

# First Aid Guidelines

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Last Update: 20 July 2009

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## FIRST AID MANAGEMENT

### Emergency Assistance

1. First aiders are trained to treat minor injuries or illness and in the case of serious injury or illness, provide initial care until medical aid arrives. Medical assistance should be sought in the event of a serious injury or illness either through security on 222 or directly through 000.
2. A list of first aiders is provided on the [emergency website](#). If there is no local first aider available ring security on 222 and ask a security officer to attend.
3. Since first aiders are available at most worksites, they are normally the first called to treat minor injuries or illness.

### Key Requirements

4. Deans and directors are responsible for ensuring that all their staff, postgraduate and honours students and any students undertaking research work, laboratory work or field trips, are aware of first aid arrangements.
5. This includes providing first aid information at induction, issuing periodic reminders and maintaining a list of local worksite designated first aiders. Where practical, the list should be included in local telephone directories, safety manuals/guides and contact lists, attached to first aid kits and on emergency or safety notices posted in buildings.
6. Managers and supervisors must provide sufficient number of first aiders and ensure all staff are aware of emergency arrangements including first aid.

### First Aiders

7. Managers will select suitable staff from volunteers to meet the required number of first aiders as set out in the [First Aid establishment](#). First aiders must receive any necessary resources and time release for training and first aid duties.
8. The Occupational Health and Safety (OHS) Unit will bear the cost of training required first aiders.
  - Divisions and faculties may provide additional first aid training at their own expense.
  - Staff may seek Level 2 first aid training as part of University's staff development program (see the Development procedure). The staff member's faculty or division will bear the cost for this training.
9. First aiders are strongly encouraged to undergo Hepatitis B immunisation and have post-vaccination serology to confirm immunity.
10. The University will indemnify first aiders who work within their level of training against any loss or damages arising from any legal action taken against them in carrying out their designated function.

### Role of First Aiders

11. First aiders are to:
  - provide emergency treatment of injuries or illness within their level of competency
  - arrange the prompt and appropriate referral of injured persons to further medical assistance as required.
12. First aiders will attend first aid refresher training every three years within three months of the expiry date of their certification.
13. First aiders are encouraged to attend Resuscitation (CPR) refresher training session in years when their Certificate refresher training is not undertaken.
14. When renewal of certification falls due, designated first aiders may relinquish their position if desired.
15. First aiders will:
  - monitor the contents of first aid kits in their area and report deficiencies to the OHS Unit (Human Resources Services Division)
  - complete an [Accident and Hazard Report](#) or [First Aid Treatment Form](#) when involved in first aid incidents
  - allow their [name and work contact information](#) to be publicised within the University as a contactable first aider in emergency situations
  - advise the [OHS Unit](#) (Human Resources Services Division) of their relocation or resignation.
16. All staff and students must comply with the instructions given by emergency response personnel such as emergency wardens and first aiders. First aiders may occasionally encounter reluctance or uncertainty on the part of an injured person or a person exposed to a hazardous situation 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 have to evaluate the risks to the injured/exposed person and the risks to others if appropriate first aid treatment is not administered.
17. In rare circumstances, it may be necessary for first aiders to persuade injured persons to accept first aid. If first aid is refused, a first aider must respect this and document this fact. If first aid is refused where there is risk of serious injury or death involved or there is a potential danger to others then first aiders must inform Security on 222 immediately. Even if first aid is refused, if the first aider believes an ambulance is required, the ambulance should be called.
18. A first aider may apply a minimal level of physical exertion in order to move an injured person to reduce risk of further injury if the person is unable to communicate and there is a risk of death or serious injury to the injured person or to others. Physical exertion should not be used where the first aider themselves could be injured in applying such force. Such exertion should only be applied at the minimum level that would be necessary to ensure administration of a reasonable level of treatment or restraint bearing in mind the right to refuse treatment and first aid training guidelines.
19. First aiders that may be concerned or upset after a situation may seek assistance through the [University Employee Assistance Program](#).

### First Aider Establishment

20. Risk assessments to determine number, distribution and level of training of first aiders will relate to size, layout and location of the workplace, the number and distribution of staff and students, the nature and hazards of the work and the known occurrences of accidents and illnesses, taking into account the specific needs of different work locations and work practices across the University.
21. Information about the availability of first aid and the distribution of first aiders is available from the [OHS Unit](#).
22. The number of first aiders required is set out in Table 1.

**Table 1 : Number of first aiders required on University premises**

Workplace risk category	Example	Number of first aiders required on University premises
Category 1	e.g. Facilities Management Services Division gardening staff, sports supervision, field trips [link to off-campus guidelines]	1 Level-2 first aider at each site and 1 on call

Workplace risk category	Example	Number of first aiders required on University premises
Category 2	technical staff, food-handling, childminding, printeries, stores, electrical workshops	1 Level-2 first aider at each site <i>* in labs where more than 50 undergraduate students are doing practical work, there must also be an additional first aider on call/available</i>
Category 3	staff responsible for students and the general public, including the Library, Student Residences, Student Services, Faculties and University halls/theatres	1 Level-2 first aider at each site where there is the possibility of 50 or more staff, students or members of the general public being in the same worksite or location at any one time and where the University is responsible for their welfare
Category 4	administrative staff not directly responsible for the welfare of students or the general public on a regular day-to-day basis	1 Level-2 first aider available for every 50 staff members
Category 5	Field trips	Please refer to the <a href="#">Field Trip First Aid Guidelines</a>

### Selection of First Aiders

23. Managers will select the required number of first aiders from suitable volunteers and, if practical, should select from those staff members who:
- are willing and enthusiastic to act as first aiders and have a high level of personal commitment to the task
  - are able to communicate and relate well to other staff and act calmly in an emergency
  - are in reasonable health must be able to carry out their first aid duties without putting themselves or others at risk from any personal medical condition that they may be aware of.
  - are available in the same office location on a full-time or near full-time basis, during normal business hours, and are able to be called away from their ordinary work at short notice.

### First Aid Kits

24. First aid kits will be provided as follows:
- no workstation should be more than 100 metres from a kit
  - where the kit services more than 100 staff members in offices an additional kit should be provided. In non-office-based workplaces, an additional kit should be provided for more than 50 staff members
  - one kit must be provided for each level of a multi-level building that houses a laboratory or workshop
  - one kit must be provided on each alternate level of a multi-level building (where those levels do not house workshops or laboratories)
25. Facilities Management Services Division is responsible for costs of mounting or installing first aid kits/cabinets where this is necessary and for providing and installing any necessary signs.
26. First aid kits must be stocked according to the [First aid kit contents guidelines](#) and should not contain medicines (including headache preparations) or creams, lotions or similar materials whose sterility cannot be maintained.
27. In areas where safety glasses are required the first aid kit will contain an eye module.
28. In areas where hot materials or flames are used, the first aid kit will contain a burns module.
29. Materials in first aid kits should be replaced within the 3 months before their expiry date.
30. The [OHS Unit](#) will provide and stock required first aid kits and cabinets. Inspections of kits and cabinets must be carried out at least once every three months and deficiencies reported to the [OHS Unit](#).

Table 2 : Basic first aid kit contents

Item	Amount	Item	Amount	Item	Amount
First aid booklet	1	Scissors	1	Non-adherent dressing (7.5x5 cm)	2
Logical Resus-O-Mask	1	Tweezers (disposable)	1	Non-adherent dressing (7.5x10 cm)	2
Antiseptic RapAid Spray	1	Pair of disposable gloves	10	Non-adherent dressing (7.5x10 cm)	1
Safety pins	10	Triangular bandage	2	Crepe bandage 2.5 cm	1
Plastic dressings (bandaids)	50	Gauze swabs (no 3)	4	Crepe bandage 7.5 cm	1
Dressing strip 100 x 7.5 cm	1	Gauze conforming bandages 5cm	2	Eye module	
Tape (paper 1.25 cm x 900 cm)	1	Gauze conforming bandages 2.5 cm	2		

Optional Items	Amount	Special consideration	Amount
Large wound dressings No 15	1	Burn aid sachets 3.5gr	
Small wound dressings No 13	1	Instant ice pack (disposable)	
Burns module (*)	1	Hot/cold pack (reusable) 110mm x 250mm	
(*) Only to be provided in kitchens/tearooms and other areas where a burn risk exists – not general office areas		Tape adhesive elastic (2.5cmx5m)	
		Bandage heavy elastic (7.5cm)	
		Tape stretch flesh (25mm x 4.5cm)	

### First Aid Rooms

31. First aid rooms will be easily accessible, well lit, ventilated and temperature controlled, contain a sink or wash basin and a supply of hot and cold running water, as well as a means of boiling water, and should not be used for any other purposes. Full requirements are outlined in the [First Aid in the Workplace Compliance Code](#).
32. In new buildings and major renovations, Facility Management Services Division will evaluate the requirement for a first aid room in consultation with the local Campus Occupational Health and Safety Committee.
33. Facility Management Services Division will clean and maintain first aid rooms where such facilities are available. The local manager is responsible for general housekeeping including arrangements for changing of bed linen. The laundry of bed linen can be arranged through the [OHS Unit](#).

### Blood spill kits

34. Where a health centre exists on the campus, the Division of Student Life will provide and maintain a blood spill kit and sharps container that will be made available from the health centre to first aiders.
35. The Division of Student Life will provide and maintain a blood spill kit and sharps container at each residence and gymnasium/indoor sport areas complex.
36. Facility Management Services Division will provide and maintain blood spill kits and sharps containers at each Security office and Facility Management Services office on campus.
37. The [OHS Unit](#) will pay for the purchase and maintenance of blood spills kits that are made available to first aiders through health centres and security offices.

### Documentation and Health Information

38. The University will maintain the confidentiality of health information in accordance with the Information Privacy Act 2000 (Vic.) and the Health Records Act 2001 (Vic.).
39. First aiders may disclose relevant health information to relevant personnel in a medical emergency.
40. If a person receiving first aid treatment is wearing a 'Medi-shield' or like bracelet or capsule, then the treating first aider may access this information.

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41. First aiders must complete an [Accident and Hazard Report](#) or [First Aid Treatment Form](#) for incidents requiring first aid. It is recommended first aiders use the [First Aid Treatment Form](#) to document any treatments provided. The [Accident and Hazard Report](#) will document refusals of first aid treatment.

## FIRST AID INFECTION PREVENTION

### General Operational Requirements

- 1 All first aiders will use standard precautions when delivering first aid.
- 2 Protective gloves must be worn for direct contact with blood, body fluids, mucous membranes or non-intact skin of any person and when handling items, equipment or surfaces contaminated with blood or other body fluids. Gloves must be worn when the first aider has cuts or other breaks in their own skin. Hands should be washed before removing gloves and then after the gloves are removed.
- 3 Resuscitation masks should be used by first aiders while performing rescue breathing or cardiopulmonary resuscitation (CPR).
- 4 The Management of Spills Involving Potentially Infectious Biological Materials Guidelines (insert link) will be followed when disposing of used gloves and masks.
- 5 When a first aider encounters a blood or body fluid spill the [First Aid Management of Blood Spills](#) will be followed as appropriate.
- 6 When exposed to blood or body fluids a first aider will follow the [Hazardous Exposure to Body Fluids Procedure](#).

### Standard Precautions

- 7 Standard precautions are work practices required for the basic level of infection prevention and (exposure) control. Standard precautions apply to the handling of blood and other body fluids/substances, regardless of whether they contain visible blood.
- 8 For first aid, standard precautions for the first aider include:
  - use of gloves and resuscitation masks
  - protection of damaged skin by covering with a waterproof dressing and gloves
  - care of intact, normal skin
  - hand washing. The wearing of gloves does not replace the need for hand washing; hands should be washed before putting gloves on, and again after gloves have been removed after attending to a patient or potentially infectious material. Hands should be washed thoroughly with soap and water immediately if contaminated with blood or other body fluids or if gloves have been torn or punctured.
  - appropriate handling and disposal of sharps and other contaminated or infectious material or clinical waste
  - containment of all blood and body fluids/substances, i.e. confining spills, splashes and contamination of the environment and workers to the smallest amount practicable

### First Aid Training

- 9 First aid training will include procedures for infection control.

### Accountabilities

- 10 The [OHS Unit](#) (Human Resources Services) will:
  - provide all approved first aid kits and as requested first aiders with disposable protective gloves
  - provide all approved first aid kits and as requested first aiders with resuscitation masks
  - pay the cost of Hepatitis B immunisation for first aiders.
- 11 First aiders will report all incidents involving blood or body fluid spills using the [Accident and Hazard Report](#).

## FIRST AID MANAGEMENT OF BLOOD SPILLS

(INCLUDING SPILLS OF POTENTIALLY INFECTIOUS BIOLOGICAL MATERIALS)

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### Introduction

- 1 Spilled blood and body fluids/substances may be encountered in many University settings. These spills should be attended to immediately.
- 2 The basic principles of spills management are:
  - [Standard precautions](#) apply where there is a risk of contact with blood and /or bodily substances.
  - Spills should be cleaned up before the area is cleaned or disinfected. Adding cleaning liquids to spills increases the size of the spill and should be avoided.
  - Collect the spill using absorbent material as the first stage. Generation of aerosols from, for example, hosing down the spilled material should be avoided.
  - Cold or warm water should always be used for the first contact with blood or blood stained articles (hot water will make blood stick to the surface it is on).
  - Dry the area so that it is not slippery.

### Responsibilities

- 3 Where practical, the safest approach is for the person who has spilt the blood to clean it up and dispose of any contaminated material appropriately. In the first aid context the following risk management approach will be used:
  - If practical the patient should clean up any blood spills under the supervision of the first aider.
  - If this is not practical, the first aider should evaluate the extent of the spill and decide whether to clean it up themselves or ask for assistance. In most cases spot and small spills will be managed by the first aider.
  - If the size or circumstances of the spill warrant, the first aider should contact Security (222) and ask that arrangements be made for a cleaner to attend. The first aider is responsible for securing the spill site and preventing any further risk of injury until the cleaning staff arrive.
- 4 Under these guidelines the following budget centres have responsibilities:

#### Facilities Management Services Division

Facilities Management Services Division will:

- Provide when requested cleaners trained to clean up spills involving blood and other biological materials
- Ensure Security officers are aware of the procedures covering blood spills
- Provide and maintain blood spill kits and sharps containers at each Security and Facilities Management Services office on campus

#### Division of Student Life

The Division of Student Life will

- Where a [health centre](#) exists on the campus, provide and maintain a blood spill kit and sharps container that will be made available from the health centre to first aiders
- Where a health centre exists on the campus, provide biological waste disposal arrangements (in the absence of other arrangements)

- Provide and maintain a blood spill kit and sharps container at each residences and gymnasium/indoor sport areas complex

#### Human Resources Services Division

Human Resources Services Division will

- Pay for the purchase and maintenance of blood spills kits that are made available to first aiders
- Pay any additional costs involved in the disposal of biohazard waste generated by first aiders

#### Reporting the Incident

- 5 First aiders must report all non-trivial blood/body fluid spills using the Accident/Hazard Report form (add link).

#### Protective Clothing

- 6 First Aiders involved in cleaning must wear protective clothing, as a minimum disposable gloves, at all times. Where pools of liquid are present, eye protection should also be used.

#### Cleaning

- 7 Procedures for managing blood and other body fluid/substance spills are dependent on the nature and size of the spill, as well as the location. In many instances, blood and body fluid spillage may be managed by cleaning with water alone, but in some areas / situations more thorough cleaning may be desirable.
- 8 If practical, the patient whose blood has been spilled should clean up any blood spills under the supervision of the first aider.
- 9 If this is not practical, the first aider should evaluate the extent of the spill and decide whether to clean it up themselves or to ask for assistance. In most cases spot and small spills will be managed by the first aider.
- 10 If the size or circumstances of the spill warrant, the first aider should contact Security (222) and ask that arrangements be made for a cleaner to attend. The first aider must secure the spill site and prevent any further risk of injury until the cleaning staff arrive.
- 11 The following should be followed in cleaning up spills of blood and other body fluids:

#### Spot Cleaning and Very Small Spills (up to 2 cm diameter and where there are no sharps present such as broken glass):

- Wear disposable gloves.
- Wipe up the spill as soon as possible with a tissue or paper towel. A damp cloth should only be used if there is no other choice.
- Then clean the area of the spill with warm (not hot) water and if available, detergent / liquid soap.
- Discard contaminated materials (tissue, paper towelling) as [biological waste](#) if possible. If not possible, soak in warm (not hot) water, gently squeeze dry before putting into plastic bag, sealing the bag and disposing in general waste.
- If the gloves are not going into [biological waste](#), wash your gloved hands in water using soap before taking them off and dispose of them in general waste.
- Take off gloves using the [procedure below](#) and dispose of gloves as per other contaminated materials.
- Wash hands thoroughly with soap and water.

#### Small Spills (from 2 - 10 cm diameter and where there are no sharps present such as broken glass):

- In most cases a spill kit will not be necessary, however if needed obtain from Security or Health Services.
- Wear disposable gloves. Eye protection and plastic apron contained in a spill kit should be worn where there is a risk of splashing occurring.
- Cover spill as soon as possible with absorbent material (for example, paper hand towelling) and allow liquid to soak in. Then wipe up as soon as possible with absorbent material. Place contaminated absorbent material into impervious container or plastic bag for disposal as [biological waste](#).
- Clean the area with warm water and detergent / liquid soap using paper towelling, disposable cleaning cloth or sponge.
- Dry the area of the spill thoroughly
- Where contact with bare skin is likely in future, such as in a bathroom, contact Security (222) and arrange for a cleaner.
- Discard contaminated materials (absorbent towelling, cleaning cloths, and plastic apron) as [biological waste](#)
- Take off gloves using the [procedure below](#) and dispose of gloves as per other contaminated materials.
- Wash hands thoroughly with soap and water.
- Reusable eyewear should be cleaned with soap and water before reuse.
- If the spill kit is used, the first aider is responsible for ensuring that the area the kit was obtained from is aware of the need to refurbish it.



**Small Spills (up to 10 cm diameter and where there are or may be sharps present such as broken glass):**

- Obtain a spill kit and sharps container from Security or Health Services.
- Wear disposable cleaning gloves. Eye protection and plastic apron contained in a spill kit should be worn where there is a risk of splashing occurring.
- Pick up broken glass or other sharps with the forceps and put into sharps container.
- Lay absorbent material (for example, paper hand towelling) on the spill area and allow material to soak in.
- Use the scoop and scraper to carefully collect the absorbent material. Be careful, there may be sharps still present. Put directly into biohazard bag.
- Wipe up spill area with absorbent material (for example, paper hand towelling). Place contaminated absorbent material into biohazard bag.
- Clean the area with warm water and neutral detergent using paper hand towelling, disposable cleaning cloth or sponge.
- Dry the area of the spill thoroughly
- Where contact with bare skin is likely in future, such as in a bathroom, contact Security (222) and arrange for a cleaner.
- Discard contaminated materials (forceps, absorbent towelling, cleaning cloths, scoop, disposal pan and plastic apron) into the biohazard bag.
- Before removing gloves put the biohazard bag inside another biohazard bag. Dispose as [biological waste](#).
- Reusable eyewear and dustpan should be washed with soap and water thoroughly before reuse.
- Take off gloves using the [procedure below](#) and dispose of gloves as per other contaminated materials.
- Wash hands thoroughly with soap and water.
- The first aider is responsible for ensuring that the area the kit was obtained from is aware of the need to refurbish it.

**Small spills on carpet:**

- In addition to the procedure above carry out a second clean as below before removing gloves.
- Moisten the carpet with water and detergent / liquid soap.
- Use disposable towels to absorb liquid.
- Discard contaminated materials (absorbent towelling, cleaning cloths) as [biological waste](#).
- Where contact with bare skin is likely in future, such as in a bedroom, contact Security (222) and arrange for a cleaner.

**Spills on Porous Surfaces**

- If the spill site is porous or cannot be adequately cleaned then contact Security (222) and arrange for a cleaner.

**Large or complex spills**

- Cordon off or isolate the area.
- Contact Security (222) and ask that arrangements be made for a cleaner to attend.
- The first aider is responsible for securing the spill site and preventing any further risk of injury until the cleaning staff arrive.

**Spills kits**

12 Blood Spill Kits will contain:

- A small bucket (which will used to store the following)
- three pairs of disposable gloves
- one roll of disposable paper towelling
- two biohazard bags
- sachets of absorbent powder suitable for biological spills
- a copy of these procedures
- sachets or a bottle of neutral detergent
- heavy duty disposable gloves (to be used where sharps are involved)
- safety glasses
- disposable plastic apron
- two sturdy cardboard scrapers
- 1 pair of forceps
- a cardboard or smooth plastic scoop
- a roll of hazard tape

13 Each time a spills kit is used it should be immediately restocked for the next time it is required.

**Removal of Gloves.**

- 14 The following procedure is recommended when removing gloves
- Grasp the back of one glove and pull it forward thus turning the glove inside out. Dispose of this glove in the appropriate Biohazard bag.
  - Carefully insert the thumb of the ungloved hand under the cuff of the remaining glove ensuring that the clean hand does not come into contact with the contaminated glove.
  - Pull the glove forwards until it is partly removed. Then grasp the clean interior of the glove with the ungloved hand and complete removal of the glove. Dispose of the glove into the appropriate Biohazard bag.

**Disposal of Waste Material.**

- 15 Where the spill of blood or other hazardous biological materials has occurred outside a laboratory or medical setting, for example as a result of an accident, the following disposal process occurs.
- 16 The Biohazard bag containing the waste material should be delivered to:
- Melbourne Campus at Burwood - Campus Nurse (Health Service)
  - Geelong Campus at Waurin Ponds - Campus Nurse (Health Service)
  - Geelong Campus at Waterfront - School of Nursing
  - Warrnambool Campus - School of Nursing, Room F207.
- 17 The Biohazard Bag will then be disposed of according to current EPA regulations pertaining to infectious medical waste.

**References**

- [National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV \(Blood-borne\) Viruses \[NOHSC:2010\(2003\)\]](#), 2nd Edition, December 2003
- Victorian State Government, Department of Human Services - [Procedure for dealing with spills of blood and body fluids](#)

## HAZARDOUS EXPOSURE TO BODY FLUIDS BY FIRST AIDERS

### Key Responsibilities

- 1 First aiders must ensure they are familiar with this procedure.
- 2 Local managers and supervisors are responsible for managing any accidental exposure and ensuring that the management procedures have been followed through.

### General Operational Response

- 3 Where accidental contact occurs with human blood or other body fluids, immediately:
  - remove contaminated clothing
  - wash hands, lower arms and any other bodily parts in contact with, or splashed by the material. Thorough washing with soap or water is adequate
  - if the eyes are contaminated, rinse eyes gently but thoroughly for up to five minutes with warm water or normal saline solution while the eyes are open
  - if the material gets in the mouth, spit it out and then rinse the mouth with water several times.
- 4 Where an open wound is involved (for example from a needle stick injury or other sharps), immediately:
  - remove contaminated clothing
  - immediately flush the wound under running water
  - wash the wound using warm water and liquid soap (except where it involves the eyes, mouth and nose). Alcohol-based hand rinses/foams [60-90% alcohol by weight] should be used when water is not available.
  - rinse the eyes, mouth and nose (if affected) thoroughly with warm water (without soap) or saline
  - thoroughly pat-dry the area
  - apply a sterile waterproof dressing (such as an adhesive plaster), as necessary, and applying pressure through the dressing if profuse bleeding is still occurring
  - seek medical advice.
- 5 If a needle, syringe or other sharp was involved, carefully place it in a rigid-walled container and take it with you to the campus nurse or doctor. Do not attempt to cover the needle or sharp because you run the risk of further injury.
- 6 Report the incident immediately to your supervisor or the campus nurse. Complete an Accident/Hazard Report form. Include the name of the source individual (if known), the date and time of exposure and how the incident occurred

### Risks with Exposure

- 7 The following exposures are classified as serious and appropriate care and follow up must be provided.

Massive Exposure	<ul style="list-style-type: none"> <li>• transfusion of blood</li> <li>• injection of large volume of blood/body fluids (&gt; 1ml)</li> <li>• parenteral exposure to laboratory specimens containing high titre of virus</li> </ul>
Definite Parenteral Exposure	<ul style="list-style-type: none"> <li>• intramuscular penetrating injury with a needle contaminated with blood or body fluid</li> <li>• injection of blood or body fluid not included under 'Massive Exposure'</li> <li>• laceration or similar wound that causes bleeding and is produced by an instrument that is visibly contaminated with blood or body fluid</li> <li>• any direct inoculation with HIV/ Hepatitis B / Hepatitis C not included above - this refers to accidents in research settings.</li> </ul>
Possible Parenteral Exposure	<ul style="list-style-type: none"> <li>• intradermal ('superficial') injury with a needle contaminated with blood or body fluid</li> <li>• a wound not associated with visible bleeding produced by an instrument contaminated with blood or body fluid</li> <li>• prior (not fresh) wound or skin lesion contaminated with blood or body fluid</li> <li>• mucous membrane surface contact with blood.</li> </ul>

8 The following are classified as possible exposures:

Doubtful Parenteral Exposure	<ul style="list-style-type: none"> <li>• intradermal ('superficial') injury with needle considered not to be contaminated with blood or body fluid</li> <li>• a superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood or body fluid</li> <li>• prior wound or skin lesion contaminated with body fluid other than blood and with no trace of blood</li> <li>• mucous membrane surface contact with body fluid other than blood.</li> </ul>
Non-Parenteral Exposure	<ul style="list-style-type: none"> <li>• Intact skin visibly contaminated with blood or body fluid.</li> </ul>

### Supervisor of Affected Person

- 9 When a first aider has suffered a serious exposure or has any concerns about the exposure, the supervisor or manager of the area will:
- ensure the person is assessed and managed as in paragraphs 3 and 4
  - ensure the exposed area has been washed thoroughly
  - find out whether a known source individual is involved in the incident
  - arrange for the person to see the campus doctor or nurse immediately
  - accompany the affected person to the nurse/doctor and ensure, if applicable, the nurse/doctor is provided with the sealed container with the sharp inside
  - advise the campus OHS officer of the incident (Geelong/Warrnambool: 72869, Melbourne: 68175)
  - ensure an Accident/Hazard Report [\[link\]](#) with details of date and time of the incident and how the incident happened has been completed. A copy of the report must be kept in the local accident register and a copy provided to the campus nurse or treating doctor
  - complete a Manager Accident Analysis Report [\[link\]](#)
- 10 If the campus doctor/nurse is not available then arrange as soon as possible for the first aider to arrange medical assessment and counselling at either:
- Geelong Hospital STD Unit, (03) 5226 7111
  - Box Hill Hospital Accident and Emergency, (03) 9895 3333
  - Royal Melbourne Accident and Emergency (03) 9342 7000
  - Alfred Hospital Accident and Emergency, (03) 9276 2000
  - South West Health Care - Warrnambool campus, (03) 5563 1666.
- (the affected person may chose to consult their own general practitioner)
- 11 Reassure the first aider that only a small proportion of accidental exposures to blood result in infection.

### Campus Nurse / Treating Doctor

- 12 If the first aider has suffered a serious exposure, it is important that you make sure immediate steps are taken to reduce the risk to the first aider of contracting a serious illness. The role of the campus nurse is to:
- ensure that the exposed area has been washed thoroughly
  - arrange a referral of the affected person to a medical expert as soon as possible for HIV/Hepatitis serology, treatment as appropriate and counselling
  - ensure an Accident/Hazard Report [\[link\]](#) has been completed with source individual details if known, date and time of exposure and how the incident occurred (for example, whether affected person had been stabbed by a syringe or other sharp or had been splashed)

### Records

- 13 All parties must ensure that the confidentiality of affected and source persons' records are maintained.
- 14 Records must only contain additional information regarding resulting disorders and required treatments if the persons involved disclose the information.
- 15 Regardless of other arrangements, all medical, testing and counselling records must be kept for 30 years.

**Source Individual**

- 16 It is important that the source individual be identified and informed consent gained so that they can be tested for HIV, Hepatitis B and Hepatitis C.
- 17 If the source individual is found to be negative, then no further action regarding testing is generally necessary. This may not be true where the source individual was at high risk of infection at the time of the exposure due to the delay between exposure and detection.

**Post Exposure Follow-up**

- 18 Where the source tests positive or is unknown:
- the person concerned should be counselled regarding the risk of infection and should be clinically and serologically evaluated for HIV antibody, Hepatitis B surface antigen and Hepatitis C antibody
  - for suspected HIV exposure, immediate commencement of prophylactic treatment should be considered by the treating medical officer. Further testing and counselling may be necessary depending on the initial results
  - for suspected Hepatitis exposure, the immunisation status of the person needs to be assessed and appropriate action taken. Appropriate counselling should also be offered.

**University Responsibility for Financial Costs**

- 19 For a first aider who is a staff member all medical and like expenses will be paid under the WorkCover scheme. The University will bear the cost of any post incident monitoring of the affected staff member if the work related incident is not covered by the WorkCover or Medicare schemes.
- 20 In the case of a student suffering exposure as a result of a University activity, the Faculty concerned will bear the cost of any post incident monitoring of the affected student not covered by the Medicare system or the relevant student association insurance policy.
- 21 Where affected parties are neither staff members nor students the matter may come under the University's Public Liability Insurance. The Manager, Risk Management should be notified.

**Other Supporting Documents**

- Guidelines on the Management of Spills involving potentially infectious biological materials (link to document)
- Victorian Government, Department of Human Services: [Blue book - Guidelines for the control of infectious diseases](#) Revised edition 2005, Appendix 4: [Procedure for managing an exposure to blood/body fluids/substances](#)
- NSW Health Department Circular 2003/39 (5 June 2003): [Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B or Hepatitis C](#)
- [National Occupational Health and Safety Commission: National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV \(blood-borne\) Viruses \[NOHSC: 2010 \(2003\) 2nd Edition\]](#),

## COMPLIANCE VERIFICATION

- 1 Health and safety audits and inspections are a normal part of regulatory enforcement and internal good practice. In Victoria, the normal reference scheme is SafetyMAP (reference: SafetyMAP 4<sup>th</sup> Edition criteria 3.11.7). An audit of first aid may consider:
  - familiarity of first aiders with this guideline
  - adequate availability of disposable gloves and masks
  - staff and postgraduate student awareness of local first aid arrangements
  - up to date lists of designated first aiders on noticeboards, in directories and available at reception areas
  - maintenance of the required number of first aiders
  - marking of first aid kits/cabinets locations
  - maintenance of first aid kits/cabinets
  - list of designated first aiders up to date
  - training of designated first aiders up to date
  - adequate coverage of first aiders