

	<i>FIRST AID</i>
	<p><i>Date Approved by Board: 1st December 2006</i></p> <p><i>Updated: 2nd September 2016</i></p>

ST MARTIN'S COLLEGE INC.

Policy Statement

Appropriate First Aid is to be available to injured employees or employees suffering an acute medical condition at work. First Aid is also available to all residents as required.

Procedures

1. The Senior Students are required to hold current First Aid Certificates and will be supplied with a basic First Aid Kit to keep with them for emergencies. The Head of College should also have a basic First Aid Kit in her residence. Apart from basic first aid items this kit should also contain a torch, list of students in residence, dust mask and ear plugs.
2. The central college First Aid kit is available in the Kitchen of the Fairfax Centre (Bldg 382).
3. No oral medications – including paracetamol & aspirin – should be provided to any staff member or student.
4. The First Aid kit will be stocked in accordance with the ***Code of Practice for First Aid in the Workplace*** issued by Safe Work Australia (July 2012) and in line with likely injuries and hazards at the College.
5. The kit should be readily available to all employees and residents.
6. The Administration Officer should be designated to check the kit twice a year and maintain its contents. Documentation regarding the kit check should be maintained. The Administration Officer should also do an annual check of RA & HOC first aid kits.
7. The location of the First Aid kit should be posted in accordance with AS 1319 Safety signs for the Occupational Environment.
8. All employees and residents, at orientation and at regular intervals should be made aware of the kit.
9. All first aid administered to injured or ill employees or residents must be recorded on the accident/incident form. The Head of College is to be notified of any illness, injury or first aid treatments.
10. An ambulance must be called in the event of serious injury/illness.
11. **All workplace deaths or serious injuries, illnesses or dangerous incidents must be immediately reported to Work Safe Australia on 13 10 50 and all records of such**

incidents must be kept for at least 5 years. (Such incidents do not include out-patient treatment with immediate discharge, subsequent corrective surgery, eye exposure to a substance that merely causes irritation, a burn that merely requires washing the wound and applying a dressing, fainting, sprains or fractures – see **Guide to the Model Work Health and Safety Act October 2012**).

Serious or life-threatening illness or injury - Procedures

1. In the case of an accident that meet this criteria, contact the Head of College, a Senior Student or CSU Security. If in the opinion of this person an ambulance is required and this person believes this may distress the casualty, the decision to call an ambulance should not be discussed within hearing of the casualty to prevent unnecessary anxiety.
2. The procedure for obtaining ambulance assistance is:
 - a) dial 000 - If using a mobile phone and you have any difficulty dialling 000 then dial 112.
 - b) ask for an ambulance
 - c) describe the nature of the illness or injury
 - d) state the number of casualties
 - e) accurately describe location of the casualty, and place to meet the ambulance
3. Contact CSU Security office on Contact CSU Security office on 400 (internal phone) or 69332285 (ext line) - arrange for CSU Security or someone not attending to the casualty to meet the ambulance at the prearranged meeting place.
4. Remember to instruct the person who makes the phone call to return and inform you of the expected arrival time of the ambulance.
5. Under no circumstances should employees transport seriously injured or ill staff and/or visitors in their own personal vehicles. They are not to be left alone at any time until casualty care has been passed to an ambulance crew.
6. Head of College or the Senior Student should obtain the student's Emergency Medical Info sheet from the filing cabinet in the college office and where possible either copy this info for ambulance personnel or meet the ambulance at the hospital with this information.
7. Upon arrival of an ambulance, responsibility for the casualty is transferred to the attending ambulance officer(s). The decision to transport the casualty in the ambulance rests between the ambulance officer(s) and the casualty.
8. If the injury/illness is work related for an employee then the Head of College must **immediately report the incident to Work Safe Australia on 13 10 50.**

Standard Precautions for Infection Control

1. All cleaning staff must wear gloves at all time when cleaning Bathrooms, toilets, kitchens and common rooms.
2. If contact with blood, urine or faeces occurs then the contaminated area should immediately be washed with Jasmine disinfectant and rinsed thoroughly.
3. Spills of blood, body substances etc should immediately be wiped with paper towel and cleaned with warm water containing Jasmine disinfectant. Paper towel should be

binned in a plastic bag. Contaminated bed linen should be placed in a separate plastic bag and clearly labelled before sending to the CSU laundry.

FIRST-AID KIT CONTENTS

- rubber gloves
- 1 x Cold spray
- safety pins
- 1 pack Cotton Bathing pads
- 2 x eye pads
- 1 x Dettol hand sanitiser
- 5 x PFA dressings
- 1 x Ventolin
- Copies of Register of Injuries
- pkt aqua protect strips
- 4 x steri strips
- 1 x antiseptic liquid
- 1 x antiseptic cream
- 2 x elastic bandages
- 2 x conforming gauze bandages
- 1 x stingose or soove
- 1 x accident blanket
- 2 x dressing tape
- 5 x wound cleansing liquid
- 1 x scissors
- 1 x triangle bandage
- 2 x tweezers
- Pkt bandaids
- 3 x alcohol swabs
- 2 x zip lock bags
- 1 x tube gauze
- 1 x Disposable resuscitation face shield
- 1 x pencil
- 1 x icepack (check freezer)

Accident / Incident Report

Type of Report: () Incident Report (No injury)
() Accident Report (Injury occurred)
() "Near Hit" Report

Type of Personnel: () Employee
() Resident
() Visitor

Part 1. Initial Data (To be filled out by the person injured and/or involved)

Name

Exact location of Accident/Incident:

Date: _____

Time: _____ am/pm

Description of Accident/Incident: _____

Nature of injury sustained (tick appropriate)

() Slip, trip or fall () Sprain, Strain, Bruise () Burn or scald
() Cuts () Equipment use () Infectious disease
() Psychological injury () Foreign body () Other: _____

Signs and symptoms (tick appropriate)

() Locally tender () Bruising () Reduced/loss of movement
() Pain (acute) () Pain (dull) () Loss of Consciousness
() Bleeding () Swelling () Other: _____

Name of witness: (if any) _____

Name of witness: (if any) _____

I hereby acknowledge that the above information is an accurate record of actual events. I give my permission for the College to discuss my injury/illness with my treating doctors and other allied health workers. I agree to participate in the return to work process. I understand all information will be treated in confidence.

Name: _____ Signature: _____ Date: _____