



BASS VALLEY COMMUNITY GROUP INCORPORATED

Bass School Road, Bass Vic 3991

FIRST AID POLICY

INTRODUCTION

First aid is an important aspect of Occupational Health and Safety. In recognition of this, Bass Valley Community Group Incorporated (BVCG) is committed to providing suitably trained First Aid Officers, together with first aid facilities to administer first aid treatment.

This policy applies to all employees, volunteers, and contractors of BVCG and to visitors.

PURPOSE

The purpose of this document is to provide an overview for BVCG to establish first aid facilities and services for the organisation.

DEFINITIONS

First aid is the provision of emergency treatment for people suffering injury or illness at work.

First aid facilities refers to the first aid kit and/or a room/designated area or first aid procedures.

POLICY

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

BVCG will systematically identify causes of work injury and work-related illness and assess the risk of work injuries and work-related illness occurring through its Incident Reporting processes. The appropriate first aid facilities and training will be determined, evaluated and provided.

BVCG will meet first aid legislative requirements as a minimum standard.

First aid facilities will be maintained on a regular basis.

RESPONSIBILITIES

It is the responsibility of the Centre Manager to ensure that:

- adequate and appropriate first aid facilities are provided;
- all employees of the BVCG have current (annually reviewed) first aid training.

It is the responsibility of First Aid Officers to:

- inspect and maintain first aid facilities;
- in the case of a work injury or work-related illness, assess if medical assistance is required;
- administer appropriate first aid in accordance with their training;
- maintain first aid/incident reporting records as outlined in this procedure;
- maintain confidentiality with regard to information obtained as part of their role.

PROCEDURES

Managers are required to determine the number of First Aid Officers required for each worksite. This should be done through discussions with the Human Resources Department who will advise what legislative requirements exist.

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

First aid facilities

First aid facilities must be identified with a sign hung directly above. The sign must have a white cross on a green background. The sign must be Australian Standard Compliant (AS1319).

First aid kit

The contents of the first aid kit must be protected from dust and damage, and be kept in a container which clearly identifies the contents and purpose. The container must be easily recognisable (for example, a white cross on a green background prominently displayed on the outside) and should not be locked.

The following items should be included, as a minimum, in a basic first aid kit:

- emergency services telephone numbers and addresses;
- name, photograph and telephone number of First Aid Officers (should be displayed on the outside of kit);
- basic first aid notes;
- individually wrapped sterile adhesive dressing;
- sterile eye pads;
- sterile covering for serious wounds;
- triangular bandages;
- safety pins;
- small, medium and large sterile un-medicated wound dressing;
- adhesive tape;
- elastic or crepe bandages;
- scissors;

- disposable latex gloves;
- approved resuscitation face mask fitted with a 1-way valve;
- eye wash (once-only use container) & guidance notes;
- disposable face masks;
- protective eye glasses;
- disposal bags marked “Caution – Biological Hazard”.

The first aid kit, and, where appropriate, first aid facilities, must be inspected periodically (at least annually). The first aid facilities checklist must be completed and filed following each inspection.

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

First aid treatment

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

The First Aid Officer must record the following information:

- name and location of person;
- type of injury, if known;
- assistance provided (as below);
- urgency of matter; and
- determination if another First Aid Officer is required.

The First Aid Officer will attend to the injured or ill person and provide assistance that they consider the most appropriate. First Aid Officers must only provide assistance in accordance with their training.

Where an injury is of a more serious nature and requires the person to be referred to a doctor or taken to hospital, the First Aid Officer will determine the appropriate transport. The First Aid Officer will ask the sick/injured employee’s manager or supervisor to arrange the transport.

First aid records

When using supplies from the first aid kit the ‘First Aid Kit Log Book’ must be completed. The log book is to be kept inside the first aid kit. The following details must be entered into the log:

- date and time;
- name of injured person;
- nature of injury/illness;
- treatment provided;
- supplies used;
- name of attending First Aid Officer.

The First Aid Officer must record details of all injuries using an Injury/Incident Report Form.

The First Aid Officer must complete an Incident Report Form and file on site.

RELATED DOCUMENTS

- Code of Conduct
- Injury and Incident Reporting Policy
- OH&S Policy

Authorised by: Bass Valley Community Group Incorporated

President: _____

Date: xx xx 2018

- APPENDIX A Legislative Review of First Aid Requirements
- APPENDIX B Injury/Incident/Near Miss Report Form
- APPENDIX C First Aid Kit Inspection Checklist
- APPENDIX D First Aid Kit Logbook

Date March 2017

Date of Review July 2018

Date of Next Review June 2020

LEGISLATIVE REVIEW OF FIRST AID REQUIREMENTS

Caution: please check for updates

STATE	APPLICABLE STATE LEGISLATION, REGULATION OR CODE OF PRACTICE	GENERAL REQUIREMENT IN RELATION TO FIRST AID OFFICERS / QUALIFICATIONS	
		Section	Description
NSW	OH&S Act 2000	Regulation 20 (2)	An employer must provide at each place of work: (a) first aid facilities that are adequate for the immediate treatment of injuries and illnesses that may arise at the place of work, and (b) if more than 25 persons are employed at a place of work trained first aid personnel
VIC	Occupational Health and Safety Act 2004	See: First Aid in the Workplace – Compliance Code (Victorian WorkCover Authority)	Provides guidance on the establishment of appropriate requirements, facilities and training and suggests factors to consider in an assessment (workplace size, layout; location, number and distribution of employees including shift work arrangements; nature of work hazards; known occurrences of accidents or illnesses; and the distance from the workplace to the nearest available and appropriate medical / occupational health / ambulance service.
QLD	Work Health & Safety Act 2011	First Aid in the Workplace – Code of Practice 2014	<p>The WHS Regulations place specific obligations on a person conducting a business or undertaking in relation to first aid, including requirements to:</p> <ul style="list-style-type: none"> • provide first aid equipment and ensure each worker at the workplace has access to the equipment • ensure access to facilities for the administration of first aid • ensure that an adequate number of workers are trained to administer first aid at the workplace or that workers have access to an adequate number of other people who have been trained to administer first aid.
SA	Work Health & Safety Act 2012	Code of Practice for First Aid in the Workplace	<p>Requires a person conducting a business or undertaking to ensure the workplace provides workers and anyone else attending your workplace with access to appropriate first aid equipment</p> <p>A person in the workplace, usually a qualified first aider, should be nominated to maintain the first aid kit.</p>
WA	Occupational Safety & Health Act 1984	<p>Code of Practice – First Aid Facilities and Services 2002</p> <p>**** note: Public comment on the Work Health and Safety Bill 2014 (WHS Bill) draft legislation closed on 30 January 2015. The state government is reviewing comments made and considering the best legislation for Western Australian workplaces.</p>	The Occupational Health and Safety Regulations 1996 require an employer to provide first aid facilities. Through consultation with workers the employer must identify all hazards in the work environment which could lead to injury or harm of people at the workplace.

INJURY/INCIDENT/NEAR MISS REPORT FORM

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not, and to document the investigation into the accidents by the Occupational Health and Safety representative involved.

Please complete within 24 hours of the accident. If the accident caused, or could have caused, serious injury or property damage, please contact the Human Resources Department immediately.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED (or by Occupational Health and Safety Officer if worker is incapacitated)

PERSON INVOLVED IN ACCIDENT/INCIDENT (Please print)

Title	Surname	First name	Date of Birth
(please tick) Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor/other <input type="checkbox"/>			Male <input type="checkbox"/> Female <input type="checkbox"/>
Department		Position	Contact telephone number

DETAILS OF THE INJURY **INCIDENT** **NEAR MISS** (tick appropriate box)

Date injury/incident/near miss occurred: ____ / ____ / ____.

Time injury/incident/near miss occurred: _____ am/pm

Location where injury/incident occurred (please print):

PART OF BODY AFFECTED (TICK APPROPRIATE ANSWERS)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> systemic	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> great toe
<input type="checkbox"/> mouth	<input type="checkbox"/> stomach		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> Teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> back		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	
<input type="checkbox"/> not applicable						

Nature of Injury (tick appropriate answers)

<input type="checkbox"/> abrasion	<input type="checkbox"/> puncture	<input type="checkbox"/> heart attack	<input type="checkbox"/> sprain	<input type="checkbox"/> burn	<input type="checkbox"/> traumatic shock
<input type="checkbox"/> bruise	<input type="checkbox"/> laceration	<input type="checkbox"/> hearing loss	<input type="checkbox"/> strain	<input type="checkbox"/> scald	<input type="checkbox"/> electric shock
<input type="checkbox"/> fracture	<input type="checkbox"/> amputation	<input type="checkbox"/> foreign body	<input type="checkbox"/> hernia	<input type="checkbox"/> rash	<input type="checkbox"/> psychosocial
<input type="checkbox"/> concussion	<input type="checkbox"/> bite	<input type="checkbox"/> minor cuts		<input type="checkbox"/> allergy	<input type="checkbox"/> chemical
<input type="checkbox"/> Aggravation of previous injury or medical condition.					
<input type="checkbox"/> not applicable					

Type of Incident which caused Injury (tick appropriate answers)

<input type="checkbox"/> striking against	<input type="checkbox"/> stumbling	<input type="checkbox"/> lifting	<input type="checkbox"/> pushing	<input type="checkbox"/> ingestion
<input type="checkbox"/> struck by	<input type="checkbox"/> slipping	<input type="checkbox"/> bending	<input type="checkbox"/> pulling	<input type="checkbox"/> absorption
<input type="checkbox"/> caught in	<input type="checkbox"/> tripping	<input type="checkbox"/> twisting	<input type="checkbox"/> jumping	<input type="checkbox"/> inhalation
<input type="checkbox"/> stepping on	<input type="checkbox"/> falling	<input type="checkbox"/> stress	<input type="checkbox"/> motor vehicle	<input type="checkbox"/> needlestick
<input type="checkbox"/> other: describe				
<input type="checkbox"/> not applicable				

Agency of injury/illness/near miss (tick)

<input type="checkbox"/> vehicle	<input type="checkbox"/> buildings	<input type="checkbox"/> mobile plant	<input type="checkbox"/> structures
<input type="checkbox"/> power tools	<input type="checkbox"/> furniture	<input type="checkbox"/> other tools	<input type="checkbox"/> surfaces
<input type="checkbox"/> animal/Insect	<input type="checkbox"/> heat stress	<input type="checkbox"/> materials	<input type="checkbox"/> sunburn
<input type="checkbox"/> biological agent	<input type="checkbox"/> chemicals	<input type="checkbox"/> equipment	<input type="checkbox"/> stress
<input type="checkbox"/> objects	<input type="checkbox"/> ionising radiation	<input type="checkbox"/> other	
<input type="checkbox"/> not applicable			

If reporting an incident or near miss, please describe how this occurred:

SECTION B: TO BE COMPLETED BY THE OCCUPATIONAL HEALTH AND SAFETY REPRESENTATIVE AND THE PERSON INVOLVED WITHIN 48 HRS

This is an extremely important section as the aim of the accident/incident/near miss investigation is to identify preventative action that will avoid recurrence of a similar accident.

Probable cause or causes of injury/incident/near miss (tick appropriate answers)

<input type="checkbox"/> inadequate instruction	<input type="checkbox"/> fault of plant or equipment	<input type="checkbox"/> poor storage	<input type="checkbox"/> weather
<input type="checkbox"/> inadequate workspace	<input type="checkbox"/> equipment unavailable	<input type="checkbox"/> poor access	<input type="checkbox"/> terrain
<input type="checkbox"/> assistance unavailable	<input type="checkbox"/> lack of attention	<input type="checkbox"/> incorrect method	<input type="checkbox"/> work practices

Describe how the incident occurred:

PREVENTION OF ACCIDENT/INCIDENT/NEAR MISS RECURRENCE

Describe what action is planned or has been taken to **prevent a recurrence** of the accident, based on the key contributing factors (Please print)

(Immediate)

(Long term)

SECTION C:

Signed by supervisor _____	Supervisor's name _____
Signed by person Involved _____	Signed by OH&S officer _____

FIRST AID KIT INSPECTION CHECKLIST

First Aid Kit Number: _____

First Aid Kit Location: _____

PRODUCT	FIRST AID KIT QUANTITY	QUANTITY REMAINING	QUANTITY USED SINCE LAST INSPECTION
Packet of 50 individually wrapped adhesive strips			
Sterile eye pads			
Sterile coverings for serious wounds			
Triangular bandages			
Safety pins			
Small sterile un-medicated wound dressings			
Medium sterile un-medicated wound dressings			
Large sterile un-medicated wound dressings			
Roll adhesive tape, 1.25cm wide			
Crepe bandages			
Elastic bandages			
Scissors			
Disposable gloves			
Resuscitation mask			
Pair tweezers			
Small bottles of sterile eyewash solution			
Alcohol swabs			
Hand towels			
First aid booklet			

1. Emergency services telephone numbers and telephone numbers and addresses posted next to the first aid kit: Yes No

2. Name, photograph and telephone number of First Aid Officers posted on the outside of the First Aid Kit: Yes No

Inspection completed by: _____	Date: _____
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