UNIVERSITY OF SOUTHERN QUEENSLAND



FIRST AID PROCEDURES MANUAL V1.4

The University of Southern Queensland, First Aid Procedures Manual

Date of Review	Reviewed by	Version
August 2009	Michael Flannery	DRAFT V1.0
July 2010	Michael Flannery	DRAFT V1.1
29 July 2010	Endorsed by Exec WHS Committee	DRAFT V1.3
18 Oct 2010	Michael Flannery	V1.4 (final)

The USQ First Aid Procedures manual has been prepared and issued by USQSafe in accordance with the QLD Workplace Health and Safety ACT 1995 and Australian Standard 3745-2002 (Emergency Control Organisations for Buildings, Constructions and Structures).

Suggested amendments or additions to the contents of these procedures should be forwarded in writing to:

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Preface

This Manual was prepared by USQ Safe and complies with the First Aid Code of Practice 2004 and the Queensland Workplace Health and Safety Act 1995.

The objective of this Manual is to provide guidance in the preparation and delivery of first aid procedures for all personnel on a University campus or conducting University business.

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Foreword

First aid provides the initial attention to a person suffering an injury or illness. First aid in the workplace has a number of benefits including.

- · saving lives,
- · preventing permanent disablement,
- improving safety awareness and preventing injury and illness in the workplace, and
- assisting early return to work and rehabilitation.

The University has humane, legal and financial obligations to provide a first aid service for its staff, students and visitors. The University is committed to providing a first aid service that satisfies the University's obligations under the Queensland Workplace Health and Safety Act 1995 and the First Aid Code of Practice 2004. The legislation sets out minimum standards for first aid in the workplace and guides the workplace in determining appropriate first aid arrangements to suit the particular needs of the organisation, taking into account the types of work performed, the nature of the hazards encountered, the likely injuries and illnesses that may occur, the number of people at the workplace, and the size, layout and location of the workplace.

These procedures require that all injuries requiring first aid be treated and reported in accordance with the First Aid Procedures outlined in the Emergency Procedures Manual.

Although effort has been made to provide procedures that will work in every situation, it is acknowledged that due to the dynamic nature and complexities of emergencies, not all procedures will work in all cases. For this reason it is imperative that members of the USQ community attain as much training as possible so they can use their initiative when situations change.

SECTION 1 – OBJECTVES AND RESPONSIBILITIES

1. Objectives and Responsibilities

- 1.1. Objectives. The objectives of this manual are to guide the University community:
 - to determine appropriate trained first aider coverage for buildings and campuses and to select and appoint appropriate staff to fulfil the role of Nominated First Aid Officer;
 - to determine needs for first aid equipment, primarily first aid kits, for buildings and campuses;
 - to ensure that the equipment is maintained to facilitate rapid response to first aid situations;
 - in responding promptly and appropriately to first aid situations and other emergencies with a first aid aspect;
 - in making appropriate arrangements for first aid in field work and trips away from University campuses and premises;
 - in making appropriate arrangements for first aid in situations where volunteers and/or members of the public participate in research activities, clinics, trials etc where there is an increased risk of adverse health effects requiring first aid or emergency response;
 - in reporting incidents, injuries and illnesses as required by legislation;
 - · to encourage activities to be undertaken that prevent injuries; and
 - to guide members of the University community in disclosing health information that can assist in prompt and appropriate first aid response to foreseeable medical emergencies and to guide medical staff dealing confidentially with such disclosed health information.

1.2. Responsibilities.

- **1.2.1.** All faculty, department and sections managers are responsible for:
 - informing staff, students and visitors of local first aid arrangements including details of how to contact Nominated First Aid Officers;
 - provision of first aid kits in relevant locations in buildings; and
 - first aid arrangements for clinics, fieldwork, research activities and laboratories with particular hazards, e.g. beyond the scope of basic building-first aid services.
- **1.2.2.** Nominated First Aid Officers (NFAOs) are responsible for:
 - providing first aid to people who are injured or ill in the workplace,
 - · maintaining first aid kits,
 - liaising with other NFAOs in their building to ensure a coordinated approach,
 - recording treatments and reporting treatment and incidents,
 - maintaining a current first aid qualification, and
 - participating in refresher training and competency development activities.

SECTION 2 – NOMINATED FIRST AID OFFICERS

2. Nominated First Aid Officers

2.1. Determination of Need

- **2.1.1.** Nominated First Aid Officers are appointed on a building basis, i.e. they are appointed to provide first aid throughout a building. Therefore the number and location of NFAOs is determined on the basis of a risk assessment of the needs of the building. Factors to be considered in determining how many NFAOs should be appointed and where they should be located are:
 - the types of work performed and types of classes conducted in the building and the nature of hazards associated with those types of work and classeslaboratories and workshops typically require a higher level of first aid coverage than the office areas with mainly sedentary activities;
 - the typical number and type of occupants of the building, for example staff, students, visitors, general public;
 - the typical operating hours of the building- libraries and other areas operating outside normal daytime weekday hours will need additional coverage for extended hours;
 - coverage of periods when the NFOA is on leave, absent from the building etc;
 - the physical size and layout of the building large and or complex buildings may need additional coverage to ensure adequate proximity of NFAOs to all parts of the building, particularly areas of higher need such as laboratories and workshops and any secure facilities with restricted access;
 - the proximity of the building and/or campus to emergency service responses and health services- campuses other than Toowoomba may have additional needs due to:
 - · absence of on-campus Security Officers trained in first aid;
 - · remoteness from ambulance services;
 - · absence of on-campus medical service; and
 - if there is a First Aid Room in the building, as one or more Occupational First Aiders will be needed to oversee this room (see sections 2.5 and 3.4 for further details).
- **2.1.2.** A Nominated First Aid Officer need not be appointed in a building with fewer than ten occupants provided this is consistent with a low level of risk due to the activities conducted in the building and its close proximity to other sources of First Aid.
- **2.1.3.** USQSafe will assist managers in determining the appropriate NFAO coverage for a building and/or campus in consultation with staff. Where a building is occupied by a number of groups belonging to different Departments, Schools, Faculties and/or Administrative Units, USQSafe will facilitate coordination between the occupant groups for the purpose of reviewing first aid needs.

2.2. Selection of Staff

- **2.2.1.** The role of Nominated First Aid Officer is a voluntary additional duty. In order to provide effective first aid only staff who meet the following selection criteria will be considered for appointment:
 - willingness and enthusiasm to act in this role,
 - · ability to act calmly and take charge in an emergency,

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- evidence of a capacity to deal with injury and illness,
- ability to assess the situation and know when to call for assistance,
- ability to relate well to other staff,
- have no health problems or disabilities that are likely to impede performance of first aid activities.
- based in one regular location in a building, readily contactable and able to be called away from ordinary work at short notice, and
- full-time member of the regular staff or on a contract with at least 18 months to run, although regular part-time staff members may be appropriate to provide coverage where the building operates outside normal daytime weekday hours.
- **2.2.2.** Academic staff are not excluded from appointment as NFAOs, however students cannot be appointed as Nominated First Aid Officers.

2.3. Training and Appointment of NFAOs

- **2.3.1.** Where a staff member does not already have a current approved senior first aid certificate or higher qualification, USQSafe will arrange for the training of staff members who are to be appointed as NFOAs. Funding is to be provided by the faculty/department. The following procedure should be followed:
 - identify vacancy/need this could be because a NFAO leaves the building or their status changes, or it could be because a Department or Unit in the building or USQSafe Management identifies a need;
 - department contacts USQSafe for NFAO training and appointment form;
 - Department returns completed form signed by Dean, Head of Department, Supervisor or Manager to USQSafe;
 - USQSafe and Organisational Development (OD) contacts staff member to arrange training;
 - staff member attends training and forwards a copy of certificate to USQSafe;
 - USQSafe notifies Human Resources, the department and the newly qualified NFAO for appointment;
 - USQSafe adds new NFAO to intranet list and Emergency Planning/Procedures network; and
 - Chief Warden ensures building occupants are informed of the name and contact details of the new NFAO.

2.4. Role of Nominated First Aid Officers

- **2.4.1.** In a first aid emergency a NFAO is expected to take charge and may direct others on the scene to assist with managing the emergency until Emergency Services or more qualified personnel take over. The role of the NFAO encompasses:
 - the provision of service for the emergency treatment of injuries and illness;
 - arranging prompt and appropriate referral of casualties to medial aid if required;
 - recording treatments and reporting incidents see Section 6 for more details;
 - the maintenance of first aid facilities, including first aid equipment, and keeping clean, checking and restocking first aid kits;
 - liaison with other NFAOs in the building to ensure co-operation in all aspects of the role: and
 - keeping up to date lists of NFAOs, their contact numbers and locations prominently displayed in the building.

2.5. Role and Appointment of Occupational First Aiders

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- 2.5.1. Wherever there is a First Aid Room (see section 3.4 'First Aid Facilities'), one or more Occupational First Aiders must be appointed to oversee that room. The appointment of Occupational First Aiders should be specifically considered for remote campuses/sites and campuses/sites without a medical centre. The additional training of Occupational First Aiders enables them to deal effectively with more serious injuries and illnesses whilst awaiting ambulance or other medical services.
- **2.5.2.** Factors to consider are:
 - types of serious injuries and illnesses that could occur due to work activities, particularly those involving machinery, hazardous substances, native animals, dams etc:
 - likely time for an ambulance to respond to the site, hence duration of treatment/support period by the first aider-for example if emergency medical services are more than five minutes distant;
 - availability of staff with medical or related training who would be willing to assist;
 - number of people routinely on campus/site; and
 - whether there is a First Aid room in the building, as a person with a Senior First Aid Certificate is not qualified to be in charge of this room (First Aid Code of Practice 2004, see also Section 3.5)
- **2.5.3.** The need for an Occupational First Aider on the campus/site should be determined in consultation with staff most likely to be impacted by the decision, for example those involved in higher risk activities or working more remotely from emergency services.
- 2.6. Management of Health Information. Staff and students with known medical conditions are encouraged to disclose their conditions and recommended first aid responses to the medical personnel (if applicable on that campus) i.e. Doctor or Campus Nurse. The health information disclosed must be kept confidential in accordance with Privacy Legislation requirements. Any records must be kept by the medical personnel, either the Doctor or the Nurse. (See Section 5 'Health Information' for details).
- 2.7. Refresher Training. USQSafe co-ordinates regular refresher training for NFAOs. Refresher training includes practical components, such as Cardio-Pulmonary Resuscitation (CPR) practice and use of the Automated External Defibrillators (AEDs). This is augmented with first aid scenario simulation exercises, which aim to improve situation evaluation and teamwork skills.
- 2.8. Legal Protection of Nominated First Aid Officers.
 - **2.8.1.** Nominated First Aid Officers are protected by vicarious liability when acting in good faith and discharging their responsibilities in accordance with their training. Vicarious liability means that employers are generally held responsible for the acts and omissions of their employees. The University appoints NFAOs to act on its behalf and discharge its responsibilities in relation to providing first aid, so it is clear that in most situations where NFAOs render first aid in the workplace or otherwise in the course of their duties, they will be doing so as employees of the University and vicarious liability will apply.
 - **2.8.2.** In addition, at common law, people giving medical treatment to an injured person at an accident site in an emergency (a circumstance in which immediate medical treatment is required to save someone's life or prevent serious injury to health) cannot be sued for "assault". Permission to treat an injured person must always be obtained prior to treatment unless the person is unconscious.
 - **2.8.3.** Note, however, that protection from personal liability is not available if people:
 - render first aid when their judgement is impaired by drugs (including medications) or alcohol and they fail to exercise reasonable care and skill;
 - · caused the injury or risk in the first place; or

- impersonate an emergency services worker or falsely represent their skill or expertise in responding to the situation
- **2.8.4.** Whilst the University of Southern Queensland is not responsible for providing first aid to non-University tenants in University-owned buildings, NFAOs should be prepared to render first aid if called upon to attend an emergency in a tenanted area.

SECTION 3 – FIRST AID FACILITIES

3. First Aid Facilities

3.1. Determining Numbers and Locations of First Aid Kits

- **3.1.1.** First aid kits should be located close to all work areas where there is a likely risk of injuries or illness occurring. No workstation should be more than 100 metres from or one floor above or below a kit.
- 3.1.2. First aid kits should be:
 - easily accessible during the normal work hours of the area;
 - located in supervised areas-to reduce opportunities for pilfering as kits should not be locked during normal work hours (although they must be capable of being locked):
 - located if possible close to running water, toilets and a private area that can be used for treatment; and
 - clearly visible and signposted with a standard safety sign consisting of a white cross on a green background.
- **3.1.3.** In many buildings a large central kit can be complimented with smaller portable kits that can easily be taken to the place where a person is injured. Portable kits may be kept at a NFAO's work location.
- **3.1.4.** Factors to be considered in determining the number and locations of first aid kits for a particular building include:
 - the types of work performed and the types of classes conducted in the building and the nature of hazards associated with those types of work and classes – laboratories and workshops typically require more frequent access to a first aid kit than office areas with mainly sedentary activities.
 - the typical number and type of occupants of the building, for example, staff, students, visitors, general public – more densely occupied buildings may need a higher concentration of kits; buildings with public areas may need additional kits close to those public areas.
 - the physical size and layout of the building large and or complex buildings may need additional coverage for areas of higher need such as laboratories and workshops, for any secure facilities with restricted access and to ensure adequate proximity of kits to all parts of the building.
 - the typical operating hours of the building libraries and other areas operating outside normal daytime weekday hours may need their own kits accessible during their operational hours.
- **3.1.5.** Every University vehicle used for field trips must be equipped with a first aid kit. The type of kit required will depend on the type of work associated with the vehicle use.
- **3.1.6.** When work is done away from a building a portable kit suitable for the type of work activities and remoteness of the work location should be provided, e.g. for Environmental Studies. (Also see Section 7 'Field Work').

3.2. First Aid Kit Types and Contents

- **3.2.1.** The type and size of the First Aid Kit depends on the number of people to be served by the kit and the types of activities conducted in the area:
 - Size A kits are suitable for areas used by large numbers (>100) of people;

- Size B kits are suitable for areas used by between 10 and 100 people; and
- Size C kits are suitable for areas where fewer than 10 people work, which may include University vehicles.
- **3.2.2.** For large buildings with large numbers of occupants, several B size kits spread around the building may provide better access to kits than one A size kit in a central location.
- 3.2.3. The contents of First Aid Kits are determined in accordance with risk management and listed in Appendix 1. Kits may contain additional first aid items, such as additional bandages, disposable gloves and disposable resuscitation masks. Medications, such as headache tablets or burn creams, must not be kept in first aid kits as first aiders are usually not qualified to safely administer them. Staff and students are advised to provide their own headache and other pain relief tablet, which they should expect to self-administer.
- **3.2.4.** To prevent possible cross-infection First Aid Kits must not contain creams, lotions or other preparations, the sterility of which cannot be maintained e.g. antiseptic creams. Items such as normal saline should only be of single-use types.
- **3.2.5.** Care must be taken when purchasing First Aid Kits to ensure that only kits complying with the requirements of the First Aid Code of Practice are purchased. First Aid Kits must be of sturdy waterproof construction, but need not be rigid metal or plastic boxes.

3.3. Maintenance of First Aid Kits

- **3.3.1.** It is the responsibility of the NFAOs to ensure kits are kept clean, tidy and stocked. This includes replacing items such as sterile saline ampoules before their expiry dates.
- **3.3.2.** An NFAO may be responsible for the maintenance for more than one kit in a building. Where there are multiple First Aid Kits and multiple NFAOs in a building, the NFAOs must share the kit maintenance responsibilities.
- **3.3.3.** Funding for replacement of consumable items and kits is currently the responsibility of the unit which services the kit.
- **3.3.4.** Information about suppliers of kits and replacement items will be updated from time to time by USQSafe.

3.4. Determining Where First Aid Rooms Are Required

- **3.4.1.** Under the Queensland First Aid Code of Practice 2004, a First Aid Room is required at a workplace where more than 200 persons work. For campuses with more than 200 regular workers a First Aid Room is a requirement. In the University context First Aid Rooms should also be provided irrespective of occupant numbers if a risk assessment indicates there is a need.
- **3.4.2.** A First Aid Room may be needed on campuses without on-campus medical facilities and/or where ambulance services are likely to take more than five minutes to respond.
- **3.4.3.** The need for a First Aid Room on the campus/site should be determined in consultation with staff most likely to be impacted by the decisions, for example those involved in higher risk activities or working more remotely from emergency services.

3.5. Responsibility for First Aid Room

3.5.1. Under the Queensland First Aid Code of Practice 2004, a First Aid Room must be under the supervision of a suitably qualified first aider. The minimum qualification is an Occupational First Aid Certificate.

3.6. First Aid Room Requirements

- **3.6.1.** First Aid Rooms must be accessible during working hours and not used for any other purpose except first aid or workplace health. They must be under the supervision of a qualified Occupational First Aider or equivalent.
- **3.6.2.** First Aid Rooms must be situated close to toilets and a sink or basin with hot and cold water and have access to a means for boiling water. They must be well lit and well ventilated, and have a wide enough door for entry and exit of a person on a stretcher.
- **3.6.3.** First Aid Rooms must contain items listed in Appendix 2 and must not contain items unrelated to first aid. They must have the equivalent contents of an A size First Aid Kit in the room and a B size portable First Aid Kit for outside.

3.7. Other Rooms

3.7.1. Some buildings in the University have rooms that are used for injured or ill people to rest in. These rooms do not meet the full requirements to be classed as First Aid Rooms, and must not be labelled as First Aid Rooms. These rooms should be well lit, well ventilated, close to running water and contain a couch for people to lie down on. The room should be under the care of a NFAO and monitored when in use. These rooms should be locked when not in use so that unwell persons cannot use them without an NFAO or alternate member of staff being alerted.

3.8. Resuscitation Equipment

- **3.8.1.** Oxy-viva equipment and Automated External Defibrillators (AED) will be provided at the University. Fully staffed medical centres may wish to maintain Oxy-viva equipment. First Aid Rooms under the control of the Occupational First Aider may maintain air-viva facilities and AEDs if resuscitation equipment is needed.
- **3.8.2.** All First Aid Kits must contain disposable resuscitation masks to protect those conducting mouth-to-mouth resuscitation from infection risks.

3.9. Specialist First Aid Arrangements for Specific Hazards

3.9.1. Clinics, laboratories and workshops with particular first aid needs arising out of specific work activities are responsible for meeting these additional first aid needs and cannot rely on the basic first aid service of Nominated First Aid Officers appointed in the building. This includes responsibility for the provision of and capacity to administer antidotes for exposure to specific hazardous substances. See Section 8 "Research Laboratories, Clinics & Workshops, Etc"

SECTION 4 – FIRST AID EMERGENCY PROCEDURES

4. First Aid Emergency Procedures

4.1. Medical Emergency Procedures

- **4.1.1.** Refer to the Emergency Procedures Chart on http://www.usq.edu.au/hr/healthsafe/safetyproc/emerginf.htm
- **4.1.2.** Familiarity with local emergency procedures will assist in responding to a medical emergency. See the First Aid Response Chart in Appendix 6.
- **4.1.3.** If a person is seriously ill or injured contact the Emergency Number and state the nature of the emergency.
- **4.1.4.** Outside normal working hours Nominated First Aid Officers may not be available but Security will attend. If Security cannot be contacted then dial 000.
- **4.1.5.** *Note also that the emergency number 112 will work from locked mobile phones and mobiles with insufficient credit.

4.2. Role of Security Officers - Toowoomba Campus

4.2.1. All Security officers are trained in first aid and can be called upon to assist in a medical emergency. This is particularly important for first aid emergencies outside normal working hours. During working hours, if the situation is life threatening or it is likely an ambulance will be needed; call the Switch first on 2222. Switch will contact Security and any other Emergency Response Personnel as required. Security will also assist in guiding the ambulance to the correct location.

4.3. Other Campuses

4.3.1. Each campus must have a local emergency procedure that includes first aid. NFAOs on Campuses other than Toowoomba, must familiarise themselves with the local procedures. See the Emergency Procedures chart relevant to the campus you are working/visiting.

4.4. Signage and Information Dissemination

- **4.4.1.** Building occupants must know how to contact NFAOs in an emergency. Details of the names, location and contact numbers for NFAOs must be provided to occupants and included in emergency signs in each building. Special attention is required for classrooms and other areas used by people who may not be familiar with the building.
- **4.4.2.** The current local first aid procedures must be disseminated to all building occupants as part of any local induction procedure as well as periodically. This is the responsibility of the Dean, Heads of Department, Area Manager/Supervisors or Chief Warden. In buildings occupied by different unrelated groups, local first aid information must be updated and disseminated in a coordinated manner.

4.5. Interaction With Emergency Control Organisation (Emergency Wardens)

4.5.1. Nominated First Aid Officers should be prepared to render first aid whenever a building emergency occurs. It is preferable for NFAOs not to take on other warden roles that could conflict with this. Consideration should be given to providing NFAOs with easily portable (e.g. back pack style) First Aid Kits to assist them in this role. When a building emergency occurs NFAOs should follow instructions, evacuate if required and report to the Chief Warden or Assembly Point ready to treat injured people. Building

emergency planning and post emergency de-briefing should involve the building's NFAOs. See Fire and other Emergencies in the Emergency Procedures Chart for further guidance.

4.6. Debriefing Following First Aid Treatments

4.6.1. First aid treatment may be traumatic or confronting for the person providing the treatment and or for bystanders witnessing the incident or injury. Anyone involved in a first aid incident who feels uncomfortable with the experience should be given the opportunity to de-brief after the incident. Employee assistance counselling is available for staff by contacting Human Resources. Student Services provides Counselling to students.

SECTION 5 – HEALTH INFORMATION

5. Health Information

- **5.1.** Staff and students with known medical conditions are encouraged to disclose their conditions and recommended first aid responses to the Medical Staff, Doctor or Campus Nurse. The health information disclosed shall be kept confidential in accordance with Privacy Legislation requirements.
- **5.2.** Records if kept must be in a locked drawer and accessed only by Medical Staff. See Appendix 3 "Health Information Privacy Protection Principles".
- **5.3.** If the disclosed condition appears to be well controlled, a serious outcome is not likely and the first aid response is within the competence and confidence level of the NFAO then the Medical Staff should develop and document a simple First Aid Response Plan in consultation with the person. This plan should be made available to a NFAO if an emergency situation arises
- **5.4.** The University will endeavour to assist persons with disabilities, ill-health or medical conditions with arrangements to keep them safe in their work/study environment.

SECTION 6 – REPORTING INCIDENTS

6. Reporting Incidents

6.1. Staff Injuries and Illnesses

- **6.1.1.** All work related staff injuries and illnesses must be reported to staff supervisors and USQSafe. See Incident and Injury reporting in the Emergency Procedures Manual. It is the responsibility of the injured person or their supervisor to report incidents. However, where the injured person is not able to report promptly the treating NFAO should initiate a report. NFAOs should advise staff at the time of treatment that all work injuries and illnesses must be reported.
- **6.1.2.** Nominated First Aid Officers should record all treatments given to staff. See Section 6.3 below for more details.

6.2. Student and Visitor Injuries and Illnesses

- **6.2.1.** All student and visitor injuries and illnesses requiring medical attention after initial first aid treatment/assessment must be reported to USQSafe Management.
- **6.2.2.** Nominated First Aid Officers should record all treatments given to students and visitors.

6.3. Recording First Aid Treatments

6.3.1. Nominated First Aid Officers shall record all treatments given by them on the First Aid Treatment Record Form (see appendix 5). This form should be kept in or near each First Aid Kit. The NFAO must complete and return the original form to USQSafe. Copies should not be made.

SECTION 7 – FIELD TRIPS

7. Field Trips

- **7.1.** It is the responsibility of the person in charge of the field trip to plan for possible first aid needs in consultation with field trip participants and other relevant staff, and to ensure that the appropriate first aid equipment and trained first aid personnel are provided. See also Fieldwork Safety Guidelines.
- 7.2. The first aid equipment carried on field trips must be limited to that necessary for reasonably foreseeable circumstances given the competence of field party members in first aid. It must be reasonably portable (light and compact) so as to interfere minimally with the carriage of necessary research and camping equipment, supplies etc. It must be durable so as to remain intact and keep its contents sterile in adverse conditions.
- **7.3.** Medical emergencies and major trauma on field trips cannot be completely covered by a first aid kit. The primary need is for trained first aiders who can manage the immediate needs of the casualty and arrange facilities for obtaining prompt evacuation to medical care.
- **7.4.** In remote areas 24 hour communications facilities from base camp or vehicle are advisable. The contents of basic vehicle kits are given in Appendix 1 for C size kits.
- 7.5. All vehicles taken into the field must be fitted with a least this minimum kit.

SECTION 8 – RESEARCH LABORATORIES, CLINICS AND WORKSHOPS

8. Research Laboratories, Clinics and Workshops

- **8.1.** Clinics, Laboratories, workshops and other areas with particular first aid needs arising out of specific work or student activities are responsible for meeting these additional needs and cannot rely on the basic first aid service of Nominated First Aids Officers appointed to the building. The Faculty/School/Department concerned is responsible for all arrangements where first aid skills are a job requirement. The Nominated First Aid Officer role supported by USQSafe is voluntary.
- **8.2.** A risk assessment must be conducted for all potentially hazardous activities, including research projects. Risks must be controlled to prevent injury and illnesses as far as practical. However, in some situations there may still be the potential for a serious risk to health to arise or there maybe predictable adverse health reactions that can be minimised by prompt first aid specific to the situation. In these cases specified planned first aid responses will be required beyond the standard first aid service available in the building from volunteer NFAOs. The Head of Department should appoint someone, usually not the NFAOs, to be responsible for ensuring the planned first aid responses are up to date and equipment is in good working order, e.g. Laboratory Technical Officer or Research Assistant.

8.3. Examples include the following:

- clinics and research programs where staff, students and/or members of the public are subject to tests, challenges and activities that could result in adverse reactions e.g. fainting after a blood sample is taken, or exacerbation of underlying or known conditions; staff with first aid qualifications or relevant health care practitioners should be employed as part of the research team/clinic staff to conduct or supervise the activities;
- laboratories where acutely toxic hazardous substances, e.g. Hydrofluoric Acid are used; the Principal Researcher/Supervisor is responsible for ensuring adequate preventative measures are in place, that any relevant antidotes are kept and that staff are trained in their use; and
- laboratories and clinics where there is a risk of sharps injuries: the Principal Researcher/Supervisor must ensure all staff and students are trained in local procedures for prompt assessment and treatment of sharps injuries relevant to the types of contamination likely to occur, e.g. exposure to untested human blood or body fluids.

8.4. See the USQSafe website for more information on:

- risk assessment,
- · work with hazardous substances, and
- infection control.

REFERENCES

References

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APPENDIX 1 - CONTENTS OF FIRST AID KITS

APPENDIX 1 - CONTENTS OF FIRST AID KITS									
Kit A	Kit B	Kit C	Contents						
2	1	1	Adhesive plastic dressing strips, sterile, packets of 50						
1	1	-	Adhesive dressing tape/micropore, 2.5 cm x 5 cm						
2	1	1	Small bags, plastic, for amputated parts						
2	1	1	Medium bags, plastic, for amputated parts						
2	1	-	Large bags, plastic, for amputated parts						
6	2	-	Dressing, non-adherent, sterile, 7.5 cm x 7.5 cm						
6	2	-	Dressing, non-adherent, sterile, 10cm x 10cm						
3	2	-	Sterile combine pressure dressing pad – small						
3	2	-	Sterile combine pressure dressing pad – large						
5	2	-	Eye pads, sterile						
4	2	2	Packet of 5 sterile gauze swabs						
3	1	1	Elastic crepe bandage 7.5 cm						
3	1	1	Elastic crepe bandage 5cm						
3	1	1	Broad pressure bandage (for bites etc) 10cm						
3	1	1	Broad pressure bandage (for bites etc) 15cm						
3	1	1	Gauze bandages, 5 cm						
3	1	-	Gauze bandages, 7.5 cm						
4	2	2	Triangular bandage						
2	2	1	Triangular bandage sterile (for burns)						
10	4	2	Gloves, disposable, single						
1	1	1	Rescue blanket, silver space						
12	12	12	Safety pins, assorted sizes						

Kit A	Kit B	Kit C	Contents						
1	1	-	Scissors, (sharp/blunt)						
1	1	-	Splinter forceps, stainless steel						
10	5	5	Sterile lancets – splinter probes						
10	6	4	Sterile saline solution, 30 ml single use ampoules or sachets						
1	1	-	Kidney dish small						
1	1	-	Drinking vessel						
1	1	1	Safety Glasses						
2	1	-	Ice Pack (in nearest freezer)						
1	1	1	Ice pack (chemical)						
1	1	1	First-aid pamphlet (as issued by the St John Ambulance or the Australian Red Cross Society, or any other first-aid pamphlet approved by the Co-ordinator)						
2	2	2	First Aid Treatment Record Forms						
2	2	2	Incident Report on line						

Remote Location or Excursion Kits also contain:

3	Sterile combine pressure dressing pads - large
6	Triangular bandages
1	Cervical collar
10	Sterile saline solution, 30 ml single use ampoules or sachets
1	Underlay sheet
1	Torch
25	Disposable hand wipes
25	Gloves, disposable, single
2	Safety glasses
2	Dust Masks

Notebook and pencils

Plastic bags for waste

Kit A is intended for workplaces (other than factories & construction sites) at which 100 or more persons work.

Kit B is intended for workplaces (other than factories & construction sites) at which fewer than 100 and more than 10 people work.

Kit C is intended for workplaces (other than factories & construction sites) at which 10 or fewer persons work. A type C kit would be suitable for most University vehicles.

N.B. Kits may contain additional items as long as these are **FIRST AID** items only, such as additional bandages and swabs, endothermic ice-packs for treating minor sprains and strains, etc.

Every first aid kit should include disposable CPR masks. These masks are designed to provide protection against possible infection risks in resuscitation.

Kits should not contain medicines of any kind. This includes headache preparations, and multiple use lotions, creams or other preparations, the sterility of which cannot be maintained.

APPENDIX 2 – REQUIREMENTS FOR FIRST AID ROOMS

A first aid room at a place of work must:

- 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; and
- be clearly identified as a first aid room by a suitable sign, with a white cross on a green background complying with AS 1319 - 1994 Safety Signs for the Occupational Environment.

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, and
- emergency after hours telephone numbers.

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

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

- examination couch with waterproof surface, pillow and blankets,
- occupational first aid text/manual for reference purposes,
- moveable screen or suspended curtain for privacy,
- first aid kit for treatment of injured/ill workers,

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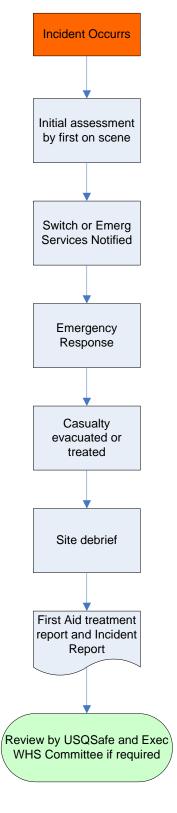
- examination lamp to assist in treatment,
- storage cupboards,
- stretcher,
- · lockable storage cabinet if files are stored there,
- telephone for emergency communication purposes,
- refuse container/s lined with plastic bags for infection control and disposal purposes,
- workbench or dressing trolley,
- sink with hot and cold water, and
- oxygen equipment for use in high risk workplaces where hazardous substances, particularly cyanide are used or stored - oxygen equipment should be the responsibility of a suitably qualified person and used only by staff trained in its use.

A First Aid Room may also contain additional first aid equipment and items relevant to the nature of work undertaken and taking into account any particular additional legal requirements. This may include resuscitation equipment. A First Aid Room must not contain equipment or items not used for First Aid or Workplace Health purposes.

APPENDIX 3 – HEALTH INFORMATION PRIVACY PROTECTION PRINCIPLES

- Collection of private health information must be lawful, directly related to the University's activities and necessary for the purpose.
- Information must be collected directly from the person unless the person has given consent otherwise.
- The person must be told why the information is being collected, what is done with it and who else might see it.
- Information collected must be relevant and accurate.
- The person concerned must be allowed to access, update, correct or amend their health information.
- Personal health information must be securely stored, kept only as long as necessary and then disposed of appropriately.
- It must be protected from unauthorised access, use or disclosure.
- Authorised officers of the University may only disclose health information for the purpose for which it was collected or a directly related purpose, unless the person to whom it relates has consented otherwise.
- There is an exemption that allows disclosure without consent in order to deal with a serious and imminent threat to any person's health or safety.

APPENDIX 4 – FIRST AID RESPONSE PLAN



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APPENDIX 5 – FIRST AID TREATMENT RECORD

Private and Confidential Casualty Treatment Report

Details of Injured Person	L	ocation of I	Date			Time (24 hour clock)					
0					//			:			
Surname		Given Names			D. o. B.			Gender			
A 11	1	•••••	• • • • • • • • • • • • • • • • • • • •	/	_/_		Drat Ca	□F			
Address							Post Co	oae			
Phone No. Work		Pho	one No. Home				Mobile				
Consent to Treatment			l of Treatment		Ca	sualty Si					
History of incident or illne	·ss· (W				Ca	suarty 51	gnature		******		
,	,		,								
First Aid Assessment: (Wh	at is t	the injury or	: illness?):								
		Time obs	servations carried	d out : (24	4 hou	ır clock))				
General Observations if		_:		_;			:				
required											
(insert number)											
Conscious State 1. Fully Conscious 2. Drowsy 3. Unconscious											
Pulse											
1. Slow 2.Rapid 3. Strong 4. Weak 5. Regular											
6.Irregular											
Pulse Rate											
Respiration											
1. Deep 2. Shallow 3.											
Absent											
4. Gasping 5. Rapid 6.											
Slow											
Respiration Rate											
Skin 1. Hot 2. Warm 3. Cool 4. Cold											
Pupils		R	L	R		L		R	L		
(Y/N) Reactive											
Equal											
=	Allergies/Medications/Past Medical History:										
Treatment:	Treatment:										
Hospital (own transport)		Time of Departure:									
Ambulance		Time of Call:			Who Called:			Time Arrived			
To Own Doctor		Time of Departure:				,					
Other (e.g. Police, QFRS)		Service Tin			ne of Call: W			: Ti	me Arrived		
Time Completed						Who Advised					
First Aider (Print Name)	S.	Signature				Date/					
1 110t Trider (1 Tillt I vallie)	0.	O'STATUTE				Time (24 hour)					
		<u> </u>				11me (24 nour)					