

First Aid in the Workplace

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1. Purpose

This procedure outlines a risk management approach for the application of first aid requirements in UniSA workplaces. It also outlines how first aid is managed and integrated into our business processes. This procedure reflects the requirements of the WHS Regulations 2012 (SA) and the Safe Work Australia *Approved Code of Practice for First Aid in the Workplace 2019*.

2. Definitions

Designated First Aid Officer (FAO): a person who has been designated by the workplace to administer first aid and possesses current competencies following completion of a nationally accredited training course or an equivalent level of training. A designated FAO should be available on a regular basis and at short notice, act calmly in an emergency and be physically able to attend to a casualty.

First Aid: is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.

First Aid Allowance: is an allowance payable to a designated FAO where the criteria within the University Enterprise Agreement are met and a formal request for the allowance has been authorised.

First Aid Equipment: includes first aid kits, automatic defibrillators, eye wash and shower facilities and any other equipment used to treat injuries and illnesses.

High Risk Workplace: a workplace where workers are exposed to hazards that could result in serious injury or illness and would require first aid. For example, plant and machinery workshops, laboratories and grounds workshops using chemicals, biological material or conducting other activities requiring ethics approval, working in confined spaces, working at heights and electrical work.

Low Risk Workplace: a workplace where workers are less likely to be exposed to hazards that could result in serious injury or illness as a result of the work undertaken. For example, office environments and libraries.

Remote Workplace: a workplace where work is isolated from the assistance of other people due to the location, time or nature of the work carried out. Assistance from other people includes rescue, medical assistance and emergency services.

Remote High-Risk Workplace: a workplace that meets the definitions of being both a **remote and high risk workplace**.

Workers: includes employees, contractors, volunteers, HDR students engaged in university work, students engaged in work integrated learning and work experience students in accordance with Section 7(1) of the WHS Act 2012 (SA).

3. Responsibilities

Academic/Central Units and Research Institutes are responsible for:

- ensuring this procedure is communicated and implemented in their area of responsibility.
- ensuring adequate FAOs are allocated and trained in accordance with the level of workplace risk.
- ensuring adequate first aid equipment and facilities are provided.
- consulting with designated FAOs, employees, elected Health and Safety Representatives (where applicable) and any other duty holders when making decisions about first aid provisions required for their workplace.

Workers are responsible for:

- familiarising themselves with the local first aid arrangements in their workplace.
- following reasonable instructions to ensure first aid requirements are implemented.

4. Procedure

4.1 Risk Management Approach

First aid requirements will vary across workplaces due to:

- the nature and complexity of work that occurs across the University.
- the type of hazards associated with work undertaken.
- the size and location (distribution of people across campuses, multi-storey buildings or remote)
- the maximum number of people at a workplace at any one time.

All these factors must be considered when applying the risk management approach in deciding what first aid arrangements need to be provided. A step-by-step process is provided below to guide workplaces in establishing and/or reviewing existing first aid arrangements.

Recommended ratios for the number of trained designated FAOs in a workplace, *prior to applying the risk management approach*, are:

- **low risk workplaces – one designated FAO for every 50 workers**
- **high risk workplaces – one designated FAO for every 25 workers**
- **remote high risk workplaces – one designated FAO for every 10 workers**

Using these ratios as a basis, the need for additional designated FAOs should be identified using guidance outlined in steps 1-3 below.

NOTE: Campus Security Officers are designated FAOs who can assist with medical emergencies. They should not be automatically relied upon and should not be considered as part of applying the risk management approach to determine the number of FAOs required at the local workplace.

Assess what first aid arrangements are required at your workplace	
STEP 1	
Is your workplace high or low risk?	<ul style="list-style-type: none"> ▪ Use your local hazard register (Form WHS01) as a guide. Consult with workers to determine the level of risk based on the nature of inherent hazards associated with the type of work undertaken (refer to page 1 for low/high risk/remote high risk definitions).
STEP 2	
What injuries are common to these hazards?	<ul style="list-style-type: none"> ▪ Refer to safety data sheets where hazardous chemicals are used to check possible health effects and first aid requirements. ▪ Review local incident/injury data (available via Business Intelligence Reporting) and first aid treatment records to identify any common trends and severity of injury that has or may require immediate medical treatment. ▪ Consider health and safety risks as a result of any new work practices or work environment. ▪ Also consider any known pre-existing medical conditions (asthma, epilepsy, heart disease, allergies etc.); people with a disability/impairment; and workplaces with inherent risk such as fitness/sport centres, pools etc.
STEP 3	
What is the size and location of your workplace?	<p>Determine:</p> <ul style="list-style-type: none"> ▪ the distance between floors, buildings, and campuses. ▪ the distance of the workplace from ambulance services, hospital or medical centres and response times for emergency services should a medical emergency occur. ▪ if any shift work, seasonal work, remote or isolated work is undertaken (remote or isolated areas may require aerial evacuation where access is difficult due to accessibility or extreme weather conditions). ▪ the maximum number of workers and others at the workplace at any one time (including students, visitors, and members of the public). ▪ the need for a contingency plan (backup) should the designated FAO not be available for an extended period i.e. more than a week in a high risk workplace or more than a month in a low risk workplace. ▪ if you have shared responsibilities with other business operators (duty holders) who are engaged to perform work at the University or at a host organisation (this includes contractors, sub-contractors, students on placement or work experience). Sharing of first aid equipment, facilities, and access to trained first aiders should be established with other business operators and communicated to the personnel involved.

ACTION: Using the number ratio outlined above as the basis, provide additional designated FAOs where the need is identified following assessment in steps 1-3 above.

Determine what first aid equipment and facilities are required

STEP 4

What type of first aid kit is required?	<ul style="list-style-type: none"> ▪ A Standard Workplace First Aid Kit (compliant with the <i>Approved Code of Practice for First Aid in the Workplace</i>) is recommended for university workplaces. All workers must be able to access a first aid kit; therefore, at least one first aid kit is required at a workplace. Additional kits may be required based on the level of risk. Kit purchases are available through the University's preferred office products supplier or external certified suppliers.
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STEP 5

What should a kit contain?	<ul style="list-style-type: none"> ▪ The recommended contents for a Standard Workplace First Aid Kit are outlined in the Kit Contents List (Form WHS10). A copy of this form should be kept inside the kit. ▪ Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary. In addition, workplaces may consider including an asthma relieving inhaler and spacer to treat asthma attacks and/or an epinephrine auto-injector (EpiPen) for the treatment of anaphylaxis or severe allergies, where a risk assessment has determined the need (i.e. field trip/remote work). Where including in first aid kits, these items should be stored according to the manufacturer's instructions. ▪ The kit should be identifiable with a white cross on a green background prominently displayed on the outside. If the kit is kept in a cupboard, a first aid sign should be displayed on the outside of the cupboard.
Do you need to include additional modules to your kit based on the level of workplace risk?	<ul style="list-style-type: none"> ▪ Additional modules may be required where a risk to health and safety has been identified in steps 1-3 above. Examples of the types of additional kit modules (compliant with the Approved Code of Practice) and their content, can be viewed via the St John Ambulance SA Shop website. Examples include: <ul style="list-style-type: none"> ○ motoring module (where driving is a key task) ○ outdoor/remote module (work performed outdoors or in remote locations where risk of insect/plant stings or snake bites is identified) ○ burn module (workers are at risk of receiving burns).

STEP 6

Who should maintain and restock a kit?	<ul style="list-style-type: none"> ▪ The designated FAO should maintain the kit by: <ul style="list-style-type: none"> ○ undertaking regular checks of the kit contents (12 monthly as a minimum), using the Kit Contents List (Form WHS10) to ensure any items used or past their expiry date, are replaced as soon as possible. ○ arranging the re-ordering of used items (available through UniSA's office products supplier or external certified suppliers – St John, St James). ▪ Kit maintenance may be undertaken to coincide with workplace inspection activities.
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STEP 7

Where should a kit be located?	<ul style="list-style-type: none"> ▪ First aid kits should be kept in a prominent, accessible location and able to be retrieved promptly in the event of a serious injury or illness. ▪ First aid kits should be located within or close to high risk areas i.e. chemical laboratories, plant and ground workshops or for low risk areas, in general purpose or kitchen areas. ▪ Where a workplace occupies several floors in a multi-storey building, at least one kit should be located on every second floor as a minimum. ▪ Where kits are kept in security-controlled areas, access should be ensured in the event of a medical emergency.
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STEP 8

What other equipment is required?	<ul style="list-style-type: none"> ▪ Emergency eye wash and shower equipment should be provided where there is a risk of exposure to hazardous chemicals or infectious substances causing eye and burn injuries. Further information is available in <i>AS 4775-2007: Emergency eyewash and shower equipment</i>. ▪ Automatic defibrillators can reduce the risk of fatality from cardiac arrest and are useful in a university setting where large numbers of people are present. Each UniSA campus has an automatic defibrillator maintained in a secure location within FM Assist. Campus Security should be contacted in an emergency to deploy the defibrillator. Defibrillators are located in other areas of the University i.e. swimming pools, gyms and research areas based on the activities undertaken and level of risk. FAOs should be informed of the location of these units should they be required in a medical emergency.
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	<ul style="list-style-type: none"> Communication equipment and systems (i.e. satellite phones, GPS devices for fieldwork) should be available and maintained, particularly where first aid is required for individuals working in remote or isolated areas.
STEP 9	
What signage is required?	<p>Australian Standard <i>AS1319–1994: Safety Signs for the Occupational Environment</i> sets out standardised design specifications for safety signage. Symbolic safety signs for First Aid are designed to convey a message to people about the location of, or directions to, first aid equipment and facilities.</p> <ul style="list-style-type: none"> Workplaces should display a first aid sign to identify each kit location (see Step 7). Signage to identify first aid facilities such as emergency eye wash stations or emergency showers, should also be displayed (these are incorporated in the fit-out of new or refurbished buildings). Names and contact details of locally designated FAOs should be communicated to staff and others in the workplace. Details of trained Mental Health First Aid Officers should also be displayed and communicated where relevant. <p>Guidance on standardised first aid safety signage can be sought from the campus Facilities Coordinator.</p>
STEP 10	
Is a first aid room required?	<ul style="list-style-type: none"> A first aid room should be established if the level of risk has identified that it would be difficult to administer appropriate first aid unless a first aid room is provided. For example, serious injuries or illnesses that occur in high risk workplaces may require further treatment by an emergency service and may benefit from having a dedicated first aid room. Further guidance on the requirements for first aid rooms is available in the <i>Approved Code of Practice for First Aid in the Workplace</i>. Alternatively, a clean quiet area within the workplace that affords privacy to an injured or ill person may be suitable and practicable for some workplaces based on the level of risk and known pre-existing medical conditions.
Recording first aid treatment	
STEP 11	
What records are required?	<ul style="list-style-type: none"> First Aid Treatment Register (Form WHS11) - or equivalent should be maintained by the FAO (either electronically in a local shared folder or hard copy file) to record treatment provided (treatment records must be retained for 7 years after the last action in accordance with the State Records Act). Records must be readily accessible for audit purposes. A summary of treatment provided should be reported to managers periodically (depending on the frequency and type of injuries sustained) and reviewed in conjunction with the annual review of the workplace hazard register to assist with managing risk and ensuring existing first aid arrangements continue to be adequate. <p>Note: Disclosure of health information by persons with a pre-existing medical condition is encouraged where specific treatment has been recommended to assist them in a medical emergency. Health information disclosed by an individual must be kept in a confidential and secure manner (i.e. personnel file) and only provided to first aiders with the person's consent.</p> <p>In the event of a medical emergency of a personal nature, treatment records may be maintained separately on the individual's personnel file for confidentiality purposes. A note to indicate that immediate treatment/care was provided should be recorded on the first aid treatment register.</p>
Determine what first aid training is required	
STEP 12	
What first aid training is required?	<ul style="list-style-type: none"> A designated FAO should hold a nationally recognised Statement of Attainment in 'Provide First Aid' or possess health professional qualifications i.e. paramedic, registered nurse or medical doctor. Additional training may be required based on the workplace risk identified in steps 1-3 above. For example, first aid in remote or isolated areas. Designated FAOs should attend an annual CPR refresher to confirm their competence. First aid certification should be renewed every three (3) years. The University engages an external registered training provider to facilitate in-house first aid training - Provide First Aid and annual CPR (refer to the Safety & Wellbeing training page). This training incorporates the use of an automatic defibrillator, EpiPen and asthma relieving inhaler and spacer. Staff who have completed training with another registered

training organisation are recognised by providing a current copy of the Certificate of Attainment to the local workplace and PTC for recording in the HR system.

4.2 Managing First Aid at UniSA

Role of the designated FAO

On appointment to the position, the designated FAO should be informed of this procedure and the requirements of the role at the University. The role includes:

1. Providing immediate treatment or care to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
2. Ensuring a **000** call is made where emergency medical services are required and contacting Campus Security to aid, for example, deploying the automatic defibrillator where necessary or directing ambulance services.
3. Following standard precautions to prevent infection transfer. This includes proper hand hygiene before and after administering first aid; wearing personal protective clothing such as disposable gloves, eye protection, plastic aprons, and masks where splashes of blood or body substances are likely to occur and when cleaning surfaces, managing spills, and disposing of contaminated items. Prompt medical advice should be sought where accidental contact with blood or body substances has occurred.
4. Ensuring the first aid kit is periodically checked (at least every 12 months as a minimum), including items that have expiry dates, and maintained ready for use.
5. Recording first aid treatment or care provided, in the treatment register (electronic or hard copy). This includes treatment provided to other workers where a UniSA agreement has been made to provide first aid in a shared workplace arrangement (i.e. the University hosting a work experience student or volunteer, or a shared workplace with other business operators).

NOTE: Incidents causing physical or mental trauma to the body must be reported in the UniSA online Hazard/Incident Reporting & Investigation system by the affected person or a staff member on their behalf. Prompt reporting initiates 1) early medical intervention; 2) the University Injury Management Program to assist an injured/ill staff member; and 3) University Insurance procedures where applicable.

6. Maintaining personal health information in a confidential and secure manner.
7. Reporting a summary of treatment/care provided to managers for review, ideally in conjunction with the annual review of the workplace hazard register to assist with managing risk and ensuring existing first aid arrangements continue to be adequate.
8. Attending nationally recognised training, including annual CPR refresher and any other additional training identified as necessary based on the nature and level of workplace risk.
9. Following the instructions of the designated Chief Warden in an emergency evacuation.

First Aid Information and Instruction

Information on the provision of first aid should be incorporated into induction programs. A systematic approach for ensuring local first aid arrangements are communicated to new or transferred employees and others is through the local health and safety induction checklist WHS23 & WHS28 (Contractors). Details of newly appointed FAOs should be communicated to the workplace through existing processes i.e. email, staff meetings, signage etc.

Specific health information should be invited from new or transferred staff at the time of induction to the workplace to identify any additional first aid treatment needs. Existing staff should also be encouraged to inform their designated FAO of any new first aid needs when they become aware.

First Aid Allowance

Staff who have been designated by the workplace to perform the duties of an FAO are entitled to claim a fortnightly first aid Allowance provided they possess a current first aid certificate and are able to perform first aid duties on at least 6 days a fortnight. Staff required to be able to perform the duties for less than 6 days a fortnight will be paid an allowance calculated on a pro-rata basis as outlined in the [Enterprise Agreement 2023](#).

NOTE: Refer to [Page 2 - Section 4.1-Risk Management Approach, Steps 1-3](#) which guides managers in how to assess the risk and determine the number of designated FAOs required.

A designated FAO can apply to receive the allowance via the online [APPIAN](#) process.

Staff who have completed Mental Health First Aid training may only apply for a first aid allowance if they are the current workplace designated FAO.

Managing a Medical Emergency

Campus Security Officers can provide first aid or assistance until emergency help arrives. For acute medical emergencies, call **000** and then call Security.

Options for contacting Campus Security:

- **Use a security phone:** Several locations on all campuses are equipped with emergency wall phones for direct contact with security staff. These are distinguished by a sign overhead. They will automatically dial Security.
- **Call 88888** from internal University telephones.
- **Call 1800 500 911** (24-hours, free call).
- **Press 'First Aid' or 'Emergency' on the SafeZone App** that has been downloaded and activated on a smartphone.

The [National Relay Service](#) provides 24-hour relay call options for people with hearing or speech impairments in the event of a medical emergency. Call options can be selected based on an individual's needs and situation.

The University indemnifies designated FAOs who act in good faith in the event of an emergency. A person who calls the ambulance is not responsible for the costs unless they are the person being transported. Ambulance costs are usually met by the injured/ill person however this **must not** be a consideration when deciding to call an ambulance. Ambulance costs are met by the University when an employee suffers a work-related injury/illness and a worker's compensation claim is lodged and liability accepted.

Information regarding ambulance insurance coverage is available on the [SA Ambulance Service website](#). All other enquiries on claims for students and other persons should be directed to the University's Insurance Consultant at finance.insurance@unisa.edu.au

Where a medical emergency does not require transportation to hospital by ambulance, other arrangements may be required to transport the person home or to a medical practitioner. In these circumstances, a colleague, friend or relative may assist or a Hughes car or taxi may be called at the discretion of the local area and with approval from the injured/ill person. A person whose physical or mental capacity is impaired should not drive a vehicle as they may be placing themselves and others at risk. This may lead to insurance implications in the event of an accident.

Mental Health First Aid Officers (MHFAO)

Mental Health First Aid training is offered to designated FAOs as part of UniSA's Safety & Wellbeing strategic focus on creating a mentally healthy work environment.

The Mental Health First Aid training improves participants' competence in identifying early signs and symptoms associated with mental illness or a mental health issue, and confidence in providing initial support and referral to appropriate professionals where required.

The role of an MHFAO compliments UniSA's existing mental health supports in the workplace including, but not limited to, the Employee Assistance Program, Mental Health and Wellbeing at UniSA Guideline, UniSA Staff Toolkit for Dealing with Challenging Student Behaviour and BUPA mental health training.

Sexual assault / sexual harassment

UniSA is committed to providing a safe, respectful, and inclusive culture for its people. This means the University has zero tolerance for sexual assault or sexual harassment and is continually striving to improve prevention programs and support services. More detailed information about sexual assault and sexual harassment, emergency help, first responders and incident reporting is available on the [University website](#).

5. Performance Measures

- FAOs are designated in all university workplaces based on the level of risk.
- Designated FAOs possess current nationally accredited competencies.
- University workplaces have provided first aid equipment based on the level of risk.
- University workplaces conduct periodic checks of first aid kit contents based on the level of risk.
- Local first aid treatment records are kept.

6. Documents/Forms

Further advice on managing risks in UniSA workplaces, including supporting documents, information and training courses are available on the Safety & Wellbeing website.

- [WHS10 First Aid Kit Contents List](#)
- [WHS11 First Aid Treatment Register](#)

- WHS23 Induction Checklist
- WHS28 Contractor Safety Induction Checklist
- WHS16 Workplace Inspection General Environment
- WHS17 Workplace Inspection Laboratory Environment
- Online Hazard/Incident Reporting & Investigation System
- Online Miscellaneous Allowance Request
- University Emergency Management
- University Insurance Risk Compliance
- Employee Assistance Program
- Mental Health and Wellbeing Guideline
- Staff Toolkit – Dealing with Challenging Student Behaviour
- BUPA mental health online training
- Sexual Assault Sexual Harassment
- Enterprise Agreement 2023

7. References

- Work Health and Safety Act & Regulations 2012 (SA)
- SafeWork SA Code of Practice for First Aid in the Workplace 2020
- AS 4775:2007 – Emergency eyewash and shower equipment
- St John Ambulance SA
- Asthma Australia
- BUPA Ambulance Cover
- SA Ambulance Service
- National Relay Service