



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

UOW SAFE@WORK

FIRST AID GUIDELINES

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1. Introduction

Providing immediate and effective first aid to workers or others who have been injured or become ill at the workplace may reduce the severity of the injury or illness and promote quicker recovery. Trained first aiders, first aid equipment and facilities appropriate to the nature of the likely risks are required to be available in the workplace.

2. Scope and Objectives

This guideline outlines the University's provision for first aid to workers, students and visitors. The guideline aims to:

- provide direction for the implementation of first aid management within the University's Workplace Health and Safety Management System (WHSMS)
- enable compliance to legislative requirements with regards to first aid
- encourage the undertaking of preventative measures which minimise the incidence of injuries and illnesses at the University.

Further information regarding the incident reporting process is available via the [Incident Management and Reporting Guidelines](#).

3. Legislative Requirements

The University has a duty under the Work Health and Safety Act NSW (WHS Act) to ensure, so far as is reasonably practicable, that workers and other persons are not exposed to health and safety risks arising from the business or undertaking.

The NSW Work Health and Safety Regulation 2011 NSW (WHS Regulation) places specific obligations in relation to first aid which include:

- provision of 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 enough workers or other people are trained to administer first aid.

First aid services and activities conducted by the University of Wollongong shall meet the requirements of the WHS Regulation. More information on how the University can meet these requirements can be found within the [First Aid in the Workplace Code of Practice](#).

First aid equipment and services should also meet other Australian Standards, competencies and best practice standards.

4. Implementation

Heads of Departments and Units are responsible for the implementation of this guideline. Technical direction can be obtained from the [WHS Unit](#).

5. First Aid Needs Assessment

A first aid assessment is to be conducted biennially by the WHS Unit using the [First Aid Needs Assessment](#) to verify that current first aid arrangements are sufficient and appropriate to the University's operational risks. This assessment includes the review of:

- the nature of the work being carried out at the workplace
- the nature of the hazards at the workplace
- the size, location and nature of the workplace
- the number and composition of the workers at the workplace
- number of existing Appointed First Aid Officers
- first aid equipment and restocking schedule
- facilities appropriate to the nature of likely risks available.

Where necessary these guidelines will be updated from the first aid assessment and are the minimum requirements for the provision of first aid at University facilities and operations.

Additional first aid needs can be raised via the local Workplace Advisory Committee, WHS Committee or directly to the WHS Unit.

6. Appointed First Aid Officers

6.1. Responsibilities

Appointed first aid officers have a number of specific duties to undertake for first aid. These include:

- provision of first aid care to workers, students and others in their area as required and during emergencies
- notification of injuries to the WHS Unit immediately after an injury occurs
- arrangement of prompt and appropriate referral to medical aid as required
- completion of injury report via [SafetyNet](#) after administering first aid
- review first aid equipment in their area to ensure it is well maintained and available when required.
- Review and maintain first aid signage in local area
- Notify the WHS Unit when departing your role

Further information regarding the procedure for the provision of first aid after a workplace injury is outlined in the [Incident Management & Reporting Guidelines](#).

6.2. Appointment and Certification

Appointed First Aid Officers need to hold a nationally recognised Statement/s of Attainment issued by a Registered Training Organisation (RTO) for the nationally endorsed first aid unit/s of competency.

To register as an Appointed First Aid Officer a [First Aid Allowance Request Form](#) is required to be completed and approved by the staff member's supervisor and WHS Officer. The allowance form will then be sent to Staff Services and processed by the Appointed First Aid Officer's Payroll Officer. The WHS Unit will file all received First Aid Allowance Request Forms on the Records Management System.

Staff appointed as a First Aid Officer should be able to respond to the needs of workers and students in the area they are appointed to represent, eg staff only present in the area for 1-2 days may not be suitable.

Appointed First Aid Officers will be paid an allowance in accordance with the University Enterprise Agreement. Only University staff members are entitled to receive a first aid allowance.

If an employee changes their UOW employment status which sees them moving into a new unit, under a new supervisor and they have requested to act as a first aider in their new role, a new First Aid Allowance request form must be filled out and signed by the new supervisor and a WHS Advisor

6.3. Number of Appointed First Aid Officers

In general there should be at least one Appointed First Aid Officer for every 50 workers in low risk areas and one for every 25 workers in high risk areas. Ideally a First Aid Officer should be appointed for each area, department or unit where possible. It is highly desirable that there are two people trained in first aid in the case that the Appointed First Aid Officer is unavailable.

In high risk areas additional Appointed First Aid Officers may be appointed at the discretion of the Manager of the area. Examples of high risk areas requiring additional Appointed First Aid Officers include engineering workshops or scientific laboratories. Further advice on what constitutes a high risk area can be sought from the WHS Unit.

The approval for Appointed First Aid Officers rests with the Manager of the Unit.

Academic and business Units are encouraged to have as many staff as possible trained in first aid regardless of whether these people will become Appointed First Aid Officers.

6.4. Attributes

Appointed First Aid Officers should be selected by the Manager of the area based upon the following attributes. Ideally the person fulfilling the role of a Appointed First Aid Officer should be:

- show willingness to act as a First Aid Officer and undertake the assumed responsibilities
- readily accessible at most times, preferably in a central or regular location
- capable of providing first aid treatment to any person so requiring it
- in reasonable health
- able to relate well to other staff, students and visitors
- able to be called away from their regular work at short notice, and
- aware of the need for caution and the use of appropriate support services.

Appointed First Aid Officers may relinquish their position as required, but ideally should remain in the position until a suitable replacement is found if available to do so.

6.5. Training

All Appointed First Aid Officers are required to be qualified and competent to undertake their roles and responsibilities. As a result First Aid Officers are required to be trained according to the nationally recognised statement of attainment. For Appointed First Aid Officers this includes completion of *Provide First Aid*.

First aid certification is valid for a period of three years from the date of the training. Renewal of training is required to be organised and attended by the Appointed First Aid Officer through Professional & Organisational Development Services.

6.6. Scope of Practice

Appointed First Aid Officers (as well those with first aid training) are required to provide first aid within the scope of practice provided by their level of training.

The scope of practice for Appointed First Aid Officers may include skills such as defibrillation, oxygen administration, etc. if appropriate and recognised training has been undertaken. Appointed First Aid Officers are encouraged to seek higher qualification based upon the needs of their workplace.

First aid skills will not generally include the administration of pharmaceuticals, invasive procedures, or other advanced skills unless specific arrangement for the use of those skills has been undertaken. Appointed First Aid Officers should refer patients to appropriate medical aid, relative to the nature of the incident, as soon as practicable. Referral should be based upon generally recognised first aid principles.

6.7. Standard Precautions for Infection Control

Care must be taken before and during the administration of first aid, to ensure the health and safety of the first aid officer. Safe work practices are to be utilised to minimize exposure to human blood and body fluids. It should be assumed that all human blood or body fluids are potentially infectious. Please refer to the [Working with Blood or Bodily Fluids Guidelines](#).

When administering first aid, good hygiene and standard precautions as outlined during the first aid training should always be followed, as outlined below:

- practice good hygiene, particularly washing and drying hands before and after providing first aid
- avoid contact with blood and other bodily fluids by using disposable gloves whenever possible
- always cover and protect their open cuts or unhealed wounds, especially on the hands
- thoroughly wash off any splashed blood with soap and water
- wipe down any benches/floors that have come in contact with blood with warm water and neutral detergents
- wipe scissors or instruments with alcohol swabs before using. Wash scissors or instruments that have come in contact with blood in warm water and neutral detergent and dry thoroughly
- follow appropriate procedures for the handling and disposal of contaminated waste (refer to [Hazardous Waste Disposal Guidelines](#))
- follow appropriate handling and disposal of sharps (refer to [Working With Sharps Guidelines](#)).

Immunisation against Hepatitis B virus vaccination is available for all Appointed First Aid Officers. Please contact the WHS Unit for more information.

7. First Aid Equipment and Resources

The provision of first aid equipment in a Unit will depend on the nature of work being carried out and the nature of hazards in that particular area. For example science/research labs and engineering workshops will typically have more hazards than office spaces and libraries.

7.1. First Aid Kits

Two types of first aid kits are provided at the University:

- high risk kits: for areas such as laboratories, workshops or compounds
- low risk kits: for general teaching areas, offices and Library.

Car kits and remote/fieldwork kits are also commonly provided.

Specific items required for certain areas can be included as a minimum requirement. Examples include:

- laboratories shall have steri-strips where there is a risk of fine cuts from sharp items.
- field activities shall have additional first aid equipment such as a snake bite kit if they are going to known snake infested areas
- diving operations shall have Oxy-viva equipment as additional equipment.

The University's [First Aid Equipment Order Form](#) lists the minimum equipment that a first aid kit should contain. The form is based on the recommendations set out in Appendix C of the [First Aid in the Workplace Code of Practice](#).

The positioning of kits and equipment should be based upon relative levels of risk in an area.

Kits are regularly maintained by an external provider on a 6 monthly cycle. This will be recorded on the [First Aid Kit Restocking Register](#) inside the kit or on a sticker outside the kit. If a kit is not able to be inspected the appointed First Aid Officer responsible for that particular kit should do so. It is still the responsibility of the appointed First Aid Officer to ensure that kits are stocked with the required contents.

Ad-hoc replenishment of first aid equipment can be ordered via completion of the [First Aid Equipment Order Form](#).

The WHS Unit will maintain a list of first aid kits and their location to provide to the external provider for checking and restocking.

7.2. Additional Items

Any decision to provide additional first aid equipment not listed in the [First Aid Equipment Order Form](#) should be identified according to the risk of the activity being undertaken. For example additional equipment may be needed if work is remote or if there is a risk of serious burns.

Upon request for a new first aid kit, the WHS Advisor shall review whether there are any additional items required in consultation with the area dependent upon the nature of operations and injuries likely to occur.

Medical Items

Generally, kits are not to have articles such as pharmaceuticals or non-first aid equipment stored in them. However, a risk assessment may result in the inclusion of items such as an asthma-relieving inhaler and a spacer to treat asthma attacks or an epinephrine (adrenaline) auto-injector (e.g. epipen) for the treatment of anaphylaxis or severe allergies, particularly when remote field work is being undertaken. If this is the case, the person at risk is responsible for providing and maintaining their own medical items. Spare items may be purchased by the local area for the inclusion in first aid kits if required. Medical items WILL NOT be checked and maintained by the University's external provider and must be managed by the local area.

If medical items are included in kits, it is important that they are stored in accordance with manufacturer instructions. While they should be easily accessible, their security also needs to be taken into account, especially in an area that is open to the public. Regular checks to ensure that it has not been moved or used need to be undertaken.

7.3. University Vehicles

The [First Aid Equipment Order Form](#) sets out recommendations for first aid equipment that should be contained in all university vehicle kits. Vehicles used for higher risk purposes such as field research or trades personnel are encouraged to carry a higher rated kit.

7.4. Off Campus Activities

All groups undertaking off campus activities should complete a risk assessment to help identify first aid requirements. The specific hazards which could reasonably be encountered at the location should be taken into consideration when deciding on first aid requirements. Generally it is recommended that all groups containing more than 10 people should carry at minimum a low risk first aid kit.

The person organising any off campus activity will not need to organise first aid equipment if the activity is being conducted at a place which is likely to have appropriate first aid facilities (e.g. hospitals, businesses etc., where first aid is likely to be available).

The provision of medical aid should also be considered in the event of an emergency. If emergency medical assistance is not easily accessible, enough equipment should be provided to treat for a reasonable period of time.

For information on field work see the University's [Fieldwork and Off-Campus Activities Safety Manual and Guidelines](#).

7.5. First Aid Room

The University maintains a first aid room within the UOW Security Operations Centre in Building 72. Security personnel are responsible for the first aid room.

7.6. First Aid Signage

The University's [First Aid in This Area](#) sign should be positioned in all areas that contain first aid equipment.

7.7. Automatic External Defibrillators (AEDs)

The University has Defibtech Automated External Defibrillator (AED) units [strategically placed around campus](#).

An AED is a portable and easy-to-operate medical device that analyses an unconscious victim's heart rhythm and automatically delivers a shock if they are having a Sudden Cardiac Arrest (SCA). An AED will not deliver a shock unless it detects a shockable heart rhythm.

AEDs can significantly improve the chance of survival for a victim of sudden cardiac arrest. A victim's chance of survival is reduced by ten percent with every minute that passes without CPR and defibrillation. Few attempts at resuscitation succeed after ten minutes.

Once turned on, the AED will use voice commands and on screen messages to guide an operator through the defibrillation process. The AED will monitor a patient's heart rhythm and advise the operator if a problem is detected as well as indicating when a shock to the patient is required.

If it is determined that an AED is required, someone should be promptly sent for an AED from the nearest location on campus.

An AED should be applied whenever SCA is suspected and the patient is unconscious, regardless of the time frame involved as it may increase the survival rate.

A SCA usually occurs without warning and without any signs or symptoms and should not be confused with someone who is having a heart attack. When somebody suddenly collapses a SCA should be immediately considered. Signs that someone has suffered a SCA include:

- the person is unresponsive
- the person is not breathing normally and or they have no signs of life.

7.8. Steps to follow if AED is required

To provide the best opportunity for survival, these four steps must be put into motion within the first few minutes of a suspected SCA.

If someone is unconscious or has stopped breathing you should immediately commence the chain of survival as follows:



Early Recognition and Call For Help

In the event of a Sudden Cardiac Arrest (SCA) on campus the UOW Security Services should be notified immediately and requested to call ambulance (UOW Security Services can be contacted on phone no 42214900). The local first aider should also be contacted to assist with CPR. All off campus emergencies call 000.

Early CPR

CPR should be started as soon as possible.

Early Defibrillation

Get someone to bring an AED from a known location, attach the AED and turn it on. Follow the prompts given by the AED. All AEDs operate in a similar way and pad placement is the same regardless of the model used. Anyone is able to use the AED.

Post Resuscitation Care

Keep the AED connected to the patient until the ambulance arrives and advanced care is available. Even if no shock is advised by the AED or the patient regains consciousness.

7.9. Warnings and precautions for AED use

There are some precautions to take when operating an AED. These include:

- do not use the AED if the victim is a child younger than 8 years of age or lighter than 25 kilograms unless there are child pads contained within the AED unit
- ensure that defibrillation is performed on a non-conductive surface (not in water, rain or on a metal surface)
- if an implanted pacemaker is identified, place the pad at least 2.5 centimetres away. Ensure everyone stands clear when electric shock is delivered. Do not touch the victim except when performing CPR (this prevents interference and injury to bystanders when a shock is given)
- when attempting a rescue using an AED, do not use mobile phones and two-way radios within one meter of the AED to avoid radio frequency interference
- do not use an AED in the presence of flammable gases (including concentrated oxygen)
- do not remove the pads until the ambulance arrives and paramedics take over, even if the victim regains consciousness or no shock is advised.

7.10. Routine Maintenance of AED

The following routine maintenance is required to ensure the units remain “rescue ready” at all times:

- the unit will conduct a daily self-test and the result will appear in the status indicator by way of a green flashing light (routine maintenance should only be a visual inspection of the status indicator)
- if the status indicator light is green, the unit is rescue ready. Do not conduct a manual self-test as this will deplete the battery pack
- electrodes are required to be replaced every two years and/or if they are used
- if the status indicator is not flashing the battery pack needs to be replaced
- units have an 8 year warranty so please contact 1300 852 475 for any technical issues.

Disposing of AED consumables:

- electrodes – these can simply be thrown in the rubbish bin
- battery pack – recycle these in a designated recycling bin

The WHS Unit will engage a service provider to inspect first aid kits including AEDs on a 6 monthly basis. Verification of inspection will be kept within each first aid kit noting the date last checked.

8. Reporting

Any workplace injury, regardless of the severity, must be recorded by the attending Appointed First Aid Officer using the University's online hazard and incident reporting system, [SafetyNet](#).

For further information please refer to the [Incident Management & Reporting Guidelines](#).

9. Review and Evaluation

In order to ensure that these guidelines continue to be effective and applicable to the University, the program will be reviewed regularly by the WHS Unit. This will be conducted through the annual completion of the First Aid Assessment.

These guidelines will be updated if required as an outcome of the annual review or periodically as per the document review schedule. Conditions which might warrant a review of the guidelines on a more frequent basis would include:

- change to legislation
- employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the WHS Committee.

10. Related Documents and Reference Material

10.1. Related Documents

- [Fieldwork and Off-Campus Activities Safety Manual and Guidelines](#)
- [First Aid Allowance Request Form](#)
- [First Aid Equipment Order Form](#)
- [First Aid in This Area Sign](#)
- [First Aid Needs Assessment](#)
- [Incident Management & Reporting Guidelines](#)
- [Hazardous Waste Disposal Guidelines](#)
- [UOW Defibrillator Locations](#)
- [Working with Blood or Bodily Fluids Guidelines](#)
- [Working With Sharps Guidelines](#)

10.2. Reference Material

- [WHS Act 2011](#)
- [WHS Regulation 2017](#)
- [Code of Practice First Aid In The Workplace](#)

11. Version Control Table

| Version Control | Date Released | Approved By | Amendment |
|-----------------|---------------|-------------|--|
| 1 | February 1998 | WHS Manager | New document created |
| 2 | January 2003 | WHS Manager | Scheduled review which included minor amendments for currency and formatting. |
| 3 | March 2005 | WHS Manager | Scheduled review which included minor amendments for currency and formatting. |
| 4 | June 2006 | WHS Manager | Scheduled review which included minor amendments for currency and formatting. |
| 5 | June 2009 | WHS Manager | Updated to include first aid needs assessment form and minor amendments for currency and formatting. |
| 6 | August 2010 | WHS Manager | Document updated to incorporate the Personnel name change to Human Resources Division. |
| 7 | March 2011 | WHS Manager | Updated to incorporate recommendations from the 2011 Quality Assurance audit. |
| 8 | March 2012 | WHS Manager | Rebrand. |
| 9 | August 2012 | WHS Manager | Unit name change. Documented updated in accordance with WHS Act and Regulation 2011 as well as the Code of Practice: First Aid in the Workplace. |
| 10 | March 2013 | WHS Manager | Minor changes only. |
| 11 | August 2015 | WHS Manager | Updated to include Automatic External Defibrillator requirements |
| 12 | June 2016 | WHS Manager | Rebrand. Included section 7.6.3 on advice from Defibtech. Updated broken links. Minor editing. |
| 13 | July 2016 | WHS Manager | Updated file – rebrand. |
| 14 | March 2017 | WHS Manager | Clarified section 6.2. Changed Nominated First Aid Officer to Appointed First Aid Officer. |
| 15 | December 2018 | WHS Manager | Review of section 7 First Aid Kits & Resources and expansion on personal medical items. Updated broken hyperlinks. |
| 16 | June 2019 | WHS Manager | Changes to Section 6.2 Appointment and Certification Employee changing job status under a new supervisor |
| 17 | June 2022 | WHS Manager | Scheduled Review. No Changes. |
| 18 | Jan 2023 | WHS Manager | Minor update to “Responsibilities” |