First Aid Readiness in the Australian Workplace

MARCH 2013
I am pleased to introduce St John Ambulance Australia’s research report, ‘First Aid Readiness in the Australian Workplace’. The report aims to assist Australian employers and workplaces achieve best practice first aid standards and become compliant with Safe Work Australia’s new harmonised First Aid in the Workplace Code of Practice. The new Code is currently being rolled out in the majority of States and Territories across the country and changes first aid responsibilities for businesses.

Alarmingly, the research highlighted that only 13% of Australian businesses are compliant with the new Code’s requirements, which represents a disturbing situation for the country. Many employers are failing to put the correct first aid measures in place and are putting their employees, customers and their businesses at risk. This fact, combined with a serious knowledge gap about the new Code is extremely concerning. In particular, 65% of employers are unaware that it is being implemented throughout most of the country.

As Australia’s largest and trusted supplier of first aid training and services, St John understands the importance of first aid in saving lives. Administering first aid in the first five minutes after an incident occurs can dramatically change the outcome. A high proportion of incidents happen in our workplaces and as such, it is integral that both employers and employees alike are ‘first aid ready’.

The benefits of a safe workplace are many. Aside from obvious improvements to physical safety, a workplace that is first aid ready also has additional advantages including benefits to workplace culture and employee confidence. However, a workplace where incidents occur more often can be related to other adverse issues including lower productivity and employee morale.

Employers and workplaces need to act now. Safe Work Australia’s new Code exists to assist and support businesses in making changes that are required to ensure they are first aid compliant. St John, as the expert in first aid, is therefore available to provide best practice solutions for your business.

St John believes 100% of Australian workplaces should be first aid ready. It is important to discover where we stand as a country in terms of first aid readiness in the workplace, but more needs to be done to manage the first aid risk that is currently hanging over Australian businesses.

The new Code is yet to be implemented in Victoria and Western Australia, but by proactively adopting these recommendations businesses will ensure they are meeting national best practice first aid guidelines. An initial first aid risk assessment evaluation can help establish where your workplace sits in terms of first aid and how to become compliant. Please contact St John on 1300 360 455 or visit www.stjohn.org.au/getcompliant to find out more about first aid best practice.

I look forward to working with employers and employees across the country to improve the state of first aid readiness within Australian workplaces.

Peter LeCornu
Chief Executive Officer
St John Ambulance Australia

“Alarmingly, the research highlighted that only 13% of Australian businesses are compliant with the new Code’s requirements, which represents a disturbing situation for the country.”

- Peter LeCornu, Chief Executive Officer, St John Ambulance Australia
Executive summary

In 2012, Safe Work Australia launched the new harmonised First Aid in the Workplace Code of Practice (the Code). Previously, all States and Territories adhered to their own code of practice, but this new national harmonised Code is currently being rolled out across the country and provides a guideline for becoming a first aid ready workplace under the Work Health and Safety Act (WHS Act). As of March 2013, Victoria and Western Australia have yet to implement the new Code however this position could change in the future.

The Code has changed the first aid responsibilities of Australian businesses. St John Ambulance Australia (St John) conducted the present research to assist Australian employers and workplaces to understand what is necessary in becoming compliant with the Code. More generally, the research also delves into the current first aid readiness of the typical Australian workplace including those that fall into both the ‘low risk’ and ‘high risk’ categories for first aid incidents. The research surveyed 100 employers (CEOs, senior managers, OHS managers) and 600 employees in the retail, education and hospitality sectors. In addition, the report integrates information from secondary data sources (e.g. Australian Bureau of Statistics, Safe Work Australia, academic papers) and relevant regulatory frameworks (WHS Act).

Key findings

+ The majority of employers (65%) are unaware of the new First Aid in the Workplace Code of Practice.
+ Currently, only 13% of Australian workplaces are compliant with all core elements of the Code (accredited training opportunities, workplace first aid resources, and first aid procedures/drills training), meaning more than 85% of the Australian workforce could be at risk.
+ 48% of workplaces offer accredited training, 43% have appropriate workplace resources (first aid kits, signage), and only 24% of employees have participated in first aid procedures training or first aid drills.
+ Among those employees who received first aid training in the workplace, almost half (48%) had to wait six months or more after hiring until they received that training.
+ Education was the best performing industry overall, but even in this industry, only 21.5% are fully compliant with the new Code. Just 10% of hospitality workplaces are fully compliant and just 6% of retail workplaces.
+ Employees in higher risk roles (e.g. food preparation, warehouses and science laboratories) did not score significantly higher on having appropriate workplace resources, and actually scored significantly lower on availability of accredited training, refresher courses, implementing procedures and drills.
+ VIC (15.4%) and NSW/ACT (14.3%) have the highest levels of first aid readiness, but still fewer than one in six businesses are meeting the guidelines set out by the Code.
+ 45% of employees and 56% of employers report having had a first aid emergency in their workplace in the last few years. Highlighting the unpredictable nature of first aid incidents, 77% were one-off emergencies. Based on employees’ responses, 41% of the reported incidents occurred in the last month.

The Code focuses on those practical factors that directly improve a workplace’s capacity to respond effectively to first aid emergencies. However, St John has found there are additional factors that impact the first aid readiness of workplaces, such as the confidence levels of employees to perform first aid should an incident happen.

Less than one in three Australian employees (31%) currently feels confident to perform first aid in a workplace emergency with reasons ranging from ‘a lack of training’ through to feeling ‘personally responsible’ if something went wrong. The research found that the training provided by employers is the number one factor in making employees feel confident to act if a first aid incident occurs. Satisfaction with first aid training among workforces is generally high across the country.

In addition, higher workplace safety, as rated by employees, was linked with higher employee morale, including a greater sense of belonging to the company. This indicates that having a safe workplace also improves levels of employee engagement.
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Introduction and methodology

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St John Ambulance Australia

Operating as a non-profit in Australia for 130 years, St John is Australia’s largest provider of first aid certifications and provides first aid to more than 60,000 Australians each year.

First aid readiness in the Australian workplace

In 2012, Safe Work Australia launched a new harmonised First Aid in the Workplace Code of Practice (the Code). This new Code is designed as a practical guide to assist Australian businesses in achieving compliance with the standards of health, safety and welfare required under the Work Health and Safety Act (WHS Act) and the Work Health and Safety Regulations. The Code provides a guideline for becoming a first aid ready workplace and is currently being rolled out across the majority of States and Territories.

St John Ambulance Australia (St John) conducted this research in order to gauge how well Australian businesses are currently performing in complying with core elements of the new Code, in addition to scoring overall workplace first aid readiness. The research also identifies general areas of weakness across all Australian businesses, and specific weaknesses within particular industries and States and Territories relating to first aid. Finally, the research findings are augmented with recommendations about methods and resources for improving workplace first aid readiness. Thus, the report is aimed at assisting Australian businesses to become compliant under the Code, by highlighting areas where many workplaces are currently non-compliant and by providing pathways to improve readiness.

Prior research in this area has often focused on high risk occupations that have more stringent first aid requirements (e.g. labourers, machinery operators) and therefore by default are likely to be more compliant with the first aid guidelines of the Code. In this research, employers and employees were surveyed in the retail, education, and hospitality sectors, which are more representative of the lower and moderate injury risk profiles that apply to the majority of Australian workplaces who may be less aware of their first aid requirements. However, to shed light on higher risk job roles in these industries, the report also identified employees who were working in warehouse settings, food preparation or science labs. Where relevant, the report highlights any differences that emerged between high and low risk sectors.

Methodology

The findings and recommendations in this report are based on three data sources:

1. Surveys* of 600 employees and 100 employers (CEOs, senior managers, OHS managers) in low risk industries, namely the retail, hospitality and education sectors. The surveys were commissioned specifically for this report and were conducted in December 2012. Sample demographics for the survey are included in the supporting St John data report.

2. Analysis of secondary data (e.g. Australian Bureau of Statistics, Safe Work Australia, academic publications), including specifically looking at high risk industries, as well as relevant regulatory frameworks (e.g. WHS Act, Code of Practice for First Aid in the Workplace).


* This report includes key findings from two surveys. A full set of data including more detailed findings is available on request from St John Ambulance Australia by calling 1300 360 455.
Employer awareness and reactions to the new Code

In the survey of 100 Australian CEOs, senior managers and OHS managers from the retail, hospitality and education sectors, employer awareness and first impressions of the Code were measured. As of December 2012, 65% of employers were unaware of the Code.

Almost two-thirds (65%) of employers are unaware of the new harmonised Code.

There was a trend towards higher awareness in hospitality (50%), than the retail (34%) and education (27%) sectors. Despite low awareness, employers generally had positive reactions (57%) (e.g., it will improve workplace safety) to the Code when its core elements were described to them. One in three expressed a neutral view (38%) and a small minority (5%) expressed negative opinions (e.g., it will increase compliance costs). Finally, employers were asked whether they believed they had an obligation to comply with the Code.

“The Code is certainly well received among those employers who are in the know – but it is worrying that so many are unaware of the changes in first aid requirements for their businesses.”

- St John Ambulance Australia
According to Australian Bureau of Statistics (ABS) data reported in the Work-Related Injuries Survey, Australia, 2009–10 average annual injury rates are 57.9 per 1000 workers. When looking at higher risk industries such as accommodation/food services and manufacturing injury rates are markedly higher than the overall average. But surprisingly, annual injury rates in the lower risk industries also remain higher than commonly believed, including retail and education.

### Annual work related injuries per 1000 workers

<table>
<thead>
<tr>
<th></th>
<th>Average per workplace</th>
<th>Accommodation and food</th>
<th>Manufacturing</th>
<th>Education</th>
<th>Retail</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>58</td>
<td>83</td>
<td>76</td>
<td>61</td>
<td>57</td>
</tr>
</tbody>
</table>

To further examine this, employers and employees in the survey were asked about the frequency and outcomes of recent first aid incidents in their workplace. Overall, 45% of employees and 56% of employers reported at least one first aid emergency in the last few years. 77% (of both employers and employees) described the emergency as a one-off incident.

According to the ABS data, those in higher risk roles (e.g. food preparation, science labs, warehouse workers) reported slightly fewer incidents with 36% of businesses reporting at least one emergency in the last few years. Similarly, 77% were described as one off events.

Under the new Code, workplaces are required to review first aid incidents and implement preventative measures where appropriate. Just over half of employers reported implementing such measures and over a third of employees reported being aware of preventive measures being implemented.

Figure 1 shows when the most recent first aid incident occurred, amongst those who reported at least one incident in the last few years.

Two-thirds of both employers and employees reported an incident within the last three months. Based on the employee data, this figure was higher in the education sector (70%) than in retail (60%) and hospitality (52%).
Implications for business and employees

As Figure 2 shows, the surveys also investigated employer and employee perceptions regarding the outcomes of the most recent event in their workplace. Employers were most likely to cite lost productivity (47% cited), whereas employees were most likely to cite increased stress for the casualty as a consequence of the incident (40% cited).

Interestingly, employers and employees diverged markedly in citing increased stress for co-workers responding to a first aid emergency. Almost twice as many employees (28%) cited this as an outcome compared to employers (15%).

“*If incidents occur regularly, employees will experience increased stress which can have adverse effects on productivity levels.*”

- St John Ambulance Australia
The Code is a newly approved code under section 274 of the WHS Act. Its recommendations may be relied upon by workplace inspectors and referenced in court proceedings when determining what is reasonably acceptable in determining a first aid ready workplace.

It is important to note that the first aid requirements of a given organisation are based on an individual first aid risk assessment evaluation and vary depending on the types of hazards, size of the business, the number and composition of employees, location and distance from emergency services. Thus, the standard for being first aid ready can vary for each workplace.

That said, the Code emphasises a number of core areas that must be addressed in all workplace settings (outlined below). In this research, compliance with these core elements is used as a general measure of a first aid ready workplace. Each workplace should, however, conduct its own tailored risk assessment that factors in the unique risks and needs of that organisation’s setting.

What does a first aid ready workplace look like?

1. **Presence of accredited first aiders** who also undertake annual refresher courses in CPR and renew their qualifications every three years. In low risk workplaces, one first aider is recommended for every 50 workers. For high risk workplaces, one first aider is recommended for every 25 workers.

2. **Workplace resources and equipment**, including fully stocked, up-to-date first aid kits, and presence of clear first aid signage. First aid rooms may also be necessary in some circumstances (e.g. higher risk workplaces, workplaces located far from emergency services).

3. **Procedures and drills training** covering first aid protocols for all workers. All employees should be trained in first aid procedures, including the location and type of first aid kits, communication channels in case of an emergency, and the identity and location of accredited first aiders in the workplace.
Are Australian businesses ‘first aid ready’?

Core areas assessed:

1. Training – accredited training and refresher readiness
   Does the workplace offer accredited training and refresher courses?

2. Workplace resources readiness
   Does the workplace have first aid kits and do employees know their location? Does the workplace have clear and visible first aid signage?

3. Training – drills and procedures readiness
   Have employees participated in either procedures training or emergency drills to impart basic knowledge for a first aid incident?

To gauge the extent to which Australian workplaces are currently compliant with the Code, three core areas were assessed.

With reference to the above core areas assessed, employees were considered to be working in a compliant workplace, therefore overall first aid ready, if they answered affirmatively to the questions listed above. These recommendations are, of course, only a subset of those outlined in the Code. These three areas were selected because they apply to all workplaces, regardless of size, location, hazard types or risk level and can be relied on as a representative measure of first aid readiness.

As Table 1 shows, Australian workplaces are significantly underperforming across all three core elements of the Code. With respect to accredited training and first aid drills, only 48% of workplaces are offering these forms of training to employees. In regards to workplace resources (first aid kits and signage) only 43% are currently compliant. Finally with respect to first aid drills and procedures, less than one in four (24%) employees has been provided either of these basic forms of training.

<table>
<thead>
<tr>
<th>National averages</th>
<th>% Workplaces that are compliant</th>
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<tbody>
<tr>
<td>Training - accredited training and refresher ready</td>
<td>48% compliant</td>
</tr>
<tr>
<td>Workplace resources ready</td>
<td>43% compliant</td>
</tr>
<tr>
<td>Training - drills/procedures ready</td>
<td>24% compliant</td>
</tr>
<tr>
<td>Overall first aid readiness</td>
<td>13% compliant</td>
</tr>
</tbody>
</table>

Because each is a required element of the Code, a workplace is only compliant if it meets all three of these basic readiness metrics.

At the current time, the data shows that only one in eight (13%) Australian businesses are first aid ready or compliant with all three core elements of the Code.
The following tables segment the core areas assessed by these variables.

### Table 2: First aid readiness by States and Territories

<table>
<thead>
<tr>
<th>State</th>
<th>Training - accredited training and refresher</th>
<th>Workplace resources</th>
<th>Training - drills and procedures</th>
<th>Overall first aid readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIC</td>
<td>48.7%</td>
<td>42.1%</td>
<td>24.1%</td>
<td>15.4%</td>
</tr>
<tr>
<td>NSW/ACT</td>
<td>47.9%</td>
<td>48.9%</td>
<td>28.7%</td>
<td>14.3%</td>
</tr>
<tr>
<td>SA/TAS</td>
<td>51.7%</td>
<td>38.3%</td>
<td>28.3%</td>
<td>10.0%</td>
</tr>
<tr>
<td>QLD/NT</td>
<td>53.0%</td>
<td>46.0%</td>
<td>18.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>WA</td>
<td>36.8%</td>
<td>28.1%</td>
<td>14.0%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

Table 2 above shows how compliance varies by States and Territories. Overall, compliance is highest in VIC (15.4%) and NSW/ACT (14.3%). But even here, fewer than one in six workplaces are currently complying with all three core elements. The lowest performing state is WA (8.8%), which scored poorly across all three elements, especially on workplace resources (first aid kits, signage). QLD/NT also performed relatively poorly (9% overall compliance) driven mainly by low levels of drills and procedures training. SA’s performance (10% compliance) was hampered by low workplace readiness (28%).

### Table 3: First aid readiness by industry

<table>
<thead>
<tr>
<th>Industry sector</th>
<th>Training - accredited training and refresher</th>
<th>Workplace resources</th>
<th>Training - drills and procedures</th>
<th>Overall first aid readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>72.8%</td>
<td>45.1%</td>
<td>42.7%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Hospitality</td>
<td>36.7%</td>
<td>42.2%</td>
<td>16.7%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Retail</td>
<td>29.5%</td>
<td>41.7%</td>
<td>9.1%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

First aid readiness scores were also segmented by industry. Overall readiness was substantially higher in education (21.5%) than in hospitality (10%) or retail (5.6%). Even in education, fewer than one in four workplaces emerged as compliant. The majority of employees in education (72.8%) are offered accredited training and refresher courses, but fewer than half have compliant workplace resources (45.1%) or compliant procedures or drills in place (42.7%).

Retail and hospitality fared more poorly across all three elements of first aid readiness. In particular, only 9% of employees in the retail sector reported having implemented first aid procedures or drills in the workplace and only 16.7% of those in hospitality have undertaken such training.

### Table 4: First aid readiness by business size

<table>
<thead>
<tr>
<th>Business size</th>
<th>Training - accredited training and refresher</th>
<th>Workplace resources</th>
<th>Training - drills and procedures</th>
<th>Overall first aid readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 199 employees</td>
<td>48.9%</td>
<td>45.9%</td>
<td>26.0%</td>
<td>15.6%</td>
</tr>
<tr>
<td>200+ employees</td>
<td>48.0%</td>
<td>41.5%</td>
<td>22.8%</td>
<td>11.1%</td>
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</table>

Finally, compliance rates were examined within medium (20-199 employees) and large businesses (200+ employees). Overall compliance was marginally higher in medium (15.6%) compared to large (11.1%) businesses. Even on these metrics though, the majority of medium sized businesses are currently non compliant with the Code.

In the sections that follow, the report drills down further into workplace first aid readiness looking at workplace training and resources. The final sections of the report then turns to examine the more intangible benefits of a safe workplace in terms of promoting employee confidence in emergencies and general morale.
Drilldown: accredited training and refresher courses

“Accredited first aid training is a transferable life skill that can save lives in the office as well as at home.”

- St John Ambulance Australia

Employers are required to ensure that accredited first aiders are available in their workplace. For higher risk workplaces, one accredited first aider is recommended for every 25 workers; in lower risk workplaces the recommendation is one accredited first aider for every 50 workers. First aiders should receive refresher courses in CPR annually and should renew their accreditation every three years.

The figures on the next page present employee responses when asked whether their workplace offers each kind of training and whether they have personally taken part in each training type. With respect to accredited training, only slightly over 50% of workplaces are offering training (53%) and refresher courses (51%).

These opportunities were actually less likely to be made available for those in higher risk roles. Only 23% of employees in these roles had been offered accredited training, and only 33% had been offered refresher courses.

In terms of differences across industries, compliance was highest in the education sector (76% offer accredited training, 75% offer refresher courses). However, compliance was significantly below 50% in both retail (34% offer accredited training, 33% offer refresher courses) and hospitality (43% offer accredited training, 4% offer refresher courses).

On a more positive note, and as Figure 4 shows, uptake of these training opportunities is relatively high at workplaces that offer it.
Case study

It is a requirement of her job as a massage therapist that Michelle is trained in first aid. In fact, just recently Michelle refreshed her CPR skills and renewed her training certificate but she never thought this training would have such a profound impact on her life. Late last year Michelle received a phone call from her son to say her father’s heart had stopped. Michelle raced to her father’s house, called the ambulance and began CPR. They would later learn that Michelle’s father had suffered a cardiac arrest. “I expected to use basic first aid skills for minor cuts and broken limbs but I never thought I’d have to use CPR.” Thanks to her training and quick thinking, Michelle helped to save her father’s life and has guaranteed she will be refreshing her CPR training every year.

Michelle Wimpenny (SA)
“The number of businesses waiting six months to train employees in first aid procedures creates unnecessary risk and is incredibly worrying.”
- St John Ambulance Australia

For employees who had received no training, the reasons for this lack of training were also explored. As Figure 5 shows, employees cited lack of employer provided training opportunities as the major cause. Suggesting that employee motivation is generally high, only 1% reported having been offered training but turning it down because of low perceived value.

Finally, those who had received some form of first aid training with their current employer were asked to rate their satisfaction with the quality of that training. Employees generally report exceptionally high levels of satisfaction with first aid training, when offered. Figure 6 details this data. A significant majority of employees reported being either “extremely” or “very” satisfied with the first aid training.

“For employees who had received no training, the reasons for this lack of training were also explored. As Figure 5 shows, employees cited lack of employer provided training opportunities as the major cause. Suggesting that employee motivation is generally high, only 1% reported having been offered training but turning it down because of low perceived value.

Finally, those who had received some form of first aid training with their current employer were asked to rate their satisfaction with the quality of that training. Employees generally report exceptionally high levels of satisfaction with first aid training, when offered. Figure 6 details this data. A significant majority of employees reported being either “extremely” or “very” satisfied with the first aid training.

Both accredited and non-accredited training are beneficial but ultimately, practice makes perfect. Training therefore also needs to be followed up with refresher courses and practice drills in the workplace.”
- St John Ambulance Australia

Figure 5: Employees’ reasons for not having completed accredited first aid training

Figure 6: Overall, how satisfied are you with the first aid training you have received at your current workplace?
Drilldown: workplace resources and facilities

Under the Code, all workers must have access to a fully stocked, up-to-date first aid kit. In addition, clear and eye-catching signage should be posted to identify the location of first aid equipment and facilities. First aid rooms may also be required in some circumstances, depending on the size of the workplace, types of hazards and distance from emergency services. Finally, specialist equipment (e.g. eye-wash, defibrillators) may also be warranted for the specific workplace hazards.

As the figure above shows, compliance with provision of first aid kits was highest, but even here, one in four employees reported that their workplace either did not have a first aid kit or they did not know where the kit was located. These figures were relatively consistent across all industry sectors.

With respect to signage, fewer than half of businesses (46%) currently display clear and visible signs identifying the location of first aid resources. This low figure was consistent across all industry sectors and reveals a huge risk for employers if employees are not able to locate resources and act quickly in the event of a first aid incident.

Worryingly, employees in higher risk roles (e.g. food preparation, warehouse workers, science laboratory educators) did not score better on most workplace resource core areas. These specific employees were only slightly more likely than others to know the location of first aid kits (86% compared to 81% among the average employee) or to report clear and visible signage in their workplace (53% compared to 46% of the average employee).

The pressing need for appropriate on-site first aid equipment was further highlighted by examining travel times to emergency services. One quarter (25%) of workplaces were rated as not located within 20 minutes (at peak time) of a hospital, and almost as many (22%) were rated as not within 20 minutes of an emergency medical centre. 21% were rated as not within 20 minutes peak travel time even for ambulance services.
“Treatment in the first five minutes after a first aid incident can dramatically change the outcome. Workplaces should have the appropriate equipment and signage in place to allow for a quick response and ensure the safety of workers.”
- St John Ambulance Australia

Case study

As the office first aider, Darren was the go-to person when a colleague suffered a panic attack in the middle of a training course late last year. Darren acted quickly when he was made aware of the incident. He moved his colleague outside and reassured her, helping to bring her breathing under control. The ambulance arrived 20 minutes later by which time his colleague was back in control.

It is not only in the workplace that Darren’s first aid skills were put to the test. On route to Brisbane’s Cedar Creek Falls, he witnessed a motorcycle sliding off the dirt road, hitting an elderly lady. Darren and his friends ran to the woman who was bleeding from the head and had broken her wrist. They applied pressure to the bleeding wound by using a t-shirt and applied a splint to keep her wrist stable. The ambulance arrived 30 minutes later by which time the woman was in a stable condition.

For Darren, first aid training is a life skill – “It is a hugely valuable skill in every aspect of life”.

Darren Grimsey (QLD)
In addition to accredited first aiders, each workplace must train all employees in basic procedures and protocols to follow in the event of a first aid emergency. This training should include information on the location and composition of first aid kits, communication channels to use in an emergency, and the identity and location of accredited first aiders. In addition, regular first aid drills/mock first aid emergencies are recommended under the Code.

With respect to procedures training and first aid drills, the vast majority of Australian workplaces are currently non-compliant, with only 34% offering procedure training and 26% providing first aid drills. Fewer than one in five workers have had procedures training (17%) or have participated in a drill (17%).

As with accredited training and refresher courses, first aid procedures and drills training was actually worse among those in higher risk roles. Only 14% of these employees had been offered procedures training and only 17% had been offered a first aid drill at their current workplace.

Comparing industries, compliance was highest in the education sector (33% have developed and implemented procedures training, 28% have participated in a drill). Levels of compliance were even lower in retail (5% have had procedures training, 8% have participated in a drill) and hospitality (11% have had procedures training, 15% have participated in a drill courses), highlighting a systemic failure in meeting the guidelines of the Code.

For employees who had received some form of training (whether accredited training, procedures training or drills), they were also asked when that training was first received. Only 16% had received their training within the first month of employment; 36% received training between one and six months, and the largest group (48%) received their training more than six months post-employment. This finding highlights a clear need for first aid training to be better synchronised with hiring and induction procedures.
Beyond the Code: additional benefits of a ‘first aid ready’ workplace

By providing recommendations and guidelines to Australian businesses, the Code focuses on those factors that directly improve a workplace’s capacity to respond effectively to first aid incidents. Research and practical experience show, however, that safe workplaces are also associated with a range of indirect benefits that go beyond ensuring the physical safety of employees, customers and visitors (see Gramwitch et. al., 2006). In this section of the report, these indirect benefits are explored and quantified.

Performing first aid: confidence boosters and detractors

With appropriate resources and training, workers should feel confident dealing with first aid emergencies in the workplace. To assess this, employees were asked to rate their confidence level in performing first aid. As the figure below shows, less than one in three Australian workers (31%) currently feel “extremely” or “very” confident. Almost one in five (18%) feel “not at all” confident.

Figure 10: Confidence in preforming first aid among employees

Confidence levels were relatively stable across those in higher risk versus lower risk roles. However, it is noteworthy that 22%, or almost one in four, of those in higher risk roles described themselves as “not at all confident” in dealing with an incident.

Across industries, confidence was highest among those working in education (37% feeling extremely or very confident), followed by hospitality (29%) and then retail (25%). The higher confidence experienced by education workers likely reflects the higher levels of first aid training received in that group.

The survey also explored the main drivers of low and high confidence. Those who reported feeling “extremely” or “very” confident were asked to choose the reason(s) why they felt confident; those who reported feeling only somewhat or not at all confident were asked to choose the reason(s) they did not feel confident.

Figures 11 and 12 present the results of these questions.

Less than one in three Australian workers (31%) currently feel “extremely” or “very” confident. Almost one in five (18%) feel “not at all” confident.
Receiving basic training in first aid is the top factor employees cite as explaining their high confidence (cited by 55%).

Case study

Dominic was taking his children home from their Saturday swimming lesson when he witnessed a girl knocked unconscious by a car. Telling his children to “stay back”, Dominic was the first to respond whilst everybody else seemed too shocked to move. The first aid training refresher he had done through work just two weeks earlier helped him to spring into action immediately. Dominic sent for help before checking the girl’s airways, her breathing and placing her into the recovery position.

Dominic is currently his workplace’s first aider having completed his first aid training nine years ago with ongoing refresher training.

“Having the confidence to know how to assess a situation and act quickly in the best way for the injured person, is a big part of being first aid trained.”

Dominic Alati (NSW)
Safe workplaces are happy workplaces

In the final part of the research, the link between workplace safety and employee morale has been explored. Prior research links good workplace health and safety to lower levels of absenteeism, reduced job stress and health risks, and higher organisational commitment (Gramwitch et al., 2006). Other research suggests that employees rate workplace safety as first in importance among labour standards, even beyond family and maternity leave, overtime pay and paid sick days (Smith, 2010).

To explore the link between safe and happy workplaces, workplaces were divided into three categories, based on employees’ perceptions of workplace safety of being very safe, safe and not safe.

As the figure below shows, workplaces deemed “very safe” scored dramatically higher on all measures of workplace morale. Compared to “not safe” workplaces, employees at “very safe” workplaces were more than twice as likely to feel that management consulted with them on important decisions. They are almost four times as likely to feel that their workplace looks out for them and more than twice as likely to feel a sense of belonging to their team. These findings affirm the strong link between workplace safety and employee morale.

Figure 13: Employee perceptions of the workplace environment are split by answers to the question: overall, how safe would you describe your work environment?

“|   | Very Safe | Safe | Not Safe |
---|-----------|------|---------|
Members of management consult employees when making important work-related decisions | 70% | 54% | 32% |
My workplace looks out for its employees and has their best interests at heart | 86% | 67% | 22% |
I feel a sense of belonging with my team | 92% | 78% | 43% |

“If employees don’t feel confident to perform first aid, even a fully compliant workplace could be at risk. An annual refresher course provides a regular confidence boost to first aiders.”

- St John Ambulance Australia
How St John can help

As a leader in first aid services, St John has the expertise to help businesses reach beyond simply meeting the Code requirements, and achieve best practice standards in first aid.

St John offers a range of services:

First aid risk assessment evaluation
St John will visit your business to undertake a first aid risk assessment evaluation of your workplace needs.

First aid training
St John is able to provide certified first aid training as well as refresher first aid courses to ensure that your first aid staff training is current and up-to-date.

First aid kits & signage
St John has a range of first aid kits and signage available to suit all types of workplaces. St John can recommend the type of equipment and signage your organisation needs.

First aid facilities
As part of a first aid risk assessment evaluation, St John can assess your facilities and identify whether your workplace requires a first aid room. St John can also suggest additional equipment such as defibrillators and eye wash facilities needed to treat injuries or illnesses based on your workplace hazards.

First aid procedures & drills
St John can assist you with developing and implementing first aid procedures and drills so your staff have a clear understanding of first aid in the workplace and what to do in an emergency.

Contact information

For employers:
Contact St John Ambulance Australia on 1300 360 455 or visit www.stjohn.org.au/getcompliant to find out more information about St John’s first aid products and training, which can be designed specifically to meet your business’ requirements.

For employees:
Go to www.stjohn.org.au/getcompliant to find out more about first aid readiness for your workplace.

For media:
Call 03 9268 7800 and ask for the St John Ambulance Australia team, or email pr@stjohn.org.au
References


About St John Ambulance Australia

St John Ambulance Australia is a self-funding charitable organisation active in all States and Territories, dedicated to helping people in sickness, distress, suffering or danger. St John Ambulance has been active in Australia for over 130 years and internationally is part of a wider organisation with a long and honourable history. Each year, St John Ambulance Australia delivers 430,000 first aid certificates, making it Australia’s largest first aid training provider. The not-for-profit organisation also provides first aid to more than 60,000 Australians each year.

Disclaimer

St John recommendations regarding the new Code of Practice and compliance does not constitute advice in relation to meeting the requirements of the Act, Regulations or Code of Practice and should not be construed as such. Advice offered is on the understanding that it will assist those with a duty of care to meet their obligations but it is not intended to replace an organisational hazard analysis and risk assessment which remains the responsibility of the duty holder in determining their first aid requirements.