



WORK HEALTH AND SAFETY POLICY: FIRST AID

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Drafted by	Secretary	Approved by Board on	18 April 2023
Responsible person	House Manager	Scheduled review date	April 2024

INTRODUCTION

First aid is an essential aspect of Occupational Health and Safety. In recognition of this, Goonawarra NH is committed to providing suitably trained First Aid Officers and facilities to administer first aid treatment.

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

PURPOSE

This document aims to provide an overview of Goonawarra NH to establish the organisation's first aid facilities and services.

DEFINITIONS

First aid refers to providing emergency treatment for people suffering injury or illness.

First aid facilities refer to the first aid kit.

First aid officer refers to an employee who has attained nationally recognised first aid qualifications.

POLICY

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

Goonawarra NH will systematically identify causes of work injury and work-related illness and assess the risk of work injuries and work-related illness occurring. The appropriate first aid facilities and training will be determined, evaluated and provided.

Goonawarra NH will meet first aid legislative requirements as a minimum standard.

First aid facilities will be maintained regularly.

RESPONSIBILITIES

It is the responsibility of the Committee of Management to ensure that:

- Adequate and appropriate first aid facilities are provided;
- Proper and adequate training is arranged for Employees;
- First Aid Officers' training is up to date, and their certificates are current.

(These requirements may be delegated to the House Manager; compliance oversight remains the responsibility of the Committee of Management)

It is the responsibility of First Aid Officers to:

- 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 records as outlined in this procedure;
- Maintain confidentiality concerning information obtained as part of their role.

PROCEDURES

The Committee of Management has determined that all employees of Goonawarra NH must be suitably qualified in First Aid and Anaphylaxis Management. Copies of certificates will be retained on file for staff members.

First Aid Officers

The Committee of Management has determined that the House Manager shall be trained and act as the organisation's Lead First Aid Officer, ensuring training and compliance for all other staff members.

First Aid Facilities

Where first aid facilities are deemed necessary, they are to be located at points convenient throughout the workplace and where there is a significant risk of an injury occurring.

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 first aid kit's contents must be protected from dust and damage and kept in a container that 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;
- 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 eyeglasses;
- disposal bags marked "Caution – Biological Hazard".

The first aid kit and, where appropriate, first aid facilities must be inspected by the House Manager every month.

The House Manager will ensure the stock is ordered, delivered and placed in the First Aid Kit.

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 the person;
- Type of injury, if known;
- Assistance provided (as below);
- The urgency of the matter, and
- Determination of whether 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 assist in accordance with their training.

Where an injury is more severe 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 determine the most suitable transport based on the nature of the injuries; this may include an emergency ambulance, regardless of membership or insurance.

First Aid Records

The 'First Aid Kit Log Book' must be completed when using supplies from the first aid kit. The logbook is to be kept inside the first aid kit. The following details must be entered into the log:

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

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

The First Aid Officer and/or House Manager must complete an Incident Report Form and file on site, sending a copy to the Committee of Management.

RELATED DOCUMENTS

- [Work Health and Safety Policy](#)
- [Injury and Incident Reporting Policy](#)
- Occupational Health and Safety Act 2004

AUTHORISATION



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APPENDIX A

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.

TO BE COMPLETED BY THE person involved or the House Manager

PERSON INVOLVED IN ACCIDENT/INCIDENT

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"/>
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:

Location where injury/incident occurred:

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
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<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:

Please describe the treatment administered (if any):

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

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 the House Manager:

Singed by the person involved:



APPENDIX B

FIRST AID KIT LOGBOOK

This log is to be completed for all incidents in the workplace.

Date	Time	Injured Person	Nature Of Injury/Illness	Treatment Provided	Supplies Used	Attending First Aid Officer	Injury/ Incident Form Number