First Aid Guideline

Section 1 - Purpose and Scope

(1) This Guideline supports The University of Queensland's (UQ) First Aid Management Procedure and provides additional information for UQ staff and students in the management of first aid.

(2) Other guidance and resources available to staff and students include the following:

a. First Aid Management of Anaphylaxis Guideline;
b. Vaccinations and Immunisation Procedure;
c. Vaccinations and Immunisation Guideline;
d. Queensland Government's First Aid in the Workplace Code of Practice 2021.

(3) Providing prompt and effective first aid to an injured person can reduce the severity of an injury or illness and can substantially promote the likelihood of an injured person making a full recovery. In some instances, first aid intervention can prevent loss of life. First aid requirements at UQ will vary across campuses and workplaces according to the nature of hazards and tasks and the size and location of the workplace - refer to the First Aid Management Procedure for further information on requirements.

Section 2 - Risk Management

(4) First aid requirements in the organisation unit are determined through a risk assessment that considers the nature of the work and the hazards, size, location and number and composition of workers. Different work environments have different risks, even if they are part of the same organisational unit, which is why the risk assessment must be undertaken at the operational level. Risk assessment should consider the following areas when determining the requirement for first aid for the organisational unit.

Nature of the Work and Workplace Hazards

(5) Workplaces require different first aid arrangements. Some injuries that are associated with common workplace hazards that may require first aid include:

Hazard	Potential harm
Manual tasks	Overexertion can cause muscular strain.
Working at height	Slips, trips and falls can cause fractures, bruises, lacerations, dislocations, concussion.
Electricity	Potential ignition source - could cause injuries from fire. Exposure to live electrical wires can cause shock, burns and cardiac arrest.
Machinery and equipment	Being hit by moving vehicles or being caught by moving parts of machinery can cause fractures, amputation, bruises, lacerations, dislocations.
Hazardous chemicals	Toxic or corrosive chemicals may be inhaled or may contact skin or eyes causing poisoning, chemical burns, irritation. Flammable chemicals could result in injuries from fire or explosion.

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Extreme temperatures	Hot surfaces and materials can cause burns. Working in extreme heat can cause heat-related illness. It can also increase risks by reducing concentration and increasing fatigue and chemical uptake into the body. Exposure to extreme cold can cause hypothermia and frostbite.
Radiation	Welding Australian Research Council (ARC) flashes, ionising radiation and lasers can cause burns. Ultraviolet (UV) radiation from the sun can cause sunburn, skin cancers and eye damage.
Violence	Behaviours including intimidation and physical assault can cause both physical and psychological injuries.
Biological	Infection, allergic reactions.
Animals	Bites, stings, kicks, crush injuries, scratches.

Size and Location of the Workplace

(6) Two main items to consider in size and location is the distance between work areas and the response times for emergency services. This is particularly important when considering the first aid requirements for field trips where extra first aid considerations may be necessary. For example, where access is difficult due to travel time, poor roads or weather conditions, arrangements should include aerial evacuation.

(7) In the workplace first aid equipment and facilities should be at convenient points and in areas where there is a higher risk of injury of illness occurring. Where there are multiple levels (buildings) or where the workplace is dispersed (Gatton, Long Pocket, Pinjarra Hills sites), more than one location should be considered and portable first aid kits could be considered.

The Number and Composition of Workers and Others

(8) When determining first aid requirement, contractors, subcontractors and volunteers should be considered. Generally, the more people in the work area, the more first aid resources are required.

(9) Other consideration include:

a. workers with disabilities or known health concerns; and
b. others such as students, members of the public involved in the clinics, trials, sports areas (gyms, pools), entertainment (Schonell Theatre), libraries, eating areas, etc.

Automated External Defibrillators (AEDs)

(10) AEDs may reduce the risk of fatality from cardiac arrest. While CPR can prolong life, defibrillation is the only way to restore a heart with a fatal heart rhythm back to a normal heart rhythm. AEDs should be considered as part of the assessment where:

a. there is a risk to workers from electrocution;
b. where there may be a delay in ambulance services arriving; or
c. where there are large numbers of members of the public.

(11) They should be located in areas that are clearly visible accessible and not exposed to extreme temperatures.

Determining the Number of Trained First Aiders

(12) First Aid Officers must be available at the workplace - consideration should be given to working from home/working off campus arrangements to ensure that adequate first aid coverage on campus is available. The number and type of trained first aiders can be further refined by following the five-step guide below.

Step 1:	Identify the maximum number of workers at the workplace at one time.
Step 2:	Consider the nature of the work being carried out at the workplace and determine if workers are at high risk of being exposed to hazards requiring immediate first aid treatment.
Step 3:	Determine if the workplace is remote or if access to emergency services is difficult. High risk workplaces that do not have timely access to medical and ambulance services should have at least one first aider for every 10 workers.
Step 4:	Consider the variety of ways your workers carry out work. For example, a worker may: - Spend a good proportion of their time working alone or in isolation. - Work in a variety of locations on a regular basis and often work without supervision, for example tradespeople, construction workers farmhands and cleaners. - Sometimes work alone for relatively short periods of time, for example working back late. In these situations, it may not be practicable to have a first aider available at all times at the workplace. However, these workers must be able to access first aid assistance, for example by ensuring they are provided with: - an effective means of accessing emergency services or other first aiders; and - information, instruction and training on how to respond if a serious injury or illness occurs.
Step 5:	Before finalising the number of first aiders consider if there are other factors; for example: - work arrangements, for example shift work or overtime; - seasonal work, where there may be a sudden and significant increase or decrease in the number of workers e.g. beginning of semester; - where there are large numbers of other people present on a regular basis, for example libraries; - workplaces with unique hazards, for example fitness centres, laboratories, animal facilities; or - access during times when a first aider is absent, for example on annual leave.

Section 3 - Emergency Notices and Plans

(13) A list of campus-specific Emergency Procedures templates is available from the Property and Facilities 'Emergencies' website.

(14) An up-to-date emergency notice should include the details and contact information for the following:

a. The First Aid Officer (FAO) for the workplace;
b. UQ Security;
c. The Work Health and Safety Coordinator for the workplace;
d. Chief Building Warden;
e. Floor Warden.

(15) Other useful information includes:

a. UQ Health Care;
b. Queensland Poison Information Centre (ph 13 11 26).

(16) For off-campus locations, advice appropriate to the particular location should be displayed, e.g. "000", appropriate hospital extension, emergency services, Poisons Information Centre and other relevant telephone numbers.

Section 4 - Additional First Aid Training

(17) Subject to a risk assessment and the Organisational Unit's requirements, staff may need to undertake additional first aid training in workplaces where there may be a higher risk of serious injury or for specific projects involving higher risk activities (e.g. boating/diving and some types of field trips.

(18) Prior to any additional first aid training, the following must be completed:

a. Provide First Aid (HLTAID011), must be renewed every three years with a Registered Training Organisation; and
b. Provide Cardiopulmonary Resuscitation (CPR) (HLTAID009), must be renewed annually with a Registered Training Organisation.

High Risk Work Areas where there is no Prompt Access to Security or Onsite Medical Services

(19) The following additional units of competency can provide the FAO with an extended level of training to apply advanced first aid procedures such as administering oxygen and maintaining life in an unconscious casualty while waiting for medical help to arrive.

a. Provide Advanced First Aid - HLTAID014.
b. Provide Advanced Resuscitation and oxygen therapy - HLTAID015.

Remote Field Trip Work where there is no Prompt Access to Medical Services

(20) The following additional unit of competency provides the FAO with skills to administer first aid in a remote and/or isolated situation, including preparing a casualty for aero-evacuation. This level of training is suitable when activities are anticipated in areas where there is likely to be a major delay in accessing emergency services.

a. Provide First Aid In Remote Situations - HLTAID013.

Work Areas Where a First Aid Room is Located

(21) The following additional units provides competencies to apply advanced first aid procedures and to manage a first aid room.

a. Provide Advanced First Aid - HLTAID014;
b. Provide Advanced Resuscitation and oxygen therapy - HLTAID015;
c. Manage First Aid Services and Resources - HLTAID016;
   or
d. Occupational First Aid Skill Set - HLTSS00068 (which includes all the above competencies).

Where There is a Substantial Risk of Anaphylaxis Occurring in a Workplace

(22) FAO that are located in a workplace associated with an increased risk of severe allergic reactions occurring may also consider additional training modules with the Australasian Society of Clinical Immunology and Allergy (ASCIA) Allergy and Anaphylaxis e-training for Health professionals.

(23) Refer also to First Aid Management of Anaphylaxis Guideline.

Further Training Information

(24) Resuscitation guidelines are regularly updated; it is therefore important that FAO regularly check the Australian

Resuscitation Council website to remain aware of any changes to relevant guidelines.

(25) For general information on first aid training and examples of external first aid training providers, refer to UQ's Health, Safety and Wellness webpage Information for First Aid Officers.

(26) Information about first aid training courses held on the Gatton, Herston and St Lucia campus is available on the Staff health and safety training and induction webpage or the Staff Development webpage.

Section 5 - Employee Assistance Program (EAP)

(27) First Aid Officers that administer first aid in situations where severe injuries have occurred may be distressed by the experience. UQ's Employee Assistance Program is free and confidential wellbeing, coaching and counselling service are available to staff should they require this assistance.

Section 6 - First Aid Rooms

(28) First Aid in the Workplace Code of Practice 2021 advises that a first aid room should be provided in workplaces where a risk assessment shows that it would make the provision of first aid treatment more effective. It is recommended that first aid rooms are supervised by FAO with occupational first aid certificates (or higher).

(29) The first aid room entrance should be adequately marked with first aid signage and should provide egress wide enough to permit transport of injured or ill persons supported by a stretcher, wheelchair or persons manually carrying the injured person.

Recommended First Aid Room Contents

(30) The following items should be provided in a first aid room:

a. Hand cleaner and wash basin (or easy access to a sink with hot and cold water);
b. Disposable paper towels;
c. An examination couch with waterproof surface, pillow and disposable sheets;
d. Suitable seating;
e. An occupational first aid reference book;
f. A moveable screen or curtain around examination couch;
g. A first aid kit appropriate for the workplace;
h. An examination lamp;
i. Storage cupboard;
j. A stretcher (not necessary for areas with security response);
k. A lockable filing cabinet to securely store records;
l. A telephone and/or emergency call system;
m. Electric power points;
n. Refuse containers lined with disposable plastic bags for infection control and clinical wastes;
o. A safe sharps disposal container;
p. Workbench with work surface or dressing trolley;
q. Emergency contacts cards - see section 2 of this Guideline; and
r. Oxygen equipment - in workplaces where there is an increased risk of a serious injury occurring and where hazardous substances, particularly cyanide, are stored or used.

Section 7 - High Risk Workplaces

(31) Workplaces with chemical hazards that require special first aid treatments or procedures should contact UQ's Health, Safety and Wellness Division for advice.

(32) Some first aid procedures for chemical exposures may require specific antidotes or neutralising agents, which may need to be kept in the workplace's first aid kit. Where a risk assessment deems specific items are required, instructions for their use should be displayed at the point where they are kept and strategies developed by the relevant work areas relating to the emergency management of accidental exposures. These strategies should focus on procedures such as the location of antidotes and the provision of safety facilities such as showers, eye wash stations and disposable eye wash packs.

(33) The following guidelines provide specific information on hazardous chemicals:

a. Working Safely with Hydrofluoric Acid Guideline;
b. Working Safely with Phenol Guideline.

(34) Where corrosive materials or substantial quantities of flammable liquids are used, the supply of safety showers and eye wash units are required (the use of refillable eye wash bottles is not recommended). Disposable eye wash packs or potable running tap water (water quality suitable for drinking) are to be used for eye irrigation. Refer to the Emergency Eyewash and Safety Shower Equipment Guideline for further information.

Section 8 - Infectious Disease

(35) The risk of acquiring an infectious disease when administering first aid is very low. Stringent infection control practices should however be followed such as handwashing, wearing protective disposable gloves and using a mouth shield or resuscitation bag and mask when administering CPR.

(36) Occupational transmission of serious infectious diseases such as Hepatitis B, Hepatitis C and HIV is very infrequent but can occur if the person administering assistance sustains a sharps injury from an instrument contaminated with infected blood or is exposed to blood in the eye or other mucosal surface. The optimal way for first aid personnel to protect themselves from blood borne infections is to consider all injured or ill persons to be potentially infectious. First aid transmission of these infections can be avoided with a combination of immunisation and effective infection control practices (refer to the Vaccinations and Immunisation Procedure and Guideline).

Precautions

(37) The following precautions should be implemented to avoid exposure to infectious pathogens and reduce the likelihood of infection transmission if exposure occurs:

a. Blood and other body substances - use appropriate barrier precautions (gloves) whenever exposure to blood, body fluids or moist body surfaces occurs.
b. Needles and syringes - Syringes, needles, scalpel blades and other sharp items are not necessary items to include in first aid kits. Splinters should be removed with disposable forceps rather than needles. Sharps which are being used in a workplace should always be disposed of in rigid-wall puncture-resistant containers. These containers should be located as close as practicable to the area where usage is occurring.
c. Linen and disposable items - all disposable items that are visibly soiled with potentially infectious material should be considered "clinical waste", identified as such and kept separate from other waste. Infectious linen should be transported in leak-proof bags. Gloves and protective clothing should be worn when handling infectious linen. Workplaces that do not have clinical waste bins should contact Property and Facilities -

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Cleaning to make an urgent cleaning and waste disposal request.

d. Emergency resuscitation - there is no reason to withhold resuscitation from anyone but the decision of whether to use direct mouth-to-mouth resuscitation is an individual one for FAO. A CPR face shield (single use, disposable) should be included in the first aid kit. Resuscitation bags and masks will be available in first aid kits in certain situations where the likelihood of administering CPR is high e.g. working as a security officer or where a special reason exists such as working with cyanide. These resuscitation devices should only be used by certified first aiders or health practitioners trained in their use. Facemasks equipped with one-way valves are usually unnecessary, require maintenance and are potentially dangerous to the casualty.
e. Good wound care - wounds should be cleaned thoroughly with clean running water or normal saline. A waterproof dressing should be applied after cleaning.

Immunisation and Vaccinations

(38) UQ First Aid Officers are recommended to have completed the standard National Immunisation Program Schedule. This schedule is a series of immunisations given at specific times throughout life from birth through to adulthood and includes a full course of hepatitis B immunisations.

(39) UQ First Aid Officers can obtain advice regarding vaccinations or screening to confirm Hepatitis B immunity through their Supervisor or by contacting the Occupational Health Nurse Advisor at the Health, Safety and Wellness Division. Further information is also available in the Vaccinations and Immunisation Procedure and Guideline.

(40) A prompt response is required for any exposure to blood and body fluids, especially cuts and needle stick injuries which may require referral to an infectious disease specialist.

(41) In addition, an annual influenza immunisation is recommended before the start of the influenza season. The period of peak influenza circulation is typically June to September in most parts of Australia. First aid personnel can obtain influenza vaccination via the annual UQ Staff Influenza Immunisation programme or from their personal health provider.

Infected Personnel

(42) All first aid personnel who may be infectious have a responsibility to notify the relevant authorities of any infectious risk that they may present to injured or ill employees. Contact the Occupational Health Nurse Advisor at the HSW Division for confidential advice about the risk of transmission in the workplace. Advice is also available from UQ Health Care.

(43) Injured or ill employees have a responsibility to advise treating personnel of any known or possible communicable disease which could be transmitted in these circumstances. The individual's right to privacy and confidentiality must be respected.

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