Approved:	STANDARD OPERATING PROCEDURE	REVISION A		
ВСМ	TITLE: First Aid Program	02/16/2015		
HHH Services, LLC				

It is a requirement of OSHA that employees be given a safe and healthy workplace that is reasonably free of occupational hazards. However, it is unrealistic to expect accidents not to happen. Therefore, employers are required to provide medical and first aid personnel and supplies commensurate with the hazards of the workplace.

According to OSHA, first aid is emergency care provided for injury or sudden illness before emergency medical treatment is available. The first aid provider in the workplace is someone who is trained in the delivery of initial medical emergency procedures, using a limited amount of equipment to perform a primary assessment and intervention while awaiting the arrival of emergency medical service (EMS) personnel.

A workplace first aid program is part of a comprehensive safety and health management system that includes the following four essential elements:

- 1. Management leadership and employee involvement
- 2. Worksite analysis
- 3. Hazard prevention and control
- 4. Safety and health training

The details of a workplace medical and first aid program are dependent on the circumstances of each workplace and employer.

## Recognition

- 1. It is the responsibility of employers to determine their requirements for medical and first aid services. OSHA does not recommend nor approve programs. However, during an inspection, the employer's plan will be evaluated for adequacy.
- 2. If there is any chance for contact with a corrosive material, eyewash and body flush facilities must be provided.
- 3. The OSHA standards for Medical Services and First Aid are found in §1910.151.

#### **Evaluation**

All employers must evaluate their workplace for medical and first aid requirements. Among the factors that should be considered are:

- 1. Location and availability of medical facilities and emergency services.
- 2. Availability of medical personnel to consult on occupational health issues.
- 3. Types of accidents that could reasonably occur at the workplace.
- 4. Response time for external emergency services.
- 5. Number of employees at the plant and the locations of employees within the plant.
- 6. If corrosive materials are in use at any place in the workplace.
- 7. If there are any industry specific requirements.
- 8. What first aid supplies should be available.
- 9. What level(s) of training should employees receive, and which employees should be trained.

#### **Controls**

The design and implementation of a medical and first aid program is dependent on the specific workplace. It is advisable that a plan be devised for each workplace, and that the plan be written. Elements of the plan should include:

1. The availability of medical personnel for consultation regarding occupational health issues. Provide the names and telephone numbers for professionals with whom the employer has agreements.

- 2. At least one person, and preferably two or more, trained in first aid must be available at the worksite for each shift if either of these conditions exist:
- 3. If life-threatening injuries can reasonably be expected, trained personnel must be available within 4 minutes. Generally, community emergency medical services response times will be greater than 4 minutes.
- 4. If serious injuries other than life threatening injuries can be expected, the response time for trained personnel is extended to 15 minutes.
- 5. Multiple individuals should be trained in order to provide coverage when the primary responder is unavailable.
  - a. The trained first aid responder(s) should be designated and the other workers should know who they are and how to contact them so they can respond within the required time.
  - b. The trained responder must have a current first aid certificate.
- 6. Designated responders are covered by the requirements of the Bloodborne Pathogen Standard.
- 7. A first aid kit must be available at the worksite. The contents of the kit must be determined by the hazards present in the workplace. Note that some industries have specific requirements for first aid kit locations and contents.
- 8. Emergency telephone numbers should be conspicuously located by each telephone.
- 9. Sufficient ambulance service should be available to handle any emergency. This requires advance contact with ambulance services to ensure they become familiar with plant location, access routes, and hospital locations.
- 10. If corrosive materials are used, eyewash and body flush facilities must be provided.
  - a. Where possible, these should provide large quantities of clean water for a minimum of 15 minutes. The water source must be pressure controlled and clearly identified.
  - b. Portable eyewash stations must contain a minimum of 1 gallon of potable water.
  - c. Emergency Eyewash and Shower Equipment, ANSI Standard Z358.1, provides standards for eyewash facilities.
  - d. Records of first aid and medical treatments should be maintained in accordance with OSHA's record keeping standards

## Design a Program Specific for Each Worksite

The outcome of the occupational illnesses and injuries depends on the severity of the injury, available first aid care and medical treatment. Prompt, properly administered first aid may mean the difference between rapid or prolonged recovery, temporary or permanent disability, and even life or death.

When developing a workplace first aid program, consultation with the local fire and rescue service or emergency medical professionals may be helpful for response time information and other program issues. It is advisable to put the First Aid Program policies and procedures in writing. Policies and procedures should be communicated to all employees, including those workers who may not read or speak English. Language barriers should be addressed both in instructing employees on first aid policies and procedures and when designating individuals who will receive first aid training and become the on-site first aid providers.

# **Bloodborne Pathogens**

If an employee is expected to render first aid as part of his or her job duties, the employee is covered by the requirements of the Occupational Exposure to Bloodborne Pathogens standard (29 CFR 1910.1030). This standard includes specific training requirements.

### **First Aid Supplies**

First aid supplies must be adequate, should reflect the kinds of injuries that occur, and must be stored in an area where they are readily available for emergency access. A specific example of the minimum contents of a workplace first aid kit is described in American National Standards Institute ANSI Z308.1 – 2003, Minimum Requirements for Workplace First Aid Kits . The kits described are suitable for small businesses. For large operations, employers should determine how many first aid kits are needed, and if it is appropriate to augment the kits with additional first aid equipment and supplies.

Employers who have unique or changing first aid needs should consider upgrading their first aid kits. The employer can use the OSHA 300 log, OSHA 301 reports or other records to identify the first aid supply needs of their worksite.

Consultation with the local fire and rescue service or emergency medical professionals may be beneficial. By assessing the specific needs of their workplaces, employers can ensure the availability of adequate first aid supplies.

Employers should periodically reassess the demand for these supplies and adjust their inventories.

### **Automated External Defibrillators**

With recent advances in technology, automated external defibrillators (AEDs) are now widely available, safe, effective, portable, and easy to use. They provide the critical and necessary treatment for sudden cardiac arrest (SCA), the uncoordinated beating of the heart leading to collapse and sudden death.

Each workplace should assess its own requirements for an AED program as part of its first aid response. A number of issues should be considered in setting up a worksite AED program: physician oversight; compliance with local, state, and federal regulations; coordination with local EMS; training of in-house responders, and a periodic program review, among others.