



WORKPLACE HEALTH AND SAFETY & FIRST AID POLICY

Introduction

The ACT Jewish Community (ACTJC) is committed to providing a safe and healthy environment for employees; volunteers; contractors, and visitors. Accidents or incidents that do occur should be reported while incidents should be investigated to minimise the risk of recurrence or further risk.

Incident refers to any event which causes or could have caused injury, illness, damage to plant, equipment, vehicles, property, material, or the environment or public alarm. It includes losses of containment, fire, explosion, non-compliance with environmental regulatory requirements and vehicle incidents.

First aid is the provision of emergency treatment for people suffering injury or illness at work or onsite.

Policy

This policy applies to ACTJC employees; volunteers; contractors, and visitors who each have an obligation to ensure the ACTJC centre is a safe and healthy environment to the maximum extent possible.

ACTJC will provide a mechanism for reporting accidents, incidents, work-related illness and dangerous occurrences and investigate them to determine the root cause with the objective of preventing a recurrence.

In the event of a dangerous occurrence or accident (including those with the potential to result in injury to persons or damage to property if they recur), ACTJC must ensure ACT Workcover is notified within 24 hours of the event so that a full investigation is undertaken to determine the root cause.

ACTJC will endeavour to provide appropriate and adequate first aid treatment in the event of a person sustaining an onsite or work-related injury or illness by providing appropriate first aid facilities. Such facilities will be maintained on a regular basis.

First Aid Officer

A First Aid Officer is responsible for ensuring his or her certificates are current. A copy of the First Aid Officer's qualifications is to be kept in the ACTJC centre office.

The names of all First Aid Officers are to be located next to the first aid kits.

A First Aid Officer must:

- inspect and maintain the first aid kit;
- in the case of a work-related or onsite illness or injury, assess if medical assistance is required;
- administer appropriate first aid in accordance with his or her training;
- maintain first aid records as outlined in this procedure; and
- maintain confidentiality regarding any information obtained in the course of their duties.

Incident reporting

The First Aid officer should assess all onsite injuries and work-related illnesses wherever possible.

All eye injuries (including foreign objects between the eye and eye lid which is not dirt or dust particles) must be referred to a doctor or hospital.

Any injury or illness involving a chemical must be recorded so that the information accompanies the injured person if he or she is transported to a doctor or hospital.

A First Aid Officer (or responsible person if there is no First Aid Officer attending) must record details of all injuries onsite or in the workplace using the Injury/Incident/Near Miss Report Form at **Appendix A**.

The President must be notified immediately of any serious incident that occurs.

A Worker's Compensation form must be completed for any incident/injury that may result in a Worker's Compensation claim. A compensation claim must be accompanied by a medical certificate from a registered medical practitioner for any time lost. Copies of all such documents are to be kept on the employee's personnel file.

First aid emergency drills should be included as part of the Community Centre's emergency evacuation drill process.

In the event of a death

Emergency Services on 000 must be advised if an incident results in a death. In addition, the site of the incident must not be disturbed until a Workcover inspector arrives or, on arrival, the inspector then or later directs that the site can be otherwise accessed.

The above does not apply if the disturbance to the site is for the purpose of protecting the health and safety of any person; aiding an injured person, or taking essential action to make the scene safe or to prevent a further occurrence of an incident.

The President must be notified immediately of any death that occurs.

First aid kits

The location of a first aid kit should be determined by its proximity to areas where the risk of injury is greatest.

A first aid kit must be identified by a sign hung directly above it showing a white cross on a green background (Australian Standard Compliant AS1319).

The contents of the first aid kit must be protected from dust and damage and housed in a container that clearly identifies its purpose i.e. the container must be easily recognisable (e.g. a white cross on a green background prominently displayed on the outside).

The first aid container must not be locked.

The following minimum items should be included in a first aid container:

- emergency services telephone numbers and addresses;
- name, photograph and telephone number of First Aid Officers (should be displayed on the outside of kit);
- basic first aid notes;
- individually wrapped sterile adhesive dressing;
- sterile eye pads;
- sterile covering for serious wounds;
- triangular bandages;
- safety pins;
- small, medium and large sterile un-medicated wound dressing;
- adhesive tape;
- elastic or crepe bandages;
- scissors;
- disposable latex gloves;
- approved resuscitation face mask fitted with a 1-way valve;
- eye wash (once-only use container) & guidance notes;
- disposable face masks;
- protective eye glasses;
- disposal bags marked "Caution – Biological Hazard".

First aid kits must be inspected by the First Aid Officer every month. The first aid checklist at **Appendix B** must be completed and filed by the First Aid Officer following each inspection.

The First Aid Officer must notify a Community Centre member of staff if first aid stocks need to be replenished. The relevant staff member must ensure the requested items are ordered, delivered and given to the First Aid Officer to restock the first aid container.

Only a First Aid Officer can administer first aid.

First Aid Officers must only provide assistance in accordance with their training.

In each case where first aid is rendered, the First Aid Officer must record the name and location of the person involved; the type of injury if known; the assistance provided (as set out below) and his or her assessment of the urgency of the matter.

If an injury is of a more serious nature and requires the person to be referred to a doctor or taken to hospital, the First Aid Officer will determine the appropriate method of transport.

First aid records

Any person using supplies from the first aid kit must complete the First Aid Kit Log Book at **Appendix C**. The log book is to be kept inside the first aid container.

The following details must be entered in the log book:

- date and time;
- name of injured person;
- nature of injury/illness;
- treatment provided;
- supplies used; and
- name of attending First Aid Officer (if any).

Responsibilities

It is the responsibility of ACTJC employees; volunteers, and contractors to ensure that accidents and hazards are reported to the ACTJC board at the earliest opportunity, and to comply in full with any legislative requirement relating to workplace health and safety.

The ACTJC board is responsible for ensuring that adequate and appropriate first aid facilities are provided and for arranging first aid training for First Aid Officers, including offering a designated First Aid Officer the opportunity to be vaccinated against Hepatitis B.

It is the responsibility of the President to ensure that:

- ACTJC employees; volunteers; contractors, and visitors are aware of this policy; and
- any breach of this policy coming to the President's attention is dealt with promptly and appropriately.

It is the responsibility of ACTJC employees; volunteers; contractors, and visitors to ensure that they comply with this policy.

Authorisation

Merrilyn Sernack
Secretary
ACT Jewish Community Inc

7 August 2013

Policy number	16/2013	Version	v01
Drafted by	Merrilyn Sernack	Approved by Board on	7 August 2013
Responsible person	Secretary	Scheduled review date	7 August 2016

INJURY/INCIDENT/NEAR MISS REPORT FORM

This form is to be used to report all injuries, illnesses and near misses onsite or in the workplace.

Please complete this form within 24 hours of the event.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED

PERSON INVOLVED IN ACCIDENT/INCIDENT (Please print)

Title	Surname	First Name	Date of Birth
(please tick) Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Other <input type="checkbox"/>			Male <input type="checkbox"/> Female <input type="checkbox"/>
Organisation (if relevant)		Position	Contact telephone number

DETAILS OF THE INJURY INCIDENT NEAR MISS (tick appropriate box)

Date injury/incident/near miss occurred: / / .

Time injury/incident/near miss occurred: _____ am/pm

Location where injury/incident occurred (please print):

Part of body affected (tick appropriate answers)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> systemic	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> great toe
<input type="checkbox"/> mouth	<input type="checkbox"/> stomach		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> back		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	
<input type="checkbox"/> not applicable						

Nature of Injury (tick appropriate answers)

<input type="checkbox"/> abrasion	<input type="checkbox"/> puncture	<input type="checkbox"/> heart attack	<input type="checkbox"/> sprain	<input type="checkbox"/> burn	<input type="checkbox"/> traumatic shock
<input type="checkbox"/> bruise	<input type="checkbox"/> laceration	<input type="checkbox"/> hearing loss	<input type="checkbox"/> strain	<input type="checkbox"/> scald	<input type="checkbox"/> electric shock
<input type="checkbox"/> fracture	<input type="checkbox"/> amputation	<input type="checkbox"/> foreign body	<input type="checkbox"/> hernia	<input type="checkbox"/> rash	<input type="checkbox"/> psychosocial
<input type="checkbox"/> concussion	<input type="checkbox"/> bite	<input type="checkbox"/> minor cuts		<input type="checkbox"/> allergy	<input type="checkbox"/> chemical
<input type="checkbox"/> Aggravation of previous injury or medical condition.					
<input type="checkbox"/> not applicable					

PREVENTION OF ACCIDENT/INCIDENT/NEAR MISS RECURRENCE

Describe what action is planned or has been taken to **prevent a recurrence** of the accident, based on the key contributing factors (Please print)

(Immediate)

(Long Term)

SECTION C:

Signed by Responsible Person _____

Name _____

Signed by Person Involved _____

Name _____

FIRST AID KIT INSPECTION CHECKLIST

First Aid Kit Number: _____ First Aid Kit Location: _____

PRODUCT	FIRST AID KIT QUANTITY	QUANTITY REMAINING	QUANTITY USED SINCE LAST INSPECTION
Packet of 50 individually wrapped adhesive strips			
Sterile eye pads			
Sterile coverings for serious wounds			
Triangular bandages			
Safety pins			
Small sterile un-medicated wound dressings			
Medium sterile un-medicated wound dressings			
Large sterile un-medicated wound dressings			
Roll adhesive tape, 1.25cm wide			
Crepe bandages			
Elastic bandages			
Scissors			
Pair disposable gloves			
Resuscitation mask			
Pair tweezers			
Small bottles of sterile eyewash solution			
Alcohol swabs			
Hand towels			
First aid booklet			

- Emergency services telephone numbers and telephone numbers and addresses posted next to the first aid kit:
Yes / No
- Name, photograph and telephone number of First Aid Officers posted on the outside of the First Aid Kit:
Yes / No

Inspection completed by: _____ Date: _____

FIRST AID KIT LOGBOOK

This log is to be completed for all incidents onsite or in the workplace.

Date	Time	Injured Person	Nature Of Injury/Illness	Treatment Provided	Supplies Used	Attending First Aid Officer	Injury/ Incident Form Number