



## Context and Purpose

The First Aid in the Workplace Procedure (the Procedure) outlines a risk management approach for the application of first aid requirements in University of South Australia (UniSA) workplaces. It also outlines how first aid is managed and integrated into business processes. This Procedure reflects the requirements of the *WHS Regulations 2012 (SA)* and the *Safe Work Australia Approved Code of Practice for First Aid in the Workplace 2020*.

## Responsibility

Heads of Units and General Managers are responsible for:

- Ensuring this Procedure is communicated and implemented in their area of responsibility.
- Ensuring adequate [Designated First Aid Officers \(DFAO\)](#) are allocated and trained in accordance with the level of workplace risk.
- Ensuring adequate [first aid equipment](#) and facilities are provided.
- Consulting with designated DFAOs, staff, Health and Safety Representatives (where applicable), and any other duty holders when making decisions about first aid provisions required for their workplace.

Staff are responsible for:

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

## Procedure

### 1. Risk Management Approach

First aid requirements will vary across workplaces due to:

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

All these factors must be considered when applying the risk management approach in determining what first aid arrangements need to be provided. A step-by-step process is provided in **Table 1** to guide workplaces in establishing and/or reviewing existing first aid arrangements.

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

- **Low risk workplaces** – one DFAO for every 50 workers.
- **High risk workplaces** – one DFAO for every 25 workers
- **Remote high risk workplaces** – one DFAO for every 10 workers.

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

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

**Table 1 – Risk Management Approach to Determine First Aid Arrangements**

<b>Assess what first aid arrangements are required at your workplace</b>
<p><b>Step 1 – Is your workplace high or low risk?</b></p> <ul style="list-style-type: none"> <li>▪ Use the <a href="#">UniSA Hazard Register</a> as a guide. Consult with staff to determine the level of risk based on the nature of hazards associated with the work undertaken (refer to the risk matrix on sheet 2 of the UniSA Hazard Register for the definitions of the risk levels).</li> </ul>
<p><b>Step 2 – What injuries are common to these hazards?</b></p> <ul style="list-style-type: none"> <li>▪ Refer to Safety Data Sheets (SDS) where hazardous chemicals are used to identify possible health effects and first aid requirements.</li> <li>▪ Review local incident/injury data (available via <a href="#">UniSAfe</a>) and first aid treatment records to identify any common trends and severity of injury that has or may require immediate medical treatment.</li> <li>▪ Consider the level of risks of any new work practices or work environments introduced.</li> <li>▪ Consider any known pre-existing medical conditions (asthma, epilepsy, heart disease, allergies etc.), people with a disability/impairment, and workplaces with inherent risk such as fitness/sports centres, pools etc.</li> </ul>
<p><b>Step 3 – What is the size and location of the workplace?</b>  <b>Determine:</b></p> <ul style="list-style-type: none"> <li>▪ The distance between floors, buildings, and campuses.</li> <li>▪ The distance of the workplace from ambulance services, hospitals, or medical centres and response times for emergency services should a medical emergency occur.</li> <li>▪ If any shift work, seasonal work, remote and/or isolated work is undertaken. Remote and/or isolated areas may require aerial evacuation where access is difficult due to accessibility or extreme weather conditions.</li> <li>▪ The maximum number of staff and others at the workplace at any one time (including students, visitors, and members of the public).</li> <li>▪ The need for a contingency plan should the DFAO not be available for an extended period i.e. more than a week in a high risk workplace or more than a month in a low risk workplace.</li> <li>▪ If you have shared responsibilities with other business operators (duty holders) who are engaged to perform work at the UniSA or a host organisation (this includes contractors, sub-contractors, students on placement or work experience). Sharing of first aid equipment, facilities, and access to DFAOs should be established with other business operators and communicated to the personnel involved.</li> </ul>
<p><b>ACTION:</b> Using the number ratio outlined above as the basis, provide additional DFAOs where the need is identified following the assessment in steps 1 - 3 above.</p>
<b>Determine what first aid equipment and facilities are required</b>
<p><b>Step 4 - What type of First Aid Kit (FAK) is required?</b></p> <ul style="list-style-type: none"> <li>▪ A standard FAK (compliant with the SafeWork SA <a href="#">Code of Practice for First Aid in the Workplace</a>) is recommended for UniSA workplaces. Staff must be able to readily access a FAK when/if required, therefore, at least one FAK is required in each designated workplace. Additional FAKs may be required based on the level of risk.</li> </ul>

### **Step 5 - What should a FAK contain?**

- The recommended contents for a standard FAK are outlined in the [First Aid Kit Contents List \(WHS10\)](#). A copy of this form should be kept inside the FAK.
- Staff requiring prescribed and/or over-the-counter medications should carry their own medication for their personal use, however workplaces may consider including an asthma relieving inhaler and spacer to treat asthma attacks and/or an epinephrine auto-injector (EpiPen) for the treatment of anaphylaxis or severe allergies, where a risk assessment has determined the need (e.g. field trip/remote work). Where included in a FAK these items should be stored according to the manufacturer's instructions.

### **Additional modules in the FAK based on the level of workplace risk.**

- Additional modules may be required where a risk to health and safety has been identified in steps 1 - 3 above. Examples of the types of additional FAK modules (see [Code of Practice for First Aid in the Workplace](#)) and their content can be viewed on the [St John Ambulance SA](#) website. Examples include:
  - motoring module (where driving is a key task).
  - outdoor/remote module (work performed outdoors or in remote locations where risk of insect/plant stings or snake bites is identified).
  - burn module (workers are at risk of receiving burns).

### **Step 6 - Who should maintain and restock a FAK?**

- The DFAO should maintain the FAK by:
  - undertaking regular checks of the contents (12 monthly as a minimum) to ensure any items used or past their expiry date are replaced as soon as possible.
  - arranging the re-ordering of used items (available through UniSA's office products supplier or external certified suppliers).
- FAK maintenance may be undertaken to coincide with workplace inspection activities.
- Units can elect to engage and external provider to maintain FAKs.
- FAK purchases and re-supply is the responsibility of the Unit.

### **Step 7 - Where should a FAK be located?**

- FAKs should be kept in a prominent accessible location and able to be retrieved promptly in the event of a serious injury or illness.
- FAKs should be located within or close to high risk areas i.e. chemical laboratories, plant and ground workshops, or for low risk areas in general purpose or kitchen areas.
- Where a workplace occupies several floors in a multi-storey building, at least one FAK should be located on every second floor as a minimum.
- Where FAKs are kept in security-controlled areas, access should be ensured in the event of a medical emergency.
- The FAK should be identifiable with a white cross on a green background prominently displayed on the outside. If the FAK is kept in a cupboard, a first aid sign should be displayed on the outside of the cupboard.

### **Step 8 - What other equipment is required?**

- Emergency eyewash and shower equipment should be provided where there is a risk of exposure to hazardous chemicals or infectious substances causing eye and burn injuries. Further information is available in *AS4775-2007: Emergency eyewash and shower equipment*.
- Automated External Defibrillators (AEDs) can reduce the risk of fatality from cardiac arrest and are useful in a university setting where large numbers of people are present. Each UniSA campus has AEDs in a secure location within FM Assist. Campus Security should be contacted in an emergency. AEDs are also located in many UniSA buildings i.e. swimming pools, gyms, and research areas based on the activities undertaken and level of risk. DFAOs should be aware of the location of AEDs within their workplace.

- Communication equipment and systems (i.e. satellite phones, GPS devices for fieldwork) should be available and maintained, particularly where first aid is required for individuals working in remote or isolated areas.

#### **Step 9 - What signage is required?**

- Australian standard *AS1319-1994 Safety Signs for the Occupational Environment* sets out standardised design specifications for safety signage. Symbolic safety signs for First Aid are designed to convey a message to people about the location of, or directions to, first aid equipment and facilities.
  - Workplaces should display a first aid sign to identify each FAK location (see Step 7).
  - Signage to identify first aid facilities such as emergency eyewash stations or emergency showers should also be displayed (these are incorporated in the fit-out of new or refurbished buildings).
  - Names and contact details of DFAOs should be communicated to staff and others in the workplace. Details of trained Mental Health First Aid Officers should also be displayed and communicated where relevant.
- Guidance on standardised first aid safety signage can be sought from the [Facilities Management Unit](#).

#### **Step 10 - Is a first aid room required?**

- A first aid room should be established if the level of risk has identified that it would be difficult to administer appropriate first aid unless a first aid room is provided. For example, serious injuries or illnesses that occur in high risk workplaces may require further treatment by an emergency service and may benefit from having a dedicated first aid room. Further guidance on the requirements for first aid rooms is available in the [Code of Practice for First Aid in the Workplace](#).
- Alternatively, a clean quiet area within the workplace that affords privacy to an injured or ill person may be suitable and practicable based on the level of risk and known pre-existing medical conditions.

### **Recording First Aid Treatment**

#### **Step 11 - What records are required?**

- All incidents in the workplace requiring first aid treatment must be reported in **UniSAfe's** Incident module within 48 hours.
- A summary of treatment provided should be reported to Unit S&W Management forums (or equivalent) periodically and reviewed in conjunction with the review of the Unit's Hazard Register to assist with managing risk and ensuring existing first aid arrangements continue to be adequate.
- **Note:** Disclosure of health information by persons with a pre-existing medical condition is encouraged where specific treatment has been recommended to assist them in a medical emergency. Health information disclosed by an individual must be kept confidentially and securely and only provided to DFAOs with the person's consent.
- In the event of a medical emergency of a personal nature, treatment records may be maintained separately on the individual's personnel file for confidentiality purposes. A note to indicate that immediate treatment/care was provided should be recorded in **UniSAfe's** Incident module.

### **Determine what first aid training is required**

#### **Step 12 - What first aid training is required?**

- A DFAO must hold a nationally recognised statement of attainment in **"Provide First Aid"** or possess health professional qualifications i.e. paramedic, registered nurse, or medical doctor.
- Additional training may be required based on the workplace risk identified in steps 1 – 3 above. E.g., first aid in remote or isolated areas.
- DFAOs should attend an annual CPR refresher to confirm their competence.

- First aid certification is valid for three (3) years.
- The University engages an external registered training provider to facilitate first aid training - refer to the [Safety & Wellbeing training page](#). This training incorporates the use of an AED, EpiPen and asthma relieving inhaler and spacer. Staff who have completed training with another registered training organisation are recognised by providing a current copy of the statement of attainment to their Unit admin team and [Consultant: Return to Work](#) for recording in the HR system.

## 2. Role of the DFAO

On appointment to the position, the DFAO should be informed of this Procedure and the requirements of the role at UniSA. The role includes:

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

**Note:** Incidents causing physical or mental trauma to the body must be reported in **UniSAfe** by the affected person or a staff member on their behalf. Prompt reporting initiates:

- (a) Early medical intervention.
  - (b) Injury Management Program to assist an injured/ill staff member; and
  - (c) Insurance procedures where applicable.
6. Attending nationally accredited training, including annual CPR refresher and any other additional training identified as necessary based on the nature and level of workplace risk.
  7. Following the instructions of the designated Chief Warden in an emergency evacuation.

## 3. First Aid Information and Instructions

Information on the provision of first aid should be incorporated into induction programs. A systematic approach for ensuring local first aid arrangements are communicated to new or transferred staff and others is through induction. Details of newly appointed DFAOs should be communicated to the workplace through existing processes i.e. email, staff meetings, signage etc.

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

#### 4. First Aid Allowance

Staff who have been designated by the workplace to perform the duties of a DFAO are entitled to claim a fortnightly first aid allowance provided they possess current first aid qualifications (see **Table 1 – Step 12**) and can perform first aid duties on at least 6 days a fortnight. A DFAO can apply to receive the allowance via [APPIAN](#).

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

#### 5. Managing a Medical Emergency

DFAOs can provide first aid until emergency services arrive. For acute medical emergencies call **000** and then call Campus Security who can assist with the medical emergency and/or provide directions and access to emergency services personnel.

Campus Security can be contacted via:

- **Security phone:** located in various buildings on UniSA campuses, emergency wall phones provide direct contact with security staff. These are distinguished by a sign overhead. They will automatically dial Security.
- **Call 88888** from internal UniSA telephones (Webex or Teams).
- **Call 1800 500 911** (24-hour free call).
- **Press ‘First Aid’ or ‘Emergency’ on the SafeZone App** that has been downloaded and activated on a smartphone.

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

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

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

Where a medical emergency does not require transportation to hospital by ambulance, other arrangements may be required to transport the person home or to a medical practitioner. In these circumstances, a colleague, friend, or relative may assist, at the discretion of the local area and with approval from the injured/ill person.

A person whose physical or mental capacity is impaired should not drive a vehicle as they may be placing themselves and others at risk. This may lead to insurance implications in the event of an accident.

#### 6. Mental Health First Aid Officers (MHFAO)

MHFA training is offered to staff as part of UniSA’s Safety & Wellbeing strategic focus on creating a mentally healthy work environment.

MHFA training improves participants’ competence in identifying early signs and symptoms associated with mental illness or a mental health issue, and knowledge in providing initial support and referral to appropriate professionals where required.

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

## 7. Sexual Harm

UniSA is committed to providing a safe, respectful, and inclusive workplace for its people. This means UniSA is continually striving to improve prevention programs and support services. More detailed information about sexual harm, emergency help, designated first responders, and incident notification is available on the [Sexual Harm](#) intranet page.

## 8. Performance Measures

- Adequate DFAOs are provided in all UniSA workplaces based on the level of risk.
- DFAOs possess current nationally accredited competencies.
- UniSA workplaces have provided first aid equipment based on the level of risk.
- UniSA workplaces conduct periodic checks of first aid kit contents based on the level of risk.

## Definitions

<b>Designated First Aid Officer (DFAO)</b>	A person who has been designated by the workplace to administer first aid and possesses current competency from a nationally accredited training course or an equivalent level of training. A designated FAO should be available on a regular basis and at short notice, act calmly in an emergency, and be physically able to attend to a casualty.
<b>First Aid</b>	The immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
<b>First Aid Allowance</b>	An allowance payable to a designated FAO where the criteria within the University Enterprise Agreement are met and a formal request for the allowance has been authorized.
<b>First Aid Equipment</b>	Includes first aid kits, automatic defibrillators, eye wash and shower facilities, and any other equipment used to treat injuries and illnesses.
<b>Health and Safety Representative (HSR)</b>	A UniSA staff member elected by a workgroup to represent them on work, health and safety matters.
<b>High Risk Workplace</b>	A workplace where staff are exposed to hazards that could result in serious injury or illness and would require first aid. For example, plant and machinery workshops, laboratories and grounds workshops using chemicals, biological material, and/or conducting other activities requiring ethics approval, working in confined spaces, working at heights, and electrical work.
<b>Low Risk Workplace</b>	A workplace where staff are less likely to be exposed to hazards that could result in serious injury or illness. For example, office environments and libraries.
<b>Remote Workplace</b>	A workplace where work is isolated from the assistance of other people due to the location, time, or nature of the work carried out. Assistance from other people includes rescue, medical assistance, and emergency services.
<b>Remote High Risk Workplace</b>	A workplace that meets the definitions of being both a remote and high risk workplace

## Further Assistance

Further advice on First Aid in the Workplace is available on the [Safety and Wellbeing](#) website or by contacting the [Safety and Wellbeing Team](#).

## Documentation and Resources

[UniSA Emergency Management Procedures](#)

[WHS10 First Aid Kit Contents List](#)

[UniSAfe Incident Reporting Module](#)  
[Sexual Harm Reporting System](#)  
[First Aid Allowance Request \(APPIAN\)](#)

## **External References**

[Work Health and Safety Act 2012](#)  
[SafeWork SA Code of Practice for First Aid in the Workplace 2020](#)  
[AS4775:2007 – Emergency Eyewash and Shower Equipment](#)

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