



ACU

FIRST AID PROCEDURES

AUGUST 2006

Table of Contents

Table of Contents	2
1. Definitions	3
1.1 Executive Staff:.....	3
1.2 First Aid:.....	3
1.3 First Aid Officer:.....	3
1.4 Incident:	3
1.5 Injury:.....	3
1.6 Nominated Supervisor:	3
2. Roles and Responsibilities.....	3
2.1 The University:	3
2.2 First Aid Officer:.....	3
2.3 Campus Operations:	4
2.4 Human Resources Directorate:.....	4
3. Recruitment and Appointment of First Aid Officers	4
4. Training	5
5. First Aid Kit.....	5
6. First Aid Room	5
7. Recording of Accidents/Incidents	6
8. Indemnification	6
9. After Hours First Aid.....	6
10. Infectious Disease and First Aid.....	6
11. Ambulance Use	6
12. Review	6
13. Further Assistance.....	6
Appendix 1	7
Appendix 2.....	9
Appendix 3.....	11

1. Definitions

1.1 *Executive Staff:*

The term "Executive Staff" includes all members of the Executive Team as defined in the Staffing Delegations Register.

1.2 *First Aid:*

First aid is the initial care of the ill or injured. The main aim of first aid is the provision of emergency treatment for persons suffering illness or injury at work.

1.3 *First Aid Officer:*

A First Aid Officer is a person holding a current first aid qualification as specified in the relevant state/territory standard. A first aid officer at ACU is appointed to the role of First Aid Officer by the University.

1.4 *Incident:*

For the purpose of this policy incident shall refer to an "event" which may not necessarily result in an injury, but has the potential to result in an injury.

1.5 *Injury:*

Essentially an injury in the context of this policy will mean one that arises out of, or in the course of employment. **[N.B.** Consistent with the definition of "injury" as outlined in the Workplace Rehabilitation Policy/Procedures, the term "injury" shall be defined in accordance with the definition that applies in the state/territory jurisdiction in which the staff member's "normal" place of employment is situated allowing for jurisdictional variances].

1.6 *Nominated Supervisor:*

A nominated supervisor is a member of staff who is formally assigned the responsibility of supervising one or more staff or a group of staff. At Australian Catholic University, a nominated supervisor may be the head of either an organisational unit or a functional unit.

2. Roles and Responsibilities

For effective first aid to occur it is necessary for all parties to have an understanding of their role and responsibilities within the overall first aid process.

2.1 *The University:*

The University has a duty of care to ensure the health and safety of staff, students and visitors.

2.2 *First Aid Officer:*

The First Aid Officer is responsible for:

- maintaining a current first aid qualification;
- administering first aid in accordance with her/his training;
- being available to deliver first aid treatment during working hours;
- advising Campus Operations of required first aid stock for first aid kits (outsourcing of this function is the responsibility of Campus Operations Management);
- following the required first aid recording process;
- ensuring that all appropriate forms are completed (Appendix 1 - First Aid Accident/Incident Report);
- maintaining and respecting privacy and observing confidentiality in all cases; and,
- observing safe working practices in infection control.

On no occasion will the First Aid Officer administer first aid assistance beyond that for which they are qualified and have maintained competency.

A First Aid Officer must inform the Manager, Campus Operations of periods when they will not be able to perform first aid duties in their role as a First Aid Officer.

2.3 Campus Operations:

Campus Operations has responsibility for:

- advising the Deputy-Vice-Chancellor/Campus Dean of the provisions required in relation to first aid, and associated resource requirements for the Campus;
- advising the campus community of the current First Aid officers;
- arranging appropriate training for first aid officers as required by legislation;
- advising HR of the appointment of certified First Aid Officers;
- informing contractors on the provision of first aid for the required campus;
- investigating and reporting an accident/incident which is reported by a First Aid Officer;
- advising the Deputy-Vice-Chancellor/Campus Dean of the need or otherwise for an allocation of an appropriate facility to be designated as a first aid room, and where provided overseeing its operation;
- ensuring appropriate signage of a first aid room in accordance with relevant Australian Standards for Safety Signs within the Occupational Environment;
- maintenance and allocation of appropriate first aid equipment;
- ensuring appropriate access for emergency vehicles onto the campus;
- ensuring switchboard/reception staff are informed on how to respond in the case of a first aid emergency;
- ensuring contracted security staff have the required current first aid qualification and are fully informed and knowledgeable about the campus first aid and emergency procedures ;
- maintaining the Register of Injuries for each campus and ensuring that a copy of each accident/incident report is forwarded to the Human Resources Directorate.

2.4 Human Resources Directorate:

The Human Resources Directorate is responsible for:

- processing payment of a first aid allowance;
- monitoring of the University's first aid compliance for national purposes; and,
- maintaining campus and national statistics in relation to first aid accidents/incidents.

3. Recruitment and Appointment of First Aid Officers

The appropriate number of trained and appointed first aid officers shall vary by campus, having regard to the specific factors outlined below;

- size and layout of the campus;
- location of the campus;
- the number, distribution and needs of staff;
- the spread of opening hours of the campus;
- nature and hazards of the work;
- statistical information on accidents, illnesses or incidents; and,
- distance of the campus to the nearest available and appropriate medical service or occupational health service.

Appointment of additional first aid officers may be considered in relation to the following factors:

- access to the campus by the public;
- nature of identified risk factors to a specific work area for example, laboratories or fieldwork locations etc;
- number of students on the campus; and
- frequency of contractors on the campus.

Campus Operations shall assist the Deputy-Vice-Chancellor/Campus Dean with the appointment of First Aid Officers.

The Deputy-Vice-Chancellor/Campus Dean reserves the right to withdraw, at any stage, the appointment of a staff member to the role of First Aid Officer.

4. Training

The University shall ensure staff assigned to the role of First Aid Officer are trained as required in each state/territory standard.

Campus Operations shall bear the cost of such training as deemed reasonable for the campus.

First Aid Officers will be provided with appropriate time from their normal duties to enable them to undertake required first aid training. First Aid Officers must advise their nominated supervisor of training dates and requirements.

First Aid training will be conducted through the engagement of an appropriate training provider.

5. First Aid Kit

The University will ensure the provisions of first aid kits in accordance with each state/territory standard and the risk management assessment undertaken at the campus level.

Portable first aid kits must also be available for use in off campus activities of the University, and shall be monitored and maintained by Campus Operations.

First Aid kits do not contain medication or pharmaceutical drugs.

6. First Aid Room

The provision of a first aid room for each campus shall be in accordance with the relevant state/territory standard and campus risk assessment. Campus Operations is responsible for equipping and maintaining the room.

The first aid room shall be positioned close to motor vehicle access, and be signed in accordance with the Australian Standard Safety Signs for the Occupational Environment.

In all cases a notice shall be attached to outside and inside the door of a first aid room which clearly lists the following:

- the name, telephone, room location of the Manager, Campus Operations;
- the name, telephone, room location of all first aid officers;
- the contact number of security;
- the emergency contact number for the campus; and,
- an after hours emergency contact number.

7. Recording of Accidents/Incidents

Any work related accident, illness, work injury or incident occurring on University premises or whilst on University business and requiring the administration of first aid must be recorded on a First Aid Accident/Incident Report form (see Appendix 1).

A Register of Injuries must be kept for at least five years after the date of the last entry made in it. Campus Operations shall maintain the Register of Injuries.

8. Indemnification

Members of staff who hold a current first aid qualification and who are assigned by the University as a First Aid officer and who render first aid assistance during the course of their first aid duties as empowered by this policy shall be indemnified by the University in respect of legal actions taken against them, provided such assistance or lack of assistance is not proven to be the result of willful negligence.

9. After Hours First Aid

Campus Operations must ensure that the allocated security officers are appropriately trained in first aid and knowledgeable of the University first aid procedures..

10. Infectious Disease and First Aid

The University has an obligation to implement practices, which minimize the risk of workplace transmission of infectious diseases. (see Appendix 3)

11. Ambulance Use

An ambulance service is to be requested via the campus switchboard, or Manager, Campus Operations/Security. In the event that an ambulance is required, staff must dial '9' to arrange for one. If they are unable to reach the campus switchboard, or Manager, Campus Operations/Security, they are authorised to dial "000" to reach the relevant emergency service. The process for requesting an ambulance during an emergency is outlined in the University's Critical Incident Management Policy.

12. Review

The University will develop a process for reviewing the effectiveness of this policy. Where applicable, the review will take account of necessary changes to other relevant University policies and procedures. Any staff member or student wishing to suggest improvements to the First Aid Policy is invited to forward her/his suggestions to the Chair, National OH&S Strategic Management Committee.

13. Further Assistance

Any staff member or student who requires assistance in understanding the First Aid Policy should first consult their nominated supervisor. Should further advice be needed, they should contact the Manager, Campus Operations responsible for the campus.



ACCIDENT AND INCIDENT REPORT

PERSONAL INFORMATION

Surname: _____ Given Name: _____ Date of Birth: _____

Classification: Staff Member Student Visitor Contractor

Other: _____

Gender: Male Female

Employee Number: _____

Address: _____

Department: _____

Supervisor: _____

Contact Telephone: _____

ACCIDENT/INCIDENT DETAILS

Date of Accident/Incident: _____ Time: _____

Where did Accident/Incident Occur?: _____

Nature of Injury (if applicable): _____

How did the Accident/Incident Occur?: _____

REQUIRED TREATMENT

None First Aid Treatment: _____

Name of First Aid Officer: _____

Sent Home Date: _____ Time: _____

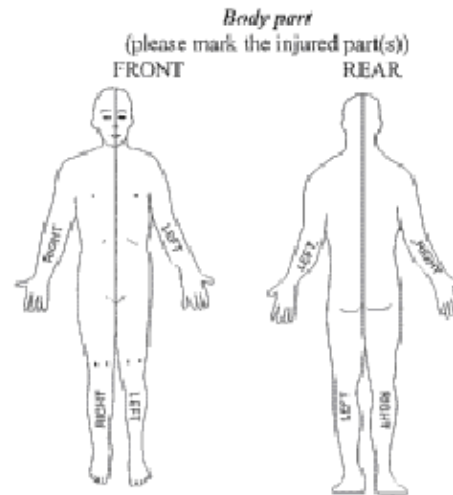
Attended Doctor ^{*(attach)} Date: _____

Attended Hospital Date: _____

INJURY DETAILS

Please select the nature of the injury, indicate the body part, and cause of the injury:

- Amputation
- Asphyxiation
- Bruise or crushing
- Burn or scald
- Cut or open wound
- Dislocation
- Exposure
- Foreign body
- Headache or possible concussion
- Inhalation or respiratory
- Internal injury
- Possible fracture
- Possible poisoning
- Possible skin disorder
- Puncture
- Sprain or strain
- Other: _____



Please indicate what appears to be the cause of the injury

- | | | |
|--|--|--|
| <input type="checkbox"/> Animal or insect | <input type="checkbox"/> Biological | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Equipment or tool (powered) | <input type="checkbox"/> Equipment or tool (non powered) |
| <input type="checkbox"/> Explosion or implosion (pressure) | <input type="checkbox"/> Muscular effort | <input type="checkbox"/> Needle or sharp |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Slip trip or fall | <input type="checkbox"/> Stepping on or striking object |
| <input type="checkbox"/> Struck by moving object | <input type="checkbox"/> Thermal (heat or cold) | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Vibration | <input type="checkbox"/> Other: _____ | |

Is this an aggravation of a previous injury? Yes No

Were there any witnesses? Yes No

Witness Contact details: _____

Have you notified your Supervisor? Yes No Date Notified: _____

Has a WorkCover claim form been requested from HR? Yes No

SIGNATURES

Signature of Individual: _____ Date: _____

Signature of First Aid Officer: _____ Date: _____

Witness: _____ Date: _____

INVESTIGATION

Is further investigation required? Yes No (If yes, please see appendix 2 of First Aid Procedures)

What action has been taken to prevent the incident/accident occurring again? _____

COPIES OF REPORT

This form should be forwarded immediately to the local **Campus Operations Manager**. Campus Operations to forward a copy to the local HR Consultant, within 48 hours of the injury, for all accidents or incidents which involve a staff member. Please keep a copy for your own records.

The information provided in this form will be used for the purposes necessary to the functions and activities of Australian Catholic University. The information provided on this form may only be viewed by relevant officers in line with their responsibilities. For further information on the University's Privacy Policy, please refer to the University's web site at www.acu.edu.au

WORKPLACE ACCIDENT/INCIDENT INVESTIGATION FORM

Name of investigator(s): _____ Ext. _____

_____ Ext. _____

Description of event:

Any factors that led to the accident/incident:

CORRECTIVE ACTION (controls to minimise risks and prevent further accidents/incidents)

Short term action taken: _____

Action taken by: _____ Date action taken: _____

Long term corrective action: _____

Action to be taken by: _____ Date action to be taken: _____

COST ANALYSIS

Estimate the costs associated with this event:

Wages:	\$ _____
Medical Costs:	\$ _____
Administrative Time:	\$ _____
Replacement Costs:	\$ _____
Material Losses:	\$ _____
Repairs:	\$ _____
Other:	\$ _____
Total:	\$ _____

Comment on cost if required:

Name: _____ Date: _____

Signature: _____ Position: _____

Name: _____ Date: _____

Signature: _____ Position: _____

Procedures for Recommended Safe Control of Infectious Diseases

This appendix provides guidance concerning first aid practices, which should be used to manage infection control. Not all components of these appendices are applicable in the case of ACU, however, the information is provided to inform people in relation to such practices as:

- standard precautions;
- hygiene;
- management of blood or body substance;
- spillage;
- waste management;
- sharps;
- cleaning, disinfecting and sterilising; and
- management of blood or body substance exposures and skin penetrating injuries.

1. Standard Precautions

Standard precautions are work practices which assume that all blood and body substances are potentially infectious. Standard precautions which should be used as a first line approach to infection include:

- good hygiene practices;
- use of personal protective equipment; and,
- appropriate handling and disposal of sharps and other contaminated or infectious waste.

2. 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.

3. Management of a 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 (1 part disinfectant to 10 parts water). Mops and buckets should be rinsed with warm water and detergent and stored dry. After cleaning the contaminated area and cleaning equipment, reusable (where used) 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" could contain:

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

4. Management of Blood or Body Substance Exposures and Skin Penetrating Injuries

Procedures should be in place for the management of blood and body substance exposures, and skin penetrating injuries. Procedures should address:

4.1 First aid treatment where exposure to blood or body substance has occurred

If a worker has an exposure to blood or body substances, the following action should be taken:

- a. 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;
- b. if the eyes are contaminated, rinse eyes while open with tap water or saline; and
- c. if blood gets into the mouth, spit it out and then repeatedly rinse with water.

4.2 Follow up action where exposure to blood and body substance has occurred

The worker should be referred for medical assessment, particularly where there has been a significant exposure or a skin penetrating injury. 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.

4.3 Accident reporting, recording and investigation of exposure to blood or body substances

Reports of all exposures should be documented and kept at the workplace.

4.4 Confidentiality

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

5. 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.

6. Sharps

Sharps are a major cause of accidents involving potential exposure to biological hazards such as hepatitis B and C virus, and HIV. 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 resheathed 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. Further information concerning sharps containers can be found in:

- Australian Standard **AS 4031** - *Non-reusable Containers for the Collection of Sharp Medical Items used in Health Care Areas, or;*
- Australian Standard **AS/NZS 4261** - *Reusable Containers for the Collection of Sharp items used in Human and Animal Medical Applications.*

7. Cleaning, Disinfecting and Sterilising

Campus Operations must have in place procedures for cleaning the first aid room and, if required, relevant equipment. Sterilising of equipment is not required with the use and disposal of single use stock only. Such equipment must be disposed of appropriately in required baggage/containers.

8. First aid room

The first aid room should be kept clean. Floors, bench tops and other surfaces should be regularly cleaned with warm water and detergent. A hand basin and adequate supplies of hand soap and disposable paper towels should be provided. Cloth towels may be used but a fresh towel (or portion of towel if a roller towel is used) should be used each time. There should also be a secured designated waste receptacle for waste that is contaminated by blood and body substances.

8.1 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 what the equipment is to be used for.

- a. If the equipment is to have contact only with intact skin, then it requires cleaning, for example bandage shears. However, if this equipment is contaminated with blood, then it should be cleaned and disinfected.
- b. If the equipment is to have contact with intact mucous membranes, such as eyes and mouth, then it requires cleaning and disinfection, for example a thermometer. Items that become contaminated with blood and body substances should also be cleaned and disinfected. Examples are contaminated kidney dishes and liquid containers.
- c. 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.

8.2 Cleaning

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

8.3 Disinfection

Disinfection is the cleansing of items so as to destroy or prevent growth of disease carrying micro-organisms. Disinfection can be achieved by boiling or by chemical means. All items should be cleaned prior to disinfection.

8.4 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, timing starts anew from this time. Instruments should be removed without contaminating them and placed on a clean, disinfected surface to cool down.

8.5 Chemical Disinfection

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 items to be disinfected should be fully immersed in the disinfecting solution for the recommended soaking time. Disinfectants should be dated when opened and discarded after a period of time, according to the manufacturer's recommendations. Normally, chemical disinfection is carried out by appropriately qualified personnel.

8.6 Sterilisation

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. Sterilising is a very involved process and therefore it is more practical for first aid personnel to stock single use, disposable, sterile items wherever possible.

8.7 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.

8.8 Ultraviolet light units

Ultraviolet light units are not usually capable of sterilising or disinfecting instruments and should not be used for this purpose. Further information concerning this section can be found in:

- Australian Standard **AS 4187** - *Code of Practice for Cleaning, Disinfecting and Sterilising Reusable **Medical** and Surgical Instruments and Equipment, and Maintenance of Associated Environments in Health Care Facilities.*