



WHS First Aid Policy

Policy number	47	Version	2
Drafted by	President	Responsible Person	President
Approved by	10/07/2019	Review Timetable	Every 2 years
Committee on			
<u>Review History:</u>			
Date: 14/7/2020		By: Secretary	
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INTRODUCTION

First aid is an important aspect of Workplace Health and Safety. In recognition of this, the Gallipoli Barracks Community Centre is committed to providing suitably trained First Aid Officers, together with first aid facilities to administer first aid treatment.

This policy applies to all employees, volunteers, and contractors of the Gallipoli Barracks Community Centre, and to visitors.

PURPOSE

The purpose of this document is to provide an overview for the Gallipoli Barracks Community Centre 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 refers to the first aid kit and/or first aid room.

POLICY

The Gallipoli Barracks Community Centre is committed to providing a safe and healthy work environment for employees, volunteers, contractors and visitors. The Gallipoli Barracks Community Centre will endeavour to provide appropriate and adequate first aid treatment in the event of a person sustaining a work-related injury or illness.

The Gallipoli Barracks Community Centre will systematically identify causes of work injury and work-related illness and assess the risk of work injuries and work-related illness occurring. The appropriate first aid facilities and training will be determined, evaluated and provided.

The Gallipoli Barracks Community Centre will meet first aid legislative requirements as a minimum standard.

The Gallipoli Barracks Community Centre will give all designated First Aid Officers the opportunity to be vaccinated against Hepatitis B.

First aid facilities will be maintained on a regular basis.

AUTHORISATION

Committee Secretary

Date



01/06/2023





WHS First Aid Procedure

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RESPONSIBILITIES

It is the responsibility of the Coordinator to ensure that:

- Adequate and appropriate first aid facilities are provided;
- Appropriate and adequate training is arranged for First Aid Officers;
- First Aid Officers' training is up to date and their certificates current.

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 appropriate manager or supervisor is required to determine the number of First Aid Officers required for each worksite. The committee should seek assurance as to what legislative requirements exist.

First aid emergency drills should be included as part of the emergency evacuation drill process.

First Aid Officers

If First Aid Officers are deemed necessary for the site, management should determine which employees would like to be trained as the site First Aid Officer.

The appropriate manager or supervisor will then arrange training for First Aid Officers.

A copy of the First Aid Officers' qualifications are to be kept on their personnel file.

The name, photograph and extension number of all First Aid Officers is to be located next to the first aid facilities.

First aid facilities

The committee should seek assurance as to the type of first aid facility required by law.

Where first aid facilities are deemed necessary, they are to be located at points convenient throughout the workplace and where there is a significant risk of an injury occurring.

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;
- Name, photograph and telephone number of First Aid Officers (should be displayed on the outside of kit);
- 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 unmedicated wound dressing;
- Adhesive tape;
- Elastic or crepe bandages;
- Scissors and tweezers;
- 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";
- Splinter Probes;
- Reusable ice packs;
- Emergency rescue blanket for shock or hypothermia;
- Hydrogel sachets for managing burns;
- Antiseptic solution;
- Saline water;
- Kidney dish

The first aid kit, and, where appropriate, first aid facilities, must be inspected by the First Aid Officer every month. The first aid facilities checklist must be completed and filed by the First Aid Officer following each inspection.

The First Aid Officer must notify the Coordinator if stock needs to be replenished. The appropriate manager or supervisor will ensure the stock is ordered, delivered and given to the First Aid Officer to restock the facilities.

First aid treatment

If a person requires first aid treatment the nearest First Aid Officer must be contacted to administer such treatment.

The First Aid Officer must record the following information:

- Name and location of person;
- Type of injury, if known;
- Assistance provided (as below);
- Urgency of matter; and
- Determination if another First Aid Officer is required.

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 supervisor to arrange the transport.

First aid records

When using supplies from the first aid kit the 'First Aid Kit Log Book' must be completed. The log book 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.

The First Aid Officer and/or a Workplace Health and Safety Representative must record details of all injuries using an Injury/Incident Report Form.

The First Aid Officer and/or a Workplace Health and Safety Representative must complete an Incident Report Form and file on site.

AUTHORISATION



Committee President:

Date: 1/6/2023

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
NSW	OH&S Act 2000	Regulation 20 (2)	An employer must provide at each place of work: (a) first aid facilities that are adequate for the immediate treatment of injuries and illnesses that may arise at the place of work, and (b) if more than 25 persons are employed at a place of work trained first aid personnel
VIC	Occupational Health and Safety Act 2004	See: First Aid in the Workplace – Compliance Code (Victorian WorkCover Authority)	Provides guidance on the establishment of appropriate requirements, facilities and training and suggests factors to consider in an assessment (workplace size, layout; location, number and distribution of employees including shift work arrangements; nature of work hazards; known occurrences of accidents or illnesses; and the distance from the workplace to the nearest available and appropriate medical / occupational health / ambulance service.
QLD	Work Health & Safety Act 2011	First Aid in the Workplace – Code of Practice 2014	The WHS Regulations place specific obligations on a person conducting a business or undertaking in relation to first aid, including requirements to: <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.
SA	Work Health & Safety Act 2012	Code of Practice for First Aid in the Workplace	Requires a person conducting a business or undertaking to ensure the workplace provides workers and anyone else attending your workplace with access to appropriate first aid equipment A person in the workplace, usually a qualified first aider, should be nominated to maintain the first aid kit.
WA	Occupational Safety & Health Act 1984	Code of Practice – First Aid Facilities and Services 2002 **** note: Public comment on the Work Health and Safety Bill 2014 (WHS Bill) draft legislation closed on 30 January 2015. The state government is reviewing comments made and	The Occupational Health and Safety Regulations 1996 require an employer to provide first aid facilities. Through consultation with workers the employer must identify all hazards in the work environment which could lead to injury or harm to people at the workplace.

		considering the best legislation for Western Australian workplaces.	
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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 Workplace Health and Safety representative involved.

Please complete it within 24 hours of the accident. If the accident caused, or could have caused, serious injury or property damage, please contact the appropriate areas/persons immediately.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED (or by Workplace 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"/> needle stick |
| <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 WORKPLACE/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 WH&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 unmedicated wound dressings			
	Medium sterile unmedicated wound dressings			
	Large sterile unmedicated 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 / INJURY/INCIDENT REGISTER

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

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