

## Monash University Procedure

<b>Procedure Title</b>	First Aid Procedure
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<b>Scope</b>	This procedure applies to all Monash University work and study activities undertaken in Australia and overseas.
<b>Purpose</b>	This procedure specifies the minimum requirements and responsibilities for the provision of First Aid at Monash University.

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## 1. Abbreviations

BPD	Buildings & Property Division
CPR	Cardiopulmonary resuscitation
MTLD	Monash Talent & Leadership Development
OH&S	Monash Occupational Health & Safety

## 2. Definitions

A comprehensive list of definitions is provided in the [Definitions Tool](#). Definitions specific to this procedure are as follows:

**First Aider:** A staff member who has:

- A current First Aid certificate;
- Undertaken annual CPR updates;
- Completed or who is completing the Hepatitis B immunisation process; and
- Been approved by their supervisor to act in an official capacity, administering First Aid to staff, students, visitors and contractors as required.

**High risk activities:** These activities may be undertaken at a field location (sea, estuary, river, creek or a quarry), a hospital, a research institute, a factory or an industry location and include active participation in research or teaching activities such as laboratory or clinical work, water sampling, examination of rocks, undertaking art projects, etc.

**Low risk activities:** These include a visit to view a collection, a demonstration of experiments or a guided tour, but do not include active participation.

**Level 2 First Aid qualification:** *HLTAID003 Apply First Aid* is the national competency based equivalent of a level 2 First Aid qualification.

## 3. First Aid Assessment

### 3.1. General

3.1.1. Each academic/administrative unit must undertake a First Aid assessment to determine:

- The number of First Aiders required; and
- The number and location of First Aid kits required.

3.1.2. Guidelines for the completion of First Aid assessments are provided in the [First Aid assessment tool](#).

3.1.3. First Aid assessment forms and examples of completed forms are provided in the Tools section of this document.

3.1.4. The First Aid assessment must be completed by the First Aid Co-ordinator, in consultation with the local Safety Officer and the Health & Safety Representative.

3.1.5. Staff and students must be consulted during the completion of First Aid assessments. Consultation may include discussions:

- With the Health and Safety representative;
- At staff meetings; and
- At local OHS committee meetings.

3.1.6. The [OHS Consultant/Advisor](#) for the area will assist with First Aid assessments, if required.

3.1.7. A copy of completed First Aid assessments must be sent to the [OHS Health team](#).

3.1.8. **First Aid assessments must be reviewed every three years and in addition whenever:**

- The size and/or layout of the area is changed;
- The number and distribution of staff and/or students (or others) changes significantly;
- There are changes in hours, overtime, shifts; or
- The nature of the hazards and the severity of the risks change.

## 3.2. First Aid considerations for Off-Campus activities

First Aid requirements must be included in the OHS risk assessment, contextualised for the specific off-campus activity. Further details of factors that should be considered, are provided in the [Off-Campus Activities Procedure](#).

### 3.2.1. Urban areas

For off campus activities to places where emergency First Aid or medical services are available e.g. shops, museums, factories hospitals or other universities, there is no requirement to provide a Monash First Aider.

### 3.2.2. Low risk activities

- All low risk activities must include one Level 2 trained First Aider.
- It may be necessary to increase the number of First Aiders dependent on the outcome of the OHS risk assessment for the activity.
- Guidelines for minimum numbers First Aiders are provided in the [First Aid assessment tool](#).

### 3.2.3. High risk activities

- Due to the increased level of risk, the number of First Aiders must conform to the guidelines provided for off-campus activities in **rural** areas in the [First Aid assessment tool](#).

### 3.2.4. Rural areas

- Off-campus activities in rural areas should include as many First Aiders as practicable and these must be trained to at least Level 2.
- Guidelines for minimum numbers of First Aiders for off-campus activities in rural areas can be found in the [First Aid assessment tool](#).
- It may be necessary to alter the number of First Aiders and level of qualification, e.g. Remote Area First Aid required, dependent on the outcome of the OHS risk assessment for the activity.
- Whenever practical, First Aiders should not travel in the same vehicle.
- For additional information regarding off campus activities refer to the [Off-Campus Activities Procedure](#).

### 3.2.5. Remote areas

- Guidelines for minimum numbers of First Aiders for off-campus activities in remote areas are provided in the [First Aid assessment tool](#).
- It may be necessary to alter the number of First Aiders and level of qualification, e.g. Remote Area First Aid required, as determined in the OHS risk assessment for the activity.

- It is recommended that a least one person trained in Mental Health First Aid or an equivalent course attends rural/remote off-campus activities. Information about Mental Health First Aid courses is provided on the [MTLD web site](#).
- Whenever practical, First Aiders should not travel in the same vehicle.
- For additional information regarding off campus activities refer to the [Off-Campus Activities Procedure](#).

#### 3.2.6. International activities

- For international activities, which are based at an overseas campus of Monash University, e.g. Prato, Malaysia or at other universities/organisations that provide First Aid, there is no requirement to provide a First Aider from Australia.
- For international activities in urban, rural or remote areas, the requirements as outlined in sections 3.2.1 - 3.2.5 apply.

## 4. First Aiders

### 4.1. Number of First Aiders required

- 4.1.1. The number of First Aiders is determined by undertaking an assessment as outlined in Section 3.
- 4.1.2. Guidelines for determining the number of First Aiders are provided in the [First Aid assessment tool](#).

### 4.2. Requirements for First Aiders

Staff who wish to act as Monash University First Aiders must:

- Have a keen interest in First Aid;
- Be prepared to participate in a Hepatitis B immunisation program;
- Be appointed to the role of their own free will;
- Be able to be called away from their ordinary work at short notice;
- Feel free to relinquish the role of First Aider if they so wish;
- Be readily available when required;
- Be able to be released from their duties to undertake training in order to maintain skill levels;
- Be able to relate well to staff and students;
- Have the capacity to deal with injury and illness; and
- Be committed to undertake regular update training and information sessions.

### 4.3. Procedures for contacting First Aiders

- 4.3.1. Each academic/administrative unit must have procedures in place to ensure that First Aiders can be promptly contacted in an emergency including after-hours where applicable (i.e. Security staff who are all First Aid trained and have access to a portable defibrillator).

- 4.3.2. These procedures can include:

Signs to First Aid stations where First Aiders:

- Are present; and/or
- Can be contacted or located.

Lists of First Aiders and contact details clearly displayed:

- By phones;
- On emergency procedure notices;

- On First Aid kits;
  - On safety noticeboards.
- 4.3.3. These procedures must be current, i.e. lists and signs must be kept up to date.
- 4.3.4. All staff must be made aware of procedures for contacting First Aiders and any changes to them.

## 5. First Aid Training

### 5.1. First Aid qualifications

- 5.1.1. First Aiders will be considered appropriately qualified provided that they:
- Complete a First Aid certificate , minimum “Provide First Aid” (previously Level 2 First Aid);
  - Renew their Provide First Aid certificate every three years;
  - Attend a cardiopulmonary resuscitation (CPR) training session at least once per year. (If desired, First Aiders are welcome to attend two CPR sessions per year.)
- 5.1.2. The cost of attendance at training courses will be met by the academic/administrative unit.
- 5.1.3. Staff or students with First Aid qualifications obtained outside the University can be accepted as First Aiders on verification of their certificate by the [OHS Health team](#).

### 5.2. First Aid training

- 5.2.1. Monash Talent & Leadership Development (MTLD) organises First Aid training courses specifically tailored for Monash University on all campuses.
- 5.2.2. Information regarding the content and scheduling of OHS courses offered at Monash University is provided on the [myDevelopment web site](#)
- First Aid courses offered include:
- Provide First Aid (previously Level 2)
  - CPR training
- 5.2.3. More specialised First Aid courses offered upon request include:
- Provide Advanced First Aid (Level 3)
  - Remote area First Aid
  - Emergency asthma management
  - Oxygen therapy
  - First Aid management of Anaphylaxis
- 5.2.4. Additional specific training modules can be requested to customise courses for specific needs of academic/administrative units.
- 5.2.5. MTLD issues reminder notices for all First Aid training facilitated by MTLD.
- 5.2.6. MTLD maintains a database of First Aiders who have undergone training. This information can be obtained by contacting MTLD.

Note: In some instances qualified medical professionals (e.g. medical practitioners, registered nurses) may be exempt from First Aid training. It will be necessary to liaise with the [OHS Health team](#) to discuss possible exemption. In addition, they must have been approved by their supervisor to act in an official capacity as a First Aider (refer also to section 13).

## 6. Infection control

### 6.1. Hepatitis B Immunisation

- 6.1.1. All new First Aiders and First Aiders undertaking renewal training who act as Monash University First Aiders must complete, or have completed, a Hepatitis B immunisation course as they may be inadvertently exposed to risk while assisting a patient.
- 6.1.2. Further information is available in the [Immunisation Procedure](#) and the [OHS Information Sheet: Hepatitis B immunisation for First Aiders](#).

### 6.2. Standard precautions

- 6.2.1. First Aiders must use good hygiene and standard precautions, as taught during First Aid training, to minimise their exposure to human blood and body fluids.
- 6.2.2. It must be assumed that all human blood or body fluids are potentially infectious.
- 6.2.3. Small spots of blood/body fluid spills must be cleaned up as instructed in the First Aid course. For larger spills contact the Manager, Cleaning Services at your campus or local [Biosafety Officer](#) so that appropriate cleaning can be organised.
- 6.2.4. Used dressings must be placed in a biohazard bag and the area's [OHS Consultant/Advisor](#) or [Biosafety Officer](#) contacted regarding appropriate disposal.

### 6.3. Disposal of needles and syringes

- 6.3.1. It is not the First Aiders duty to dispose of needles and/or syringes. If these are found, the area must be secured and [Security](#) contacted so that appropriate disposal can be organised.

### 6.4. Infection control and emergency resuscitation

- 6.4.1. There is no reason to deny anyone resuscitation. The decision whether to use direct mouth-to-mouth resuscitation is up to each First Aider.
- 6.4.2. Where possible, First Aiders must use either the individual resuscitation masks issued to them during their training or the mask kept in each First Aid kit.

## 7. First Aid Documentation and Reporting Procedure

### 7.1. First Aid injury reports

- 7.1.1. First Aiders must record all treatment (however minor) on the First Aid Injury Report.
- 7.1.2. First Aid Injury Report forms should be available near the First Aid kit.
- 7.1.3. Further supplies of the report forms can be obtained from the [OHS website](#).

### 7.2. Reporting procedure

- Casualty is treated by First Aider for injury/illness;
- First Aid injury report is completed by First Aider;
- First Aid injury reports must be sent to the Occupational Health Nurse Consultant, OH&S at the Clayton campus. When injury/illness is related to work, the casualty should be encouraged to complete an online [Hazard & Incident Report](#) as soon as they are well enough.

## 8. First Aid Kits

### 8.1. Number of First Aid kits

- 8.1.1. The number of First Aid kits is determined during the First Aid assessment (see section 3).
- 8.1.2. Guidelines for determining the number of First Aid kits are provided in the [First Aid kit guide](#).

## 8.2. First Aid kits must:

- Be accessible at all times (e.g. not located behind a locked door or in a locked cupboard);
- In general, must not be locked. When First Aid kits are located in areas accessible to the public and are subject to pilfering, they may be locked, with key access provided by an adjacent break glass system so that the kit is immediately accessible;
- Have a white cross on a green background prominently displayed on the outside;
- Be sturdy, dust and moisture proof, coated inside and out with an impervious finish;
- Be located at a known First Aid station. Each First Aid station will be clearly signposted with the kit positioned in the immediate area; and
- Be large enough to accommodate additional modules where they are needed, preferably in separate compartments.

## 8.3. Contents of First Aid kits

8.3.1. The contents of First Aid kits will need to vary depending on the nature of the hazards in the area as indicated by the First Aid assessment.

In some circumstances i.e. for off-campus trips, small portable First Aid kits may be more appropriate.

8.3.2. First Aid kits must not contain antiseptics or medications. Additional modules are available if a First Aider has been specifically trained in their use e.g. Ventolin, adrenaline, (see section 9)

8.3.3. In general, First Aid kits for office areas and public buildings must comply with the contents requirement listed in the First Aid kit contents list.

8.3.4. For high hazard areas, e.g. laboratories, workshops, plant rooms, catering areas etc., the kit contents must comply with the requirements listed in the [First Aid kit contents list](#).

8.3.5. For off-campus trips, the kit contents must comply with the requirements listed in the First Aid kit contents list.

## 8.4. First Aid kits for vehicles

8.4.1. All vehicles and caravans used on off-campus trips (excluding those to other workplaces, e.g. factories) must travel with a First Aid kit.

8.4.2. For vehicles, the First Aid kit contents must comply with the requirements listed in the First Aid kit contents list.

## 8.5. Maintenance of First Aid kits

8.5.1. The First Aid co-ordinator must ensure that the stocks of all First Aid kits (including vehicle First Aid kits) are maintained and that out of date stock is replaced as necessary.

8.5.2. This duty may be delegated to another First Aider, if more practical in a given area.

8.5.3. Records of checking of the contents of First Aid kits must be maintained by the academic/administrative unit. The date and the signature of the person checking the kit must also be recorded on a sticker affixed to the kit.

## 8.6. Recommended suppliers for First Aid kits

### **Brenniston**

Factory 9

25-35 Narre Warren - Cranbourne Rd

Narre Warren Vic 3805

[sales@brenniston.com.au](mailto:sales@brenniston.com.au)

Phone: 9704 7635 or 1300 730 079



**Livingstone First Aid & Safety**

106 – 116 Epsom Rd  
Roseberry NSW 2018  
[firstaid@livingstone.com.au](mailto:firstaid@livingstone.com.au)  
Phone: 1300 727 203

**Medical Solution**

P.O. Box 60  
The Mall  
Heidelberg West Vic 3081  
[sales@medicalsolution.com.au](mailto:sales@medicalsolution.com.au)  
Phone: 1300 136 158

**Premium Health**

PO Box 7072  
Brighton Vic 3185  
[larissa@premiumhealth.com.au](mailto:larissa@premiumhealth.com.au)  
Phone: 9530 7111

**St John's Ambulance**

170 Forster Rd  
Mount Waverley VIC 3149  
[info@stjohnvic.com.au](mailto:info@stjohnvic.com.au)  
Phone: 8588 8588

## 9. First Aid for specific hazards and health concerns

### 9.1. Additional modules for First Aid kits

- 9.1.1. For certain specific hazards and health concerns, e.g. asthma, anaphylaxis, hydrofluoric acid, cyanide, burns, eye injuries and incidents involving macaque monkeys, additional kit modules will be required. These modules must be marked as appropriate and stored (preferably in a separate compartment) within the First Aid kit.
- 9.1.2. A First Aid assessment must be completed to determine:
  - the requirements for each specific module; and
  - the number of First Aiders to complete module-specific training.
- 9.1.3. The [OHS Health team](#) must be consulted during the First Aid assessment.
- 9.1.4. Additional and refresher training for the use of specific equipment and procedures is organised through [MTLD](#).
- 9.1.5. Each academic/administrative unit is responsible for ensuring that modules are well supplied and that out of date stock is replaced as necessary.
- 9.1.6. Records of checking of the contents of First Aid modules must be maintained by the academic/administrative unit.
- 9.1.7. The academic/administrative unit is responsible for all costs involved in purchasing the modules, module supplies and training staff in using the modules.
- 9.1.8. The recommended contents of the additional modules for First Aid kits are listed in the [First Aid kit contents list](#).

### 9.2. Burns module

This module must be included in First Aid kits in the workplace where there is the possibility of a person sustaining a serious burn. Such places may include those where:

- Heat is used in a process;
- Flammable liquids are used;

- Chemical acids or alkalines are used; and/or
- Other corrosive chemicals are used.

### 9.3. Eye module

This module must be in a separate container within the First Aid kits in workplaces, where the wearing of eye protection is recommended e.g.

- Spraying, hosing, compressed air or abrasive blasting;
- Welding, cutting or machining operations;
- Chemical /biological liquids or powders are handled in open containers;
- There is the possibility of flying particles; or
- Off-campus activities where there is dust or the possibility of flying particles.

### 9.4. Emergency asthma management

#### 9.4.1. Asthma management module for First Aid kits

- The asthma module must be in a separate container within the First Aid kit in the most appropriate location(s).
- A record of each time that the inhaler (Ventolin/Salbutamol) is used must be made on the First Aid injury report. The spacer (which must be disposable) must be given to the casualty to take away and not be reused for another casualty.
- The inhaler (Ventolin/Salbutamol) is for emergency use only and must not be given to any person to keep.

### 9.5. Anaphylaxis module

- As a general rule, the provision of an adrenaline auto injector (EpiPen/Anapen) in a First Aid kit will apply only to off-campus trips.
- Provision of an adrenaline auto injector in a First Aid kit must only be considered where the First Aid Assessment indicates a risk of anaphylaxis.
- In all cases the [OHS Health Team](#) should be consulted.

9.5.1. Where it is indicated that a person has already been diagnosed to be at risk of anaphylaxis, it is essential that they bring their own adrenaline auto injector and their Anaphylaxis Plan on the trip.

Failure of the at risk person to provide an Anaphylaxis Plan and in date adrenaline auto injector may result in exclusion from the trip.

9.5.2. The nominated First Aider (who must be trained in anaphylaxis management) must be made aware of the possibility of anaphylaxis and must review the anaphylaxis plan and check that the prescribed adrenaline auto injector is in date, prior to the trip.

9.5.3. The nominated First Aider must keep a record of the administration of the Adrenaline auto injector on the First Aid Injury Report. The following must also be recorded:

- Brand name of drug used
- Dose administered.
- Time of administration
- Name of person who assisted with the administration

9.5.4. For further information on the management of anaphylaxis refer to the Australian Society of Clinical Immunology and Allergy at <http://www.allergy.org.au/>

### 9.6. Hazard specific modules

The following modules must be clearly marked in a separate container with in the First Aid kit and be readily accessible to the area where the specific hazard is used. Further information on First Aid for these specific hazards can be accessed in the following documents:

- Cyanide - [Information Sheet: First Aid for Cyanide Poisoning.](#)
- Hydrofluoric Acid (HF) - [Information Sheet: Hydrofluoric Acid.](#)

- Macaques - [Procedures for the management of suspected exposure to Cercopithecine herpesvirus 1\(B virus\).](#)

## 10. Other First Aid equipment

### 10.1. Emergency showers and eye wash stations

- 10.1.1. The requirements for laboratories when working with biologicals and chemicals are defined in Australian standards for laboratory design and construction (AS/NZS 2982) and Safety in the laboratory series (AS/NZS 2243).
- 10.1.2. Emergency drench showers and eyewash stations shall be available at a distance of no more than 15 metres or 10 seconds travel from any position in the laboratory.
- 10.1.3. Where these facilities are not available alternate arrangements must be made in consultation with the [OHS Consultant/Advisor](#) of the area.
- 10.1.4. Emergency showers
  - Emergency showers are tested and flushed annually by Buildings & Property Division (BPD) staff.
  - Procedures must be established to ensure that emergency showers are flushed and tested on a regular basis by staff in the area.
- 10.1.5. Eyewash stations
  - Eyewash stations are tested annually by BPD staff.
  - Procedures must be established to ensure that eyewash stations are flushed and tested on a regular basis by staff in the area.
- 10.1.6. The responsibility for testing and flushing emergency showers and eyewash stations must be determined in consultation with the First Aid co-ordinator, the Safety Officer and local OHS committee.
- 10.1.7. Records of the flushing and testing of emergency drench showers and eyewash stations must be maintained by the academic/administrative unit.

### 10.2. Oxygen cylinders

#### 10.2.1. General

In certain circumstances medical oxygen may need to be available for administration in an emergency.

A First Aid assessment must be completed to determine:

- The requirements for the medical oxygen; and
- The number of First Aiders required to complete specific training to administer medical oxygen.

#### 10.2.2. Maintenance of oxygen cylinders

Procedures must be established to ensure that:

- The oxygen level in the cylinders is checked at least monthly;
- The equipment is stored and handled in correct manner;
- The equipment is serviced on an annual basis by an authorised service agency.

10.2.3. The responsibility for the testing and servicing of the oxygen cylinders must be determined in consultation with the First Aid co-ordinator, the Safety Officer and local OHS committee to ensure this is performed by a person trained in the use of this equipment.

10.2.4. Records of maintenance, testing and service of the oxygen cylinders must be maintained by the academic/administrative unit.

### 10.3. Defibrillators

### 10.3.1. General

- In certain circumstances a defibrillator may be required.
- A First Aid assessment must be completed to determine whether a defibrillator is required.
- The [OHS Health team](#) must be consulted during the First Aid assessment.
- Training in the use of defibrillators is now included in the Level 2 First Aid course and the CPR updates organised through [MTLD](#).
- Trained First Aiders should preferably use the defibrillator. However, if trained staff are not available immediately, an untrained person may use the defibrillator by switching it on and following the voice prompts.
- The academic/administrative unit, where the defibrillator is located, is responsible for all costs involved in the purchase of the defibrillator and associated supplies, i.e. pads/batteries etc. for the defibrillator.

### 10.3.2. Purchase, storage and maintenance of the defibrillator

- The defibrillator must be purchased from an approved supplier. For a list of approved suppliers, contact the [OHS Health team](#).
- The defibrillator must be stored in an immediately accessible (during normal office hours) signposted area. In order to minimise the risk of tampering or theft, it is recommended that the defibrillator be stored in a specific box, which activates an alarm when opened.

#### Maintenance of defibrillators

- Procedures must be established to ensure that the defibrillator(s) are inspected and maintained in accordance with the manufacturer's guidelines.
- It is the responsibility of the academic/administrative unit where the defibrillator is located to organise for the pads and batteries to be replaced when necessary. Daily and monthly documented checks are also required. The appropriate forms are available on the [OHS website](#) and the [OHS Health team](#) can be contacted to assist.
- First Aider(s) must be nominated to carry out these checks. The OHS Health Team must be notified if First Aiders are not available to carry out the checks.
- The responsibility for the testing and inspection of the defibrillator(s) must be determined in consultation with the First Aid co-ordinator, the Safety Officer and local OHS committee.
- Records of maintenance, testing and inspection of the defibrillator(s) must be maintained by the academic/administrative unit.
- The [OHS Health team](#) must be notified regarding the location of and the person(s) in charge of the defibrillator.
- Any changes to the location of the defibrillator or the person(s) in charge must also be notified to the [OHS Health team](#).
- Compliance with this procedure will be audited on a regular basis.

### 10.3.3. Requirements for defibrillator training

- Defibrillator training is included in the Level 2 First Aid course organised through [MTLD](#). Annual defibrillator refresher training is required, and is incorporated in the annual CPR refresher training.
- A record of each time the defibrillator is used is to be made on the [First Aid report](#) and sent immediately to the Occupational Nurse Consultant, OH&S, Clayton.

## 11. Emergency procedures

The emergency procedures for each of the Australian campuses to be followed by a First Aider called to attend an emergency situation involving serious injury or ill health are provided in the campus-specific [333 Emergency Procedures books](#) kept by each phone. Contact [OH&S](#) to obtain additional copies of these books.

Academic/administrative units that occupy non-University buildings, e.g. hospital-based, must follow the emergency response procedures of the building management.

Each academic/administrative unit must ensure that off-campus activities are supplied with a reliable 24-hour means of communication.

Staff and students have a responsibility to be familiar with emergency and evacuation procedures and to comply with the instructions given by emergency response personnel such as emergency wardens and First Aiders. First Aiders may occasionally encounter reluctance on the part of an injured person or a person exposed to a hazardous substance to follow the directions of the First Aider. This is more likely to occur if the person requiring First Aid is distressed or in pain. If such a situation arises then the attending First Aider will need to evaluate the risks to the injured/exposed person and the risks to others, and if appropriate First Aid treatment may not be administered. It may be necessary to seek assistance from Security or Emergency Services personnel.

## 12. Counselling

Counselling is available to First Aiders at the University who are affected by their duties. Counselling can be provided by:

- [Campus Community Division](#) on each campus.
- [Employee Assistance Program](#)
- [OHS Health team](#)

## 13. Legal Liability

The support available to staff with an OHS function, including First Aiders, is set out in the [Information Sheet: Support for Staff and Students with occupational health and safety functions](#)

## 14. Responsibility for Implementation

A comprehensive list of OHS responsibilities is provided in the [OHS Roles, Committees and Responsibilities procedure](#). The specific responsibilities with respect to First Aid are summarised below.

**Heads of academic/administrative units:** It is the responsibility of the head of academic/administrative unit to ensure that:

- The First Aid Procedure is implemented;
- A First Aid assessment is undertaken in the areas under their control to determine First Aid requirements, as outlined in Section 3 First Aid Assessment.

**Local OHS committees:** It is the responsibility of local OHS committees to:

- Develop and monitor local First Aid implementation strategies;
- Recommend actions needed to comply with the First Aid Procedure;
- Consult with [OH&S](#) when specialist First Aid advice is required.

**First Aid co-ordinators:**

It is the responsibility of the First Aid co-ordinator to:

- Notifying area First Aiders of the requirement to be immunised against Hepatitis B;
- Act as focal point for communication between First Aiders in the work area and [OH&S](#);
- Complete the First Aid assessment for their area;
- Allocate a list of specific duties to First Aiders;
- Ensure that the First Aiders list and contact numbers are current so that they can be promptly contacted in an emergency;
- Ensure that First Aid kits, supplies and equipment are maintained;
- Monitor the record keeping associated with First Aid kits, supplies equipment;
- Liaise with the local OHS committee and [OH&S](#) on First Aid matters;
- Advise staff and students of the location of First Aid facilities, and how to contact First Aiders.
- Participate in networking and education sessions during the year.

**First Aiders:** It is the responsibility of the First Aiders to:

- Complete or have completed, a Hepatitis B immunisation course. Seroconversion to Hepatitis B needs to be obtained. This requirement applies to all new First Aiders and First Aiders renewing their First Aid training who act as First Aiders (see Section 5);
- Respond promptly to provide an emergency service for injury/illness as required, while always working within their level of competence;
- Arrange prompt and appropriate referral as required;
- Keep confidential all information received in the course of their duty (medical information must only be released to relevant medical staff);
- Record **all** treatment (however minor) on the [First Aid Injury Report](#) and forward to the OHS Nurses;
- Encourage staff who have had an occupational injury/illness to complete an online [Hazard and Incident Report](#);
- Access information from an SOS bracelet or similar in order to attend to a casualty;
- Attend training as required. This includes an annual CPR update;
- Maintain First Aid facilities; including First Aid equipment, checking and restocking of First Aid kits, as delegated or if there is no First Aid co-ordinator for the area;
- Report any deficiencies in the First Aid service to their First Aid Co-ordinator.

## 15. Tools

The following tools are associated with this procedure.

- [Consent form for Hepatitis B immunisation](#)
- [First Aid Assessment Tool](#)
- [On-campus First Aid Assessment Form](#)
- [Examples of completed First Aid Assessments](#)
- [Guide to determine number of First Aid kits](#)
- [First Aid kit contents lists](#)

## 16. Records

For OHS Records document retention please refer to:  
[Monash University OHS Records Management Procedure](#)

<b>Status</b>	Revised
<b>Approval Body</b>	<b>Monash University OHS Committee</b>
<b>Legislation Mandating Compliance</b>	Health Act 1958 (Vic) Health (Infectious Diseases) Regulations 2001 Occupational Health and Safety Act 2004 (Vic)
<b>Related Policies</b>	<a href="#">OHS Policy</a>
<b>Related Documents</b>	<p><b>Australian and International standards</b></p> <p>AS/NZS 2243.1: 2005 Safety in Laboratories - Planning and operational aspects</p> <p>2243.2: 2006 Safety in Laboratories - Chemical aspects</p> <p>2243.3: 2010 Safety in Laboratories - Microbiological aspects &amp; containment facilities</p> <p>2243.4: 1998 Safety in Laboratories - Ionizing radiations</p> <p>2243.5: 2004 Safety in Laboratories - Non-ionizing radiations – Electromagnetic, sound and ultrasound</p> <p>2243.6: 2010 Safety in Laboratories - Mechanical aspects</p> <p>2243.7: 1991 Safety in Laboratories - Electrical aspects</p> <p>2243.8: 2006 Safety in Laboratories - Fume cupboards</p> <p>2243.9: 2009 Safety in Laboratories - Recirculating fume cabinets</p> <p>2243.10: 2004 Safety in Laboratories - Storage of chemicals</p> <p>AS/NZS 2982: 2010 Laboratory Design and Construction - General Requirements</p> <p>AS 3745: 2010 Emergency control organization and procedures for buildings, structures and workplaces</p> <p>AS/NZS 4801:2001 Occupational Health &amp; Safety Management Systems – specifications with guidance for use.</p> <p>OHSAS 18001: 2007 Occupational health and safety management systems-requirements</p> <p><b>WorkSafe guidance documents</b></p> <p>Compliance Code <i>First Aid in the Workplace</i> (Edition No 1 September 2008)</p> <p><b>Monash University OHS documents</b></p> <p><a href="#">Off-campus Activities Procedure</a></p> <p><a href="#">Information Sheet: Hepatitis B immunisation for First Aid</a></p> <p><a href="#">Information Sheet: Support for Staff and Students with occupational health and safety functions</a></p>



	<p><a href="#">Information Sheet: Hydrofluoric Acid</a></p> <p><a href="#">Information Sheet: First Aid for Cyanide poisoning</a></p> <p><a href="#">Immunisation Grid</a></p> <p><a href="#">OHS Training requirements matrix</a></p> <p><a href="#">OHS Induction and Training Procedure</a></p> <p><a href="#">OHS Roles, Responsibilities and Committees Procedure</a></p> <p><a href="#">After-Hours Procedure</a></p> <p><a href="#">Immunisation Procedure</a></p> <p><b>Acknowledgements</b></p> <p>The following documents were used as references in the development of these procedures:</p> <p>Australian Resuscitation Council Policy Statements Australasian College of Surgeons</p> <p>Parasol Active First Aid 8<sup>th</sup> Edition, 2009</p> <p>Rural and Remote Health-definitions, policy and priorities. John Wakerman and John Humphreys.</p> <p>Wilderness Medicine 5<sup>th</sup> edition 2007. Paul S Auerbach</p>
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## 17. Document History

Version	Date of Issue	Changes made to document
5.1	June 2014	First Aid Procedure v5.1
6	November 2014	<ol style="list-style-type: none"> <li>Purpose - removed reference to injuries being reported to OHS Committee. This should be covered by Hazard and Incident reports</li> <li>Level 2 now called HLTAID003 Level 3 deleted as not applicable.</li> <li>Added to role of First Aid Co-ordinator to include attending networking/education sessions.</li> <li>Added when referring to qualified medical personnel “ in these circumstances First Aiders must still be approved by their supervisor to act in an official capacity</li> <li>Defibrillators 13.3.2 maintenance Areas will now be totally responsible for all checks and maintenance requirement (including organizing for replacement pads and batteries) of their defibrillators. Copies of check lists will no longer be sent to the OHS Health team. The OHS Health Team must be notified if there are no First Aiders available to carry out the checks. Compliance with the changes to the maintenance of the defibrillators will be audited on a regular basis. The OHS Health Team will be available to assist as necessary.</li> </ol>
6.1	July 2015	<ol style="list-style-type: none"> <li>Updated hyperlinks throughout procedure to new OH&amp;S website.</li> </ol>



Version	Date of Issue	Changes made to document
7	November 2015	<ol style="list-style-type: none"> <li>Added Definitions for “High risk” and “Low risk” activities to Definitions section</li> <li>Updated information regarding First Aid report forms in section 10.1.</li> <li>Updated section 6.2 to clarify that a Monash First Aider is not required for urban activities to sites where First Aid, Medical Assistance is available.</li> <li>Added section 6.5 – First aid assessment for international activities.</li> </ol>
7.1	November 2016	<ol style="list-style-type: none"> <li>Fixed formatting issues.</li> </ol>
7.2	August 2017	<ol style="list-style-type: none"> <li>Updated logos in header</li> </ol>
7.3	December 2017	<ol style="list-style-type: none"> <li>Updated Responsibility for Implementation section to align with Roles, Responsibilities and Committees procedure</li> <li>Removed Parasol from section 8.6 Recommended suppliers for First Aid kits</li> <li>Clarified requirements for having additional modules for specific hazards/health concerns.</li> <li>Minor formatting changes and updates to Abbreviations and Definitions sections</li> </ol>
8.0	December 2018	<ol style="list-style-type: none"> <li>Removed the requirement for First Aid Co-ordinators to be qualified First Aiders and be immunised against Hepatitis B.</li> <li>Removed Phenol First Aid module, as this is no longer a requirement.</li> <li>Updated ‘Staff Development (SDU)’ to ‘Monash Talent &amp; Leadership Development (MTLD)’ throughout.</li> <li>Premium Health added as a preferred supplier.</li> </ol>
9.0	April 2019	<ol style="list-style-type: none"> <li>Updated section 3 – First Aid assessments to reflect that for off-campus activities, First Aid requirements should be documented as part of the OHS risk assessment for the activity and a separate First Aid assessment form is not required.</li> </ol>
9.1	May 2019	<ol style="list-style-type: none"> <li>Updated list of recommended suppliers for First Aid kits</li> </ol>