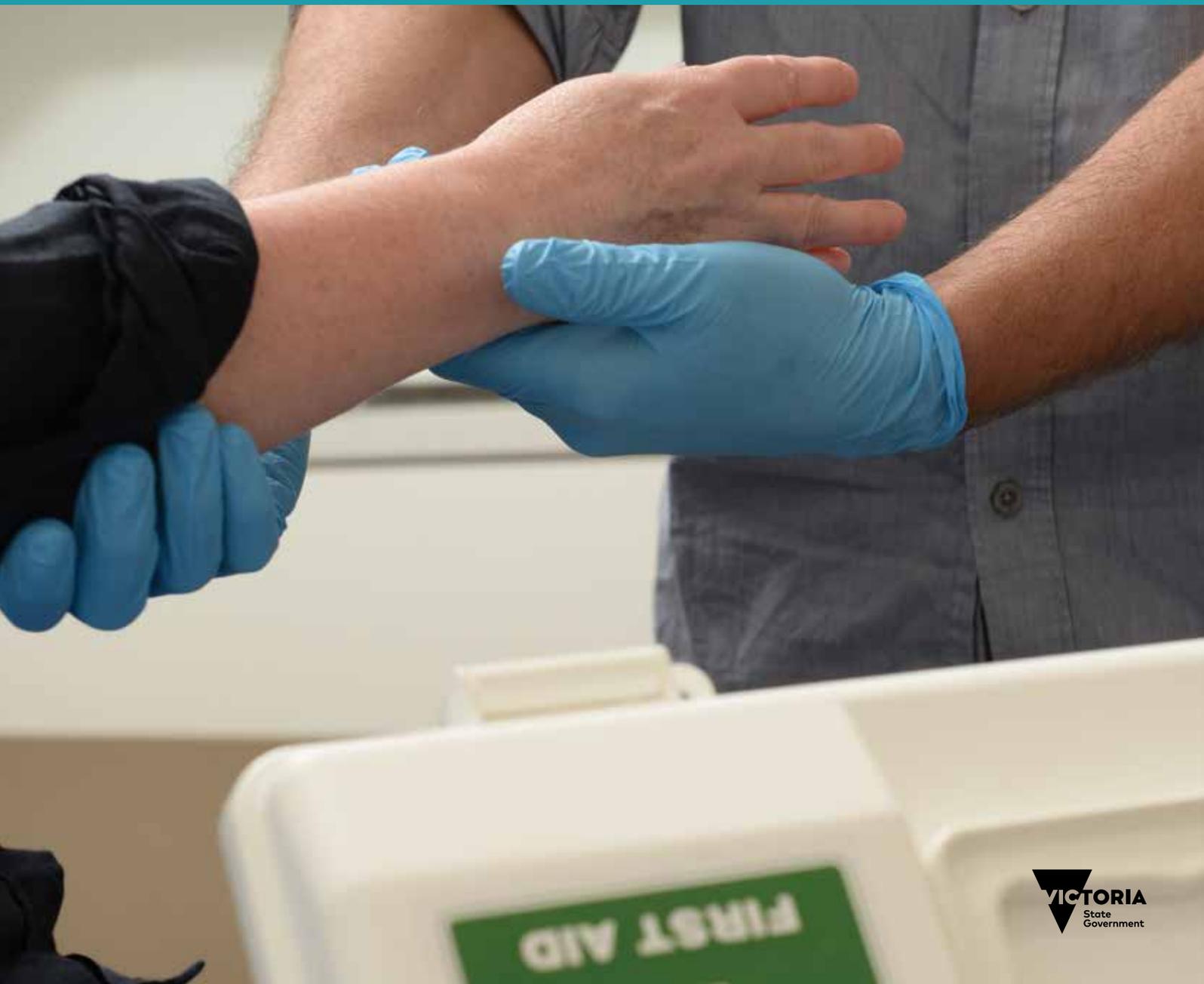


Compliance code

First aid in the workplace

Edition 1

November 2021



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This Compliance Code (**Code**) provides practical guidance for those who have duties under the *Occupational Health and Safety Act 2004* (**OHS Act**) and the Occupational Health and Safety Regulations 2017 (**OHS Regulations**).

The Code was developed by WorkSafe Victoria (**WorkSafe**). Representatives of employers and employees were consulted during its preparation. It was made under the OHS Act and approved by Ingrid Stitt MP, Minister for Workplace Safety.

Duty holders under the OHS Act and OHS Regulations should use this Code together with this legislation. This Code replaces the First aid in the workplace compliance code 2008, which is no longer in force and effect.

While the guidance provided in the Code is not mandatory, a duty holder who complies with the Code will – to the extent it deals with their duties or obligations under the OHS Act and OHS Regulations – be considered to have complied with those duties or obligations.

If conditions at the workplace or the way work is done raise different or additional risks not covered by the Code, compliance needs to be achieved by other means. WorkSafe publishes guidance to assist with this at [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au).

Failure to observe the Code may be used as evidence in proceedings for an offence under the OHS Act or OHS Regulations. However, a duty holder will not fail to meet their legal duty simply because they have not followed the Code. A WorkSafe inspector may cite the Code in a direction or condition in an improvement notice or a prohibition notice as a means of achieving compliance.

A health and safety representative (**HSR**) may cite the Code in a provisional improvement notice when providing directions as to how to remedy an alleged contravention of the OHS Act or OHS Regulations.

Approval for the Code may be varied or revoked by the Minister. To confirm the Code is current and in force, go to [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au).

Purpose

1. The purpose of this Code is to provide practical guidance to employers about how to comply with their duties under the OHS Act to provide adequate workplace facilities, in particular first aid facilities, for the welfare of employees.

Scope

2. This Code provides information for employers in relation to providing adequate first aid facilities in the workplace, including assessing first aid needs, first aid kits, first aid rooms, number of first aid officers and training, and first aid procedures.
3. This Code provides information about how employers can comply with duties owed to employees to provide adequate facilities for their welfare. Independent contractors may be deemed to be employees by operation of section 21(3) of the OHS Act. This Code does not cover duties to provide first aid facilities to persons other than employees.

Employers need to also consider whether they should provide first aid facilities to other persons in the workplace, for example volunteers or patrons. Under section 23 of the OHS Act, employers must ensure that persons other than employees are not exposed to risks to their health or safety arising from the conduct of the employer's undertaking.

Application

4. This compliance Code applies to employers. HSRs and other employees may also find this Code useful.

Note: The word **must** indicates a legal requirement that has to be complied with. The words **need(s) to** are used to indicate a recommended course of action in accordance with duties and obligations under Victoria's health and safety legislation. The word **should** is used to indicate a recommended optional course of action.

What is first aid?

5. **First aid in the workplace** is the provision of initial health care and basic life support for people who suffer an injury or illness at work. The goals of first aid are to preserve life, alleviate suffering, prevent further illness or injury, and promote recovery.
6. First aid arrangements include:
 - first aid needs assessment
 - first aid officers and their training requirements
 - first aid kit contents, location and maintenance
 - first aid rooms
 - first aid equipment, and
 - first aid procedures.

Key terms

First aid facilities: first aid rooms, first aid kits and first aid equipment.

First aid officer: a person who has completed current and appropriate training, which is kept current, and has been nominated by the employer to perform that role in the workplace.

Who has duties?

7. **Employers** must provide and maintain, so far as is reasonably practicable, a working environment for their employees that is safe and without risks to health. [OHS Act s21](#)

For information about what reasonably practicable means, when complying with Part 3 of the OHS Act or the OHS Regulations, see the WorkSafe Position *How WorkSafe applies the law in relation to reasonably practicable* at worksafe.vic.gov.au.

8. In meeting their duty under section 21(1), an employer must provide, so far as is reasonably practicable, adequate facilities for the welfare of employees at any workplace under the employer's management and control. [OHS Act ss21\(1\) and 21\(2\)\(d\)](#) This includes ensuring appropriate first aid measures are in place, including providing first aid kits and suitably trained first aid officers for the welfare of employees.
9. An employer's duties under section 21 of the OHS Act extend to independent contractors engaged by the employer and any employees of the independent contractor working at the workplace. These extended duties are limited to matters over which the employer has control or would have control if there was not an agreement in place purporting to limit or remove that control. [OHS Act s21\(3\)](#) For example, first aid facilities at a workplace are commonly considered to be under the control of the employer that has overall management and control of the workplace.
10. **Employees**, while at work, have a duty to take reasonable care for their own health and safety and that of other persons who may be affected by their acts or omissions in the workplace. Employees must also co-operate with their employer in relation to actions taken to comply with the OHS Act or OHS Regulations (for example by following any information, instruction or training provided). [OHS Act s25\(1\)](#)

Options for how to comply

11. To meet the duties addressed in this Code, employers may follow either of the following options, after reading the recommendations in both and deciding which is the most appropriate for their workplace.

Option 1: Prescribed approach

12. This option provides detailed guidance on how to comply with the OHS Act, based on the organisation's level of risk and size. The guidance includes the:
 - number of first aid officers to be provided and their training requirements
 - number of first aid kits to be provided and their contents
 - number of first aid rooms to be provided and their contents.

Option 2: Risk assessment approach

13. This option guides organisations through the process of determining their first aid needs based on an assessment of their workplace hazards and risks.
14. Organisations with large workplaces or a complex range of occupational health and safety (OHS) hazards should choose this option. However, it is open to any employer to choose this approach. Any organisation with sufficient expertise and resources may find that the risk assessment approach allows them to devise a 'tailor-made' solution for their particular circumstances.

What is the effect of choosing one option over the other?

15. Employers who comply with this Code are taken to have complied with the OHS Act in relation to providing adequate facilities involving first aid for the welfare of employees.
16. Both options are intended to provide guidance on how to comply with duties under the OHS Act as they relate to providing first aid. While option 1 will generally be the most useful approach for small to medium-sized organisations, option 2 provides a more flexible approach.
17. Option 1 provides a simple means of achieving compliance. However, if an employer chooses to follow option 1, they need to do everything recommended in the prescribed approach. Otherwise, they should choose option 2 and undertake a risk assessment.
18. An employer who follows the guidance in option 1 may still need to assess the need for additional first aid officer training, first aid kit modules and first aid equipment, where there are particular workplace first aid needs or specific hazards exist.
19. Employers who choose option 2 will be considered to have complied with the OHS Act if they make reasonable decisions about first aid needs, based on what is reasonably practicable in the specific circumstances. Information obtained from any risk assessments that may have already been carried out to assist with controlling risks at the workplace should provide much of the information needed to make appropriate decisions about first aid requirements. Employers who tailor a first aid solution for their workplace can best demonstrate compliance through a documented risk assessment. Employers need to retain any documents created in determining adequate first aid arrangements to demonstrate how compliance has been achieved when choosing option 2.
20. If the employer chooses option 2, the prescriptive guidance in option 1 will not be used by WorkSafe to determine if compliance with the OHS Act has been achieved.

Consultation

21. Employers must, so far as is reasonably practicable, consult with employees and HSRs, if any, on matters related to health and safety that directly affect, or are likely to directly affect them. This duty to consult also extends to independent contractors (including any employees of the independent contractor) engaged by the employer in relation to matters over which the employer has control (see paragraph 9). [OHS Act s35](#)

Note: The characteristics of the workplace will have an impact on the way consultation is undertaken. For example, consider:

- the size and structure of the business
- the nature of the work
- work arrangements (such as shift work)
- characteristics of employees (such as language or literacy).

See [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au) for more information on consultation.

22. An employer has a duty to consult with employees (including HSRs) when doing certain things, including identifying or assessing hazards or risks to health and safety at the workplace, making decisions about measures to control such risks, making decisions about the adequacy of facilities for the welfare of employees and proposing changes that may affect the health or safety of employees at the workplace. [OHS Act s35](#)

23. It is important to consult with your employees as early as possible at each step of the first aid provision process. Consultation related to this Code would include consultation on:
- first aid needs, including first aid facilities and first aid officers
 - first aid training
 - changes to any procedures related to first aid.
24. Employers who are required to consult on a matter must share information about the matter with employees, including relevant contractors and HSRs, give them a reasonable opportunity to express their views, and take those views into account before making a decision. **OHS Act s35(3)**
25. Employers also need to encourage employees and contractors to report any problems immediately so that risks can be managed before an injury occurs.
26. Employees and contractors may have practical suggestions or potential solutions that can be implemented.

Information, instruction, training and supervision for all employees

27. Employers must provide employees with any necessary information, instruction, training or supervision to enable them to perform their work in a way that is safe and without risks to health. This duty also extends to independent contractors (including any employees of the independent contractor) engaged by the employer in relation to matters over which the employer has control. **OHS Act ss21 and 21(2)(e)**
28. The mix of information, instruction, training or supervision required will depend on the frequency and type of hazards in the workplace, and how much employees already know about first aid provision arrangements.

29. General information, instruction and training provided by employers for all employees and contractors on first aid arrangements in the workplace needs to cover:
- the location and type of first aid kits
 - the names and work locations of trained first aid officers
 - procedures to be followed when first aid or further assistance is required.

It is important that employees know how to recognise their first aid officer (eg by organising an in-person introduction, using desk flags or having the officer providing an identifying photo).

30. The information, instruction and training an employer provides to employees in relation to first aid needs to be provided:
- as part of employees' induction training
 - if there is a change in the location of first aid facilities (eg first aid room)
 - if there are any changes in the names, locations or contact details of first aid officers
 - at appropriate intervals or as determined by a risk assessment (if the employer chooses this approach in option 2).
31. Training should be practical and 'hands on' where appropriate. The structure, content and delivery of the training needs to take into account any special needs of the employees and independent contractors being trained (eg specific skills or experience, disability, language, literacy and age).
32. Employers need to review their training program regularly, and when there are changes to first aid arrangements.
33. For information about specific training requirements for first aid officers including refresher training, see paragraphs 51–55 (option 1) and 98–101 (option 2).

Option 1: Prescribed approach

Using the prescribed approach

34. Employers who follow the guidance in this section will be considered to comply with the OHS Act on the provision of adequate first aid facilities for the welfare of their employees.
35. If an employer chooses to follow the prescribed approach, they need to do everything specified in the prescribed approach. Employers should read the recommendations in both options 1 and 2 before deciding to apply option 1.
36. To apply the prescribed approach, employers need to determine the nature of injuries and illnesses that could occur at the workplace and whether their employees are at low risk or higher risk of injury or illness. Employers then need to apply the first aid provisions prescribed. Some provisions may vary according to risk level and number of employees. Employers can use the checklist in Appendix B to record how they have applied the prescribed approach.
37. Workplaces which are low risk and have fewer than 10 employees at the workplace only need to meet the recommendations for low-risk microbusinesses (see paragraphs 45–47).

Number of employees in the workplace

38. When considering the number of employees at the workplace for the purpose of providing first aid officers, first aid kits and first aid rooms, employers need to consider the maximum number of employees likely to be in the workplace at any one time. Employers should also consider the number of volunteers and other people who may be present in their workplace.
39. If work occurs over more than one shift, employers must, so far as is reasonably practicable, provide adequate facilities for the welfare of all employees across those shifts, which means that first aid facilities and first aid officers need to be available whenever people work. OHS Act ss21(1) and 21(2)(d) The number of people working overtime is often less than a regular shift, but additional hours of work heightens fatigue. This may increase the risk of incidents and injuries. When employees perform overtime or shift work, the employer needs to ensure that adequate first aid facilities and officers are available for the number of employees at the workplace (eg the number working each shift).

Determining if a workplace is low risk or higher risk

40. Employers need to consider the types of injuries or illnesses that are likely to occur in their workplace, and whether these are likely to be serious. Table 1 provides some examples of the types of injuries associated with common workplace hazards that may require first aid.

Option 1: Prescribed approach

Table 1 – Illnesses and injuries associated with common workplace hazards that may require first aid

Hazard	Potential harm requiring first aid
Manual tasks	Overexertion can cause musculoskeletal disorder.
Working at height or on uneven or slippery surfaces	Slips, trips and falls from height can cause fractures, bruises, lacerations, dislocations, head or spinal injury, and harness suspension trauma.
Electricity	Potential ignition source – could cause injuries from fire. Exposure to live electrical wires can cause shock, burns and cardiac arrest. Harness suspension trauma may result if a person is electrocuted while working in a harness.
Machinery and equipment	Being hit by a moving vehicle, or being caught by moving parts of machinery, can cause fractures, amputation, bruises, lacerations, dislocations, crush injury.
Hazardous chemicals	Toxic or corrosive chemicals may be inhaled or may contact skin or eyes causing poisoning, chemical burns, irritation, breathing difficulties, respiratory arrest. Flammable chemicals could result in injuries from fire or explosion.
Hazardous atmosphere	A hazardous atmosphere (such as in a confined space) may have low oxygen levels or increased concentrations of contaminants, leading to unconsciousness or burns from fire or explosion. Poor air quality (for example, due to bushfire smoke) can cause shortness of breath and respiratory irritation, and exacerbate heart and lung conditions including asthma.
Extreme temperatures	Hot surfaces and materials can cause burns. Working in extreme heat can cause dehydration and 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 cold injury (such as frostbite or non-freezing cold injury). Liquid nitrogen can cause cold burns.
Radiation	Welding arc flashes, ionising radiation and lasers can cause burns and blindness. Ultraviolet (UV) radiation from the sun can cause sunburn, heat-related illness and eye damage.
Violence	Behaviours including intimidation and physical assault can cause both physical and psychological injuries.
Biological	Infection, allergic reactions, anaphylaxis, contamination.
Animals	Bites (eg snakes, spiders, ticks), stings (eg bees, wasps, ants), kicks, falls, crush injuries, scratches, disease transmission.

Option 1: Prescribed approach

41. Examples of serious injuries include:
- amputation of any part of the body
 - a head injury (such as a fractured skull or altered consciousness)
 - an eye injury such as loss of sight
 - de-gloving or scalping
 - electric shock
 - a spinal injury
 - the loss of a bodily function (for example loss of movement of a limb, loss of sight or hearing)
 - fractures
 - lacerations (such as a cut requiring stitches).

Serious injury or illness can include injuries incurred as a result of work with plant (such as machinery), hazardous substances, dangerous goods, confined spaces, hazardous manual handling and working at height.

Low-risk workplaces

42. Low-risk workplaces are those where:
- employees are not exposed to hazards that could result in serious injury or illness that would require immediate medical treatment, and
 - the workplace is located where medical assistance or ambulance services are readily available.

Low-risk workplaces could include offices, libraries and most retail shops.

Higher risk workplaces

43. Higher risk workplaces are those where:
- employees may be exposed to hazards that could result in serious injury or illness that would require immediate medical treatment and/or
 - the workplace is not located where medical assistance or ambulance services are readily available (ie an isolated or remote location).

Higher risk workplaces could include manufacturing plants, commercial kitchens, meatworks, motor vehicle and body panel workshops, medical research facilities, prisons and forestry operations.

Workplaces with both low-risk and higher risk areas

44. If a workplace includes low-risk working areas as well as higher risk areas (for example a workplace with an administrative office plus a workshop), employers need to apply the prescribed approach for the higher risk workplaces.

Low-risk micro-businesses

45. A low-risk micro-business is one that:
- meets the criteria of low-risk workplaces above, and
 - has fewer than 10 employees at the workplace.
46. Low-risk micro-businesses could include retail shops and outlets, offices, libraries and art galleries.
47. A low-risk micro-business will be considered to comply with its duty to provide adequate first aid facilities by providing a basic first aid kit as set out in paragraphs 121–124.

Option 1: Prescribed approach

First aid officers

48. Where possible, employers need to ensure that there is at least one first aid officer available at the workplace at any one time during operating times. When planning numbers of first aid officers at the workplace, employers need to take into account coverage for situations such as shift rostering, leave and flexible work arrangements.

Low-risk workplaces

49. In low-risk workplaces, employers will be considered to comply by providing:
- one first aid officer for 10 to 50 employees
 - two first aid officers for 51 to 100 employees
 - an additional first aid officer for every additional 100 employees.

Higher risk workplaces

50. In higher risk workplaces, employers will be considered to comply by providing:
- one first aid officer for up to 25 employees
 - two first aid officers for 26 to 50 employees
 - an additional first aid officer for every additional 50 employees.

First aid training

51. As a minimum, employers need to ensure that first aid officers hold a nationally recognised statement of attainment issued by a registered training organisation (RTO) for the nationally endorsed first aid unit of competency *Provide First Aid*, or a course providing equivalent skills.
52. For higher risk workplaces, there may be a need for first aid officers who have completed *Provide Advanced First Aid* or a course providing equivalent skills.

53. Employers need to assess whether they need to provide additional training for first aid officers where there are particular workplace hazards or needs which mean advanced first aid skills may be necessary. Examples could include where:

- work is remote or isolated
- there are risks from hazardous substances such as arsenic, ammonia or cyanide, or from dangerous goods
- the workplace has specialist first aid equipment or a first aid room
- employees have existing medical conditions which may require first aid
- work involves diving or hazardous atmosphere environments where advanced resuscitation and oxygen may be needed.

To locate suitable first aid courses or RTOs, visit training.gov.au.

54. If the workplace is large or has a complex range of OHS hazards, the employer needs to choose option 2 (see Option 2: Risk assessment approach) and determine the appropriate level of first aid training based on a risk assessment.
55. Employers need to ensure that the qualifications of first aid officers are current and updated regularly. Training in cardiopulmonary resuscitation (CPR) should be carried out annually and first aid qualifications should be renewed every three years.

Training to assist someone experiencing a mental health crisis in the workplace

Employers should consider offering employees training to help to provide initial, informal support when a person experiences a mental health crisis in the workplace.

For more information on mental health in the workplace, go to the WorkSafe website at worksafe.vic.gov.au

Option 1: Prescribed approach

Immunisation for first aid officers

56. Where there is a risk of vaccine-preventable disease, first aid officers need to be offered vaccinations in line with the Department of Health *Australian immunisation handbook*.

First aid kits

Quantity

57. In low-risk workplaces, employers will be considered to comply by providing:
- one first aid kit for 10 to 50 employees
 - one additional kit for every additional 50 employees up to 200
 - one additional kit for every 100 additional employees above 200.
58. In higher risk workplaces, employers will be considered to comply by providing:
- one first aid kit, including specific first aid kit modules, for up to 25 employees
 - two kits, including specific first aid kit modules, for up to 50 employees
 - one additional kit, including specific first aid kit modules, for every additional 50 employees.
59. For isolated or remote locations or mobile workplaces, employers must, so far as is reasonably practicable, provide adequate facilities for the welfare of employees by ensuring employees have access to appropriate first aid kits. [OHS Act s21](#) Examples of employees working in mobile workplaces include delivery drivers, sales representatives and visiting community welfare and healthcare workers.

Location

60. Kits need to be clearly identifiable and easily accessible, and employers must provide adequate instruction to employees so kits can be located when needed. [OHS Act ss21\(1\) and \(2\)\(e\)](#)
61. Where there are separate work areas, it may be appropriate to locate first aid facilities centrally and provide portable first aid kits in each work area. This may include motor vehicles.

Contents and container

62. Adequate first aid arrangements will vary from one workplace to the next. Employers need to ensure that first aid kits are adequately stocked for their workplace.
63. First aid kits need to include the contents listed for basic workplace kits in paragraph 124. See also information about medications in first aid kits (paragraphs 138–141).
64. Employers need to assess whether additional first aid kit modules are needed where particular hazards exist at the workplace. For example, where employees may be exposed to corrosive chemicals, flying particles or flammable liquids, the employer needs to determine whether an eye module or a burns module is needed. See paragraphs 125–136 for more on additional first aid kit modules.
65. For information about the adequacy of containers for first aid kits, see paragraphs 121–123.
66. Employers need to ensure that first aid kits are maintained in accordance with paragraphs 142–143.

Option 1: Prescribed approach

First aid rooms

67. The provision of a first aid room will depend on the type of workplace and the number of employees and other persons. Employers will be considered to comply by providing a first aid room in:
- low-risk workplaces with more than 200 employees
 - higher risk workplaces with more than 100 employees.
68. For more information about first aid rooms and their contents, see paragraphs 144–148.

Access to medical services and the nature and extent of those services

69. In higher risk workplaces, employers need to ensure arrangements are in place for provision of appropriate emergency health care by a registered health professional (in addition to access to Ambulance Victoria or a hospital emergency department). These services may be provided within the workplace or be readily accessible outside the workplace – such as at a medical centre. The services need to:
- be able to provide emergency medical treatment
 - be readily available during the workplace operating times
 - have an understanding of the types of hazards at the workplace and the potential effect on the health of employees that may arise from exposure to those hazards.

Other first aid equipment

70. Employers need to consider whether it is reasonably practicable to have an automated external defibrillator (AED) in the workplace. For more information, see paragraphs 149–152.
71. Employers need to provide emergency eye-wash equipment at the workplace where there is a risk of hazardous chemicals or infectious substances causing eye injuries. For more information, see paragraphs 153–156.

Option 1: Prescribed approach

Signage

72. Employers need to provide safety signs to ensure first aid facilities are adequately signed, and that the telephone numbers of emergency services and details to assist employees to locate first aid officers are provided (eg telephone numbers, locations or a photograph if the first aid officer has provided one). Signs should comply with AS 1319 *Safety signs for the occupational environment*, for example by including a white cross on a green background. See figures 1 and 2.
73. Additional guidance on signage is provided in AS 1319 *Safety signs for the occupational environment*.



Figure 1 – First aid facilities sign

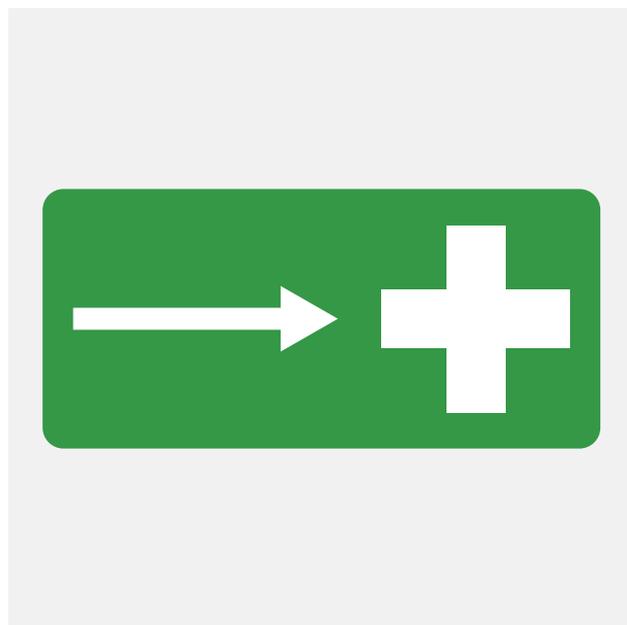


Figure 2 – Sign to indicate direction to first aid

Option 1: Prescribed approach

First aid procedures

74. Employers need to develop and implement first aid procedures to ensure that employees have a clear understanding of first aid arrangements in their workplace. For example, the procedures need to include:
- types and locations of first aid kits
 - location of first aid facilities (such as first aid rooms)
 - first aid kit contents and review dates
 - list of emergency numbers
 - systems for emergency communication with first aid officers and emergency services, including for remote or isolated employees, and processes for checking and maintaining these
 - arrangements for training first aid officers
 - arrangements for providing first aid information and instruction for employees (including communicating to employees the names of first aid officers, their locations and how to find them in the workplace)
 - processes for ensuring emergency services reach the unwell person as quickly as possible when called
 - processes for reporting injuries and illnesses in the workplace
 - requirements for notifying WorkSafe of a notifiable incident and how the notification will be carried out
 - infection control processes, including avoiding exposure to blood and body fluids or substances (see Appendix E).

Reviewing first aid arrangements

75. Employers need to review their first aid arrangements regularly to ensure that they are still adequate for the risk level and number of employees at the workplace. The review should include:
- numbers of first aid kits and contents of kits
 - location and type of first aid kits
 - number and availability of first aid officers needed and their training requirements
 - whether first aid training is up to date
 - whether a first aid room is needed, and
 - whether first aid contact details are up to date and have the appropriate information.
- See the checklist for reviewing first aid arrangements in Appendix D.

Option 1: Prescribed approach

Table 2 – Prescribed approach – Summary of numbers of first aid officers, kits and rooms

Low-risk workplaces					
	Up to 10 employees (micro-business)	10–50 employees	51–100 employees	101–200 employees	More than 200 employees
First aid officers*	Not required	One first aid officer	Two first aid officers	Three first aid officers	Three first aid officers for 200 employees plus one officer for every additional 100 employees
First aid kits**	One first aid kit	One first aid kit	Two first aid kits	Two first aid kits for the first 100 employees plus one kit for every additional 50 employees	Four first aid kits for 200 employees plus one kit for every 100 additional employees
First aid rooms	Not required	Not required	Not required	Not required	Required

* Where possible, employers need to ensure that there is at least one first aid officer available at the workplace at any one time during operating times. This may require, for example, considering arrangements when first aid officers are on leave (see paragraph 48).

** For isolated or remote locations or mobile workplaces, employers must, so far as is reasonably practicable, provide adequate facilities for the welfare of employees by ensuring employees have access to appropriate first aid kits (see paragraph 59).

Option 1: Prescribed approach

Table 2 – Prescribed approach – Summary of numbers of first aid officers, kits and rooms

Higher risk workplaces				
	Up to 25 employees	26–50 employees	50–100 employees	More than 100 employees
First aid officers* (including any necessary additional training)	One first aid officer	Two first aid officers	Two first aid officers for the first 50 employees plus one officer for every additional 50 employees	Three first aid officers for the first 100 employees plus one officer for every additional 50 employees
First aid kits** (including any necessary additional modules)	One first aid kit	Two first aid kits	Two first aid kits for the first 50 employees plus one kit for every additional 50 employees	Three first aid kits for the first 100 employees plus one kit for every additional 50 employees
First aid rooms	Not required	Not required	Not required	Required

* Where possible, employers need to ensure that there is at least one first aid officer available at the workplace at any one time during operating times. This may require, for example, considering arrangements when first aid officers are on leave (see paragraph 48).

** For isolated or remote locations or mobile workplaces, employers must, so far as is reasonably practicable, provide adequate facilities for the welfare of employees by ensuring employees have access to appropriate first aid kits (see paragraph 59).

Option 2: Risk assessment approach

Establishing first aid needs

76. Employers need to:
- identify the hazards that could result in work-related injury or illness
 - assess the likelihood and severity of work-related injury or illness
 - determine and provide the appropriate first aid facilities and training, taking into account the nature of the workplace (eg size, layout, location)
 - review their needs and first aid arrangements on a regular basis or as circumstances change.

Employers have a duty to consult with employees including HSRs on certain matters (see paragraphs 21–24).

77. As part of this systematic approach, employers need to take account all of the following:

The nature of the hazards and the severity of the risks

78. Certain work environments have greater risks of injury and illness due to the nature of the work being performed. This is an important factor in determining first aid needs. For example, offices and libraries will need different first aid facilities to factories.
79. Where a workplace stores or uses highly toxic or corrosive chemicals, additional first aid facilities need to be provided, particularly if specified in the relevant safety data sheet (SDS). Additional facilities may also need to be considered where work involves diving or hazardous atmospheres. For example, facilities may need to include specific antidotes, emergency showers and eyewash stations (see paragraphs 153–156) or a medical oxygen supply. First aid officers also need to be trained in the use of these facilities.

Option 2: Risk assessment approach

Table 3 – Injuries and illnesses associated with common workplace hazards that may require first aid

Hazard	Potential harm
Manual tasks	Overexertion can cause musculoskeletal disorders.
Working at height or on uneven or slippery surfaces	Slips, trips and falls from height can cause fractures, bruises, lacerations, dislocations, head or spinal injury, and harness suspension trauma.
Electricity	Potential ignition source — could cause injuries from fire. Exposure to live electrical wires can cause shock, burns and cardiac arrest. Harness suspension trauma may result if a person is electrocuted while working in a harness.
Machinery and equipment	Being hit by moving vehicles, or being caught by moving parts of machinery can cause fractures, amputation, bruises, lacerations, dislocations, crush injury.
Hazardous chemicals	Toxic or corrosive chemicals may be inhaled or may contact skin or eyes causing poisoning, chemical burns, irritation, breathing difficulties, respiratory arrest. Flammable chemicals could result in injuries from fire or explosion.
Hazardous atmosphere	A hazardous atmosphere (such as a confined space) may have low oxygen levels or increased concentrations of contaminants, leading to unconsciousness or burns from fire or explosion. Poor air quality (for example, due to bushfire smoke) can cause shortness of breath and respiratory irritation, and exacerbate heart and lung conditions including asthma.
Extreme temperatures	Hot surfaces and materials can cause burns. Working in extreme heat can cause dehydration and 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 cold injury (such as frostbite or non-freezing cold injury). Liquid nitrogen can cause cold burns.
Radiation	Welding arc flashes, ionising radiation and lasers can cause burns and blindness. Ultraviolet (UV) radiation from the sun can cause sunburn, heat-related illness and eye damage.
Violence	Behaviours including intimidation and physical assault can cause both physical and psychological injuries.
Biological	Infection, allergic reactions, anaphylaxis, contamination.
Animals	Bites (eg snakes, spiders, ticks), stings (eg bees, wasps, ants), kicks, falls, crush injuries, scratches, disease transmission.

Option 2: Risk assessment approach

Known occurrences of injuries, illnesses and incidents

80. A review of injury, illness and 'near miss' incident data for the workplace will help identify problem areas. However, the use of this data should not be the only means of identifying hazards as it covers past occurrences that may not reliably indicate potential future injuries and illnesses.
81. Specialist practitioners and representatives of industry associations, unions and government may be of assistance in gathering health and safety information regarding workplace hazards, injuries and illnesses, and in determining appropriate first aid resources. Information can also be found in guidance at worksafe.vic.gov.au

Size and layout of the workplace

82. In relation to the size and layout of a workplace, employers need to take into account:
 - the nature of the work being performed in different work areas
 - the distance an injured or sick person has to be transported to receive first aid
 - the level of first aid available throughout the workplace.
83. First aid facilities need to be located at convenient points and in areas where there is a significant risk of an injury occurring, where reasonably practicable.
84. A large workplace may need first aid facilities to be provided in more than one location if:
 - the place of work is a long distance from emergency facilities
 - small numbers of employees are dispersed over a wide area
 - access to treatment is difficult, or
 - the workplace has more than one floor.

The number of employees and the way work is done

85. Where there are separate work areas (eg a number of buildings on a site or multiple floors in an office building), it may be appropriate for employers to locate first aid facilities centrally and provide appropriate first aid kits in each work area (including portable first aid kits in motor vehicles for when employees travel and for mobile workers such as delivery drivers, sales representatives and visiting community welfare and healthcare workers).
86. Where employees work away from their employer's premises, the employer will need to take into account:
 - whether employees work alone or in groups
 - employees' access to telephones and emergency radio communications, and
 - the nature of the work being performed.
87. If work occurs over more than one shift, employers must, so far as is reasonably practicable, provide adequate facilities for the welfare of all employees across those shifts, which means that adequate first aid facilities and first aid officers need to be available whenever people work. **OHS Act ss21(1) and 21(2)(d)** The number of people working overtime is often less than a regular shift, but additional hours of work heightens fatigue. This may increase the risk of incidents and injuries. When employees perform overtime or shift work, the employer needs to ensure that adequate first aid facilities and officers are available for the number of employees in the workplace (eg the number working each shift).

Option 2: Risk assessment approach

88. In work environments where other people, such as volunteers, residents, prisoners, students or members of the public, may be present, the employer needs to assess what additional first aid facilities should be provided for people other than employees. Examples of these workplaces include schools, museums, libraries, sporting or entertainment venues, care facilities and prisons.

Location of the workplace

89. The distance of the workplace from ambulance services, hospital and medical centres or occupational health services (services that specialise in work-related healthcare) needs to be taken into account.

90. If timely access to emergency services cannot be assured, a person trained in more advanced first aid techniques may be needed at the workplace. This may involve providing additional training for the first aid officer or using the services of a registered health professional. Decisions about qualifications and training for first aid officers will depend on a combination of factors, such as how accessible emergency services are, the number of employees, the nature of the hazards present and the severity of the risks involved.

91. The time taken for medical aid to reach the person requiring first aid is more significant than the distance of the workplace from emergency health services. For workplaces in remote areas, special considerations for provision of first aid may apply. Where there may be poor roads and adverse weather conditions, facilities for aerial evacuation need to be included when planning first aid facilities. Efficient communications systems need to be available for ensuring optimum response times. Employers should consider which communication systems are appropriate for their workplace. These may include mobile or satellite phones,

radios or global positioning systems (GPSs). Systems selected need to be suitable for the infrastructure available in the area. For example, an area may not have sufficient mobile phone coverage.

92. For employees working in remote locations, the employer needs to provide portable first aid kits. Remote workplaces may also need the provision of first aid kit contents to treat asthma and anaphylaxis and specialised first aid kit modules (eg for eye injuries, burns, and snake, spider and insect bites).

Recording the first aid assessment

93. The employer needs to record the first aid assessment and its outcomes. This may be beneficial when reviewing first aid facilities and training needs. See Appendix C for an example of a first aid assessment.

First aid officers

94. Employers need to ensure they provide first aid officers with appropriate training so they are able to perform their role effectively.

95. The skills and knowledge first aid officers need may vary according to the type of workplace. Having regard to the outcomes of the risk assessment, the employer needs to ensure that an adequate number of suitably trained first aid officers are provided for the welfare of employees in the workplace. In addition, the employer needs to ensure that the first aid officers have access to adequate first aid kits and where appropriate, first aid rooms and occupational health centres.

96. The employer needs to ensure that a record of any first aid treatment given is kept by the first aid officer and reported to managers on a regular basis to assist the employer when reviewing the risk assessment outcomes. First aid treatment records, and the privacy of an individual's health information, are subject to the requirements of the *Health Records Act 2001*.

Option 2: Risk assessment approach

Immunisation for first aid officers

97. Where there is a risk of vaccine-preventable disease, first aid officers need to be offered vaccinations in line with the Department of Health *Australian immunisation handbook*.

First aid training

98. As a minimum, employers need to ensure first aid officers hold a nationally recognised statement of attainment issued by a registered training organisation (RTO) for the nationally endorsed first aid unit of competency *Provide First Aid*, or a course providing equivalent skills.
99. For large workplaces, or those workplaces with a complex range of OHS hazards, there may be a need for first aid officers who have completed *Provide Advanced First Aid* or a course providing equivalent skills.
100. Employers need to assess whether they need to provide additional training for first aid officers where there are particular workplace hazards or needs which mean advanced first aid skills may be necessary. Examples could include where:
- work is remote or isolated
 - there are risks from hazardous substances such as arsenic, ammonia or cyanide, or from dangerous goods
 - the workplace has specialist first aid equipment or a first aid room
 - employees have existing medical conditions which may require first aid
 - work involves diving or hazardous atmosphere environments where advanced resuscitation and oxygen may be needed.

To locate suitable first aid courses or RTOs, visit training.gov.au.

101. Employers need to ensure that the qualifications of first aid officers are current and updated regularly. Training in CPR should be carried out annually and first aid qualifications should be renewed every three years.

Training to assist someone experiencing a mental health crisis in the workplace

Employers should consider offering employees training to help to provide initial, informal support when a person experiences a mental health crisis in the workplace.

For more information on mental health in the workplace, go to the WorkSafe website at worksafe.vic.gov.au

First aid kits

Quantity

102. Provision of appropriate first aid facilities for the welfare of employees will vary from one workplace to the next. Having regard to the factors listed in paragraphs 78–92, an appropriate number of first aid kits needs to be provided by the employer.

Location

103. Employers need to determine the appropriate location of first aid kits. Kits need to be clearly identifiable and easily accessible, and employers must provide adequate instruction to employees so kits are able to be located when needed [OHS Act ss21\(1\) and \(2\)\(e\)](#).

Option 2: Risk assessment approach

Contents and container

104. Employers need to determine the adequate contents of a first aid kit for their workplace, considering the outcomes of the risk assessment.
105. For most workplaces, a first aid kit needs to include the items listed for a basic kit in paragraph 124. See also information about medicines in first aid kits (paragraphs 138–141).
106. Employers need to assess whether additional first aid kit modules are needed where particular hazards exist at the workplace. Some examples of commonly needed additional modules are those dealing with eye injuries, burns and remote workplaces. See paragraphs 125–136 for more on additional first aid kit modules.
107. For information about containers for first aid kits, see paragraphs 121–123.
108. Employers need to ensure that first aid kits are maintained in accordance with paragraphs 142–143.

First aid rooms

109. Employers need to determine whether a first aid room is needed in their workplace, having regard to the outcome of the risk assessment.
110. First aid rooms need to be provided in the manner and include the basic contents set out in paragraphs 144–48. Additional first aid kit modules and other items or equipment need to be provided for the first aid room if required by the risk assessment.

Registered health professionals and access to medical services

111. In higher risk workplaces, employers need to make arrangements for provision of appropriate emergency health services by a registered health professional (in addition to access to Ambulance Victoria or a hospital emergency department). Based on their risk assessment, employers need to determine whether these services should be provided within the workplace or be readily available outside the workplace.
112. In certain workplaces (such as a large mine site), an on-site occupational health centre for the initial treatment of injuries and illnesses may be most appropriate. In this situation, the employer should engage the services of a suitably qualified occupational health professional such as a paramedic, registered nurse or medical practitioner.
113. Alternatively, employers need to make arrangements for the services of an appropriate medical centre external to the workplace. The medical centre needs to:
 - be able to provide emergency health care
 - be readily available during the workplace operating times
 - have an understanding of the types of hazards at the workplace and the potential effect on the health of employees that may arise from exposure to those hazards.

Employers need to consider developing an emergency management plan in conjunction with the external medical centre. Note that there are specific requirements for emergency plans in certain circumstances under the OHS Regulations (eg major hazard facilities and prescribed mines) and under the Dangerous Goods (Storage and Handling) Regulations 2012.

Option 2: Risk assessment approach

114. Where the workplace has suitably qualified personnel onsite who have relevant first aid competencies, the employer may decide that their professional qualifications negate the need for them to undertake specific first aid training.

Other first aid equipment

115. Employers need to consider whether it is reasonably practicable to have an AED in the workplace. For more information, see paragraphs 149–152.
116. Employers need to provide emergency eye-wash equipment where there is a risk of hazardous chemicals or infectious substances causing eye injuries. For more information, see paragraphs 153–156. See also paragraph 79 about additional facilities.

Signage

117. Where appropriate, the employer needs to provide safety signs to ensure first aid facilities are adequately signed, and that the telephone numbers of emergency services and details to assist employees to locate first aid officers are provided (eg telephone numbers, locations or a photograph if the first aid officer has provided one). Signs should comply with AS 1319 *Safety signs for the occupational environment*, for example by including a white cross on a green background. See figures 3 and 4.
118. Additional guidance on signage is available in AS 1319 *Safety signs for the occupational environment*.



Figure 3 – First aid facilities sign

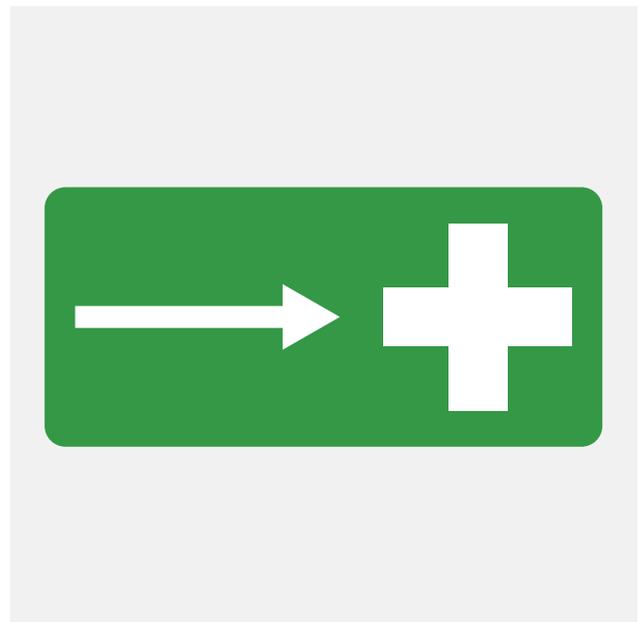


Figure 4 – Sign to indicate direction to first aid

Option 2: Risk assessment approach

First aid procedures

119. Employers need to develop and implement first aid procedures to ensure employees have a clear understanding of first aid arrangements in their workplace. For example, the procedures need to include:
- types and locations of first aid kits
 - location of first aid facilities (such as first aid rooms)
 - first aid kit contents and review dates
 - list of emergency numbers
 - systems for emergency communication with first aid officers and emergency services, including for remote or isolated employees, and processes for checking and maintaining these
 - arrangements for training first aid officers
 - arrangements for providing first aid information and instruction for employees (including communicating to employees the names of first aid officers, their locations, and how to find them in the workplace)
 - processes for ensuring emergency services reach the unwell person as quickly as possible when called
 - processes for reporting injuries and illnesses in the workplace
 - requirements for notifying WorkSafe of a notifiable incident and how the notification will be carried out
 - infection control processes, including avoiding exposure to blood and body fluids or substances (see Appendix E).

Reviewing first aid arrangements

120. Employers need to regularly review first aid arrangements to ensure they are adequate and effective. In particular, employers should review first aid arrangements when:
- the number of employees changes
 - the way work is performed is changed, or new work practices are introduced
 - there has been an incident that required first aid, or
 - there is new information about a previously unidentified hazard or first aid measures
- See the checklist for reviewing first aid arrangements in Appendix D.

Option 2: Risk assessment approach

First aid risk assessment process

Step 1 – Identify potential causes of workplace injury and illness

- Has a comprehensive hazard identification of the workplace occurred?
- Have incident, injury and 'near miss' data been reviewed?
- Has advice from your organisation's OHS coordinator or advisor been obtained?
- Have you consulted with HSRs (if any) and employees?
- Is specialist or external assistance required?



Step 2 – Assess the risk of workplace injury and illness

- Is the nature of the hazards involved in the work known?
- Is the likelihood of a person's exposure to a hazard known?
- Do you know how many people may be exposed to a hazard and for how long?
- Has information on safety data sheets (SDSs) and product labels been checked?
- Have you consulted with HSRs (if any) and employees?



Step 3 – What first aid arrangements are required to meet the assessed needs?

First aid officers and training

- How many first aid officers are needed?
- What competencies do they require?
- What training is needed?

First aid facilities

- How many kits are needed and are other modules needed?
- Where should they be located and are they identifiable?
- Who is responsible for maintaining the kits?
- Is other first aid equipment needed?
- Is a first aid room or occupational health centre needed?

First aid procedures

- What procedures are needed for the workplace?



Periodic review of assessment

First aid kits, rooms and equipment

First aid kits

Container

121. The container needs to:
 - be suitable for the environment to keep the contents clean, dry, organised and free from damage
 - be large enough to hold any additional first aid kit modules that are to be included, preferably in separate compartments
 - be easily recognisable (eg with a white cross on a green background prominently displayed on the outside and clearly marked as 'first aid kit').
122. The container should not be locked.
123. The name and telephone number of workplace first aid officers, as well as emergency services telephone numbers and addresses, should be located in or near each first aid kit.

First aid kits, rooms and equipment

Basic workplace first aid kit contents

124. For most workplaces, a first aid kit needs to contain the following items:

First aid instructions / quick reference guide	1
Notebook and pen or pencil	1
Disposable surgical face masks	4
Resuscitation face mask or face shield with one-way valve	1
Disposable nitrile gloves (nitrile is a latex-free rubber suitable for people with latex allergies)	5 pairs in a range of sizes
Gauze swabs 10 x 10 cm, sterile (3-pack)	5 packs
Saline 15 ml or 30 ml	8 x 15 ml or 4 x 30 ml
Adhesive dressing strips – plastic or fabric, packet of 50	1
Non-adherent wound dressing/pad 5 x 5 cm (small)	6
Non-adherent wound dressing/pad 7.5 x 7.5 cm (medium)	3
Non-adherent wound dressing/pad 10 x 10 cm (large)	3
Conforming crepe bandage, light, 5 cm width	3
Conforming crepe bandage, light, 7.5 cm width	3
Conforming crepe bandage, 10 cm width	1
Scissors	1
Adhesive tape, non-stretch, hypoallergenic, 2.5 cm wide roll	1
Dressing – combine pad 9 x 20 cm	2
Resealable bag – large	2
Triangular bandage minimum width 110 x 155 cm	2
Eye pads, single use	2
Instant cold pack for treatment of soft tissue injuries and some stings	1
Alcohol-based hand sanitiser	1
Emergency accident blanket	1

First aid kits, rooms and equipment

Additional modules

125. The employer needs to assess whether additional first aid kit modules are needed where particular hazards exist. Some examples of commonly needed additional modules are:

Eye module

126. This module needs to be included in first aid kits in any workplace where:

- chemical liquids or powders are handled in open containers
- spraying, hosing, compressed air or abrasive blasting operations are carried out
- there is any possibility of flying particles
- welding, cutting or machining operations are conducted
- wearing of eye protection is recommended.

127. The module needs to be kept in a container that clearly identifies its contents and purpose.

128. Where an eye module is needed, the module should include:

- instructions for use
- one litre eye wash (for single use) and/or access to eye wash station
- sterile eye pads/ eye shield
- adhesive tape.

129. This module does not necessarily replace the need to provide general eye wash facilities in workplaces with particular hazards.

Burns module

130. This module needs to be included in first aid kits in any workplace where there is a possibility of a person receiving a serious burn. Such workplaces may include those where:

- heat is used (eg in kitchens, workplaces where welding work is done)

- flammable liquids are used
- chemical acids or alkalines are used, or
- other corrosive chemicals are used.

131. The module needs to be kept in a container which clearly identifies its contents and purpose.

132. Where a burns module is needed, the module should include:

- burn treatment instructions on two waterproof instruction cards: one for the first aid kit and the other to be located on the wall next to the emergency shower or water supply
- hydrogel, 8 x 3.5 gram sachets*
- hydrogel dressings*
- clean polythene film (cling wrap), or sheets, small, medium and large
- 7.5 cm cotton conforming bandage.

* Hydrogel products are optional contents for pain management in treating small burns in adults.

133. The size of dressings and sheeting required needs to be determined with regard to the nature of hazards at the workplace. For example, if there is a risk of molten metal splashing at a fabricating plant, large burn dressing and sheeting may be necessary first aid provisions.

134. This module does not replace the need to provide drench showers where these may be required to comply with the OHS Regulations or suggested in other compliance codes.

Other useful modules

135. The selection of other modules may arise out of the assessment process. For example, cyanide poisoning or snake bite kits may be required.

First aid kits, rooms and equipment

136. It is suggested that if the assessment indicates that additional modules are desirable, assistance be sought from first aid professionals or first aid supply companies to determine what contents are appropriate.

Additional contents of first aid kits for use in remote locations

137. The appropriate contents will vary according to the location, and the nature of the work and its associated risks. It is likely the first aid kit will need to include:
- emergency reference manual
 - two snake bite bandages or elasticised bandages 10 – 15cm (for snake bites)
 - clean polythene film (cling wrap) or large sheeting (for covering burns)
 - thermal blanket (to protect from the cold)
 - whistle (for attracting attention)
 - torch/flashlight
 - limb splint.

Medications in first aid kits

138. Employers should consider including an asthma-relieving inhaler and a spacer to treat asthma attacks and adrenaline (epinephrine) auto-injector for the treatment of anaphylaxis (commonly known as an EpiPen). These may also be available as additional kit modules. These should be stored according to the manufacturers' instructions, and be replaced when they reach their expiry date. First aid officers need to be aware that the administering of medication should only occur in certain circumstances (see paragraph 141). If it is anticipated first aid officers will need to administer medication they need to be provided with appropriate training. Employees who require prescribed or over-the-counter medicines should carry their own medicines for their personal use as needed.

139. Employers should also consider including 300 mg of dissolvable aspirin in the first aid kit for the treatment of chest pain, to be administered on the instruction of Ambulance Victoria or a registered health professional.
140. Where the employer considers it necessary, mild analgesics can be included in the first aid kit with appropriate controls on access. This can include paracetamol or similar agents that are available for unrestricted purchase. These medications should be used in accordance with the instructions on the package.
141. In general, administering scheduled medications needs to be managed by a registered health professional. However, in providing first aid, it may be appropriate for a first aid officer in certain circumstances to:
- assist a patient with taking their medication (such as an asthma inhaler)
 - assist a patient to take, or administer a medicine to a patient, in line with their first aid training or on the instruction of a registered health professional or Ambulance Victoria (for example, giving an adrenaline (epinephrine) auto-injector in anaphylaxis).

First aid officers are not expected to know employees' medical conditions.

Maintaining first aid kits

142. Employers need to ensure that first aid kits are restocked as necessary. Employers need to have a system of work for reviewing and restocking kits, and for ensuring that any items that may expire are replaced regularly. Kits should be checked quarterly and after every event requiring first aid.
143. The use of single-use items should be encouraged at all times.

First aid kits, rooms and equipment

First aid rooms

144. Where a first aid room is provided by an employer at a workplace, it needs to be:
- available for provision of first aid as its primary purpose
 - large enough for its purpose
 - well lit and well ventilated
 - easily accessible by injured people who may need to be supported or moved by stretcher or wheelchair and have easy access to toilets
 - near an exit so that an injured person may be removed quickly by ambulance where necessary.
145. Additional first aid kit modules and other items or equipment need to be provided for the first aid room if required.
146. Each first aid room (and its contents) needs to be under the control of a first aid officer who the employer has provided necessary training to, and therefore has the appropriate skills and knowledge.

Basic first aid room contents

147. The following items need to be provided in the room:
- resuscitation face mask or face shield with one-way valve
 - disposable surgical face masks
 - sink and wash basin with hot and cold water or hand sanitiser with paper towels
 - work bench or dressing trolley
 - storage facilities
 - hazardous waste container or bio-hazard bags for soiled dressing a container with disposable lining for soiled waste
 - a sharps container
 - electric power points
 - an examination couch with a waterproof surface and disposable sheets

- a desk, chair and telephone
- signage indicating emergency telephone numbers
- signage indicating emergency first aid procedures
- a first aid kit or contents appropriate for the workplace.

148. The following additional items may also be appropriate:

- eye protection glasses or face shield
- an automated external defibrillator.

Automated external defibrillators (AEDs)

149. Employers should consider whether it is reasonably practicable to have an AED in the workplace to manage the risk of death from cardiac arrest in their workplace.
150. When deciding whether it is reasonable to have AEDs in the workplace, employers should consider the likelihood that someone will suffer a cardiac arrest in the workplace. For example, an AED may be appropriate if specific risks associated with the work performed at the workplace increase the likelihood of cardiac arrest, or if there are large numbers of members of the public, such as clients or visitors, attending the workplace.
151. AEDs should be installed in well-known, visible and accessible locations. They should not be locked and should be clearly signed. AEDs should be maintained according to the manufacturer's instructions, including replacing batteries and pads at the specified intervals.
152. Anyone can use an AED on someone suspected of being in cardiac arrest by following the voice prompts and picture guidance. Training is not required.

First aid kits, rooms and equipment

AEDs save lives

An AED is used for an unresponsive person who is not breathing normally (no obvious breathing or only occasional gasping breaths). This is called a cardiac arrest.

The AED analyses the person's heart rhythm. If a rapid, chaotic heart rhythm is detected (fibrillation), the AED will deliver an electric shock to reset the heart. More than one shock may be required.

Always give CPR while waiting for an AED. The AED provides the operator with guidance including pausing CPR during analysis and when to recommence CPR. An AED will not deliver a shock when not needed.

It is important to act quickly. There is only a limited period of time during which a heartbeat can be restored. Early defibrillation dramatically increases chance of survival from cardiac arrest.

AEDs should be easy to access. It is recommended they are located within two minutes brisk walk from the places they are likely to be needed.

Registering the AED with Ambulance Victoria (registermyaed.ambulance.vic.gov.au) links AEDs in the community with people who urgently need them. It also alerts the ambulance call taker to the presence of an AED allowing the call taker to give instructions and support before an ambulance arrives.

Showers and eye wash stations

153. Employers should provide emergency eye-wash equipment where there is a risk of hazardous chemicals or infectious substances causing eye injuries.

154. Immediate access should be provided to emergency shower equipment in workplaces where there is a risk of:

- exposure to hazardous chemicals resulting in skin absorption or contamination from infectious substances, or
- serious burns to a large area of the face or body, including chemical or electrical burns or burns that are deep, in sensitive areas or larger than a 20 cent piece in an adult.

155. Shower facilities can consist of:

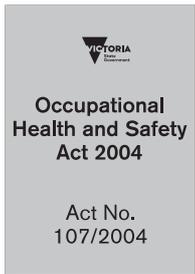
- a deluge facility
- a permanently rigged hand-held shower hose, or
- a portable plastic or rubber shower hose designed to be easily attached to a tap spout — this may be appropriate where the workplace is small, a fixed deluge facility would not be reasonably practicable, and the risk of serious burns is foreseeable but relatively low.

156. Eye wash and shower equipment should deliver water at a tepid temperature, and may be permanently fixed or portable, depending on the nature of the task and the workplace. For example, in a food processing facility where caustic cleaners are used, a plumbed-in emergency eyewash should be provided close to where the chemicals are used. A combination eyewash and shower facility should be provided where there is a potential for large or whole body splashes of concentrated solutions. Portable, self-contained eye wash or shower units have their own flushing fluid to flush chemicals, foreign objects or substances from the eyes or body. They need to be refilled or replaced after use.

This does not replace the need to provide drench showers where these may be required to comply with the OHS Regulations or suggested in other compliance codes.

More guidance is available in AS 4775 *Emergency eyewash and shower equipment*.

Appendix A – The compliance framework



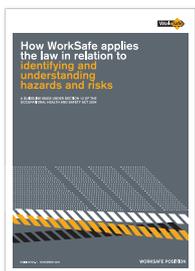
The Occupational Health and Safety Act 2004 (OHS Act) sets out the key principles, duties and rights in relation to occupational health and safety.



The Occupational Health and Safety Regulations 2017 (OHS Regulations) specify the way in which a duty imposed by the OHS Act must be performed, or prescribe procedural or administrative matters to support the OHS Act (eg requiring licences for specific activities, the keeping of records or giving notice).



Compliance codes provide practical guidance to duty holders. If a person complies with a provision of a compliance code, they are deemed to comply with the OHS legislative duty covered by the code provision. However, compliance codes are not mandatory, and a duty holder may choose to use some other way to achieve compliance.



WorkSafe positions are guidelines made under section 12 of the OHS Act that state how WorkSafe will apply the OHS Act or OHS Regulations or exercise discretion under a provision of the OHS Act or OHS Regulations. WorkSafe positions are intended to provide certainty to duty holders and other affected parties.



Non-statutory guidance includes information published by WorkSafe aimed at building people's knowledge and awareness of OHS issues, risks to health and safety, and the disciplines and techniques that can be applied to manage and control risks. Non-statutory guidance is not mandatory, nor does it provide any *deemed to comply* outcomes for duty holders. This guidance does, however, form part of the *state of knowledge* about OHS.

Appendix B – Checklist for applying first aid arrangements (prescribed approach)

Question	Notes
Risk level in the workplace	
1. Have you determined the types of injuries or illnesses that could occur and whether your workplace is low risk or higher risk?	
2. Have you consulted with employees and HSRs (if any) on the risk level in the workplace?	
First aid officers	
3. Have you considered your workplace's operating times, distribution of staff across shifts, and needs for first officers to cover leave and staff turnover?	
4. How many first aid officers do you need?	
5. In addition to the minimum training level, do first aid officers need advanced training, or additional training to meet specific workplace hazards or needs?	
6. Do the first aid officers need immunisations?	
First aid kits	
7. How many basic first aid kits do you need?	
8. Do you need additional first aid kit modules for specific needs or hazards in your workplace?	
9. Do you have a system for checking and restocking your first aid kits?	
First aid rooms	
10. Do you need a first aid room?	
First aid equipment	
11. Do you consider it to be reasonably practicable to provide an AED?	
12. Do you require a shower or eye wash station?	
First aid procedures	
13. Have you drafted and implemented first aid procedures?	
Signage	
14. Have you put up first aid signage?	
Reviewing arrangements	
15. Have you made a plan for when and how you will review your arrangements?	

Appendix B – Checklist for applying first aid arrangements (prescribed approach)

Example:

The owner of a small house framing contracting business (the employer) is reviewing the first aid arrangements at a workplace (a construction site). The business has two employees and operates in remote country town developments.

Some of the hazards that exist with framing houses include working at heights, using hazardous equipment (nail guns, hammers, nails), and exposure to dust, wood, chemicals etc. Injuries from these hazards could include lacerations or bone sprains/breaks from falls from height, cuts and injuries from nail guns and nails, eye injuries from dust and skin injuries from wood splinters.

The employer decides that they will use the prescribed approach, but assesses that they have a higher risk workplace, as employees may be exposed to hazards that could result in serious injury needing medical attention.

To provide adequate facilities for the welfare of employees that will address injuries that could occur at the workplace, the employer reviews the contents of the first aid kit taken to different sites (various workplaces). Most of the items needed are in the basic kit, such as adhesive dressing strips, multiple sized bandages, eye pads and slings. The employer also decides to have a separate eye module to deal with eye injuries from possible residual wood particles from cutting and sanding and dust from dry and dusty sites.

The employer makes sure there is always a mobile phone available at the worksite in case there's an incident and an ambulance is needed.

The employer has completed the Provide first aid in the workplace unit of competency, and is the designated first officer for the small team.

The employer makes sure they consult with their employees when reviewing the injuries that could occur and the first aid arrangements needed (the workplace does not have an HSR).

The employer reviews first aid arrangements regularly, including when they engage further employees, when working in more remote locations or after an incident which required first aid.

Appendix C – Sample first aid assessment (risk assessment approach)

This assessment of first aid requirements is included as an example only. The summary documentation does not reflect the consultative process that must occur (see paragraphs 21–26 of the Code) or detail the assessment of each identified hazard. It therefore should not be directly transposed to other workplaces.

ABC Workplace Co – Office and manufacturing operation

Assessment factors

1. Nature of hazards and severity of risk

Hazard	How it could cause harm	Likelihood of occurrence and degree of harm	First aid implications
Hazardous substances: <ul style="list-style-type: none"> • volatile solvents • disinfectants 	Solvents: <ul style="list-style-type: none"> • inhalation can affect central nervous system and organs • skin and eye irritation can occur on contact Disinfectants: <ul style="list-style-type: none"> • inhalation and contact – respiratory irritant and dermatitis 	Possible daily risk for 10 workers near solvent degreasing unit Possible daily 5 maintenance staff exposed to disinfectants Good ventilation is provided. PPE is used; information (SDSs), instruction and supervision provided	SDS and label says if in eyes rinse cautiously with water for several minutes. Eye wash equipment required
Noise	Hearing damage	65 workers on machines PPE is used	First aid only required in extreme situations
Hazardous manual handling	Muscle strain	Low risk of daily exposure Mechanical aids, workstation alterations and systems of work eliminate or minimise risk	Ice packs, slings and compression bandages

Appendix C – Sample first aid assessment (risk assessment approach)

ABC Workplace Co – Office and manufacturing operation

2. Known occurrences of injuries, illnesses and injuries

Last 12 months' claims data	5 x abrasions 3 x slips
Incidents not resulting in injury	Incident where a trolley carrying disinfectants overturned
Other	Employee using solvent reported symptoms of eye irritations and light-headedness

3. Size and layout of the workplace

Maximum distance to first aid room	65 metres
Number of floors	2
Access between floors	Lifts and stairs

4. Number and distribution of employees

Number of staff	80 (office 15; factory 65)
Shifts	3
Overtime worked	Yes – regularly
Are any employees isolated, remote or mobile workers?	1 employee driving delivery vehicle locally on occasion

5. Location of the workplace

Nearest hospital	6 kilometres
Nearest medical or occupational health service	2 kilometres
Maximum time to medical service	15 minutes

Appendix C – Sample first aid assessment (risk assessment approach)

ABC Workplace Co – Office and manufacturing operation

6. First aid facilities required

Number of first aid officers required	9 – minimum 3 per shift (1 for the office and 2 for the manufacturing plant)
Training and competencies required of first aid officers	<p>'Provide advanced first aid' training required for office areas – to be refreshed every 3 years (CPR component every year)</p> <p>'Occupational first aid' training required for manufacturing plant – to be refreshed every 3 years (CPR component every year)</p>
Number and location of kits	6 – 1 on the office floor, 4 on the factory floor and 1 portable kit in the delivery vehicle
Contents of the first aid kit	Standard workplace kit, with burns module and eye module
First aid room	Yes – first aid kit with automated external defibrillator unit
Languages information required in	English, Vietnamese, Turkish

Appendix D – Checklist for reviewing first aid needs

Question	Yes	No
Do all employees have access to first aid officers and first aid kits?	<input type="checkbox"/>	<input type="checkbox"/>
Are more first aid kits needed?	<input type="checkbox"/>	<input type="checkbox"/>
Are more first aid officers needed?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees have access to first aid officers at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Are the first aid kits and modules suitable for the hazards at your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid kits well maintained and identifiable to workers?	<input type="checkbox"/>	<input type="checkbox"/>
Is a first aid room or health centre required?	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid facilities well maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Do first aid officers have skills, training and competencies to provide first aid in your workplace and are their skills up to date?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees know how to access first aid?	<input type="checkbox"/>	<input type="checkbox"/>
Are first aid contact details up to date?	<input type="checkbox"/>	<input type="checkbox"/>

Appendix E – Standard precautions for infection control

Standard precautions means assuming that all blood and body substances or fluids are a potential source of infection, independent of diagnosis or perceived risk.

There are infectious diseases in the workplace that may have life-threatening consequences, and standard precautions against infection are the only effective defence. Employers need to develop and implement policies and practices to minimise the risk of disease transmission in the workplace.

Principles of infection control

Employers need to ensure that all first aid officers understand how infections are transmitted in the workplace and know what preventative procedures to follow. Additional infection control measures may be required in specific circumstances (for example, during a pandemic).

Hand hygiene

Hand hygiene means:

- washing hands with soap and water for at least 20 seconds, then drying them with single-use towels, or
- applying alcohol-based hand sanitiser.

Performing hand hygiene before and after administering first aid is essential.

Appropriate use of PPE

Use appropriate PPE (such as disposable nitrile gloves, protective eyewear and protective clothing) whenever exposure to blood or body substances or fluids is likely or where moist surfaces occur.

Resuscitation face masks or shields with a one-way valve need to be made available for use by people who provide CPR.

Blood and body substances or fluids

Wash with soap and water any part of the body that comes in contact with blood or body substances or fluids immediately after exposure. Flush eyes and mouth with clean water.

Using appropriate preventative measures, carefully clean up spilt blood and then clean surfaces with disinfectant.

Respiratory hygiene and cough etiquette

Cover the nose / mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses. Dispose of tissues in the nearest bin after use.

If no tissues are available, cough into the inner elbow rather than the hand.

Practise hand hygiene after contact with respiratory secretions.

Appendix E – Standard precautions for infection control

Safe disposal of sharps

Sharps (eg needles and syringes) are a major cause of incidents involving potential exposure to hepatitis B, hepatitis C and HIV. It is not the role of a first aid officer to dispose of these items. The person who uses a sharp needs to be responsible for its safe disposal.

Sharps need to be handled with care. They should not be bent, broken or re-sheathed, as these unsafe practices are common causes of sharps' injuries.

Sharps need to be disposed of in a puncture-resistant sharps container, which should be located as close as possible to the area where sharps are used. These containers should be secured. The container should have a mouth or opening for the introduction of sharp objects. The mouth should be such that the ability to remove any contents from the container is minimised. It should be capable of being securely closed with the closure device when the container is ready for disposal.

For more information see AS/NZS 4261: *Reusable containers for the collection of sharp items in human and animal medical applications*.

Linen and disposable items

All items that are soiled with blood or body substances or fluids need to be considered infectious waste and placed in suitably labelled bags and tied securely and disposed of safely.

Hand hygiene needs to be performed afterwards.

Cleaning reusable items in the first aid room

Thorough cleaning of all reusable items needs to start as soon as practicable after use. Disposable nitrile gloves need to be worn during cleaning and care needs to be taken to avoid eye splashes. Wipe reusable items clean first, and then wash with warm water and detergent.

After cleaning, reusable items need to be rinsed in clean water and dried before storing.

For more guidance on infection control, see the *Australian guidelines for the prevention and control of infection in healthcare*.



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