



Government
of South Australia

SafeWork SA

USE OF YOUR FIRST AID KIT



safeworksa

The new *Approved Code of Practice for First Aid in the Workplace 2009* (the Code) came into operation on **10 December 2010** following a one-year transitional period.

The Code:

- reflects a more contemporary and best practice approach to first aid
- better recognises the needs of different workplaces
- brings the South Australian requirements more in line with those interstate.

The Code requires every workplace to have prompt access to one or more Standard or Small Workplace kits. The new kits:

- are smaller, should cost less and reduce wastage, and
- unlike previous kits, also cover the treatment of eye injuries and minor burns.

For information about the Code go to the SafeWork SA website **www.safework.sa.gov.au** (look under 'Legislation/Codes of Practice') or telephone our Help Centre on **1300 365 255**.

Note: The former *Approved Code of Practice for Occupational Health and First Aid 1991* was revoked as an approved code of practice on 10 December 2010.

June 2011

DISCLAIMER

This publication contains information regarding Occupational Health and Safety. It includes some of your obligations under the Occupational Health and Safety legislation that SafeWork SA administers. To ensure you comply with your legal obligations you must refer to the appropriate Acts, Regulations and Approved Codes of Practice.

This publication may refer to legislation that has been amended or repealed. When reading this publication you should always refer to the latest laws.

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Keep this booklet in your first aid kit.

It has been developed to help first aid personnel use first aid kits and contains information on the basic treatment of a selection of workplace injuries.

This booklet is not a substitute for first aid training. Depending on the type of work done at your workplace, and the number of people employed, there may be a requirement to have access to one or more people trained in first aid.

Refer to Section 3 of the new Code for further information.

FURTHER INFORMATION

For more information about first aid kits and their contents, and other first aid requirements (such as first aid training and facilities), please refer to the new Code.

FIRST AID KIT CONTENTS

Under the new Code every workplace should have prompt access to:

- at least one (or more) Standard Workplace First Aid Kit(s) and/or Small Workplace First Aid Kit(s), and
- any other additional first aid modules or items required to appropriately treat all reasonably foreseeable injuries or illnesses that could occur as a result of being at the workplace or as a result of the work performed there.

The new Code (paragraphs 2.1 to 2.17) includes:

- a list of the minimum contents for the Standard Workplace First Aid Kit and/or a Small Workplace First Aid Kit (Table 1)
- information to help you determine if you need more than the minimum in your kit e.g. if you also need the module for serious burns or outdoor work.

Once you have worked out what should be in your first aid kit, ensure you keep in your kit a complete list of all of the items needed (i.e. a 'Contents List') for checking purposes.

Regularly check first aid kits against your 'Contents List'.

Also ensure your first aid kit is kept clean and unlocked, and that it does not contain anything other than first aid supplies.

Important

This booklet does not provide instructions for CPR (cardio-pulmonary resuscitation), as every first aid kit is required to have a DRABCD/CPR flow chart clearly visible and accessible (e.g. laminated chart or sticker).

CARE OF INSTRUMENTS

If the scissors or tweezers have been used, they should be cared for as follows:

- clean thoroughly using soap, cold water and a small brush, and then rinse in cold water
- allow to dry, and disinfect with 70% alcohol swabs (ethanol or methanol)
- allow to dry again before storing for future use.

WOUNDS

Important

To prevent infection and/or carer contamination, disposable latex gloves should be worn whenever contact with open wounds or bodily fluids is possible.

Every wound that breaks the skin should be cleaned and covered at the first possible opportunity.

In cases of wounds:

- wash the wound in clean running water
- clean the wound with disposable cleaning swabs
- carefully dry the wound and the surrounding skin using sterile gauze pieces
- Povidone-iodine solution or other suitable antiseptic may be used on and around the wound
- cover the wound with an appropriate sized sterile dressing
- use a conforming cotton bandage, fastened with adhesive tape or a safety pin, to hold the dressing in place.

Deep wounds, larger lacerations and wounds that become red and throb should be covered with sterile dressings and promptly referred to either a health professional (e.g. a doctor or nurse) or hospital emergency department.

Tetanus immunisation may be necessary.

Important

Do not touch the wound or any part of the sterile dressing that will be in contact with the wound.

SEVERE BLEEDING

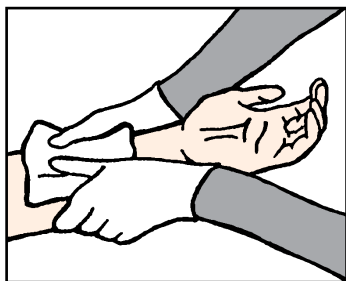
Important

To prevent infection and/or carer contamination, disposable latex gloves should be worn whenever contact with open wounds or bodily fluids is possible.

A person can die from heavy blood loss, so it is imperative to act quickly.

In cases of severe bleeding:

- apply and maintain pressure to the wound using a sterile dressing (BPC wound dressings are provided for large wounds). If a dressing is not available use a clean cloth pad
- firmly hold the dressing or cloth pad in place with a bandage or a hand
- raise the injured body part (if it is not fractured) and place the injured person at rest in the position of greatest comfort
- if the bleeding continues through the first pad, **do not** remove it, but put another dressing or pad over it and maintain the firm pressure by hand or with a bandage
- if bleeding continues through the second pad, remove both and start again with a new pad
- when the bleeding stops, leave the pad in place
- arrange medical aid as a matter of urgency and stay with the person, watching for signs of shock.



TRAUMATIC AMPUTATION

Important

To prevent infection and/or carer contamination, disposable latex gloves should be worn whenever contact with open wounds or bodily fluids is possible.

In cases of traumatic amputation:

- apply and maintain pressure to the injured area using a sterile dressing (BPC No.15 wound dressings are provided for large wounds)
- **do not** wash the severed body part
- place the severed body part in a sealable plastic bag filled with some air to cushion the part from further injury
- keep the bag in ice-cooled water, but **do not pack the severed body part in ice**, as this will damage tissues
- arrange medical aid as a matter of urgency, and stay with the person watching for signs of shock.

BURNS

Important

To prevent infection and/or carer contamination, disposable latex gloves should be worn whenever contact with open wounds or bodily fluids is possible.

A burn refers to damage caused to body tissues by heat/cold, hazardous substances, electricity or radiation (e.g. ultraviolet light, microwaves and laser beams).

STANDARD TREATMENT FOR BURNS

The immediate treatment for burns is as follows:

- ensure that both the person administering the first aid and bystanders are safe
- take the injured person to a safe place if possible
- give priority care to the injured person's airway, breathing and circulation
- **cool, running water applied quickly is the best remedy of all** – cool the affected area with cold, running water for at least 20 minutes to limit tissue damage and relieve pain
- irrigation should continue if the patient continues to complain of burning



Note: It is important to be aware that hypothermia may result from the excessive cooling of a large burn. If this is a potential issue during treatment, contact the SA Ambulance Service (telephone 000) for advice.

- remove any jewellery and clothing from the affected area, but **do not** attempt to clean the burns or peel off clothing or any substances that are stuck to the skin
- cover the burnt area loosely with either a light, non-adherent, sterile dressing, or a clean polythene burns sheet, or clean cling film
- elevate burnt limbs where possible
- **do not** break blisters
- **do not** apply any lotion, ointment, gel, cream or powder – **unless** access to 20 minutes of clean, running water is **not** available, in which case use of the hydro gel in your kit may be considered
- arrange transport to medical aid, preferably by ambulance.

MINOR BURNS AND SCALDS

If minor burns and scalds are cooled within 10 to 15 seconds of their occurrence, there may be no side effects at all. However, if any redness or blistering does occur, cover the affected area with an appropriate sized, non-adherent, sterile dressing, elevate it, and organise prompt medical assessment.

Important

Although some minor burns can be treated using items from an approved first aid kit, most burns require prompt medical assessment and should be referred to medical care as a matter of urgency.

The method of transportation that should be used to get the injured person to medical aid will depend on the severity of the burn. If in doubt, call an ambulance.

SPECIFIC TREATMENT FOR DIFFERENT TYPES OF BURNS

Once the immediate treatment has been administered, arrange prompt transport to medical aid for specific treatment for all of the following types of burns.

INHALATION (AIRWAY) BURNS

A person who has airway burns may have trouble breathing due to inhaling hot gases or fumes.

Therefore, a person trained and currently accredited in oxygen administration can provide oxygen if available.

Note:

*It is possible that breathing difficulties may develop hours or even days after the incident, so **it is essential that a medical professional assesses the injured person as soon as possible.***

FLAMES

In cases of burns from flames:

- **cover, stop, drop and roll** the person immediately to put the flames out
- smother flames with an item such as a **non-synthetic** blanket or a coat
- ensure the injured person remains lying on the floor and remove any smouldering clothing that is not stuck to the skin, being careful not to pull the clothing across the injured person's face
- treat burns as described in 'STANDARD TREATMENT FOR BURNS' on page 6 (i.e. at least 20 minutes of cool, running water)
- arrange transport to medical aid, preferably by ambulance.



SCALDS

In cases of burns from scalding:

- treat immediately by applying cool, running water for at least 20 minutes
- irrigation should continue if the patient continues to complain of burning
- if possible, keep unburned areas warm
- during cooling, remove all hot and wet clothing as it retains heat
- when removing such clothing it is imperative to **avoid** pulling it across the injured person's face
- check the injured person's natural body creases (e.g. the neck and groin area) to ensure that hot liquid is not retained.

ELECTRICAL BURNS

Electrical burns are very dangerous and are always more severe than they appear.

In cases of electrical burns:

- isolate the injured person from the source of the electricity, where it is possible and safe to do so
- check the airway, breathing and circulation of the injured person
- start CPR on the injured person if there are no 'signs of life' – refer to the DRABCD/CPR flow chart in your first aid kit
- look for 'entry' and 'exit' burns – these are burns at the point where electricity entered the body from the power source and exited the body, or 'grounded'
- flush both the entry and exit sites with cool water
- arrange transport to medical aid, preferably by ambulance.

LIGHTNING BURNS

In cases of lightning burns:

- flood the burnt area with water for up to 20 minutes
- check the airway, breathing and circulation of the injured person
- start CPR on the injured person if there are no 'signs of life' – refer to the DRABCD/CPR flow chart in your first aid kit
- treat any other injuries that might have occurred
- arrange transport to medical aid, preferably by ambulance.

HAZARDOUS SUBSTANCE BURNS

Immediate treatment is vital in cases of hazardous substance burns.

In cases of hazardous substance burns:

- flood the burnt area immediately with large volumes of water for at least 20 minutes, and avoid contaminating unaffected areas by washing to the floor
- remove any contaminated clothing as soon as possible, being careful to avoid any contact with the contaminated material
- continue irrigation until the person states that the burn no longer hurts or medical care arrives
- if any hazardous substances enter the eye, flush the eye immediately with clean running water for at least 20 minutes. It is essential to flush under the eyelids and it may be necessary to hold the eyelids apart to overcome any spasm
- **do not** remove contact lenses as they may be protecting the eye from damage
- identify and record the hazardous substance that caused the burn and check the Material Safety Data Sheet (MSDS) for any chemical-specific instructions for burns treatment
- if possible provide a copy of the MSDS for that hazardous substance to accompany the injured person to hospital
- ensure **phosphorous burns** (flares etc) are kept wet at all times – preferably immerse the injured area in water
- remove any phosphorus particles using forceps (**do not use fingers**)
- cool **bitumen and molten plastic burns** for at least 30 minutes. **Do not** attempt to remove the substance from the skin or eyes. In cases where medical assistance is delayed and the limb is completely encircled, split the substance lengthwise as it cools
- arrange transport to medical aid, preferably by ambulance.

EYE INJURIES

Important

To prevent infection and/or carer contamination, disposable latex gloves should be worn whenever contact with open wounds or bodily fluids is possible.

Eye injuries can occur during many different workplace activities. Specific hazards that could result in a person sustaining an eye injury include:

- hazardous substances
- spraying, hosing, grinding or abrasive blasting
- welding, cutting or machining
- any process that results in flying particles
- any other operation where the wearing of eye protection is recommended.

All eye injuries require prompt medical assessment and should be referred to medical care as a matter of urgency. To ensure appropriate treatment is available, always alert the hospital or eye specialist that a person with an eye injury is on the way.

However, it is imperative to understand that some eye injuries will require immediate treatment before being referred to medical aid.

Once the immediate treatment has been administered, arrange prompt transport to medical aid for all of the following different types of eye injuries.

Important

In cases where an injured person has suffered a direct blow to the eye in the past, provide the person's history to the person administering the medical aid.

HAZARDOUS SUBSTANCE INJURIES

Hazardous substances that can cause eye injuries include acids, alkalis or solvents.

It is imperative that an adequate supply of clean water is available in areas where hazardous substances are used.

In cases of a hazardous substance entering the eye:

- flush the eye immediately with clean running water for at least 20 minutes

- it is important to flush under the eyelids and it may be necessary to hold the eyelids apart to overcome any spasm
- contact lenses should not be removed, as they may be protecting the eye from damage
- arrange prompt transport to medical aid, preferably by ambulance.

FOREIGN BODIES

A foreign body in the eye can be classified as:

- free floating on the surface of the eye
- adherent to, or embedded in, the white (conjunctiva) or clear (cornea) part of the eye
- penetrating the eyeball.

If a foreign body is believed to be on or in the eye it is essential to look at the surface of the eye, and also under the eyelids where possible, to determine its location and the action to be taken.



In cases of free floating foreign bodies:

- flush loose particles from the eye immediately with disposable eye-wash or clean running water for at least 20 minutes – it may be necessary to hold the eyelids apart.



If the foreign body cannot be removed:

- **lightly cover** both eyes with pads and secure with a non-stretch adhesive tape
- once this has been done, arrange prompt transport to medical aid.



Important

Never attempt to remove a foreign body from the eye with a sharp object.

In cases of adherent or embedded foreign bodies:

- **do not** attempt to remove this type of foreign body
- arrange prompt transport to medical aid, preferably by ambulance.

In cases of penetrating foreign bodies:

- if a person reports being struck in the eye while performing an activity such as grinding, sanding, chipping or hammering, yet no foreign body can be seen, always assume there is a penetrating foreign body and arrange for prompt medical assessment
- if a penetrating eye injury is obvious, assist the injured person to rest in the most comfortable position and arrange for prompt medical assessment.

INJURIES TO THE EYELID OR EYEBALL

Refer all injuries to the eyelid or eyeball to medical aid, once appropriate immediate treatment has been administered.

Eyelid bruises

In cases of eyelid bruises:

- apply a cold pack for up to 10 minutes – **do not use ice**
- arrange transport to medical aid.

Eyelid cuts

In cases of eyelid cuts:

- apply a small non-adherent sterile dressing to the injured eyelid without applying pressure
- arrange transport to medical aid.

Eyeball injuries

In cases of all eyeball injuries:

- assist the injured person to lie on their back and **lightly cover** the injured eye with a sterile pad
- seek urgent medical advice before arranging for transport to medical aid.

Burns to the eye

Heat, hazardous substances, electricity or radiation may cause burns to the eye. In cases of burns to the eye:

- flush the eye immediately with clean running water for at least 20 minutes. It is important to flush under the eyelids and it may be necessary to hold the eyelids apart to overcome any spasm.
Do not remove contact lenses as they may be protecting the eye from damage
- arrange prompt transport to medical aid **as a matter of urgency**, preferably by ambulance.

Important

It is preferable that medical assessment for eye injuries be carried out at a hospital emergency department, or by an eye specialist.

SNAKE BITE

Important

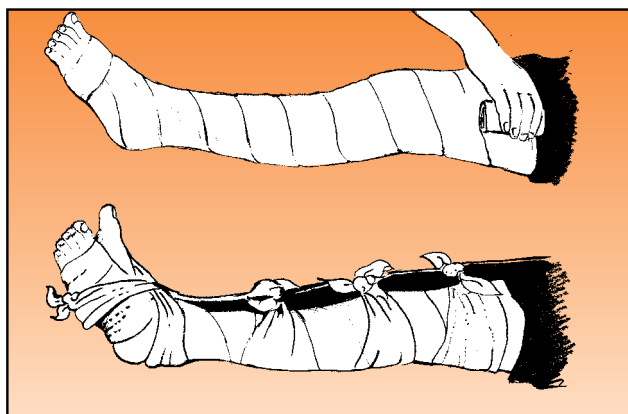
To prevent infection and/or carer contamination, disposable latex gloves should be worn whenever contact with open wounds or bodily fluids is possible.

Always assume that a snake bite is from a venomous snake.

In cases of snake bite:

- keep the injured person calm and lying down at total rest, ensuring they avoid all movement of the bitten part
- **do not** wash the bite site, because a sample of the venom will be taken later to identify the snake
- apply a firm bandage over the bite site, and then continue to bandage the whole limb
- if possible, immobilise the affected limb using a padded splint between the legs for a lower limb and/or a splint and sling for an upper limb
- check the airway, breathing and circulation of the injured person at frequent intervals
- start CPR on the injured person if there are no 'signs of life' – refer to the DRABCD/CPR flow chart
- arrange transport to medical aid **urgently**, preferably by ambulance.

Note: Bandages, splints and slings must remain in place until the person has reached medical aid.



INSECT STINGS

Important

To prevent infection and/or carer contamination, disposable latex gloves should be worn whenever contact with open wounds or bodily fluids is possible.

While bee and wasp stings are the most significant causes of insect-related injuries, ant stings can also pose a problem. Although most ant stings only cause a minor amount of pain, some ant stings can result in a severe allergic reaction in some individuals, for which prompt medical attention is required.

In cases of insect stings:

- apply an ice pack to relieve pain
- apply sting relief cream, gel or spray to the sting area following the instructions on the container
- where there is a risk of allergic reaction to the sting:
 - ask the injured person if they are carrying any prescribed treatment for the known allergy
 - assist the injured person with their treatment if necessary
 - apply a pressure immobilisation bandage as described previously under 'Snake Bite'
 - monitor the airway, breathing and circulation of the injured person
 - start CPR on the injured person if there are no 'signs of life' – refer to the DRABCD/CPR flow chart in your first aid kit
 - arrange transport to medical aid.

Important

Bee stings should be scraped off with a fingernail or sharp edge as soon as possible to stop the injection of any more venom.

Wasp stings can be extremely painful because numerous stinging barbs are injected. However, allergic reaction to wasp venom is less common than allergic reaction to bee venom.



SAFEWORK SA

www.safework.sa.gov.au

HELP CENTRE 1300 365 255

Email: help@safework.sa.gov.au

(the Help Centre closes at 4.15pm on Wednesdays)

To report all serious workplace injuries and incidents
telephone **1800 777 209** (24-hour service).

LIBRARY AND BOOKSHOP

Ground floor, 100 Waymouth Street, Adelaide

LIBRARY

Telephone: **(08) 8204 8877**

Facsimile: (08) 8204 8883

Email: library@safework.sa.gov.au

BOOKSHOP

Telephone: **(08) 8204 8881** or **(08) 8204 8882**

Facsimile: (08) 8204 8883

Email: bookshop@safework.sa.gov.au

Opening hours: 8.30am – 5pm, Monday to Friday

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FREE INTERPRETING SERVICE

Telephone the Interpreting and Translating Centre
on **(08) 8226 1990** and ask them to contact SafeWork SA.

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for SafeWork SA 1300 365 255.

- for TTY/Voice: **133 677**
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