with fewer than 10 employees?

36. The prescriptive guidance on first aid officers, first aid kits and first aid rooms is not applicable for workplaces with fewer than 10 employees and low levels of risk. Employers at low-risk workplaces with fewer than 10 employees should refer to page 10 for further information.

First aid officers

Low-risk workplaces

37. In low-risk workplaces, compliance is achieved by providing:
- one first aid officer for 10 to 50 employees
 - two first aid officers for 51 to 100 employees
 - an additional first aid officer for every additional 100 employees.

Higher-risk workplaces

38. In higher-risk workplaces, compliance is achieved by providing:
- one first aid officer for up to 25 employees
 - two first aid officers for 26 to 50 employees
 - an additional first aid officer for every additional 50 employees.
39. Where an employee or group of employees does not have timely access to appropriate medical and ambulance services, (such as in remote, isolated or mobile workplaces) compliance is achieved by providing at least one first aid officer for every 10 employees.
40. A home-based workplace is not considered to be a remote or isolated workplace for the purpose of this compliance code.

First aid training

41. The minimum acceptable level of training for first aid officers for workplaces is the senior first aid certificate (often referred to as a level 2 first aid qualification) or its competency based equivalent HLTF301B Apply First Aid.
42. For higher-risk workplaces, there may be a need for first aid officers who have completed occupational first aid training (often referred to as a level 3 first aid qualification) or its competency based equivalent HLTF402B Apply Advanced First Aid.
43. If the workplace is large and diverse or has a complex range of OHS hazards, the employer needs to choose option 2 (see page 11) and determine the appropriate level of first aid training based on a risk assessment.
44. Employers need to ensure that the qualifications of first aid officers are current.

First aid kits

Location and quantity

45. In low-risk workplaces, compliance is achieved by providing:
 - one first aid kit for 10 to 50 employees
 - one additional kit for every additional 50 employees up to 200
 - one additional kit for every 100 additional employees above 200.
46. In higher-risk workplaces, compliance is achieved by providing:
 - one first aid kit, including specific first aid kit modules, for up to 25 employees
 - two kits, including specific first aid kit modules, for up to 50 employees
 - one additional kit, including specific first aid kit modules, for every additional 50 employees.
47. Where an employee or group of employees does not have timely access to appropriate medical and ambulance services, compliance is achieved by providing at least one kit for every 25 employees. For isolated, remote locations or mobile workplaces, employees need to have access to appropriate first aid kits.
48. Where there are separate work areas, it may be appropriate to locate first aid facilities centrally and provide portable first aid kits in each work area. This may include motor vehicles.

Container

49. The container needs to protect the contents of the first aid kit from dust and damage. If any additional first aid kit modules are to be included, the container needs to be large enough to hold them, preferably in separate compartments. The container needs to be easily recognisable (eg with a white cross on a green background prominently displayed on the outside and clearly marked as 'First aid kit') and should not be locked.

Contents

50. Appropriate first aid arrangements will vary from one workplace to the next. Employers need to ensure that first aid kits are adequately stocked for their workplace.
51. A first aid kit needs to include:
 - basic first aid notes
 - disposable gloves
 - resuscitation mask
 - individually wrapped sterile adhesive dressings
 - sterile eye pads (packet)
 - sterile coverings for serious wounds
 - triangular bandages
 - safety pins
 - small sterile unmedicated wound dressings
 - medium sterile unmedicated wound dressings
 - large sterile unmedicated wound dressings
 - non-allergenic tape
 - rubber thread or crepe bandage
 - scissors

Option 1: Prescribed approach

- tweezers
 - suitable book for recording details of first aid provided
 - sterile saline solution
 - plastic bags for disposal.
52. It is recommended that the name and telephone number of workplace first aid officers, as well as emergency services telephone numbers and addresses, be located in or in close proximity to each first aid kit.
53. Items that may be reused, such as scissors and tweezers, need to be thoroughly cleaned using warm soapy water or an alcohol swab after each use.
54. Some items can be obtained in disposable form such as plastic tweezers. However, these are not as effective as the metal type and are not included as a standard item in occupational first aid kits.
55. Employers need to ensure that first aid kits are restocked as necessary.

Additional first aid kit modules

56. The employer needs to assess whether additional first aid kit modules are required where particular hazards exist. Some examples of commonly needed additional modules are those dealing with eyes, burns and remote workplaces.
57. See Appendix E for more on additional first aid kit modules.

First aid rooms and medical services

58. The provision of a first aid room will depend on the type of workplace and the number of employees. Compliance is achieved by providing a first aid room in:
- low-risk workplaces with more than 200 employees
 - higher-risk workplaces with more than 100 employees.

Room requirements

59. The first aid room needs to be large enough for its purpose, well lit and well ventilated. It also needs to be easily accessible by injured people who may need to be supported or moved by stretcher or wheelchair, and needs to have easy access to toilets.
60. The following items need to be provided in the room:
- resuscitation mask
 - sink and wash basin with hot and cold water
 - work bench or dressing trolley
 - cupboards for storing medicaments, dressings and linen
 - a container for soiled dressing
 - a sharps disposal system
 - electric power points
 - a couch with blankets and pillows
 - an upright chair
 - a desk and telephone
 - signage indicating emergency telephone numbers
 - signage indicating emergency first aid procedures
 - a stretcher
 - a first aid kit appropriate for the workplace.

61. Additional first aid kit modules and other items or equipment need to be provided for the first aid room if required.
62. Where a first aid room is provided, it should not be used for any other purpose.
63. Each first aid room (and its contents) needs to be under the control of a first aid officer who has the appropriate skills and knowledge.

Access to medical services and the nature and extent of those services

64. In higher-risk workplaces, arrangements need to be in place to ensure the services of an appropriate medical centre are available. These services may be provided within the workplace or be readily available outside the workplace. The medical services need to provide emergency medical treatment and have an understanding of the types of hazards at the workplace and the potential effect on the health of employees that may arise from exposure to those hazards.

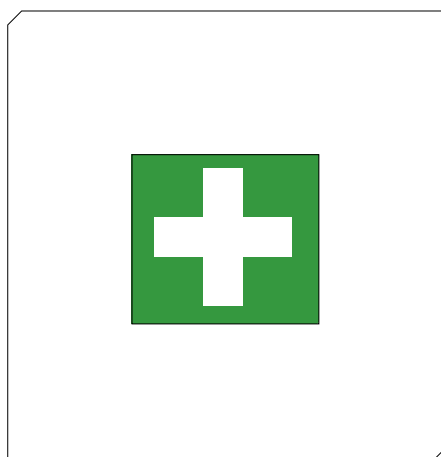


Figure 1: First aid facilities sign.

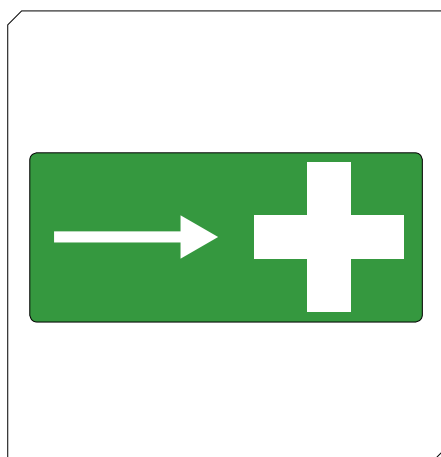


Figure 2: Sign to indicate direction to first aid.

Signage

65. The employer needs to provide safety signs to identify first aid facilities, including the telephone numbers of emergency services and details of first aid officers. The signs should be a white cross on a green background. See figures 1 and 2.
66. Additional guidance is provided in AS 1319 *Safety signs for the occupational environment*.

Low-risk micro-businesses

67. A micro-business is one that employs fewer than 10 people.
68. A low-risk micro-business is one where:
 - employees are not exposed to hazards that could result in serious injury or illness that would require immediate medical treatment such as those associated with plant, hazardous substances, dangerous goods, confined spaces and hazardous manual handling
 - the business is located where medical assistance or ambulance services are readily available to the community and to the workplace where the business operates.
69. Examples of serious injuries requiring immediate medical treatment are:
 - the amputation of any part of the body
 - a serious head injury
 - a serious eye injury
 - de-gloving or scalping
 - electric shock
 - a spinal injury
 - the loss of a bodily function
 - serious lacerations.
70. Low-risk micro-businesses could include retail shops and outlets, offices, libraries and art galleries.
71. A low-risk micro-business complies with its duties to provide first aid by providing a first aid kit that includes the contents set out on page 8.

Option 2: Risk assessment approach

Establishing first aid requirements

72. In consultation with affected employees and their HSRs, employers need to:
- identify the hazards that could result in work-related injury or illness
 - assess the likelihood and severity of work-related injury or illness
 - determine and provide the appropriate first aid facilities and training
 - evaluate the first aid facilities and training
 - review their requirements on a regular basis or as circumstances change.
73. As part of this systematic approach, employers need to take account of the following:

The nature of the hazards and the severity of the risks

74. Certain work environments have greater risks of injury and illness due to the nature of the work being performed. This is an important factor in determining first aid requirements. For example, offices and libraries will require different first aid facilities to factories.
75. Where a workplace stores or uses highly toxic or corrosive chemicals, additional first aid facilities need to be provided, particularly if specified in the relevant material safety data sheet (MSDS). Facilities may need to include emergency showers and eyewash stations and, where applicable, the provision of poison antidotes.

Known occurrences of injuries, illnesses and incidents

76. A review of injury, illness and 'near miss' incident data for the workplace may help identify problem areas. However, the use of data should not be the only means of identifying hazards as it covers past occurrences that may not reliably indicate potential injuries and illnesses.
77. Specialist practitioners and representatives of industry associations, unions and government may be of assistance in gathering health and safety information regarding workplace hazards, injuries and illnesses, and in determining appropriate first aid resources.

Option 2: Risk assessment approach

Size and layout of the workplace

78. In relation to the size and layout of a workplace, the employer needs to take into account:
- the nature of the work being performed in different work areas
 - the distance an injured or sick person has to be transported to receive first aid
 - the level of first aid available throughout the workplace.
79. First aid facilities need to be located at convenient points and in areas where there is a significant risk of an injury occurring.
80. A large workplace may require first aid to be available in more than one location if:
- the place of work is a long distance from emergency facilities
 - small numbers of employees are dispersed over a wide area
 - access to treatment is difficult, or
 - the workplace has more than one floor.

The number of employees and the way work is done

81. Where there are separate work areas (eg a number of buildings on a site or multiple floors in an office building), it may be appropriate to locate first aid facilities centrally and provide appropriate first aid kits in each work area. This may include portable first aid kits in motor vehicles and other separate work areas.
82. Where employees work away from their employer's premises, the employer will need to take into account:
- whether employees work alone or in groups
 - employees' access to telephones and emergency radio communications
 - the nature of the work being performed.
83. If work occurs over more than one shift, first aid facilities need to be available whenever people work. The number of people working overtime is often less than a regular shift, but additional hours of work heightens fatigue. This may increase the risk of incidents and injuries. The employer needs to ensure when overtime or shift work is being performed that appropriate first aid facilities are available for the number of people working each shift.
84. In work environments where members of the public may be present, such as schools, museums, libraries and sporting venues, the employer needs to assess what additional first aid facilities may be required.

Option 2: Risk assessment approach

Location of the workplace

85. The distance of the workplace from ambulance services, hospital and medical centres or occupational health services needs to be taken into account.
86. If life-threatening injuries could result and if timely access to emergency services cannot be assured, a first aid officer trained in more advanced techniques (such as use of defibrillators and oxygen provision) may be needed. The final decision will depend on a combination of factors, such as the number of employees, the nature of the hazards present and the severity of the risks involved.
87. The time taken for medical aid to reach the person is more significant than distance. For workplaces in remote areas, special considerations may apply. Where there may be poor roads and adverse weather conditions, facilities for aerial evacuation need to be included when planning first aid facilities. Efficient communications systems, such as mobile phones, need to be available for ensuring optimum response times.
88. For employees working in remote locations, the employer needs to provide portable first aid kits. Remote workplaces may require special consideration and the provision of specialised first aid kit modules (eg for eye injuries, burns, and snake, spider and insect bites).

Recording the first aid assessment

89. It is suggested that the employer record the first aid assessment and its outcomes. This may be beneficial when reviewing first aid facilities and training needs. See Appendix D for an example of a first aid assessment.

First aid officers

90. For first aid officers to perform their role, they will need to undertake appropriate training.
91. The skills and knowledge required of first aid officers may vary with each type of workplace. Having regard to the outcomes of the risk assessment, the employer needs to ensure that an appropriate number of suitably trained first aid officers are provided for the welfare of employees in the workplace. In addition, the employer needs to ensure that the first aid officers have access to appropriate first aid kits and where appropriate, first aid rooms and occupational health centres.
92. The employer needs to ensure that a record of any first aid treatment given is kept by the first aid officer and reported to managers on a regular basis to assist the employer when reviewing the risk assessment outcomes. First aid treatment records are subject to the requirements of the *Health Records Act 2001*.

Option 2: Risk assessment approach

First aid training

93. The minimum acceptable level of training for first aid officers for workplaces is the senior first aid certificate (often referred to as a level 2 first aid qualification) or its competency based equivalent HLTF301B Apply First Aid.
94. For large and diverse workplaces, or those workplaces with a complex range of OHS hazards, there may be a need for first aid officers who have completed occupational first aid training (often referred to as a level 3 first aid qualification) or its competency based equivalent HLTF402B Apply Advanced First Aid.
95. The employer needs to ensure that the qualifications of first aid officers are current.

Occupational health professionals and access to medical services

96. In certain higher-risk workplaces, employers need to determine whether an occupational health centre for the initial treatment of injuries and illnesses should be provided. In this situation, the employer should consider engaging the services of a suitably qualified occupational health professional such as a registered nurse or medical practitioner.
97. Alternatively, arrangements need to be in place to ensure the services of an appropriate medical centre external to the workplace are available. The medical centre needs to provide emergency medical treatment and preferably have an understanding of the types of hazards at the workplace and the potential effect on the health of employees that may arise from exposure to those hazards. Employers need to consider developing an emergency management plan in conjunction with the external medical centre.
98. Where the workplace has suitably qualified personnel onsite who have relevant first aid competencies, the employer may decide that their professional qualifications negate the need for them to undertake first aid training.

First aid kits

Location and quantity

99. Appropriate first aid facilities will vary from one workplace to the next. Having regard to the factors listed on page 11, an appropriate number of first aid kits need to be provided by the employer.
100. The employer needs to determine the appropriate location of first aid kits. Kits need to be clearly identifiable and easily accessible, and employees need to be advised of their location.

Container

101. The container needs to protect the contents of the first aid kit from dust and damage. If any additional first aid kit modules are to be included, the container needs to be large enough to hold them, preferably in separate compartments. The container needs to be easily recognisable (eg with a white cross on a green background prominently displayed on the outside and clearly marked as 'first aid kit') and should not be locked.

Option 2: Risk assessment approach

Contents

102. The employer needs to determine the appropriate contents of a first aid kit for their workplace, considering the outcomes of the risk assessment. For most workplaces, a first aid kit needs to include:

- basic first aid notes
- disposable gloves
- resuscitation mask
- individually wrapped sterile adhesive dressings
- sterile eye pads (packet)
- sterile coverings for serious wounds
- triangular bandages
- safety pins
- small sterile unmedicated wound dressings
- medium sterile unmedicated wound dressings
- large sterile unmedicated wound dressings
- non-allergenic tape
- rubber thread or crepe bandage
- scissors
- tweezers
- suitable book for recording details of first aid provided
- sterile saline solution
- plastic bags for disposal.

103. It is recommended that the name and telephone number of workplace first aid officers, as well as emergency services telephone numbers and addresses, be located in or in close proximity to each first aid kit.

104. Items that may be reused, such as scissors and tweezers, need to be thoroughly cleaned using warm soapy water or an alcohol swab after each use.

105. Some items can be obtained in disposable form such as plastic tweezers. However, these are not as effective as the metal type and are not included as a standard item in occupational first aid kits

106. Employers need to ensure that first aid kits are restocked as necessary.

Additional first aid kit modules

107. The employer needs to assess whether additional first aid kit modules are required where particular hazards exist. Some examples of commonly needed additional modules are those dealing with eyes, burns and remote workplaces.

108. See Appendix E for more on additional first aid kit modules.

First aid rooms and medical services

109. Employers should determine the need for a first aid room for their workplace, having regard to the outcome of the risk assessment.

Room requirements

110. The first aid room needs to be large enough for its purpose, well lit and well ventilated. It also needs to be easily accessible by injured people who may need to be supported or moved by stretcher or wheelchair and needs to have easy access to toilets.

111. The following items may be appropriate:

- resuscitation mask
- face goggles
- sink and wash basin with hot and cold water
- work bench or dressing trolley
- cupboards for storing medicaments, dressings and linen
- hazardous waste container or bio-hazard bags for soiled dressing
- a sharps disposal system
- electric power points
- a couch with blankets and pillows
- an upright chair
- a desk and telephone
- signage indicating emergency telephone numbers
- signage indicating emergency first aid procedures
- a stretcher
- a first aid kit appropriate for the workplace
- an automated external defibrillator¹.

112. Additional first aid kit modules and other items or equipment need to be provided for the first aid room if required by the risk assessment.

113. Where a first aid room is provided, it should not be used for any other purpose.

114. Each first aid room (and its contents) needs to be under the control of a first aid officer who has the appropriate skills and knowledge.

¹ A defibrillator is used to treat sudden cardiac arrest. Defibrillators should only be used by people who have been trained in their use.

Option 2: Risk assessment approach

Access to medical services and the nature and extent of those services

115. In higher-risk workplaces, arrangements need to be in place to ensure the services of an appropriate medical centre are available. These services may be provided within the workplace or be readily available outside the workplace. The medical services need to provide emergency medical treatment and have an understanding of the types of hazards at the workplace and the potential effect on the health of employees that may arise from exposure to those hazards.

Signage

116. Where appropriate, the employer needs to provide safety signs to identify first aid facilities, including emergency services telephone numbers and details of first aid officers. The signs should be a white cross on a green background. See figures 3 and 4.

117. Additional guidance is provided in AS 1319 *Safety signs for the occupational environment*.

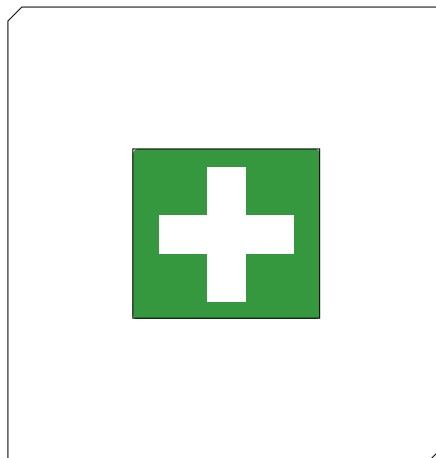


Figure 3: First aid facilities sign.

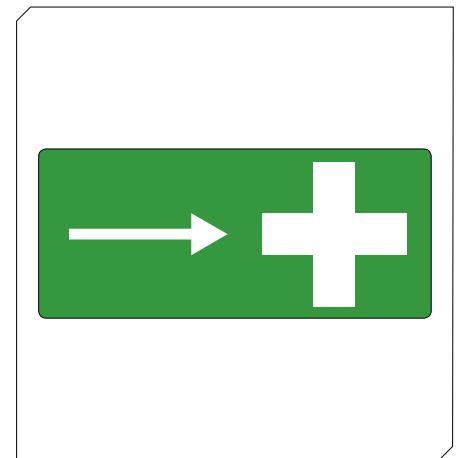


Figure 4: Sign to indicate direction to first aid.

Option 2: Risk assessment approach

First aid risk assessment process

Step 1 – Identify potential causes of workplace injury and illness

- Has a comprehensive hazard identification of the workplace occurred?
- Have incident, injury and 'near miss' data been reviewed?
- Has advice from your organisation's OHS coordinator or adviser been obtained?
- Has consultation with employees or HSRs occurred?
- Is specialist or external assistance required?

Step 2 – Assess the risk of workplace injury and illness

- Is the nature of hazards involved in the work known?
- Is the likelihood of a person's exposure to a hazard known?
- Is the likely outcome of a person's exposure to a hazard known?
- Do you know how many people may be exposed to a hazard and for how long?
- Has information on material safety data sheets (MSDSs) and product labels been checked?
- Has consultation with employees or HSRs occurred?

Step 3 – What first aid facilities are required to meet the assessed needs?

First aid officers and training

- How many first aid officers are needed?
- What competencies do they require?
- What training is needed?

See page 13

First aid kits

- How many kits are needed?
- Where should they be located?
- Are kits identifiable?
- Who is responsible for maintaining the kits?

See page 14

First aid rooms and medical services

- Who is responsible for the room or centre?
- Have all factors been considered?

See page 16

Periodic review of assessment

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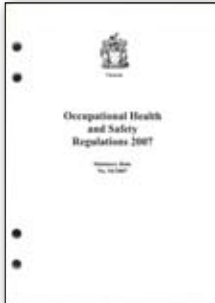
Appendix A – The compliance framework



Occupational Health and Safety Act 2004

Act No. 107/2004

The **Occupational Health and Safety Act 2004** (the OHS Act) sets out the key principles, duties and rights in relation to occupational health and safety (OHS).



Occupational Health and Safety Regulations 2007

Statutory Rule No. 54/2007

The **Occupational Health and Safety Regulations 2007** (the Regulations) specify the way in which a duty imposed by the OHS Act must be performed, or prescribe procedural or administrative matters to support the OHS Act (eg requiring licences for specific activities, the keeping of records or giving notice).



Compliance codes provide practical guidance to duty holders. If a person complies with a provision of a compliance code, they are deemed to comply with the OHS Act or Regulation duty covered by the code provision. However, compliance codes are not mandatory and a duty holder may choose to use some other way to achieve compliance.



WorkSafe Positions are guidelines made under section 12 of the OHS Act that state how WorkSafe will apply the OHS Act or Regulations or exercise discretion under a provision of the OHS Act or Regulations. WorkSafe Positions are intended to provide certainty to duty holders and other affected parties.



Non-statutory guidance includes information published by WorkSafe aimed at building people's knowledge and awareness of OHS issues, risks to health and safety, and the disciplines and techniques that can be applied to manage and control risks. Non-statutory guidance is not mandatory, nor does it provide any 'deemed to comply' outcomes for duty holders. This guidance does, however, form part of the 'state of knowledge' about OHS.

Appendix B – Definitions

First aid facilities

Include first aid rooms, first aid kits and first aid officers.

First aid in the workplace

The provision of initial health care and basic life support for people suffering an injury or illness at work.

First aid officer

A person who has completed the appropriate training and has been nominated by the employer for that role in the workplace.

Appendix C – Consultation

By law, employers must consult with employees on a range of matters that directly affect (or are likely to directly affect) their health and safety, so far as is reasonably practicable.

Consultation must involve sharing information with employees, giving employees a reasonable opportunity to express their views and taking those views into account.

Where employees are represented by HSRs these representatives must be involved in the consultation, so far as reasonably practicable.

The law sets out specific requirements on how HSRs are to be involved in consultation. These are as follows:

- Provide HSRs with all the information about the matter that the employer provides, or intends to provide, to employees. If it is reasonably practicable, the information must be provided to the HSRs a reasonable time before it is provided to employees.
- Invite the HSRs to meet with the employer to consult on the matter or meet with the HSRs at their request.
- Give the HSRs a reasonable opportunity to express their views on the matter and take those views into account.

The employer must include independent contractors and their employees in the consultation, so far as is reasonably practicable, if the employer has, or should have, control of a relevant matter that affects their health and safety.

Consultation is required when:

- identifying or assessing hazards or risks
- making decisions on how to control risks
- making decisions about the adequacy of facilities for employee welfare (such as dining facilities, change rooms, toilets or first aid)
- making decisions about procedures to:
 - resolve health and safety issues
 - consult with employees on health and safety
 - monitor employees' health and workplace conditions
 - provide information and training
- determining the membership of any health and safety committee in the workplace
- proposing changes that may affect employees' health and safety, such as changes to:
 - the workplace
 - plant, substances or other things used in the workplace
 - the work performed at the workplace
- doing any other thing prescribed by the Regulations.

In practice, this means that when planning to implement measures identified in this compliance code, or when making decisions to implement alternative measures to those specified in this compliance code, consultation must take place.

Appendix D – Sample first aid assessment

This assessment of first aid requirements is included as an example only. The summary documentation does not reflect the consultative processes that must occur or detail the assessment of each identified hazard. It therefore should not be directly transposed to other workplaces.

ABC Workplace Co. Office and manufacturing operation	
ASSESSMENT FACTORS	
1. Nature of hazards and severity of risk	
Known hazards	Hazardous substances: <ul style="list-style-type: none"> • volatile solvents • disinfectants Noise Manual handling Cuts and abrasions
Do MSDSs and product labels specify first aid or medical response?	Yes – seek medical assistance if chemicals are inhaled or ingested
2. Known occurrences of injuries, illnesses and incidents	
Last 12 months' claims data	5 x abrasions 3 x slips
Incidents not resulting in injury	Incident where a trolley carrying disinfectants overturned
Other	Employee using solvent reported symptoms of eye irritation and light-headedness
3. Size and layout of the workplace	
Maximum distance to first aid room	65 metres
Number of floors	2
Access between floors	Lifts and stairs

Appendix D – Sample first aid assessment (cont)

4. Number and distribution of employees	
Number of staff	80 (office 15; factory 65)
Shifts	3
Overtime worked	Yes – regularly
Are any employees isolated?	No
5. Location of the workplace	
Nearest hospital	6 kilometres
Nearest medical or occupational health service	2 kilometres
Maximum time to medical service	15 minutes
6. Outcomes of assessment	
Who is exposed?	10 workers in vicinity of solvent degreasing unit 5 maintenance staff exposed to disinfectants Operators of plant with moving parts (guarded)
Health effects that could result	Inhalation of solvents can affect central nervous system and organs; skin and eye irritation can occur on contact Inhalation of and contact with disinfectant – respiratory irritant and dermatitis
Risk controls	Good ventilation; plant guarded in accordance with Regulations; PPE; signage; information (MSDSs), instruction and supervision
Risk	Medium: Low likelihood of exposure; high severity if exposure occurs
7. First aid facilities required	
Number of first aid officers required	9 – minimum 3 per shift (1 for the office and 2 for the manufacturing plant)
Training and competencies required of first aid officers	Level 2 (senior first aid) certificate for office area and level 3 (occupational first aid) certificate for manufacturing plant
Number and location of kits	6 – 2 on the office floor and 4 on the factory floor
Contents of the first aid kit	Standard workplace kit, with burns module and eye module
First aid room	Yes – first aid kit with automated external defibrillator unit
Languages information required in	English, Vietnamese, Turkish

Appendix E – Additional modules for first aid kits

The employer needs to assess whether additional first aid kit modules are required where particular hazards exist. Some examples of commonly needed additional modules are:

Eye module

This module needs to be included in first aid kits in any workplace where:

- chemical liquids or powders are handled in open containers
- spraying, hosing, compressed air or abrasive blasting operations are carried out
- there is any possibility of flying particles
- welding, cutting or machining operations are conducted
- wearing of eye protection is recommended.

The module needs to be kept in a container that clearly identifies its contents and purpose.

In most workplaces where an eye module is needed the module should include:

- instructions for use
- eye wash (for single use)
- sterile eye pads
- adhesive tape.

This module does not necessarily replace the need to provide general eye wash facilities in workplaces with particular hazards.

Burns module

This module needs to be included in first aid kits in any workplace where there is a possibility of a person sustaining a serious burn. Such workplaces may include those where:

- heat is used
- flammable liquids are used
- chemical acids or alkalines are used, or
- other corrosive chemicals are used.

The module needs to be kept in a container which clearly identifies its contents and purpose.

In most workplaces where a burns module is needed, the module should include:

- instructions for use
- burns dressings of assorted sizes
- clean sheeting (for covering burns).

The size of dressings and sheeting required needs to be determined with regard to the nature of hazards at the workplace. For example, if there is a risk of molten metal splashing at a fabricating plant, large burn dressing and sheeting may be necessary.

This module does not replace the need to provide drench showers where these are required by the Regulations or suggested in other compliance codes.

Other useful modules

The selection of other modules may arise out of the assessment process. For example, cyanide poisoning or snake bite kits may be required.

It is suggested that if the assessment indicates that additional modules are desirable, assistance be sought from first aid professionals or first aid supply companies to determine what contents are appropriate.

Additional contents of first aid kits for use in remote locations

Where people work in remote locations, it is likely that the first aid kit will need to include:

- emergency reference manual
- broad crepe bandages (for snake bites)
- cervical collar (for spinal/neck injuries)
- large clean sheeting (for covering burns)
- thermal blanket (for treating shock)
- whistle (for attracting attention)
- torch/flashlight
- notepad and pencil (for recording treatment given).

The appropriate contents will vary according to the nature of the work and its associated risks.

Appendix F – Standard precautions

Standard precautions means assuming that all blood and bodily fluids are a potential source of infection, independent of diagnosis or perceived risk. It involves the routine wearing of gloves and other protective clothing by first aid officers, hand washing, and other infection-control measures.

Infection control in the workplace

There are infectious diseases in the workplace that may have life-threatening consequences, and standard precautions against infection are the only effective defence.

Employers need to develop and implement policies and practices to minimise the risk of disease transmission in the workplace.

Employers need to offer to provide a course of hepatitis B immunisation to all employees who are likely to have contact with blood or bodily fluids.

Principles of infection control

Employers need to ensure that all first aid officers understand how infections are transmitted in the workplace and know what preventative procedures to follow.

Precautions to be taken

Blood and other bodily fluids

Use appropriate barrier precautions (such as disposable gloves, goggles and protective clothing) whenever exposure to blood or bodily fluids is likely or where moist surfaces occur.

Wash with soap and water any part of the body that comes in contact with blood or bodily fluids immediately after exposure. Flush eyes and mouth with clean water.

Using appropriate preventative measures, carefully clean up spilt blood and then clean surfaces with disinfectant.

Needles and syringes

Sharps are a major cause of incidents involving potential exposure to hepatitis B, hepatitis C and HIV. It is not the role of a first aid officer to dispose of these items. The person who uses a sharp needs to be responsible for its safe disposal.

Sharps need to be handled with care. They should not be bent, broken or re-sheathed, as these unsafe practices are common causes of sharps' injuries.

They need to be disposed of in a puncture-resistant sharps container, which should be located as close as possible to the area where sharps are used.

Linen and disposable items

All items that are soiled with blood or bodily fluids need to be considered infectious waste and placed in suitably labelled bags. All disposable items should be disposed of.

Emergency resuscitation

Face masks need to be made available for use by people who provide emergency expired air resuscitation.

First aid disinfection

First aid kits need to include appropriate antiseptic solution, disposable gloves and face masks suitable for emergency expired air resuscitation.

Hand washing before and after administering first aid is essential.

Cleaning

Thorough cleaning of all items needs to commence as soon as practicable after use. Gloves need to be worn during cleaning and care needs to be taken to avoid eye splashes. Wipe items clean first, and then wash with warm water and detergent. After cleaning, items need to be rinsed in clean water and dried before storing.

Disinfection

Disinfection is the inactivation of bacteria, viruses and fungi, but not necessarily bacterial spores. Disinfection can be achieved by boiling or by chemical means. All items need to be cleaned before disinfection.

Sterilisation

Sterilisation is the complete destruction of germs. Sterilising is a very involved process and therefore it may be more practical for first aid personnel to stock single-use, disposable, sterile items or to contract out instrument sterilisation to a healthcare facility that has proper sterilising facilities and validation procedures.

Further information

Infection control guidelines for the transmission of infectious diseases in the healthcare setting (Australian Government, 2004).

The Australian immunisation handbook (9th edition, NHMRC, Australian Government, 2008).

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