First Aid Code of Practice 2004

Important information about the First Aid Code of Practice 2004

1. The code replaces the *First Aid Advisory Standard 1999* which expired on 1 February 2004.
2. The code was made on 2 March 2004.
3. The code commenced on 8 March 2004.
4. The code was amended on 28 April 2006.
5. The code expires 10 years after it commenced.

What this code of practice is about?

This code of practice provides practical advice about the selection, provision, maintenance and use of first aid equipment, facilities and services at a workplace (including for construction work and rural industry work).

Obligations of a person who conducts a business or undertaking (a 'relevant person')

The *Workplace Health and Safety Act 1995* places obligations on a person who conducts a business or undertaking. The Act refers to a person who conducts a business or undertaking as a 'relevant person'. The obligation applies whether or not –

- the relevant person conducts the business or undertaking as an employer, self-employed person or otherwise; and
- the business or undertaking is conducted for gain or reward; and
- a person works on a voluntary basis.

'Relevant persons' have an obligation to ensure –

- the workplace health and safety of their workers and any other persons is not affected by the conduct of the relevant person's business or undertaking; and
- their own workplace health and safety.

The term 'relevant person' is also used in the *Workplace Health and Safety Regulation 1997*.

Where this code of practice provides advice to employers and self-employed persons on managing exposure to risks, other persons who conduct a business or undertaking may also find this advice applicable depending on their circumstances.

How can I meet my obligations?

Under the Act, there are three types of instruments to help you meet workplace health and safety obligations – regulations, ministerial notices and codes of practice.

If there is a regulation or ministerial notice about a risk, you MUST do what the regulation or notice says.

If there is a code of practice about a risk, you MUST either –

(a) do what the code says; or

(b) do all of the following –

- adopt and follow another way that gives the same level of protection against the risk;
- take reasonable precautions; and
- exercise proper diligence.

If there is no regulation, ministerial notice or code of practice about a risk, you must choose an appropriate way to manage exposure to the risk and take reasonable precautions and exercise proper diligence to ensure that your obligations are met.

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1. Definitions

Biological hazards mean substances which consist of, or which may contain micro-organisms or non-viable products of living matter, which can create a risk to health.

Examples:
- *Blood is a biological hazard because it may contain hepatitis B and C or HIV viruses.*
- *Mouldy hay is a biological hazard because it may contain organisms which can cause respiratory sensitisation if inhaled.*
- *Particles of animal skin, feathers and hair found, for instance, in poultry sheds and other animal housing are biological hazards which are non-viable products of living matter. These particles can cause respiratory sensitisation if inhaled.*

First aid means the immediate care given to an ill or injured person until more advanced care arrives or the person recovers.

First aid equipment includes a first aid kit.

First aid facilities include a first aid room.

First aid personnel mean a person with a “first aid qualification".

First aid qualification means:
(a) a current Senior First Aid or Occupational First Aid qualification.
(b) qualifications which provide for equivalent competencies.

Occupational health service means a specialised service for the purpose of conserving, promoting and restoring the health of a person at a workplace.

Sharps means pointed or cutting implements that are capable of inflicting a penetrating injury.

2. Managing work-caused injury or illness

This code of practice offers advice to assist you to meet your workplace health and safety obligations in relation to workplace first aid.

First aid equipment and facilities, human resources and administrative and other procedures which can assist you to effectively manage workplace injury or illness include:

2.1 First aid kits
2.2 First aid personnel
2.3 First aid rooms
2.4 Managing the risk of exposure to biological hazards
2.5 Accident response plans
2.6 First aid signs
2.7 Record keeping
2.8 Confidentiality of information
2.9 Workplace consultation
2.10 Risk management

2.1 First aid kits

The contents of first aid kits should be appropriate for the types of injuries and illnesses likely to occur at the workplace. To decide on the type, quantity and sizes of items needed, an assessment (see Section 2.10 Risk Management) should be carried out to determine the likely demand. Where a risk assessment shows there is a need for extra first aid kits and certain first aid requirements such as first aid rooms and/or trained personnel, these requirements should be available as considered necessary for each work shift.

To minimise the risk of cross infection, wherever possible, kit items should be disposable sterile items such as single use forceps and single dose applications such as 30 ml sachets of antiseptic. Where reusable items are in use, please refer to section 2.4.2 which contains information on how to clean, disinfect and sterilise first aid equipment.

A first aid kit may be of any size, shape or type, but should be large enough to house all the required contents. It should have a white cross on a green background prominently displayed on the outside. Section 2.6 gives examples of suitable first aid signs.

A checklist for assessing the appropriateness of a first aid kit in a workplace is included at Section 2.1.3.

2.1.1 Contents of a first aid kit

A first aid kit for a workplace where the risk of injury or illness is low should include at least the following:

Adhesive strips (assorted sizes) for minor wound dressing **Non-allergenic adhesive tape** for securing dressings and strapping **Eye pads** for emergency eye cover **Triangular bandage** for slings, support and/or padding **Hospital crepe or conforming bandage** to hold dressings in place **Wound/combine dressings** to control bleeding and for covering wounds **Non-adhesive dressings** for wound dressing **Safety pins** to secure bandages and slings **Scissors** for cutting dressings or clothing **Kidney dish** for holding dressings and instruments **Small dressings' bowl** for holding liquids **Gauze squares** for cleaning wounds **Forceps/tweezers** for removing foreign bodies **Disposable latex or vinyl gloves** for infection control **Sharps disposal container** for infection control and disposal purposes **Sterile saline solution or sterile water** for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening **Resuscitation mask** to be used by qualified personnel for resuscitation purposes **Antiseptic solution** for cleaning wounds and skin **Plastic bags** for waste disposal **Note pad and pen/pencil** for recording the injured or ill person's condition and treatment given **Re-usable ice-pack** for the management of strains, sprains and bruises

In work environments where specific injuries and illnesses such as burns, eye injuries and poisoning may occur, additional first aid kit contents and facilities should be provided and appropriately trained personnel should be appointed.

- Where burns have been identified as potential injuries, a supply of cool running water and non stick burn dressings should be available.
- Eyewash stations should be provided where eye injuries have been identified as potential injuries.
- Emergency showers should be provided at workplaces where chemical splashes may occur.

First aid kits should also be provided for workers working:

- away from the workplace, for example, a delivery driver who is transporting and unloading landscaping supplies to customers; and
- in remote areas where access to accident and emergency facilities may be delayed.

2.1.2 First aid kit for a remote location

As well as including all the items for a first aid kit for a low risk workplace (Section 2.1.1) consideration should also be given to the following for a first aid kit for a remote location.

Heavy smooth crepe roller bandages, 10cm wide, and sufficient quantity to bandage lower limbs to immobilise limb after a snakebite **Splint** to immobilise limb after a snake bite or fractures **Melaleuca hydrogel burn dressings** if there is no cool water supply **Large burns sheet** for covering burn areas **Clean sheeting** for cooling and dressing burns **Thermal/emergency blanket** for the management of shock and to assist portability of a patient **First aid manual or book** **Torch and/or flashlight** for use at night and for attracting attention **Note pad and pen/pencil** for recording the injured or ill person's condition, and treatment given.

First aid suppliers also have major trauma kits. The contents of these kits can be designed for particular environments and for injuries and illnesses which may occur in the event of a major trauma.

A worker or workers in a remote location should also have access to an appropriate communication system such as a mobile telephone or two-way radio.

2.1.3 Checklist for first aid kits

The purpose of this checklist is to check the appropriateness of first aid kits. Indicate by ticking (✓) the relevant box. Where the answer to the question is 'no', further action may be necessary.

1. Location and position			**Comments**
(a) Is the first aid kit located in a prominent and accessible position?	Yes ☐	No ☐	__________________
(b) Are workers informed and aware of the location of first aid kits?	Yes ☐	No ☐	__________________
(c) Do all workers have access to first aid kits during all work shifts?	Yes ☐	No ☐	__________________
2. Clearly identifiable			
(a) Can the first aid kit be clearly identified as a first aid kit?	Yes ☐	No ☐	__________________
(b) Is the first aid kit clearly marked with a white cross on a green			

background?	Yes ☐	No ☐	__________________

3. Contents

(a) Are the contents appropriate to the injuries and illnesses at the workplace?	Yes ☐	No ☐	__________________
(b) Does the first aid kit contain sufficient quantities of each item?	Yes ☐	No ☐	__________________
(c) Is a worker, trained in first aid, responsible for maintaining the first aid kit?	Yes ☐	No ☐	__________________
(d) Are the contents appropriately labelled?	Yes ☐	No ☐	__________________
(e) Are the contents within their ‘use by’ dates?	Yes ☐	No ☐	__________________
(f) Are the contents adequately stored?	Yes ☐	No ☐	__________________

4. Relevant information

(a) Is there a list of contents provided in the kit?	Yes ☐	No ☐	__________________
(b) Are emergency telephone numbers clearly displayed?	Yes ☐	No ☐	__________________
(c) Are the extension numbers, names and locations of the nearest first aid personnel clearly indicated?	Yes ☐	No ☐	__________________

5. Training

(a) Have selected workers received training in the use and maintenance of first aid kits?	Yes ☐	No ☐	__________________

2.2 First aid personnel

First aid personnel undertake the initial management of work-caused injuries and illnesses. They should not be responsible for ongoing medical care. The initial management provided by first aid personnel should be consistent with their level of training and competence. When the first aid management required is beyond the level of training and competence of the first aid personnel available, they should recommend that a worker seek medical assistance.

In some cases, workers who are exposed to or involved in traumatic incidents, such as hold-ups or violence, may suffer psychological trauma. Persons suffering from such trauma should be referred for appropriate treatment as soon as possible to minimise its severity and any long-term effects.

Workers should have access to trained first aid personnel. The decision to train personnel to administer first aid should be consistent with the outcomes of the risk management process outlined in Section 2.10. Where the outcome of this process determines that it is not necessary to employ trained personnel, procedures should be established which ensure workers receive medical assistance from outside personnel.

There should be sufficient first aid personnel for all work shifts, if the risk assessment shows this is appropriate. Where it is not practical to have first aid personnel for all shifts, procedures should be in place at the workplace, which ensure workers have access to first aid treatment on all shifts. This may require, for example, establishing emergency transportation procedures and/or making special arrangements with a local medical centre. All staff should be aware of such procedures.

First aid duties can be demanding, both physically and emotionally, and first aid personnel should have the capacities to perform such duties. In selecting personnel to perform first aid duties, the following capabilities need to be considered:

- ability to remain calm in an emergency
- reliability
- ability to complete required studies
- ability to use the knowledge and skills gained

2.2.1 Senior first aid qualification

Workers should have access to a person with a current senior first aid qualification (or higher qualification), where the risk of injury or work-caused illness is low.

A person possessing a current senior first aid qualification should be able to:

- undertake the initial management of injuries and illnesses occurring at the workplace; and
- record details of first aid given

Responsibilities of a person possessing a current senior first aid qualification could include:

- recommending actions regarding use, contents, modifications and maintenance of the first aid kit
- ensuring a first aid kit is accessible whenever workers are at work

- checking and replenishing kit contents
- ensuring equipment and contents are within the ‘use by’ dates
- participating in courses to maintain first aid skills at an acceptable level, for example, by attending annual refresher courses in cardiopulmonary resuscitation.

A senior first aid qualification is valid for three years from the date of issue.

2.2.2 Occupational first aid qualification

Workers should have access to a person with a current occupational first aid qualification (or higher qualification), where the risk of injury or illness is high.

A person possessing a current occupational first aid qualification should have:

- broad first aid management skills, including maintenance of a first aid room and use of first aid equipment; and
- knowledge of the hazards of the working environment and current workplace health and safety legislation.

Responsibilities of a person with a current occupational first aid qualification could include:

- advising the employer/person in control of the workplace about first aid facilities and services including first aid kits, rooms and procedures;
- maintaining a first aid room, first aid equipment and first aid kits; and
- participating in courses to maintain their first aid skills at an acceptable level, for example, by attending annual refresher courses in cardiopulmonary resuscitation and training in the correct use of any additional equipment provided.

Where a first aid room is provided for managing injuries and illnesses, appointment of personnel qualified in occupational first aid would be appropriate in most circumstances.

The occupational first aid qualification is valid for three years from the date of issue.

2.2.3 Occupational health service

In certain high risk situations, consideration should be given to providing an occupational health service for managing injuries and adverse health effects of workplace exposures from, for example hazardous substances. In high risk work environments, consideration should be given to employing an occupational health professional with relevant first aid experience, such as an occupational health nurse. This may also be a consideration where staff numbers exceed 300.

The first aid responsibilities of an occupational health professional could include:

- advising the employer/person in control of the workplace about first aid equipment, facilities and procedures
- maintaining a first aid room and first aid equipment
- co-ordinating the training of other first aid personnel.

Additional workplace health and safety responsibilities could include managing the organisation's occupational health service by, for instance:

- conducting workplace assessments on behalf of the employer/person in control of the workplace
- performing health assessments including biological monitoring
- analysing the frequency and incident rate of work-caused injury and illness
- conducting training and health promotion activities
- coordinating the rehabilitation of ill and injured workers.

2.2.4 Training

Persons with current first aid qualifications should be appropriately qualified until the expiration of their current qualification or three years from their last renewal date whichever is the sooner.

The need for further training may be necessary whenever change within the workplace is likely to alter the hazards and, therefore, the type of potential injuries or illnesses. These needs may be identified as part of a review of first aid equipment, facilities and services and be incorporated in a worker’s training program.

The validity of some first aid qualifications may be subject to specific requirements, for example:

- refresher training
- evidence of proficiency in cardiopulmonary resuscitation

2.3 First aid rooms

A first aid room should be provided where a risk assessment (section 2.10) shows that treatment for workplace injuries or illnesses would be more effective with the provision of a first aid room. An example where a first aid room should be provided is in a workplace where there could be exposure to hazardous substances.

Additionally, the Building Code of Australia requires the provision of a casualty room with a minimum floor area of $11m^2$ when there are more than 200 workers. The room must be dedicated to first aid. The Building Code applies to all new buildings built after 1 January 1992 and any building subject to building approval.

A person with a current occupational first aid qualification (or higher qualification), should be responsible for the room and its contents, assessing requirements, and maintaining facilities and equipment.

The first aid room should:

- be readily available when workers are at work
- be positioned close to motor vehicle access. This will assist with transporting injured or ill workers to medical assistance
- have close access to toilets and a telephone
- have suitable seating provided close to the first aid room if workers have to wait for treatment
- be large enough to accommodate furniture and equipment, with sufficient space for people to work
- have an impervious floor covering and be effectively ventilated, heated or cooled and illuminated
- have a designated waste receptacle for waste that is contaminated by blood or body substances and which allows for the safe disposal of refuse, contaminated materials and sharp instruments. Waste disposal should comply with state or local government requirements
- be kept clean. Floors, bench tops and other surfaces should be easy to clean and be regularly cleaned with warm water and detergent
- have a hand basin, running water and adequate supplies of hand soap and disposable paper towels. Cloth towels may be used but a fresh towel (or portion of towel if a roller towel is used) should be used each time
- be clearly identified as a first aid room by a suitable sign, with a white cross on a green background. See section 2.6 for examples of suitable first aid signs. These safety signs can be purchased from safety sign companies shown in local yellow pages telephone directories.

Entrances and corridors leading to and from the first aid room should be wide enough to permit transport of injured or ill persons supported by a stretcher, wheelchair and carrying chair, and other people.

A notice should be attached to the door of the first aid room showing clearly:

- the name of the person in charge
- the name of the person on duty
- locations of the nearest first aid personnel
- emergency after hours telephone numbers.

A first aid room may also be used as a rest room by workers who are unwell.

2.3.1 Contents for a first aid room

In fitting out the first aid room, the following items and equipment should be considered:

Examination couch with waterproof surface, **pillow** and **blankets**
Suitable seating
Occupational first aid text/manual for reference purposes
Moveable screen or suspended curtain for privacy
First aid kit for treatment of injured/ill workers
Examination lamp to assist in treatment
Storage cupboards
Stretcher
Lockable filing cabinet to securely store records
Telephone for emergency communication purposes
Refuse container/s lined with disposable plastic bags for infection control and disposal purposes
Workbench or dressing trolley
Sink with hot and cold water
Oxygen equipment for use in high risk workplaces and workplaces where hazardous substances, particularly cyanide, are stored or used. Oxygen equipment should be the responsibility of a suitably qualified person and used only by staff trained in its use.

2.4 Managing the risk of exposure to biological hazards (infection control)

All workplaces have the potential for illness or injury to occur and these may require first aid intervention. In some instances, first aid personnel, or the ill or injured person may be at risk of exposure to biological hazards, particularly where there is a potential for contact with blood or body substances. Infectious diseases which may be transmitted by blood and some body substances include hepatitis B, hepatitis C and human immunodeficiency virus (HIV), the virus that causes AIDS.

The risk of exposure to biological hazards, through first aid, can be eliminated or minimised by carrying out risk management and implementing the control measures identified through this process.

2.4.1 Risk management (biological hazards)

There are five basic steps on the workplace health and safety risk management process that you must follow as provided by section 27A of the *Workplace Health and Safety Act 1995*.

These five steps are:

1. identify hazards
2. assess risks that may result because of the hazards
3. decide on control measures to prevent or minimise the level of the risks
4. implement control measures
5. monitor and review the effectiveness of the measures.

1. Identifying biological hazards in workplace first aid

The process to identify activities and situations where persons may be at risk of exposure to biological hazards should include:

- **consultation with workers**

Consultation should take place with first aid personnel, workers and their representatives to identify biological hazards in the workplace.

- **conducting a survey of first aid practices**

First aid practices should be surveyed to identify the risk of transmission of infection. First aid personnel may be at risk of exposure to biological hazards if the blood or body substance of an infected person enters into the first aid person's body. This may occur because of a skin penetrating injury, such as a needle stick injury, or by blood or body substances coming into contact with broken skin, open wounds, eyes or the mouth.

An injured person may be at risk of exposure to another person's blood if first aid personnel use contaminated first aid equipment to penetrate the worker's skin or dress the wound.

- **analysing reports of exposures to blood or body substances**

Analysis of incident reports may assist in identifying trends and high-risk areas in the workplace.

2. Assessing risks that may result because of the hazard

The aim of risk assessment is to evaluate the factors that may increase the risk of exposure to biological hazards at the workplace. Consideration should be given to:

- the *frequency of first aid personnel's exposure* to blood or body substances, the amount and type of substance and the probable route of transmission

- the *level of knowledge and training* of first aid personnel regarding biological hazards and safe first aid practices

- the extent to which *current first aid practices are effective* in protecting first aid personnel against the risk of exposure to biological hazards

- the *suitability of first aid equipment* for the task being undertaken, in particular whether contaminated instruments are used for first aid activities

- the *effectiveness of existing control measures* such as lighting and layout of the first aid room, hand washing facilities, disposal of contaminated waste and the adequacy of personal protective equipment.

3. Deciding on control measures to prevent or minimise the level of the risk

Control measures should be determined to prevent or minimise the level of the risk of exposure to biological hazards. Firstly try to *eliminate* the hazard. Elimination is the best control solution. If this is not possible, prevent or minimise exposure to the risk by one or a combination of:

- *substituting* a less hazardous practice or equipment;
- *redesigning* workplace, equipment or work processes;
- *isolating* the hazard;
- introducing *administrative controls*; and/or
- using appropriate *personal protective equipment* (PPE).

Eliminate the hazard

First aid practices associated with exposure to biological hazards, such as blood, should be eliminated where possible. Eliminating the use of needles to remove splinters, for example, may prevent exposure to blood.

Substitution

Substitution involves replacing the hazard with one that presents a lower risk. An example is substituting needles with single use disposable splinter forceps to remove splinters.

Redesign

Redesign involves changing the design of the workplace, equipment or work process. An example of redesign would be changing the layout of a first aid room so the receptacles for contaminated waste or sharps are easily accessed and in close proximity to where materials or equipment are used.

Isolation

This refers to isolating or separating the hazard from the person, or the person from the hazard. For example, first aid might be being administered to a person at the scene of an accident. Blood may be on the floor and it is important to ensure that other persons are isolated from this area.

Administrative controls

Administrative controls may include:
- policies and procedures
- information and training
- immunisation
- supervision.

PPE

PPE may include:

- gloves
- protective clothing
- eye protection
- safety footwear
- resuscitation mask.

More comprehensive information on suitable control measures is outlined in section 2.4.2.

4. Implementing control measures

Once a decision has been made about appropriate control measures, these should be put in place as soon as possible.

5. Monitoring and reviewing the effectiveness of the measures

Monitoring

There should be a system of supervision to ensure that implemented control measures are being followed and are effective in controlling the risk.

The effectiveness of the following should be monitored:

- infection control policies and procedures as well as the level of compliance with these policies and procedures
- information and training programs
- reporting procedures for incidents involving exposure to blood and body substances.

Reviewing

First aid infection control practices should be reviewed when:

- a first aid practice involving exposure to biological hazards is introduced or modified
- accident investigation indicates that control measures need to be reviewed
- new information about a biological hazard becomes available
- an illness or injury arises as a result of first aid practices
- work practices change and the risk of injury or illness is increased
- there is any exposure to blood or body substances resulting from first aid activities.

2.4.2 Control measures which minimise the risk of exposure to biological hazards

Standard precautions

Standard precautions are work practices which assume that all blood and body substances are potentially infectious and should be used as a first line approach to infection. Standard precautions include good hygiene practices, use of personal protective equipment (PPE), and appropriate handling and disposal of sharps and other contaminated or infectious waste. Further information on these standard precautions (control measures) is given in this section.

Policies and procedures

Obligations under the *Workplace Health and Safety Act 1995* should be met by developing and implementing policies and procedures to minimise the risk of workplace transmission of infectious diseases. Documented policies and procedures on infection control in first aid should at least cover:
- standard precautions
- hygiene
- management of a blood or body substance spillage
- waste management
- sharps management
- laundry management
- cleaning, disinfecting and sterilising first aid equipment
- immunisation
- PPE
- management of skin penetrating injuries and other blood or body substance exposures

Hygiene

Hand washing is an important measure in preventing the transmission of infection. Adequate hand washing facilities should be provided at the

workplace. Hands should be washed using soap and water before and after contact with an ill or injured person. They should also be washed before and after contact with blood, body substances or contaminated items and after removal of protective gloves. An alcoholic chlorhexidine hand wash (available from pharmacies) or equivalent should be used in emergency or field situations, where hand washing facilities are limited or not available.

Waterproof dressings should be provided to allow first aid personnel to cover cuts or abrasions. This reduces the risk of an injured person's blood or body substances coming into contact with a first aid person's broken skin.

First aid personnel who have skin problems, such as dermatitis, and who are exposed to blood and body substances, should seek medical advice regarding the risk of infection.

First aid personnel and workers should not eat, drink or smoke when working in an area where blood or body substances may be present.

Management of blood or body substance spillage

Spills should be attended to as soon as possible. Protective gloves should be worn. Absorbent material, such as paper towels should be used to absorb the bulk of the blood or body substance. These contaminated materials should then be disposed of in a leak-proof, sealed waste bag.

After this, the area should be cleaned with warm water and detergent and then disinfected. A suitable disinfectant is a freshly prepared 1:10 dilution of 5% sodium hypochlorite (household bleach) in water. Mops and buckets should be rinsed with warm water and detergent and stored dry.

After cleaning the contaminated area and equipment, reusable gloves and other protective clothing should be removed and disinfected. Hands should be washed after items have been disinfected and gloves have been removed.

If a spill occurs on carpet, as much of the spill should be mopped up as possible and the area then cleaned with a detergent. Where there is significant spillage, arrangements should be made to have the carpet shampooed with an industrial carpet cleaner.

Large spills, such as may occur after a road accident, may be safely hosed down with water, by workers wearing protective clothing.

A 'spills kit' should be available where there is a risk of blood or body substance spills. A 'spills kit' should contain:

- PVC, household rubber or disposable latex gloves
- cleaning agents
- disposable absorbent material
- a leak-proof bag.

Waste management

Contaminated waste should be placed in a leak-proof bag or container and sealed. The bag or container should not be overfilled. All waste should be handled with care, to avoid contact with blood and body substances. Gloves should be worn when handling contaminated waste bags and containers.

Where significant amounts of first aid waste are generated, contaminated items should be placed in clinical waste bags. These are yellow coloured plastic bags which display the international biohazard sign (available from medical suppliers). Waste disposal should comply with state or local government requirements.

Sharps

Sharps are a major cause of accidents involving potential exposure to biological hazards which can pose a risk of transmission of hepatitis B, C and the HIV virus. Where there is a risk of finding discarded sharps, tongs or a similar item should be available to pick up sharp items safely.

The person who uses a sharp should be responsible for its safe disposal. Sharps should be handled with care. They should not be bent, broken or reheated as these unsafe practices are common causes of sharps injuries.

Sharps should be disposed of in a puncture resistant sharps container. Sharps containers should be located as close as possible to the area where sharps are used. Disposal of sharps containers should be in accordance with local government requirements.

Laundry

Soiled linen should be identified as such and kept separate from other linen. PVC, latex or household rubber gloves and protective clothing should be worn when handling soiled linen. Heavily soiled linen should be placed in a leak-proof bag and securely closed.

Soiled linen should be washed as soon as possible. Normal washing procedures and detergents are adequate for decontamination of most laundry items. A hot water cycle should be used. Heavily soiled items should be soaked in a diluted bleach solution, where possible.

First aid equipment

Where possible, single use disposable sterile items, such as disposable splinter forceps, should be used to minimise the risk of cross infection. Disposable items, used for first aid, should not be reused.

Non-disposable items should be processed after each use. There are three levels of processing equipment. The choice of method depends on the purpose for which the equipment is to be used.

If the equipment is to have contact only with intact skin, for example bandage shears, then it requires cleaning. However, if the equipment is contaminated with blood, then it should be cleaned and disinfected.

If the equipment is to have contact with intact mucous membranes, such as a thermometer in the mouth, then it requires cleaning and disinfection. Items that become contaminated with blood and body substances should also be cleaned and disinfected. Examples are contaminated kidney dishes and liquid containers.

Equipment that is reusable and which comes into contact with broken skin, penetrates the skin, or has contact with normally sterile body tissue, should be cleaned and sterilised. Examples are reusable splinter forceps where these come into contact with wounds or are used to penetrate skin.

Cleaning is the removal of soil and the reduction of the number of germs from a surface. Thorough cleaning of all items should commence as soon as practical after use. Gloves should be worn during cleaning and care should be taken to avoid eye splashes. Gross soil should be wiped off, and the remaining soil cleaned off with warm water and detergent. After cleaning, items should be rinsed in clean water and stored dry.

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 should be cleaned prior to disinfection.

Boiling to disinfect an item by boiling, the item should be immersed in visibly boiling water for a minimum of five minutes after the water returns to the boil. If another instrument is then added to the load, time starts anew from this time. Instruments should be removed without contaminating them and placed on a clean, disinfected surface to cool down.

Chemical disinfection can be carried out using a range of chemicals, such as household bleach, chlorhexidine and alcohols. The incorrect use of some chemicals may be hazardous and chemical safety should be observed. Some hazardous disinfectants are inappropriate in the first aid setting, for example, glutaraldehyde. No disinfectant kills germs immediately and recommended soaking times should be observed. Items should be fully immersed in the disinfecting solution. Disinfectants should be dated when opened and discarded after a period of time, according to the manufacturer's recommendations.

Sterilisation is the complete destruction of all germs. The only practical means of achieving sterilisation, in the first aid setting, is by using an autoclave. Autoclaves should be maintained regularly and records kept of this maintenance.

Sterilising is a very involved process and therefore it may be more practical for first aid personnel to stock single use, disposable, sterile items. Alternatively, instrument sterilisation could be contracted out to a health care facility which has proper sterilising facilities and validation procedures.

Storage of first aid equipment All items should be stored to maintain the level of processing to which they have been subjected. Items should not be stored in disinfectant solutions, as this may encourage bacterial growth. Dry, sterile, packaged instruments should be stored in a clean, dry environment.

Ultraviolet light units are not usually capable of sterilising or disinfecting instruments and should not be used for this purpose.

Immunisation

The provision of appropriate immunisation programs should be considered. Medical advice should be sought on this matter. In particular, the need for a hepatitis B immunisation program should be assessed for first aid personnel at risk of regular exposure to blood or body substances. A full course of three doses of hepatitis B vaccine should be given. The first dose should be followed by a second dose after one month with the third dose given five months after the second dose. First aid personnel should be offered a blood test four weeks after the third dose of hepatitis B vaccine to ensure adequate immunity has been achieved.

PPE

PPE should be provided to protect first aid personnel and ill or injured persons from the risk of exposure to biological hazards. Where PPE is used, it should be properly selected for the task, be readily available, clean and properly maintained. First aid personnel should be trained in the correct use of the equipment provided. PPE should comply with relevant Australian Standards. PPE could include:

protective gloves which should be worn whenever there is a potential for contact with blood or body substances. Disposable PVC or latex gloves should not be reused. Heavy duty gloves may be worn where a higher level of protection is required, for example, where there is a risk of exposure to sharp objects or when cleaning a blood or body substance spill.

protective clothing such as disposable non-porous overalls or plastic aprons which should be worn in situations where there is a risk that clothing of first aid personnel may become contaminated with blood or body substances.

eye protection such as goggles and safety glasses which should be worn where there is a risk of blood or body substance splashes entering the eyes, for example, from arterial bleeding injuries.

safety footwear which should be worn where there is a risk of the feet being punctured by sharp objects, such as broken glass or hypodermic needles.

resuscitation mask because expired air resuscitation may involve exposure to blood and body substances. Use of a resuscitation mask for mouth to mask resuscitation reduces this risk. A resuscitation mask should only be used if first aid personnel have received instruction in its use.

Information and training

Information and training should be provided to first aid personnel and others on issues such as:

- the risk of exposure to biological hazards
- infection control practices and procedures
- the correct use of PPE
- the management of blood or body substance exposure
- the management of blood or body substance spills.

Training should enable first aid personnel to anticipate and manage situations where there may be exposure to biological hazards.

Supervision

Supervision of workers should occur to ensure infection control measures are being followed.

2.4.3 What to do if a person suffers a skin penetrating injury or other exposure to blood or body substances

Procedures should be in place for the management of skin penetrating injuries (SPI) and other blood and body substance exposures, in case these occur.

Management of an SPI

The following action should be taken if a person suffers an SPI:

- encourage the wound to bleed by gently squeezing;
- wash the area with cold running water and soap if available; and
- apply an antiseptic if available and then cover the wound with a dressing or bandaid.

Management of other exposures to blood or body substances

The following action should be taken if a person has other exposures to blood or body substances:

- wash away the blood or body substance with soap and water. If water is not available, then use a 60-90% alcohol based hand rinse or foam
- if the eyes are contaminated, rinse eyes while open with tap water or saline solution
- if blood gets into the mouth, spit it out and then repeatedly rinse with water.

Follow up action – A person who has been exposed to blood or body substances should be referred as soon as possible for medical assessment. The doctor can then assess the degree of exposure, and arrange blood tests and immunisation where appropriate. Access to professional counselling should also be available, where appropriate.

Accident reporting, recording and investigation – Reports of all exposures should be documented and kept at the workplace.

Confidentiality – Records relating to a person's blood or body substance exposure and subsequent treatment should be kept confidential.

Further information on communicable diseases and infection control can be obtained from The Communicable Diseases Branch of Queensland Health.

2.5 Accident response plans

Workers should be informed about first aid equipment and facilities. Information should be complete, easy to understand and accessible. Language factors and the literacy levels of target groups should be taken into account when workers are informed about the provisions at the workplace. Where appropriate, verbal methods (explanations, demonstrations), visual methods (videos, posters) and plain English or other appropriate languages should be used. All workers should know what to do, where to go, and from whom to seek first aid.

Information about first aid should include an accident plan. This plan should:

- specify the 'response' procedures to be followed in an accident situation, such as, notify supervisor; telephone for medical assistance
- allocate specific tasks involved in such procedures to individuals, for example, supervisor to telephone the ambulance
- include emergency transportation arrangements, for example, who has a driver's license; location of available vehicle for use
- detail the location of first aid equipment and facilities at the workplace, including details of personnel responsible for the equipment and facilities
- specify the role of the first aid provider. In specifying the role of the first aid provider, it is important to remember that this person should not administer assistance beyond their level of qualification and competence. In particular:

- the first aid providers should be instructed not to exceed their training and expertise in first aid; and
- other staff, such as supervisors, should be instructed not to direct first aid providers to exceed their first aid training and expertise. For example, if the first aid provider is not certified to perform cardiopulmonary resuscitation (CPR), the plan should not require this person to perform CPR.

Information about first aid facilities and services and the accident plan should be provided to workers on commencement of employment. Current information about specific risks in the workplace and changes affecting the provision and use of first aid facilities and services, and procedures detailed in the accident plan should be available to all workers.

Information may be provided through:

- induction programs
- information and awareness seminars
- training courses
- newsletters
- notice board announcements
- policy and procedure manuals
- company memoranda.

Workers should be advised of other matters including:

- the availability of first aid equipment, facilities and services
- infection control procedures.

Up-to-date lists of the telephone numbers of emergency personnel and organisations should be clearly displayed near central telephone or radio communication systems. Key emergency personnel and organisations to be included on such a list are:

- the nearest ambulance service
- the nearest doctor with whom arrangements have been made for emergency care
- the nearest hospital with an accident and emergency department
- the Poisons Information Centre

- emergency services

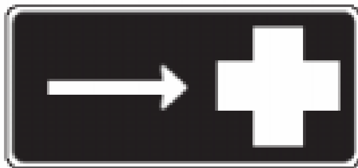
2.6 First aid signs

The use of well recognised, standardised first aid signs assists people to easily locate first aid equipment and facilities. First aid signs may be constructed to suit individual requirements but should comply with AS1319 – Safety Signs for the Occupational Environment.

Examples of suitable first aid signs are:

1. Symbolic first aid sign - white cross on green background

2. Symbolic first aid sign to indicate direction to First Aid - white cross and arrow on green background



3. English text first aid sign

2.7 Record keeping

A first aid recording system should be maintained at the workplace for a number of reasons including:

- to identify areas or processes that are likely to give rise to injury or illness
- to review safety procedures for preventing further problems
- to implement safer and healthier work practices
- to identify where first aid facilities and services are most needed
- as evidence of implementation of this standard
- for workers' compensation purposes.

A copy of the first aid record should accompany the injured or ill person if the person is transferred to a medical service or hospital. A worker should be given a copy of their first aid record or have access to that record on request. The original copy of the first aid record should be retained at the workplace.

When recording information relating to first aid, consideration should be given to including the following in any record:

- name, address, date of birth and sex of injured or ill person
- contact phone number/s
- basis of employment, for example, full time, part time, casual, visitor
- occupation
- nature of injury or illness, for example, fracture, burn, respiratory difficulties
- bodily location of injury or illness
- how the injury or illness occurred
- time and location of the incident which caused the injury or illness
- details of treatment, for example, the first aid treatment given and/or referral to ambulance, doctor, hospital or elsewhere
- subsequent injury/illness management
- any other relevant details such as witnesses to the incident
- name and signature of person completing the record.

2.8 Confidentiality of information

Personal information about the health of a worker is confidential. This information includes details of medical conditions, treatment provided and the results of tests. Disclosure of personal information, without that person's written consent, is unethical and in some cases may be illegal.

Health professionals should not be asked to disclose personal information about the health of a worker. The release of such information would contravene the profession's code of ethics.

2.9 Workplace consultation

Workers should be consulted on proposed changes to the workplace and any work activities affecting or likely to affect workplace health and safety. Consultation involves more than an exchange of information. For consultation to be effective, the parties should contribute to decision-making processes, not only in appearance, but in fact.

Consultation should occur as early as possible when planning the introduction of any changes to the workplace, plant or substances used at the workplace, that affects, or may affect, the workplace health and safety of persons at the workplace. This will enable changes, arising from the consultation, to be incorporated.

For consultation to be effective:

- procedures for consultation should be developed and disseminated widely at the workplace
- where there is a workplace health and safety officer and/or a workplace health and safety representative, they should have access to relevant information on first aid at the workplace and should also be given enough time to allow them to consider the implications of this information

2.10 Risk management

The risk management process can be used to develop control measures to prevent or minimise the risk of workplace injury and illness including the risk of exposure to biological hazards, in particular, blood and body substances. Section 2.4 gives more comprehensive information on risk management in relation to exposure to blood and body substances.

The *Workplace Health and Safety Act 1995* and the Risk Management Code of Practice outline the following five steps to properly manage exposure to risks.

1. Identify hazards

2. Assess the risks that may result because of the hazards

3. Decide on control measures to prevent or minimise the level of the risk

4. Implement control measures

5. Monitor and review the effectiveness of measures.

In relation to the provision of first aid, a modified version of the risk management process can also be used to decide on appropriate first aid equipment, facilities and first aid personnel. The provision of first aid is not a control measure which prevents or minimises work injury or work caused illness, but is actually a control measure to deal with injury or illness that has already occurred. The following five steps can be used to decide on and provide appropriate first aid.

1. Identify the hazards that may cause injury or illness.

2. Assess the risk, type and extent of work injuries and work caused illnesses that may occur.

3. Decide on appropriate first aid equipment, facilities, services (including trained personnel) which can best address the injuries or illnesses likely to occur and which are suitable taking into account the size, layout and location of a workplace. For example:
   - a workplace with a large physical area may require that first aid be made available in more than one location
   - a workplace which is some distance from medical facilities and/or has access problems such as poor road quality or a proneness to flooding may require personnel with advanced first aid training.

4. Implement the chosen first aid equipment, facilities and services to effectively manage the injuries and illnesses.

5. Monitor and review first aid equipment, facilities and services to ensure they continue to meet requirements.

For further information on the risk management process, please refer to the Risk Management Code of Practice.

3. Further information

Listed below are the titles of documents which provide further information in relation to workplace first aid.

Australian National Council on AIDS, Hepatitis C and Related Diseases, Bulletin No. 24 (2001). *Infection Control Precautions in First Aid and Resuscitation.*

Australian Resuscitation Council Policy Statement No. 10.1.2, (1993). *The use of oxygen in emergencies*.

Department of Industrial Relations. Risk Management Code of Practice.

Department of Industrial Relations. *Supplement No 1 – Personal Protective Equipment*. In the Workplace Health and Safety Risk Management Code of Practice.

National Health and Medical Research Council (2003). *The Australian Immunisation Handbook.* 8th Edition.

The following relevant standards are available from Australian Standards – telephone: 1300 654 646. The internet address is www.standards.com.au

AS 1319 – 1994. Safety signs for the occupational environment

AS 1885.1 – 1990. Measurement of occupational health and safety performance – Describing and reporting occupational injuries and disease.

AS 1885.1 Supp.1 – 1991. Measurement of occupational health and safety performance – Describing and reporting occupational injuries and disease – Workplace injury and disease recording form.

AS 2488 – 1995. Resuscitators intended for use with humans.

AS 4031 – 1992. Non-reusable containers for the collection of sharp medical items used in health care areas.

AS/NZS 4146 – 2000. Laundry Practice.

AS/NZS 4187 – 2003. Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities.

AS/NZS 4815 – 2001. Office based health care facilities not involved in complex patient procedures and processes – Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment.

AS 4259 – 1995. Ancillary Devices for Expired Air Resuscitation.

AS/NZS 4261 – 1994. Reusable Containers for the Collection of Sharp Items used in Human and Animal Medical Applications.

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