

## First Aid Safety Guideline

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First aid is the initial care of the ill or injured. The aims of first aid are to prevent dangerous incidents occurring, to preserve life, to stabilise the casualty's condition, to promote recovery and to protect and comfort the ill or injured.

The provision of adequate First Aid equipment, trained personnel, information, facilities and services for all employees and visitors (students are included in this category) is a requirement under the Workplace Health and Safety Act 1995. The Queensland Government Advisory Standard for First Aid in the Workplace 1999 (July 2000) clarifies the minimum requirements and responsibilities of Schools with regard to First Aid. The assistance of heads of schools and sections, First Aid officers and Workplace Health and Safety Officers is sought in order to implement the requirements for provision of First Aid throughout the University.

### 1. Up-to date notices

All schools should have up-to-date notices listing:

**a) For locations on the St Lucia campus**

Contact Security Section (53333) in an emergency.  
Call Security on 51234 if not an emergency  
The hours of service and the telephone number of the University Health Service (56210).

**b) For locations on the Gatton campus**

Contact Security Section (53333) in an emergency.  
The hours of service and the telephone number of the University Health Service (50396).

**(c) For locations on the Ipswich campus**

Contact Security Section (53333) in an emergency.  
Call Security on 51234 if not an emergency  
The hours of service and the telephone number of the University Health Service (11210).

**d) For off campus locations**

Advice equivalent to the above and appropriate to the particular location should be displayed (eg. "000", appropriate hospital extension, emergency services, Poisons Information Centre and other relevant telephone numbers).

## **2. First Aid Provision and Training**

### **Provision of First Aid**

- First Aid is provided at St Lucia Health Service weekdays (public holidays excluded) between 8.00 am and 5.00 pm during semester and 8.30 am and 5.00 pm during University vacations;
- between 8.30 am and 3.45 pm at Gatton; and
- between 8.30 am and 4.15pm at Ipswich.

In addition to this, schools and sections should have a qualified First Aider on site where work involves a high risk of injury (eg. laboratories and workshops), is at remote locations (eg. farms and field trips), involves the potential for injuries which are likely to require immediate attention or work which is carried out after hours and on weekends. Supervisors should ensure that there are sufficient personnel in these areas with current First Aid training (certificates acquired or updated in the last three years, and annual resuscitation training). In determining the minimum number of First Aiders required in a given area, heads of Schools and sections should make allowances for times when trained First Aiders are absent or unavailable (eg. work commitments, meal breaks, recreation leave and out of hours work). First Aid facilities and services should be reviewed periodically in consultation with staff to ensure their adequacy.

### **First Aid Training**

#### **St Lucia**

St John First Aid courses (including the basic or senior first aid certificate and the CPR refresher course) are organised regularly throughout the year by the Teaching & Educational Development Institute [TEDI] enquiries ext. 53019).

Training manikins are available for loan at a fee from the St Lucia Health Service.

#### **Gatton Campus**

First aid courses are organised by the Gatton Health Service and advertised widely. Further information regarding first aid courses and the updating of resuscitation skills, contact Gatton Health Service.

#### **Ipswich Campus**

**First aid courses are available through TEDI at the St Lucia campus.**

## **3. Assessing the likelihood of occurrences and potential severity of injuries and illnesses**

Heads of Schools should assess the first aid requirements of their operation in consultation with employees, the workplace health and safety committee and workplace health and safety officer or representative, bearing in mind the particular hazards and level of risk (ie. the probability and likely consequences of the hazard in the workplace being realised) within the various areas in the School. Staff also should be consulted in the planning phase when significant changes in work practices are contemplated that could impact on health and safety. In addition each workplace should develop an accident plan (see below).

To assess and manage the risk of a particular workplace it is necessary to determine -

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- **Probability of exposure to a particular work hazard**

This ranges from almost certain to extremely unlikely. Past injury records for the occupation, type of plant and equipment or work process or industry can be helpful although statistical records can be unreliable in small workplaces.

- **Duration of exposure**

This is the proportion of working hours during which an employee is exposed to a particular hazard. A brief intermittent exposure to a particular process or chemical may represent no risk as compared with the significant risk to health resulting from a frequent or continuous exposure to the same process or chemical.

- **Potential severity of outcome**

This can range from bruising to death and obviously influences the preventive and first aid measures put in place. It is vital to anticipate and prevent low probability events, which could result in catastrophic consequences.

Assessment of the above three factors will determine the likelihood of injuries or illnesses associated with a particular work process. Assessment requires good judgement and awareness of the potential risks of injury, illness of incidents occurring. This should be a consultative process with workers. Measures should be introduced for eliminating or reducing the risks of injury and illness. First aid provisions should not be relied upon - prevention is the better alternative.

**Methods of identifying workplace sources of injury and illness include -**

- walk-through surveys - an expert may be required for more complex workplaces
- review of a "near miss" incident, accident and injury data - this assumes people are using the current reporting system and looks at past trends which may not reflect future performance. It should not be the only means for identifying hazards for these reasons and because it is unreliable in a small workplace and will not protect against low probability high severity events
- work process evaluation
- employee and student consultation - this is a simple and effective means of identifying hazards and is of particular importance when changes to the workplace or procedures are being considered
- material safety data sheets, product labels - these are important sources of information and include details on control and first aid measures
- Information from the Occupational Health and Safety Unit, the Health Service, other specialists, industry and government

## **Developing an Accident Plan**

The Accident Plan should:

- Specify response procedures for an injury or illness; eg. Notify supervisor, call Security or the Health Service;
- Allocate specific tasks; eg. First Aid Officer to care for ill/injured person;
- Include emergency transport arrangements; eg. planning to have a vehicle available to transport the ill or injured;
- List First Aid equipment, Officers and locations of First Aid Kits and Officers at the workplace.

## 4. First Aid personnel

First aid personnel need to be -

- able to remain calm in an emergency
- reliable
- able to complete required study
- able to use knowledge and skills gained
- sufficiently healthy to be able to perform first aid
- immunised against hepatitis B
- funded by the relevant School or Centre (see First Aid Allowance Policy)

**First aid Officers must have the necessary training. They must:**

- possess a current senior or occupational first aid certificate and have a current resuscitation certificate
- have a senior first aid certificate where the risk of injury or illness is low
- have an occupational first aid certificate where the risk of injury or illness is high
- refer the casualty for medical attention when the treatment required is beyond their level of training and experience

## 5. First Aid equipment

A dust proof first aid cabinet or small case shall be provided in every workplace and shall be -

- (a) located in a readily accessible position with adequate signage (refer "Appendix 1 "First Aid Signage");
- (b) equipped with a brief record of attendance and treatment which is fixed to the inner surface of the lid (refer Appendix 2 "First Aid Record Form"). **It is necessary for every such occurrence to be reported to the Occupational Health & Safety Unit on a University Accident, Injury & Incident Report. A record of the first aid measures undertaken should accompany an ill or injured person when they are transferred to the University Health Service or hospital. In addition, the Occupational Health and Safety Unit is required to promptly report, on behalf of the University, serious bodily injury, work related illness or dangerous occurrence to the Division of Workplace Health and Safety;**
- (c) equipped and maintained with the first aid requisites taking into account the nature of the work;
- (d) have a notice listing all current emergency services telephone numbers and addresses.

To check the appropriateness of a first aid kit refer (Appendix 3 "Checklist for First Aid Kits").

## 6. Maintenance of First Aid Kits

A qualified person/s should be nominated by the head of School or the safety committee as being responsible for ensuring that the contents of first aid kits are **maintained** to the level required by virtue of the activities and the risk of injury. Kits should be regularly checked (at least monthly). To ensure

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uniformity throughout the University and to minimise the cost of maintaining first aid kits, supplies are available through the University Store. They can be purchased in the standard manner by quoting the item and its store catalogue number. Refer to (Appendix 4 "Recommended Contents of a First Aid Kit Small-sized Workplace (less than 30 persons))" which is suitable for work environments where the risk of serious injury and illness is low.

Examples of additional first aid kit modules for treating specific injuries and work related illnesses can be found in (Appendix 5 "Recommended Additional Contents of First Aid Kits").

**All kits should contain equipment to clean up blood spills, eg. disposable gloves, sharps container, plastic bags, rubber bands or ties, and 1% chlorine bleach (refer Appendix 6 "Procedures for Cleaning-Up and Disposing of Blood-Spills or Blood- Stained Material")**

## **7. First Aid Rooms**

The Building Code of Australia requires the provision of a first aid room supervised by a staff member(s) with an occupational first aid certificate (or higher) in any new building built after 1 January 1992 that houses more than 200 workers. Therefore, consideration should be given to including a first aid room in new buildings, especially those away from the main campuses or with large numbers of staff (more than 200).

## **8. Special requirements for high risk areas**

Those work areas within School which have special hazards should obtain information from Material Safety Data Sheets or the Health Service, for advice on special first aid procedures, specific antidotes or neutralising agents some of which may need to be kept in first aid kits. Following receipt of the above information, strategies need to be developed by School/Sections relating to the management of accidental contamination. The strategies would focus upon procedures such as the location of antidotes, the provision of safety facilities such as showers and eye wash packs etc.

Where specific items are required, instructions for their use should be displayed at the point where they are kept. **Please note that the antidote for cyanide is kept at the St Lucia Health Service, as it needs to be administered by a doctor. The antidote also may be kept in certain work places to be provided to the attending Qld Ambulance personnel for immediate use by the hospital emergency staff or by paramedics.**

**Contact:** the Occupational Health Nurse Adviser at St Lucia Health Service on extension 56210 and Gatton Health Service on 50396 if you consider an antidote is needed.

Where corrosive materials or substantial quantities of flammable liquids are used it is necessary to supply safety showers and eye wash units. The use of refillable eye wash bottles is not recommended. Disposable eye wash packs or running tap water (water quality suitable for drinking) are to be used for eye irrigation.

## 9. Infectious Disease and First Aid

Infectious diseases such as the common cold, influenza, rubella and others have been present in the workplace for as long as there have been workplaces. What has changed recently is our understanding and public awareness of some of the more serious infectious diseases such as hepatitis B, hepatitis C and HIV. Infected blood and blood products are the major source of possible transmission of hepatitis B, hepatitis C and HIV in the workplace. Workplace transmission is very infrequent and usually involves injuries with sharp instruments such as needles contaminated with infected blood. First aid transmission of these infections has not been documented.

### Principles of Infection Control

The optimal way for first aid personnel to protect themselves from blood borne infections is to consider all injured or ill persons to be potentially infectious ie. use universal precautions as detailed below.

### Reasonable Precautions

- (a) **Blood and other body substances** - use appropriate barrier precautions (gloves) whenever exposure to blood, body fluids or moist body surfaces occur (refer Appendix 6 "Procedures for Cleaning-Up and Disposing of Blood-Spills or Blood- Stained Material").
  - (b) **Needles and syringes** - use disposable syringes, needles, scalpel blades and other sharp items and these should be placed in rigid-wall puncture resistant containers. These containers should be located as close as practicable to the area where usage is occurring. Scalpel blades should be removed from the handle using the QlickSmart device.
  - (c) **Linen and disposable items** - all disposable items that are visibly soiled with potentially infectious material should be considered "infectious waste", identified as such and kept separate from other linen. Infectious linen should be transported in leak proof bags. Gloves and protective clothing should be worn when handling infectious linen.
  - (d) **Emergency resuscitation** - there is no reason to withhold resuscitation from anyone but the decision whether to use direct mouth to mouth resuscitation is an individual one for first aid personnel. Resuscitation bags, masks and face shields will be available in first aid kits in certain situations where the likelihood of administering CPR is high (eg. security) or a special reason exists (eg. working with cyanide). These resuscitation devices are **for use by first aiders TRAINED AND CERTIFIED to use the specific equipment in question.** Facemasks equipped with one way valves are usually unnecessary, require maintenance and are potentially dangerous to the casualty.
  - (e) **Infected personnel** - first aid personnel who may be infectious have a responsibility to notify relevant authorities of any infectious risk that they may present to injured or ill employees. Confidential advice about the risk of transmission in the workplace is available from the University Health Services. Injured or ill employees have a responsibility to advise treating personnel of any known or possible communicable disease, which could be transmitted in these circumstances. **The individual's right to privacy and confidentiality must be respected.**
  - (f) **Good Wound Care**- wounds should be cleaned thoroughly with clean running water or normal saline and a waterproof dressing applied.
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**(g) Hepatitis B and HIV**

**Hepatitis B**

It is important to note that protection against hepatitis B is available in two ways. Firstly, active immunity is reliably and safely produced by vaccination ie. the person develops their own protective antibodies to the injection. Persons at risk such as those dealing with blood and human tissues including **first aid personnel** should be protected by vaccination (available at Health Service). Secondly, safe passive protection is available after an exposure to the hepatitis B virus (antibodies to hepatitis B are present in the product but are destroyed over time by the body). The product known as hepatitis B immune globulin should be administered to the non-immune person within 72 hours of exposure to the virus and is often combined with vaccination.

**HIV**

After a significant exposure to HIV infected blood or other body fluid and following meticulous wound care and cleaning, **prompt** consideration must be given to whether anti-viral medication, should be taken. There is evidence that anti-viral medication taken in this situation may reduce risk of infection. Urgent advice should be obtained from the Health Service or an infectious disease specialist at a hospital, as the medication needs to be started ideally within a few hours of the exposure.

## **10. Purchasing new first aid kits**

In the case of new buildings and/or expanding School, it may be necessary to purchase extra first aid kits. School may choose to purchase:

- (a) a dust proof, moisture-proof container or small suitcase of appropriate size and equip it with supplies from the Store. The container must be clearly labelled "First Aid";
- (b) a commercially available first aid cabinet, and equip it from supplies in the Store.

Examples are provided in (Appendix 7 "Examples of First Aid Kits").

## **11. Funding for First Aid Kits**

Schools are reminded that purchase of new first aid kits and replenishment of existing kits is a local responsibility and should be funded from the Schools maintenance account.

## **12. First Aid Reminders**

**Burns-** the first aid treatment for flame burns or scalds is to apply cold water to the affected area for at least **ten minutes**, then cover with a sterile dressing or clean cloth to prevent further contamination. **No creams or ointments should be applied.**

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**Chemicals** - the first aid treatment for a chemical splash into the eye is to irrigate the eye with running water for 20 minutes and then to seek medical attention. Bring the MSDS with the injured person to the University Health Service or other medical facility.

**Poisons** - where a poison is swallowed no emetic should be given in the first aid situation without advice from the University Health Service or the Poisons Information Centre. (Exception: where the need for a specific antidote has been identified and the conditions of use of the antidote has been fully discussed with the Health Service, then it may be used in an emergency without further consultation).

## **13. Resource Document**

Ancillary Devices for Expired Air Resuscitation (EAR) and Revised Policy Statement 5.3.3 March 1992  
Expired Air Resuscitation (EAR) - Mouth to Mask Method. Australian Resuscitation Council Policy Statement 10.1.1, July 1992.

Workplace Health and Safety (First Aid) Advisory Standard 1999. Division of Workplace Health and Safety. Department of Training and Industrial Relations. Queensland Government (July 2000).

Human Immunodeficiency Virus (HIV) Infection and The University of Queensland. Based on policy approved by Senate 23 July, 1990.

Human Immunodeficiency Virus and Hepatitis B and the Workplace National Consensus Statements National Code of Practice. Worksafe Australia, November 1993.

Infection Control Precautions in First Aid and Resuscitation. Bulletin No. 15, Australian National Council on AIDS, May 1992.

Infection Control in the Health Care Setting and Guidelines for the Prevention of Transmission of Infectious Diseases. National Health and Medical Research Council and Australian National Council on Aids. April 1996.

Needlestick and Blood Accidents, Management of Exposure to Blood/Body Fluids Contaminated with Blood, including Needlestick/Sharps Injuries, with a potential for Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV) or other Bloodborne Infections. Bulletin No. 16, Australian National Council on AIDS. March 1996.

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### **Disclaimer**

This revised guideline was approved by University Senate 4/10/2001

These guidelines were designed for use within the University of Queensland. Others are welcome to use them. Although the information contained in the guidelines is believed to be reliable and current, we make no guarantee and assume no responsibility as to their absolute correctness for all circumstances or for their adaptation outside the University of Queensland environment.

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## Appendix 1

### First Aid Signage

#### Examples of suitable first aid signs:

1. **Symbolic First Aid Sign** - white cross on green background



2. **Symbolic First Aid Sign to indicate direction to First Aid** - white cross and arrow on green background



3. **English First Aid Sign**



Note: Signs may be constructed to suit individual requirements. All signs should comply with Australian Standard AS 1319 - *Safety Signs for the Occupational Environment*.

**Appendix 2**

**First Aid Record**

**(To be fixed to inside door of First Aid Cabinet)**

Name of injured: _____ Work section: _____					
Nature of injury	Cause of injury	First Aid Treatment	Further Treatment	Preventive Action	First Aider
Name of injured: _____ Work section: _____					
Nature of injury	Cause of injury	First Aid Treatment	Further Treatment	Preventive Action	First Aider
Name of injured: _____ Work section: _____					
Nature of injury	Cause of injury	First Aid Treatment	Further Treatment	Preventive Action	First Aider
Name of injured: _____ Work section: _____					
Nature of injury	Cause of injury	First Aid Treatment	Further Treatment	Preventive Action	First Aider

\* Further Treatment: 1) None; 2) Referred to own doctor; 3) University Health Service; 4) Security called; 5) Other.

**University Accident Injury & Incident Report Form must be completed and forwarded to Occupational Health & Safety Unit within 7 days.**

## Appendix 3

### Checklist for First Aid Kits

The purpose of this checklist is to check the appropriateness of first aid kits. Indicate by ticking the relevant answer. Where the answer to the question is "no" further action may be necessary.

<b>1. Location and Position</b>			
	Yes	No	Comments (If any)
Is the first aid kit located in a prominent and accessible position?			
Are employees informed and aware of the location of first aid kits?			
Do all employees have access to first aid kits during all work shifts?			
<b>2. Clearly Identifiable</b>			
Can the first aid kit be clearly identified as a first aid kit?			
Is the first aid kit clearly marked with a white cross on a green background in accordance with Australian Standard AS 1319 - <i>Safety Signs for the Occupational Environment</i> ?			
<b>3. Contents</b>			
Are the contents appropriate to the injuries and illnesses at your workplace?			
Does the first aid kit contain sufficient quantities of each item?			
Is an employee trained in first aid responsible for maintaining the first aid kit?			
Are the contents appropriately labelled?			
Are the contents within their "use by" dates?			
Are the contents adequately stored?			
<b>4. Relevant Information</b>			
Is there a list of contents provided in the kit?			
Are emergency telephone numbers clearly displayed?			
Are the extension number, name and location of the nearest first aid personnel clearly identified?			
<b>5. Training</b>			
Have selected employees received training in the use of the contents and the maintenance of the first aid kit?			

Note: It is not adequate to provide a first aid kit without also ensuring appropriately trained first aid employees for all work shifts.

## Appendix 4

### Recommended Contents of a First Aid Kit: Small-Sized Workplace (Less than 30 Employees)

Uni Store Cat No	Contents	Size/Type	Use/Function/Comments
29602	adhesive strips	assorted sizes (7.5cm x 1m box)	minor wound dressing
29629	adhesive tape	(2.5cm x 5m)	secure dressings, strapping
29505	eye pads	single packs (5)	emergency eye cover
29599	triangular bandage	(2)	slings, support, padding
29548	elastic crepe bandage	2.5cm	retain dressings, bandage sprains
29556		5cm	
29572		7.2cm	
29408	wound/combine	small	control bleeding, cover wound
29424	dressings	large	
29483	non-adhesive dressings	large	wound dressing
29408		small	
29726	safety pins	packet of 10	secure bandage, slings
29654	scissors	stainless steel sharp/blunt type (125mm)	cutting dressings, clothing
29688	dressing tray	disposable	hold dressings, instruments
29610	liquid container	disposable	hold liquids eg antiseptic solutions
29580	cotton wool balls	sterile packs of 10	wound cleaning
29440	gauze squares	2 packet	
29653	forceps/tweezers	disposable	clean wounds, remove foreign bodies (NB stainless steel require sterilisation)
29718	blood lancet	disposable	to remove foreign bodies eg splinters
21334	disposable latex gloves	box of 10 - small	infection control
21326		- medium	
21318		- large	
050188	Scalpel blade remover	Takes 100 scalpel blades	Infection control – disposal purposes
21032	sharps disposal container	5 litre	infection control - disposal purposes
17701	plastic bags and rubber bands or ties	medium size (12)	waste disposal
22438	bleach solution (Milton)	approx. 1% available chlorine	decontamination - for use on spilled blood or other body fluids
24589	absorbent disposable towels		soaking up spilled blood or other body fluids
29521	sterile/saline water (Eyestream)	1 bottle	emergency eye wash-irrigating eye wounds (single use only to avoid contamination)
29734	face shield for resuscitation		to be used by qualified personnel for resuscitation purposes
29637	antiseptic solution	30 ml	pre-measured containers with expiry dates low use-single packs
29666	ice pack		for treatment of strains, sprains and bruises

The above contents are suggested for a small workplace (less than 30 employees) where the risk of injury or illness is low. The actual number and quantity of items depends on assessed requirements.

**Appendix 5**

**Recommended Additional Contents of First Aid Kits**

Uni Store Cat No.	Types of Hazards	Additional Contents	Comments
<b>Burn Injuries</b>			
29483 29467	heat	burns dressings - large - small	cold water and clean sheeting should be available
	flammable liquids		
	corrosive chemicals		whole body burns dressings may be appropriate
<b>Eye Injuries</b>			
29505 29564	all eye injuries	sterile eye pads and non-stretch adhesive tape (Micropore)	covering injured eye prior to medical treatment
29521		disposable eye wash (at least 100 mls)	
	splashes or exposure to vapours: * acids * alkalis eg.caustic soda * corrosive chemicals * organic solvents eg. thinners	emergency showers and eyewash stations	eye injuries caused by chemical splashes
29807	particles from: spraying hosing abrasive blasting welding	cotton buds	removing surface (non-embedded) foreign bodies from white of the eye (not coloured part of the eye)
<b>Exposure to human materials</b>			
21334 21326 21318 21032 22438 17701 24589	human blood or other fluids and tissue	extra quantities of * disposable latex gloves (sm,med.lge) * sharps disposal container (5ltr) * bleach solution (approx 1% available chlorine) *plastic bags,rubber bands & ties * absorbent disposable towels	decontamination of blood or other spills to eliminate risk of infection
<b>Remote Location</b>			
	distance from medical assistance	first aid text	emergency reference manual
29815		broad crepe bandages,15cm	for snakebites (sufficient number to bandage lower limbs)
		cervical collar	for spinal/neck injury
		large burns sheet	for covering burn areas
		thermal blanket	for treatment of shock (also for assisting portability)
		torch/flashlight	for use at night, attracting attention
		note pad and pencil	recording injured or ill person's condition and treatment to be given
29785		Bushman's Insect Repellent Gel with 15+ sunscreen	80% DEET suitable for use in tropical locations
29750		J&J 15+ sunscreen	
29668 29670		splint - small splint - large	for snakebites (sufficient lumber for handling lower limbs)

## Appendix 6

### Procedures for Cleaning up and Disposing of Blood Spills or Blood-Stained Material

1. Avoid contact with blood if your own hands or lower arms have open cuts or unhealed wounds. Use **disposable gloves** if available and wash hands, lower arms and any other body parts which have come in contact with, or have been splashed by, blood. Thorough washing in **soap and water** is adequate.
2. Any waste material containing sharps (e.g. broken glass or needles) must be disposed of in a **sharps container**. All other blood-stained waste material should be placed in a **plastic bag** and sealed with a **rubber band**. It should then be disposed of in the departmental **biological waste disposal bin**. Those departments without ready access to such a bin should contact the cleaning supervisor, Property & Facilities.
3. First Aid **instruments** which have been splashed with blood ( e.g. scissors) should be **thoroughly washed in water and detergent** to remove any blood and then disinfected by **soaking them for 30 minutes in freshly prepared 1% chlorine bleach\*\***. Preferably instruments should be disposable.
4. **Other bloodied areas** (desks, floors, equipment) **should be washed down with cold water, and then with freshly prepared 1% chlorine bleach\*\***.

**\*\* Note:** Milton Bleach (available through the Central Store) has approximately 1% available chlorine and household bleach has approximately 4% available chlorine.

To prepare a 1% chlorine solution if 1% bleach is not available:

mix 250ml of household bleach with water to make up 1 litre.

## Appendix 7

### Examples of First Aid Kits

#### Renee Enterprises

8 Deshon Street  
Buranda QLD 4102  
Telephone: 3891 2807      Facsimile: 3391 5513

**Small workplace** (suitable to service 1-30 persons) steel, wall-mountable, not lockable,

**Cabinet and contents:**      \$73.25  
**Cabinet dimensions:**      385mm high, 240mm high, 120mm deep

**Large workplace** (suitable 30-100 persons) steel, wall mountable, lockable, bottom drawer.

**Cabinet only:**      \$112.00  
**Cabinet dimensions:**      445mm high, 285mm wide, 120mm deep

#### St John Ambulance First Aid Kits & Supplies

9 Florence Street  
Newstead QLD 4006  
Telephone: 3852 1927      Facsimile: 3852 1284

#### Industrial First Aid Kit:

**Medium** (suitable 1-30 persons) steel, wall mounted, one lockable door.

**Cabinet and contents:**      \$187.10  
**Cabinet dimensions:**      450mm high, 350mm wide, 160mm deep

**Large** (suitable 30-100 persons) steel, wall mounted, lockable door and drawer.

**Cabinet only:**      \$303.60  
**Cabinet dimensions:**      570mm high, 460mm wide, 160mm deep