

First Aid kits

These should be stored in a container which is not porous, is dust proof, can be sealed and is large enough to hold all items. It should be marked on the exterior with a white cross on green background and the words First Aid. A list of contents should be displayed on the inside of the box.

Location

The kit should be accessible and located in a prominent position. The location should be identified by a green and white sign indicating first aid. *Note: All signs should comply with Australian Standard AS 1319 Safety Signs for the Occupational Environment*

Contents of a basic first aid kit

Gauze pieces 75mm x 75mm, sterile packets containing 5	5
BPC No. 15 wound dressings	1
Wound dressings sterile, non-adherent, small	3
Wound dressings sterile, non-adherent, large	1
Eye pads, sterile, individually wrapped	4
Conforming cotton bandages, 50 mm	3
Conforming cotton bandages, 75 mm	3
Conforming cotton bandages, 100 mm	1
Triangular bandages (minimum width 90 mm)	2
Non-stretch adhesive tape, 25 mm x 2 m rolls (hypo-allergenic)	1
Adhesive dressing strips, independently wrapped, minimum quantity	50
Disposable wound cleaning swabs (1% Cetrimide BP)	10
Povidone-iodine 10% solution	15 ml
Disposable latex gloves	5prs
Approved resuscitation face mask	1
Scissors (sharp/blunt points)	1
Splinter probe/remover	1
70% alcohol swabs (ethanol or methanol) (for instrument disinfection)	10
Safety pins	5
Recording book and pencil for recording injury and illness first aid	1
Leaflet, <i>First Aid Instructions</i> (issued by WorkCover Corporation)	1

Register of Injury

Date: ___/___/___

Record no. **113276**

INJURED PERSON'S PARTICULARS / PERSON INVOLVED			
Surname		Given names	
Sex (M / F)			
Address			
Suburb	State	Postcode	Phone
Date of birth ___/___/___		Occupation	
Employer			
Address			
Suburb	State	Postcode	Phone
ACCIDENT / INCIDENT DETAILS			
Date of event ___/___/___		Time of event ___/___/___ am / pm	
Operation and Area the person was engaged in at the time			
Description of injury			
Cause of injury			
Treatment given / Action taken			
Name of person administering First Aid			
Any referral for further treatment			
Signature of person completing this form			

