

## **WHS06 First Aid Policy**

The work health and safety of all persons in the workplace is the utmost importance. This includes the provision of first aid personnel, supplies and facilities. The purpose of this Policy is to provide a framework for the effective use of first aid facilities.

### **Scope**

This Policy applies to employees, agents and contractors (including sub-contractors and temporary contractors) collectively referred to in this Policy as “workplace participants”.

### **First Aid Officers**

The Organisation will ensure that there is at least one qualified first aid officer at each location and maintain a First Aid Training Register detailing first aid qualifications of staff and when they are due for renewal. All field staff are required to be qualified in first aid due to the nature of their work.

Nominated First Aid Officers will be listed on the Emergency Evacuation Diagram within the relevant workplace.

### **First Aid Supplies**

The Organisation will ensure that adequately stocked first aid kits are available and under the control of the first aid officer. The First Aid Kits will be standard purchased kits for Low Risk Workplaces. Each kit must be checked annually to ensure they are stocked and all items are in date, this can be externally or internally serviced.

Each first aid kit will contain blank copies of the Incident and Investigation Report Form ([Appendix A](#)) and a First Aid Register ([Appendix B](#)). The HR Officer/Executive Officer will review the number of kits per workplace using the risk assessment process and First Aid Checklist ([Appendix C](#)) annually.

A small First Aid Kit will be supplied in each Organisation vehicle and regularly maintained.

### **Use of First Aid Supplies**

The first aid supplies may be used as required by workplace participants in consultation with a designated first aid officer.

All illnesses and injuries should be reported to a first aid officer if they involve using the first aid supplies. Employees should also fill out the register of injuries if they are injured at work.

Misuse of the first aid supplies will be considered to be a breach of this policy and may result in disciplinary action being taken against the workplace participant.

### **First Aid Supplies Low**

If it is noticed that the first aid supplies are low, this should be reported to a designated first aid officer so an order can be placed and supplies re-stocked.

## **Workplace Injuries**

All injuries that occur in the workplace should be reported to one of the designated first aid officers. In the event of an injury in the workplace an Incident Report Form must be completed and an entry must be made in the First Aid Register. The HR Officer/Executive Officer must be informed of the injury as soon as possible after the injury occurs.

This enables treatment to be provided if required and enables the Organisation to maintain a database of injuries that have occurred to assist in identifying hazards and managing workplace injuries and meet its reporting obligations to various bodies.

## **Relevant Legislation**

- *Work Health and Safety Act 2011*
- *Work Health and Safety Regulation 2011*
- *First Aid Code of Practice 2004*

### APPENDIX A: Incident Report & Investigation Form

Employees or their nominated person are to complete sections A,B & C of this form then forward to the HR Officer/EO to investigate incident.

SECTION A: Ill/Injured Persons Details/ Person reporting Hazard		
Full Name:		Date:
Occupation:	DOB:	Male / Female
Work Location:		
Supervisor's Name:		Position:
Injured/Ill persons residential Address:		
Home Phone:		Work Phone:
Basis of Employment:		
Full time    Part time    Casual    Visitor    Contractor    Other		
SECTION B: Incident, Hazard, Damage or Near Miss Details		
Date occurred:	Time:    am/pm	Location:
Brief description of incident, hazard, damage or near miss: (what happened?)		
When did it occur:		
At normal workplace    Offsite    Travelling to or from work    During a break    Other		
Reported To:		
Time:		Date:
SECTION C: Illness/injury Details only complete if an injury has occurred		
Is Injury a Lost Time Injury? Yes / No		
If Yes: Date Stopped: ..... Time Stopped .....am/pm		
Description of illness/injury:		
Treatment Type:		
None Required                  First Aid only                  Treated by Doctor		
Return to Work                  Emergency to Hospital		
Was there a witness? Yes / No		

<b>If yes: Name:</b>		<b>Phone:</b>	
<b>Signature of ill / injured person:</b>			<b>Date:</b>
<b>SECTION D: Investigation and Corrective/Preventative Action</b>			
<b>Accident/Incident:</b> Notifiable                  Other                  Environmental                  Hazard                  Near Miss			
<b>Investigation results</b> (why did it occur?)			
<input type="checkbox"/> Failure to follow rules/procedures <input type="checkbox"/> Improper manual handling <input type="checkbox"/> Misuse of equipment/tools <input type="checkbox"/> Work environment <input type="checkbox"/> Inadequate access <input type="checkbox"/> Inadequate PPE <input type="checkbox"/> Other:		<input type="checkbox"/> Information error or omission <input type="checkbox"/> Inadequate equipment/tools <input type="checkbox"/> Influence of alcohol/drugs <input type="checkbox"/> Untidy work area External factors, (third party, weather) <input type="checkbox"/> Incorrect use of PPE	
<b>Corrective/Preventive action recommended / taken:</b>			
<b>Attached:</b> Correspondence                  Risk assessment                  Other :			
<b>Signature of person who conducted investigation:</b>			<b>Date:</b>
<b>Signature of Supervisor for Injured/Ill person:</b>			<b>Date:</b>
<b>Recommendations in Section D have been implemented:</b> Yes / No / In Progress			
<b>CEO/EO Signature:</b>			<b>Date:</b>

### APPENDIX B: First Aid Register

Date	Name of ill/injured Person	Illness/Injury details	Description of treatment given	Was further Medical Treatment necessary?

**APPENDIX C: First Aid Kit Checklist - I recommend deleting this appendix**

The HR Officer will use this checklist to determine if the first aid kit in their workplace is sufficient. This check should be conducted annually.

*Indicate by circling yes or no. Where an answer is no, further action may be required.*

<b>Date check conducted:</b>		<b>Next check due:</b>
<b>Location and position</b>		<b>Comments</b>
Is the first aid kit located in a prominent and accessible position?	Yes / No	
Are workers informed and aware of the location of first aid kits?	Yes / No	
Do all workers have access to first aid kits during all work shifts?	Yes / No	
<b>Clearly identifiable</b>		
Can the first aid kit be clearly identified as a first aid kit?	Yes / No	
Is the first aid kit clearly marked with a white cross on a green background?	Yes / No	
<b>Contents</b>		
Are the contents appropriate to the injuries and illnesses at the workplace?	Yes / No	
Does the first aid kit contain sufficient quantities of each item?	Yes / No	
Is a worker, trained in first aid, responsible for maintaining the first aid kit?	Yes / No	
Are the contents appropriately labeled?	Yes / No	
Are the contents within their 'use by' dates?	Yes / No	
Are the contents adequately stored?	Yes / No	
<b>Relevant information</b>		
Is there a list of contents provided in the kit?	Yes / No	
Are emergency telephone numbers clearly displayed?	Yes / No	
Are the extension numbers, names and locations of the nearest first aid personnel clearly indicated?	Yes / No	
<b>Training</b>		
Have selected workers received training in the use and maintenance of first aid kits?	Yes / No	

Fitzroy Basin Association Inc  
Post Office Central  
1st Floor, 80 East Street  
Rockhampton QLD 4700

