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| <p>St Martin's College</p>  | <p>First Aid</p> |
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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

- The three Senior Students are required to hold current First Aid Certificates.
- The First Aid kit is available in the Chapel.
- The First Aid kit will be stocked in accordance with the OHS (First Aid) Regulation 2001 and in line with likely injuries and hazards at the College.
- The kit should be readily available to all employees and residents.
- The Administration Officer should be designated to check the kit monthly and maintain its contents. Documentation regarding the kit check should be maintained.
- The location of the First Aid kit should be posted in accordance with AS 1319 Safety signs for the Occupational Environment.
- All employees and residents, at orientation and at regular intervals should be made aware of the kit.
- 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.
- An ambulance must be called in the event of serious injury/illness.

Serious or life-threatening illness or injury - Procedures

- In the case of an accident that meet this criteria, contact the nearest FAO. If in the opinion of the FAO an ambulance is required and the FAO 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.
- The procedure for obtaining ambulance assistance is:
 - dial 000 (dial 0 first if phoning from within the University). If using a mobile phone and you have any difficulty dialling 000 then dial 112.
 - ask for an ambulance
 - describe the nature of the illness or injury
 - state the number of casualties
 - accurately describe location of the casualty, and place to meet the ambulance
- arrange for Security or someone not attending to the casualty to meet the ambulance at the prearranged meeting place.
- Remember to instruct the person who makes the phone call to return and inform you of the expected arrival time of the ambulance.
- 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.
- 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.

FIRST-AID KIT CONTENTS

- 3 X dressing packs
- rubber gloves
- safety pins
- 3 X eye pads
- 7 X PFA dressings
- 3 X paraffin gauze dressings
- 5 X adhesive dressings
- 4 X opsite
- 20 X aqua protect strips
- 10 X fabric dressings
- 4 X steri strips
- 1 X detol
- 1 X antiseptic cream
- 1 X lasonil
- 1 X sologel
- 2 X bandages
- 2 X sterile wound dressings
- 1 X gauze bandage
- 1 X stingose
- 1 X accident blanket
- 2 X dressing tape
- 5 X wound pads
- 8 X wound cleansing liquid
- 2 X scissors
- 1 X triangle bandage
- 2 X tweezers
- 20 X bandaids
- 3 X alcohol swaps
- 2 X zip lock bags

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: _____