First Aid Guideline

To be read in conjunction with departmental procedure:
First Aid
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1. Risk Management and First Aid

- All workplaces are required to provide adequate facilities for the welfare of those at the workplace. Such facilities include appropriate arrangements for providing and accessing first aid.
- Each workplace is different, therefore first aid requirements will vary.
- By identifying all reasonably foreseeable hazards and understanding the level of risk associated with those hazards it is possible to determine the first aid equipment, facilities and trained personnel required at the workplace.
- This process is known as Risk Management. The flowchart below describes the risk management process for first aid. Links within the flowchart provide more detailed information.

Step 1
Identify potential causes of workplace injury and illness

Identification

Step 2
Assess the risk of workplace injury and illness

Assessment

Step 3
Determine the first aid requirements

First aiders
- How many first aiders are needed?
- What competencies do they require?
- What training do they need?
- Infection control protocols?

First aid kits & procedures
- What kits/modules are needed and where should they be located?
- Kit contents?
- Other equipment needed?
- Who is responsible for maintaining the kits?
- What procedures are needed?
- Emergency medication?

First aid facilities
- First aid room/area?
- First aid room contents?
- Additional facilities?
- Have all factors been considered?

Step 4
Review first aid arrangements to ensure effectiveness

Review
2. Consultation

Consultation involves sharing information, giving workers a reasonable opportunity to express views and taking those views into account before making decisions on health and safety matters (e.g. first aid requirements).

3. Identification of Potential Causes of Workplace Injury and Illness:

Hazards are identified through:

- Review of incident, accident and injury or illness data
- Consultation with staff e.g. first aid officers and workplace health and safety representatives
- Feedback from staff who have included first aid in activity planning
- Review of previous risk assessments
- Review of internal and external audits
- Walk through surveys
- Evaluation of the way your workplace currently manages first aid
- Review of staff and students who have medical conditions that may require emergency first aid/administration of emergency medication.

4. Assessing the Risk of Workplace Injury and Illness

The risk of a workplace injury or illness occurring that requires first aid is determined via consideration of:

- The nature of the work and activities being undertaken
- The number and composition of workers and others e.g. students/volunteers
- The size and location of the workplace (e.g. isolation/distance from emergency medical services)
- How often a hazard has the potential to cause harm
- How long people are exposed to a hazard
- The effectiveness of current controls
- The size and layout as well as the distribution of employees, students and others at the workplace
- Availability of emergency services or medical facilities
- Types of incidents, illness, and injuries that have occurred in the past e.g. review of first aid and injury records in MyHR WHS
- Staff or students with specific medical conditions
- Curricular and extracurricular activities such as fetes, dances, concerts and other special events as well as off-site activities such as excursions, sporting activities and camps. Refer to School Excursions and Managing Risks in School Curriculum Activities.

Your risk assessment will help determine how many first aiders you need. The outcomes of any risk assessment process should be documented and available for audit/inspection. This record verifies decisions made with respect to first aid requirements. This risk assessment should be reviewed (at least annually or on an as needs basis) to ensure that adequate controls are in place.

5. What First Aid is Required?

5.1 First Aiders - Training

Officers-In-Charge (e.g. Principals, Managers, Directors) are to ensure that an adequate number of workers are trained to administer first aid at the workplace or that there is access to an adequate number of other people who have been trained to administer first aid.

A risk assessment to determine adequate first aid services will assist the officer-in-charge to identify the minimum number of first aid personnel. The risk assessment should be undertaken by, or in conjunction with the Workplace Health and Safety Committee.
First aiders should be trained to the level determined through risk assessment. First aiders should hold nationally recognised Statement/s of Attainment issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit/s of competency. First aiders should attend training on a regular basis to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. First aid personnel undertake initial management of injuries and illnesses consistent with their level of training and competence.

5.2 First Aider – Role/Responsibility

Who can be a first aider? - One or more workers who have been trained to administer first aid at a workplace can be a first aider. However, a person who does not work at your workplace can administer first aid to your staff/students/others provided they have been trained.

When selecting personnel for first aid training, consider:
• personal skills, characteristics, capacity and ability to remain calm in an emergency
• commitment to the role, including reliability
• availability to provide first aid services
• where first aiders are needed (e.g. physical education, sporting competitions, science).

First Aiders should:
• provide initial management of injuries and illness. Ongoing care should be provided by a medical practitioner/ambulance service.
• recommend and maintain contents of first aid kits and first aid rooms/areas
• ensure all first aid kits are fully stocked with all items "in date" and readily accessible at all times
• maintain currency of certification:
  o first aid certificates are only valid for a determined period, usually three years.
  o the validity of some first aid certificates may be subject to specific requirements (e.g. refresher courses or evidence of proficiency in cardiopulmonary resuscitation every 12 months).
  o certification should be renewed prior to expiry.
• be made aware of specific hazards, the associated injuries or illnesses, and the first aid required for such injuries and/or illnesses.
• undertake additional first aid training if needed e.g. administration of emergency medications - required for the emergency first-aid treatment of medical conditions such as asthma, anaphylaxis and diabetes. e.g. Asthma First Aid Training / Anaphylaxis Awareness and Management Training
• first aiders should be instructed not to exceed their training and expertise in first aid. Other staff, including supervisors, should be instructed not to direct first aiders to exceed their first aid training and expertise.
• Note: First aid personnel may be exposed to or become involved in traumatic incidents. The department has counsellors available for staff through the Employee Assistance Service (DETE employees only).
5.3 Absence of Trained First Aiders
Access to first aiders must be ensured when a first aider takes annual leave and other planned absences or when they may take unplanned leave such as sick leave.

Don’t know where to start?
The First Aid Code of Practice provides the following advice:

In low risk workplaces, consider providing:
- one first aider for 10 to 50 people on site (staff, students and others e.g. volunteers)
- two first aiders for 51 to 100, and an additional first aider for every additional 100 on site.

What is a low risk workplace?
Staff, students and others (e.g. volunteers) are not exposed to hazards that could result in serious injury or illness that would require immediate medical treatment, and the workplace is located with timely access to medical or ambulance services.

In high risk workplaces, consider providing:
- one first aider for up to 25 people on site (staff, students and others e.g. volunteers)
- two first aiders for 26 to 50, and an additional first aider for every additional 50.
- High risk workplaces in remote areas that do not have timely access to medical and ambulance services should have at least one first aider for every 10 workers.

What is a high risk workplace?
Staff, students and others (e.g. volunteers) may be exposed to hazards that could result in serious injury or illness and would require immediate medical treatment, such as those associated with plant, hazardous chemicals, confined spaces and hazardous manual tasks. High risk workplaces include manufacturing plants, construction sites, kitchens, motor vehicle and body panel workshops, medical research facilities and forestry operations.

6. Infection Control
First aiders are to implement standard precautions to avoid becoming ill and exposing others to illness when handling blood or body substances. Standard precautions are work practices that are applied to all people and their blood and body substances, regardless of their infectious status, to ensure a basic level of infection prevention and control. Standard precautions include hand hygiene, use of personal protective equipment, appropriate handling and disposal of sharps and waste, cleaning techniques and managing spills of blood and body substances.

6.1 Providing First Aid Safely
Before providing first aid to an injured or ill person, first aiders should assume they could be exposed to infection. First aiders should refer to the Infection Control Guideline for information relating to standard precautions for infection control, dealing with contaminated items as well as cleaning and disposal.

6.2 Needles and Syringes
If a first aider sustains a sharps injury or thinks they are at risk of infection from blood or bodily fluid contamination, they should seek prompt medical advice. Refer to the Infection Control Guideline as well as the fact sheet: Safe Handling and Disposal of Needles and Syringes.
First Aid Kits and Procedures

- First aid kit requirements are determined through regular risk assessments. A checklist for assessing the appropriateness of a first aid kit is provided in Appendix B of this guideline.
- Workplaces require a minimum of one main first aid kit in the first aid room/area as well as other portable first aid kits kept in specific locations around the workplace based on assessed need e.g. Industrial Design and Technology, Physical Education, Special Education Units etc.
- Kits should be located in prominent and accessible positions
- Kits should not be locked
- Kits should be provided in vehicles, where the vehicle is a workplace (i.e. being used for the purpose of work). The location of a first aid kit should be identified by a prominent sticker on the vehicle that either marks the location of the kit, or explains where it is. QFleet recommends first aid kits in some vehicles where a risk assessment calls for an appropriate first aid kit – issues regarding first aid kits in vehicles may be discussed with your car pool manager.
- Other portable first aid kits should be available for excursions and other activities such as sport, camps and emergency evacuations.
- When staff/students are off-site and undertaking an activity likely to require first aid e.g. inter-campus sport, camp, excursions, access to an appropriately stocked first aid kit, first aid personnel and emergency communication (e.g. mobile phone) are required.
- First aid kits should be clearly identified by a suitable sign or label.

7.1 Contents

- Contents of first aid kits should match the types of injuries and illnesses likely to occur in the workplace.
- Where a risk assessment shows there is a need for extra first aid kits and certain first aid requirements (e.g. first aid rooms and/or first aid personnel) these should be made available.
- Medication, including analgesics such as paracetamol and aspirin, are not to be included in first aid kits because of their potential to cause adverse health effects in some people including asthmatics, pregnant women and people with medical conditions. Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary. Schools are to refer to: Administration of Medication in Schools.
- The contents of a typical first aid kit and information on additional items are in Appendix A.

7.2 Design of Kits

First aid kits can be any size, shape or type to suit your workplace, but each kit should be large enough to contain all the necessary items. Kits should also contain a list of the contents for that kit and have a white cross on green background that is prominently displayed on the outside. First aid kits should also be portable and be made of material that will protect the contents from dust, moisture and contamination.

7.3 Maintenance

People with responsibility for administering first aid (first aiders) should:
- monitor access to first aid kits ensuring any items used are replaced as soon as possible after use
- undertake regular checks of first aid kits to ensure the kit contains a clean and complete set of the required items (as listed in the kit)
- ensure items are in good working order, have not deteriorated and are within their expiry dates
- report any hazardous situations that have resulted in a person requiring first aid, and
- record first aid treatments.

7.4 First Aid Signs

Displaying well-recognised, standardised first aid signs will assist in easily locating first aid equipment and facilities. First aid signs may be constructed to suit individual requirements but should comply with AS 1319: 1994 - Safety Signs for the Occupational Environment.

7.5 Other First Aid Equipment

In addition to first aid kits, consider any other first aid equipment that is necessary to treat injuries or illnesses. This may include providing an automatic defibrillator (AED).

Automatic defibrillators should be clearly visible and accessible and located in an area that is not exposed to extreme temperatures. They should be clearly signed and maintained according to the manufacturer’s specifications. More information about AEDs is provided in Appendix D.
8. First Aid Procedures

8.1 Emergency Procedures and First Aid

The WHS Regulation requires that an emergency plan is prepared for the workplace that provides first aid procedures to respond effectively in an emergency. There is no need for a separate plan to be written, it is recommended that this information be included in the workplace’s Emergency Management Plan (DETE employees only). This information can also be contained within your building fire and evacuation plan and covered in relevant staff training and instruction.

The emergency first aid procedures are to include:
- an effective response to an emergency situation
- procedures for evacuating the workplace
- notification of emergency services at the earliest opportunity
- medical treatment and assistance, and
- effective communication between the emergency response coordinator and all persons at the workplace
- the role of first aiders.

8.2 Emergency Medication

TAFEs and other workplaces are to establish processes for the management of emergency medication based on their risk assessment and the disclosure of staff and student information.

8.2.a. Adrenaline Auto-Injectors - schools

All schools, including Departmental outdoor and environmental education centres, are to maintain a minimum of one back-up adrenaline auto-injector and determine, through a risk assessment process, the purchase of any additional auto-injectors, taking into consideration factors such as:

- the number of students enrolled who have been medically diagnosed as being at risk of anaphylaxis
- the location of the first aid kit and the proximity to each student's classroom, playground area, sports field
- the accessibility of backup auto-injector/s during school excursions and camps
- the level of risk in the environment (e.g. increased exposure to potential allergens and distance from emergency services).

The school adrenaline auto-injector(s) are for general use, in the event that an additional dose of adrenaline is required after the administration of the student/staff members' personal prescribed device, or a misfire, or in the event of a first time presentation of anaphylaxis of a previously undiagnosed individual student, staff or visitor.

For information regarding the management of anaphylaxis in schools, refer to the Anaphylaxis Guidelines for Queensland State Schools and related information. The Anaphylaxis Australia website provides further information for non-school environments such as TAFEs and other departmental workplaces.

- NOTE: Authorisation has been provided under the Health (Drugs and Poisons) Regulation 1996 by Queensland Health for the principal to obtain an adrenaline auto-injector for the purpose of providing emergency medication to students and staff for the treatment of anaphylaxis.

Anaphylaxis Awareness and Management Training (DETE employees only)

Anaphylaxis Guidelines for Queensland state schools.

The Australasian Society of Clinical Immunology (ASCIA) is a professional medical society and does not conduct face to face anaphylaxis training. The ASCIA website www.allergy.org.au/content/view/10/3/#r11 includes links to government and relevant patient organisation websites and most of these include information on how to access face to face training in different regions.

ASCIA anaphylaxis e-training for schools and childcare services is available on the ASCIA website http://www.allergy.org.au/ and can be completed by anyone, at no charge. This training has been developed to be used where face to face anaphylaxis training is not available (or feasible), as a refresher, or for interim training whilst waiting for face to face training.
Purchase of adrenaline autoinjector training devices

Autoinjector training devices (which can be re-used for practice as they do not contain adrenaline and do not have needles) are available from pharmacies, the patient support organisation Anaphylaxis Australia (www.allergyfacts.org.au/) and the adrenaline autoinjector distributors in Australia and New Zealand:


8.2.b. Asthma Reliever/Puffer

From October 2010, Queensland workplaces are required to have staff trained in an approved asthma management course, and only trained staff will be able to purchase and administer asthma medication for first aid purposes.

As part of a risk management process, it is necessary to negotiate a Queensland Health approved training course for staff to access:

- determine the range and number of staff to be trained, e.g. classroom teacher/s of student/s with asthma, first aid officer/s, staff member/s authorised to administer routine medications, etc
- nominate trained staff to purchase, access or administer asthma medication in emergency situations.
- School principals are reminded that they can contact their local DETE funded registered nurse to discuss training options.

- Asthma First Aid Training
  In Queensland, workplace employees are required to undergo asthma first aid training to be able to:
  - Purchase and store blue reliever medication (such as Ventolin) in the workplace first aid kit and
  - Administer the blue reliever medication to manage the signs of a suspected asthma first aid emergency.

In Queensland, the first aid management of a suspected asthma emergency in a workplace is governed under the Health (Drugs and Poisons) Regulation 1996. For further information, read the information sheet. Completion of this training session satisfies the specific learning objectives of an asthma management course under S256B(1) of the Health (Drugs and Poisons) Regulation 1996, in order to administer asthma medication for first aid. Free training is available for school staff through the asthma foundation.
8.3 Procedure: Calling an Ambulance in an Emergency

In a medical emergency call triple zero (000) or 112 (if your mobile is out of phone range or credit).

- Do NOT hesitate to call, even if you are not sure if the situation is an emergency.
- If in doubt, call 000 (or 112) as the Queensland Ambulance Service Emergency Medical Dispatcher will determine if an ambulance is required based on the information you provide.

The classification of an emergency or non-emergency is determined by the Queensland Ambulance Service (QAS) Emergency Medical Dispatcher when taking a call. Not all calls to QAS result in an ambulance dispatch. Therefore, all staff should feel confident to call 000/112 “Ambulance” immediately - whether on playground duty, in a classroom or an office environment.

In some circumstances, QAS communications staff will monitor the patient's condition over the phone as paramedics travel to the scene of the incident. This person will alert paramedics if a faster response time is needed (ie if the patient gets worse). The ambulance should be called by a person near the patient.

If an ambulance is dispatched, you will be advised. Be sure to notify security/front office/campus administration to cater for the arrival and guidance of an ambulance onto the site. A by-stander may be able to undertake this role. The office/administration may also be able to provide other information such as individual and emergency health plans, contact details and other relevant health information about the person.

Recommended contents for a first aid room are provided in Appendix C

Examples:
Emergencies are life threatening situations, such as:
- major accidents
- sudden onset of illness e.g. anaphylaxis, asthma, seizure, diabetic reaction
- sudden onset of pain (includes chest pain, abdominal pain)
- incidents with severe loss of blood
- where a patient is experiencing major discomfort and the severity of the illness or injury is not known.

An emergency can also include persons requiring professional hospital care but whose condition is not immediately life threatening, such as:
- fractures
- controlled bleeding.

How to report an emergency
- Call triple zero (000) (free call) or 112 from mobiles and ask for "Ambulance"
- You will then be transferred to a QAS Communication Centre
- The QAS operator will ask you some important questions, including:
  - The address of where the ambulance is required
  - What the problem is
  - How many people are injured
  - The patient's age
  - The patient's gender
  - If the patient is conscious, and
  - If the patient is breathing.

The QAS operator may provide you with Ambulance pre-arrival advice to assist the patient: It is important that you DO NOT HANG UP until the operator tells you to. You may have to hold the line while an ambulance is dispatched.

Further information: http://www.ambulance.qld.gov.au/info/request.asp#emergency
9. First Aid Facilities

9.1 First Aid Rooms/Areas
A first aid room should be established at the workplace if a risk assessment indicates that it would be difficult to administer appropriate first aid unless a first aid room is provided. If a risk assessment determines that a first aid room is not needed, a rest area within the workplace may be suitable to assist an injured or ill person.

The contents of a first aid room should suit the first aid needs of the workplace. The location and size of the room should allow easy access to emergency services as well as movement of injured people who need to be supported or moved by stretcher or wheelchair.

Refer to Appendix C for recommended contents.

Eye wash and shower facilities
Permanently fixed eye wash and shower facilities should be provided in any fixed workplace where there is a risk of serious burns to the eyes or a large area of the face or body.
Facilities should comply with AS 4775 – Emergency eyewash and shower equipment.

10. Review of First Aid to Ensure Effectiveness
First aid arrangements should be regularly reviewed in consultation with workers and others to ensure they remain adequate and effective.

- Check that the people who have accountabilities under first aid procedures are familiar with the procedures.
- If there are changes in the way work is performed or new work practices are introduced, review the first aid against risk assessment to ensure the arrangements are still adequate.
- Organise a mock first aid emergency to check that first aid is effective. This could be combined with an evacuation drill. Check that kits and first aid rooms are accessible and suit the hazards that are unique to the workplace.
- If an incident occurs that requires first aid, evaluate the effectiveness of the first aid that was provided and make changes if necessary.
- If new information is obtained about a previously unidentified hazard, review the first aid measures in place.
## APPENDIX A – EXAMPLE CONTENTS FOR FIRST AID KIT/S

For most workplaces, a first aid kit should include the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Workplace Kit</th>
<th>Small Workplace Kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Contents</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Basic instructions for providing first aid</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Note book and pen</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Resuscitation face mask</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Resuscitation face mask or face shield</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Cardio-Pulmonary Resuscitation (CPR) flow chart</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Disposable gloves like low-protein, powder-free latex gloves, vinyl gloves or nitrile gloves. (NB: Latex–free gloves should be provided if any first aider is allergic to latex)</td>
<td>5 pairs</td>
<td>2 pairs</td>
</tr>
<tr>
<td>Gauze Pieces 7.5cm x 7.5cm, sterile (5 pieces per pack)</td>
<td>5 packs</td>
<td>2 packs</td>
</tr>
<tr>
<td>Saline (30mls)</td>
<td>5</td>
<td>■</td>
</tr>
<tr>
<td>Saline (15mls)</td>
<td>■</td>
<td>4</td>
</tr>
<tr>
<td>Wound cleaning swab (single 1% Cetrimide BP)</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Adhesive dressing strips (packet of 50)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Splinter probes (disposable)</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Tweezers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Antiseptic liquid, spray or swabs (single use packs)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Non-adherent wound dressing/pad 5cm x 5cm (small)</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Non-adherent wound dressing/pad 7.5cm x 10cm (medium)</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Non-adherent wound dressing/pad 10cm x 10cm (large)</td>
<td>1</td>
<td>■</td>
</tr>
<tr>
<td>Conforming cotton bandage, 5cm x 1.8m</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Conforming cotton bandage, 7.5cm x 1.8m</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Conforming cotton bandage, 10cm x 1.8m</td>
<td>1</td>
<td>■</td>
</tr>
<tr>
<td>Scissors</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol swabs – single</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Non-stretch, hypoallergenic adhesive tape – 2.5cm wide roll</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Safety pins (packet of 12)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>BPC wound dressings No. 14, medium</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>BPC wound dressings No. 15, large</td>
<td>1</td>
<td>■</td>
</tr>
<tr>
<td>Plastic bags - clip seal (set of small, medium and large) (NB: these can be used for amputated body parts)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Triangular bandage (calico or cotton minimum width 90cm)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Emergency rescue blanket (for shock or hypothermia)</td>
<td>1</td>
<td>■</td>
</tr>
<tr>
<td>Eye pad (single use)</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Access to 20 minutes of clean running water or (if this is not available) hydro gel (3.5gm sachets)</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Reusable or instant ice pack – choice depending on availability of freezer (e.g. for treatment of soft tissue injuries and some stings).</td>
<td>1</td>
<td>■</td>
</tr>
</tbody>
</table>

■ If a risk at your workplace could be controlled with an item indicated with this symbol, you should provide the item in a first aid kit.

### School First Aid Kits – are also to include:

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard Workplace Kit</th>
<th>Small Workplace Kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline auto-injector (EpiPen® or Anapen®) (General Use/School Purchased) STORED IN KIT – NOT IN REFRIGERATOR – IN ACCORDANCE WITH MANUFACTURER INSTRUCTIONS.</td>
<td>Ventolin (General Use/School Purchased)</td>
<td></td>
</tr>
<tr>
<td>Type of Hazard</td>
<td>Additional Contents/Considerations</td>
<td>Comments</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Burn Injuries</strong></td>
<td>Burns dressings cool running water One or more of the following: o an appropriate deluge facility o a permanently rigged hand-held shower hose, and o a portable plastic or rubber shower hose that is designed to be easily attached to a tap spout o Hydro gel 25 gram tube Hydro gel dressings Clean polythene sheets 7.5cm cotton conforming bandage.</td>
<td>’Serious burn’ means a burn that would require immediate first aid treatment and further assessment and/or treatment by emergency services. It is any burn that is of a concern, including chemical or electrical burns or burns that are deep, in sensitive areas or greater than a 20 cent piece.</td>
</tr>
<tr>
<td><strong>Outdoors Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insect Bites/Stings Plant Stings Snake Bite</td>
<td>Heavy duty crepe bandage (e.g. snake bite) Sting relief cream, gel or spray.</td>
<td>Ice is best suited to insect bites (e.g. ants) however sting relief cream may be used if there is no access to ice.</td>
</tr>
<tr>
<td><strong>Eye Injuries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All eye injuries</td>
<td>Sterile eye pads and non-stretch adhesive tape Disposal eye wash (at least 100mls)</td>
<td>Injured eye should be covered prior to medical treatment</td>
</tr>
<tr>
<td>Splashes of vapour exposure Acids Alkalis (e.g. caustic soda) Corrosive chemicals Organic solvents (e.g. thinners)</td>
<td>Emergency showers and eye wash stations</td>
<td>Eye injuries may be caused by chemical splashes</td>
</tr>
<tr>
<td><strong>Musculoskeletal Injuries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sporting activities</td>
<td>Ice packs Splints</td>
<td>For bruises or swelling For fractures and sprains</td>
</tr>
<tr>
<td><strong>Remote Locations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First aid manual/book Reference/additional information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency communication Phone/2-way radio/ERPB etc Whistle to attract attention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency contact numbers Emergency services / Ranger</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Broad crepe bandages For snakebites</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Splint To immobilise limb</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cervical collar For spinal/neck injuries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Large burns sheet For cooling/covering burn areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specific burn dressings e.g. melaleuca hydrogel</td>
<td>If no cool water supply</td>
</tr>
<tr>
<td></td>
<td>Thermal blanket For treatment of shock (also for assisting portability)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Torch/flashlight For night use, attracting attention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note pad and pencil For recording the injured or ill person's condition and treatment to be given</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B - FIRST AID KIT REVIEW

To review the appropriateness of first aid kits.

<table>
<thead>
<tr>
<th>First Aid Kit Review Checklist</th>
<th>Comments (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location and position</strong></td>
<td></td>
</tr>
<tr>
<td>Is the first aid kit located in a prominent and accessible position?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Are staff, students and others informed and aware of the location of first aid kits?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Do all employees have access to first aid kits during all work shifts? (e.g. cleaners, staff working before/after normal hours, weekends and holidays etc)</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>Clearly identifiable</strong></td>
<td></td>
</tr>
<tr>
<td>Can the first aid kit be clearly identified as a first aid kit?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Is the first aid kit clearly marked with a white cross on a green background in accordance with Australian Standard AS 1319: Safety Signs for the Occupational Environment?</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>Contents</strong></td>
<td></td>
</tr>
<tr>
<td>Are the contents appropriate to the injuries and illnesses at your workplace?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Does the first aid kit contain sufficient quantities of each item?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Is an employee trained in first aid responsible for maintaining the first aid kit?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Are the contents appropriately labelled?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Are the contents within their ‘use by’ date?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Are the contents adequately stored? (e.g. first aid kit large enough to store all items in a safe manner).</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>Relevant information</strong></td>
<td></td>
</tr>
<tr>
<td>Is there a list of contents provided in the kit?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Are emergency telephone numbers clearly displayed?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Are the phone numbers/extension numbers, name and location of the nearest first aid personnel clearly indicated?</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td></td>
</tr>
<tr>
<td>Have selected employees received training in the use and maintenance of first aid kits?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
## APPENDIX C – FIRST AID ROOM CHECKLIST

<table>
<thead>
<tr>
<th>Based on Risk Assessment – determine the following</th>
<th>✓</th>
<th>❌</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a first aid kit appropriate for the workplace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>first aid manual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a sink with a hot and cold water supply, soap and disposable paper towels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a couch or bed and comfortable seating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pillows and clean linen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a cupboard stocked with required dressings, utensils, linen and personal protective equipment (PPE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a refuse container with disposable lining for soiled waste</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a container for the safe disposal of sharps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a bowl or bucket (minimum two litres capacity)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>electric power points</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>examination lamp / torch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a chair and a table or desk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>first aid register and health and safety incident forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>workbench / dressing trolley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a telephone and/or emergency call system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a portable stretcher</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- A notice should be displayed clearly showing:
  - names, usual locations and contact numbers of first aid personnel
  - certificate expiry dates of first aid personnel
  - the name and contact details of the first aid officer responsible for the room/area.

- list of all relevant emergency numbers clearly displayed – including
  - ambulance (000 and 112)/fire/police
  - 13HEALTH
  - public health unit
  - nearest medical clinic/medical practitioner
  - Poisons Information Centre
  - Local hospital
  - other

### Checklist of all items required for the room for regular assessment

- offer privacy via screening or door access
- be well lit and ventilated
- be readily accessible to toilet facilities
- have an entrance that is clearly marked with first aid signage
APPENDIX D – USE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs) IN DETE WORKPLACES

There is no legislation or regulation in Queensland requiring that an Automatic External Defibrillator (AED) be available in workplaces. In 2003, Queensland Health, Department of Emergency Services, released a policy statement to assist workplaces develop appropriate policies regarding access to AEDs. Consequently, in the Department of Education, Training and Employment (DETE) the decision to purchase an AED is at the discretion of individual DETE workplaces.

Each DETE workplace is responsible for determining the need for an AED to be made available at the site. This Guideline including the Guiding Principles for the deployment of AED in public/workplaces should be used as the basis of an assessment to determine the need for, and benefits of, having an AED accessible at the DETE workplace.

If an AED is purchased, the DETE workplace is responsible for the costs associated with initial purchase of the unit and the ongoing costs associated with its use and maintenance. These ongoing cost considerations include training of staff, maintenance, security and record keeping processes related to the use of the AED.

What is an Automated External Defibrillator (AED)?

An Automatic External Defibrillator (AED) assesses the rhythm of the heart and, if appropriate, provides audio commands to the rescuer to activate the device. An AED is used in the event of a cardiac arrest where the heart has a disorganised, or fibrillating, cardiac rhythm. Fibrillating heart muscles twitch randomly, rather than contracting in unison. This results in ineffective pumping of blood to the body and brain. The AED provides a ‘shock’ to a heart in cardiac arrest to help the heart muscles regain a normal rhythm. This is known as defibrillation. The AED will not apply a shock to a heart in a ‘non-shockable’ rhythm.

Defibrillation is a priority in the resuscitation of a cardiac arrest victim and the introduction of AEDs for the treatment of cardiac arrest has led to improved patient survival. However, it is important to note that the use of an AED is only one part of the emergency response for the person and does not negate the need for other priority response actions. The steps in responding to the person are:

- Early access to ambulance by calling 000
- Early CPR e.g. CPR must not be delayed by attempts to locate an AED.
- Early defibrillation e.g. use of an AED
- Early advanced life support

Considerations for the purchase and use of AEDs

The following factors should be considered during the decision making process regarding the purchase of an AED. The workplace will be responsible for all of the following elements related to the appropriate management of the AED:

- Initial purchase cost
- Initial training costs
- Ongoing training costs e.g. refresher or due to staff turn over
- Record keeping e.g. training, maintenance, incidents and investigations
- Service and maintenance costs
Cost
The cost for a single AED unit is approximately $2500.
A wall mounting bracket and hard case is also recommended for storage – additional $700.
A Standard Offer Arrangement A1401 – Defibrillators is available for use at:
http://qcd.govnet.qld.gov.au/Pages/Details.aspx?SOANumber=A1401. The Queensland Ambulance Service (QAS) also supplies AEDs and it is preferable that departmental workplaces arrange purchase via QAS to gain access to the detailed advice, training and support offered through QAS.

Training
Recent advancements in defibrillation technology have enabled AEDs to be operated with relatively minimal or no-prior instruction. However, it is important that training is conducted to ensure that staff are aware of the proper application of the AED and how this is incorporated into other workplace emergency planning.

If an AED is purchased the workplace will need to establish and maintain a record keeping system of staff qualifications, competencies and training undertaken. These records would outline how the elements listed below have been addressed and include workplace based elements such as incorporation of the use of the AED into emergency plans.

Queensland Ambulance Service provides detailed advice and training on the use of AEDs. Comprehensive training of persons in the operation of an AED should include the following elements:

- Development and testing of on-site action plans for response to cardiac arrest, including: calling for an ambulance, basic life support, and safe use of an AED
- Correct measures to minimise risk of cross infection during skills training and rescue procedures
- Incident recording, data collection and notification of each incident requiring deployment of an AED
- How to access debriefing and counselling services
- AED storage and maintenance.
- Access to re-certification training.

Record Keeping
In addition to training records, each workplace would need to establish and maintain a reporting system to:

- document each incident requiring AED deployment
- ensure the incidents are investigated, and
- review the use of the AED.

Service and Maintenance
Like any piece of plant or equipment, an AED is to be maintained in accordance with the manufacturer’s specifications. The requirements of the Work Health and Safety Act 2011 and Managing Risks of Plant in the Workplace 2012.
Security

Consideration is to be given to securing the AED in such a way as to minimise risk of machine theft whilst also allowing immediate access to the machine when required.

Guiding Principles for the deployment of AED in public/work places

Ref: "Early Access to Defibrillation in Queensland Policy Statement - Queensland Health."

Due to the relatively low likelihood of cardiac arrest in a workplace (1.5%) and public places (12%)*, the following assessment criteria are recommended for review to help determine the benefits of having an AED available in a particular location/facility.

The risk of cardiac arrest from cardiovascular (e.g. heart) disease does increase with age and is generally higher for males than females. This should be taken into consideration in the assessment.

<table>
<thead>
<tr>
<th>Assessment Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (a) &gt;50,000 visitors to site per year, and/or (b) Major public gathering where on-site fist aid is provided, and /or (c) Specific locations/events of high risk due to age (&gt;50) or activity levels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Identifiable persons able to: (a) Undertake appropriate first aid training including AED. (b) Be available for response to the victim within four minutes. (c) Be available during operational / opening hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Isolation from emergency services response due to distance or potential access delays e.g. large crowds (&gt;10 minutes)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF ALL THE ANSWERS IN THE ASSESSMENT TABLE WERE ‘YES’, THERE IS A STRONG CASE FOR THE PURCHASE OF AEDS FOR YOUR WORKPLACE.**

Once the decision is made to purchase an AED the following criteria should be actioned

<table>
<thead>
<tr>
<th>AED Checklist Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Program is integrated with community medical and emergency services authorities' response.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Responders have CPR, first aid and AED knowledge and skills verified through assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Systems to document, review and collect data on each ‘incident’.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 A system to provide post-incident support to the responder.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 On-site action plans for response to cardiac arrest incorporated into workplace emergency response plans.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 A system for on-site AED storage and maintenance. • Including ensuring that the AED will be serviceable whenever needed, e.g. battery charged, pads not old and dry.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Uncontrolled copy. Refer to the Department of Education, Training and Employment Policy and Procedure Register at [http://ppr.det.qld.gov.au](http://ppr.det.qld.gov.au) to ensure you have the most current version of this document.