

PROCEDURE NUMBER	Effective Date	
	Replaces	
	Responsible Dept.	
	Issued By	

Emergency First Aid - Response, Planning & Equipment

1. Purpose

While every attempt will be made to prevent accidents, there is always the possibility for unexpected incidents or medical emergencies that may require the delivery of emergency care and treatment for the sick or injured. Proper planning, training and the availability of emergency equipment are important to ensure these emergencies are handled effectively.

The purpose of this policy is to ensure adequate emergency planning and the dedication necessary resources to help ensure the prompt and efficient delivery of emergency care, whether using outside emergency medical service providers or trained _____ employees.

2. Scope

The Occupational Safety & Health Administration (OSHA) standard for first aid training in general industry can be found in 29 CFR 1910.151(b). The standard provides that “in the absence of an infirmary, clinic, or hospital in near proximity to the workplace which is used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid. Adequate first aid supplies shall be readily available.”

While the standards do not prescribe a number of minutes, OSHA has long interpreted the term "near proximity" to mean that emergency care must be available within 4-6 minutes from the workplace if serious injuries are possible. OSHA uses discretion in making this determination, with some OSHA Plan States having a stricter interpretation as to when first aid training is required. The seriousness of potential injuries that can be expected based on the type of industry is a significant determining factor.

There are also instances where first aid and/or CPR training is mandated by OSHA regardless of the proximity to outside medical care, such as when employees are working with high-voltage electricity or working in permit-required confined spaces.

While _____ encourages each location to consider providing emergency first aid, CPR and AED training, it is only a requirement if there is not a hospital or clinic near-by, if outside emergency medical service cannot reasonably be expected within 4-6 minutes, or if required by specific OSHA regulations, e.g. the Permit Required Confined Space standard

3. Evaluation and Planning

The Branch Manager is responsible for determining the distance to the nearest hospital, infirmary or clinic, as well as the availability of and estimated response time for outside emergency medical service providers, i.e. fire department, ambulance service, etc. If there is a

nearby clinic it must be open and available during normal _____ business hours. If there is no nearby hospital or clinic, and the average response time is greater than 6 minutes, then first aid training for employees may be required.

The determination as to how emergency first aid care will be provided will be formalized in the facility's emergency response plan. Emergency phone numbers will be posted in conspicuous areas including the name and contact information for any _____ employees with current First Aid/CPR/AED training. Contact names and numbers will remain current. Regardless of the presence of trained first aid personnel on site, 911 should be called immediately for any potentially serious injury or illness including the following:

- Fainting or loss of consciousness; patient/victim is disorientated
- Chest pain
- Difficulty breathing
- Serious bleeding
- Chemical exposure or poisoning
- Head injury; signs of concussion
- Fall from elevation

4. Training

_____ employees are not authorized to provide emergency first aid or CPR, and may not operate an Automatic External Defibrillator (AED) if one is present, unless they have been trained and are currently certified by a nationally recognized training organization such as the American Red Cross, American Heart Association or the National Safety Council.

All employees who are trained in first aid and CPR must also be trained in bloodborne pathogens (BBP) including potential hazards, exposure routes, protective actions and engineering controls, PPE requirements, and the specifics of _____'s BBP program. Most nationally training organizations can bundle effective BBP training with first aid and/or CPR training. All other employees must be trained on how to recognize the hazards of BBP and to remain clear of contact with potentially infectious materials.

_____ will reimburse those individuals interested in providing first aid and/or CPR on a voluntary basis to maximum 4-5 employees per facility or 10% of the workforce population, whichever is greater. Preference for selection will be given to the recertification of previously trained personnel and the amount of prior experience in these areas.

5. First Aid Kits

First aid kits, suitable in size, type and contents for the size and type of operation, will be provided and maintained at every _____ facility. First aid kits will be maintained as per the most recent ANSI standard (Z308.1-2009). Under the standard first aid kits are divided into four different categories or classifications. Kits must also meet the performance and testing requirements set by the standard.

Type I: Intended for use in stationary, indoor applications where kit contents have minimal potential for damage. These kits are not intended to be portable and should have a means for mounting in a fixed position. Some applications for Type I first aid kits are general indoor use, office use or in a light manufacturing facility. First aid cabinets would fall in this classification.

Type II: Intended for use in portable indoor applications. Kit contents should have minimal potential for damage. These kits should be equipped with a carrying handle. Some applications for Type II first aid kits are general indoor use, office or manufacturing environments.

Type III: Intended for portable use in mobile indoor and/or outdoor settings where the potential for damage of kit supplies due to environment is not probable. Kits should have the means to be mounted and have a water resistant seal. Transportation industry or construction jobs present typical applications for Type III first aid kits.

Type IV: Intended for portable use in the mobile and/or outdoor applications where the potential for damage to the kit contents due to environmental factors and rough handling is significant.

Basic Fill Contents (for Type I, II and III First Aid Kits)

All first aid kits meeting the first aid regulation of ANSI Z308.1-2009 should contain the following first aid items at a minimum:

First Aid Item	Min. Qty
Absorbent compress, 32 sq. in. (206 cm ²) with no side smaller than 4 in. (10 cm.) ¹	1
Adhesive bandages, 1 in. x 3 in. (2.5 cm. x 7.5 cm.)	16
Adhesive tape, 3/8 in. x 2.5 yd. (2.3 m) total	1
Antibiotic treatment – 0.14 oz. (0.5 g)	6
Antiseptic, 0.14 fl. oz. (0.5g) application ²	10
Burn treatment, 1/32 oz. (0.9 g) application ³	6
First-aid guide ⁴	1
Medical exam gloves (pair)	2
Sterile pads, 3 in. x 3 in. (7.5 x 7.5 cm.)	4
Triangular bandage, 40 in. x 40 in. x 56 in. (101 cm. x 101 cm. x 142 cm.)	1

The quantity and size specifications of these components are the minimum necessary to comply with the standard. Optional items and sizes may be added to the basic contents listed above to augment a first-aid kit, based on the specific hazards existing in a particular work environment. Optional items addressed in ANSI/ISEA Z308.1-2009 are listed below.

- Bandage compress(es) in sizes 2 in. x 2 in. (5 cm. x 5 cm.), 3 in. x 3 in. (7.5 cm. x 7.5 cm.) or 4 in. x 4 in. (10 cm. x 10 cm.)

- Breathing barrier for cardiopulmonary resuscitation (CPR)
- Burn dressing(s) at least 12 sq. in. (77.4 cm²)
- Cold pack(s) at least 4 in. x 5 in. (10 x 12.5 cm.)
- Eye covering(s)⁵
- Eye/skin wash, 4 fl. oz. (15 ml)^{6,7}
- Hand sanitizer with a minimum of 61 percent ethyl alcohol⁸
- Roller bandage(s) at least 2 in. (5 cm.) wide and at least 4 yd. (365 cm.) long, unstretched and individually packaged Analgesic (should contain no ingredients that are known to cause drowsiness)¹⁰

Federal OSHA recommends that the need for an automated external defibrillator (AED) should also be considered. Although this is not a requirement for most _____ facilities, the Corporate EHS Department should be consulted if there are concerns that this equipment may be needed based on existing exposures, increased EMS response times and/or characteristics of the employee population.

Although analgesics are listed in the ANSI standard, it is _____ policy that medications, including analgesics such as acetaminophen or aspirin, should not be included in first aid kits because of their potential to cause adverse health effects in some people including asthmatics, pregnant women and individuals with pre-existing medical conditions or allergies. Workers requiring prescribed and over-the-counter medications should carry their own medication for their personal use as necessary following established _____ HR policies.

Bloodborne Pathogens

In cases where _____ employees are authorized and trained to provide first aid and CPR, a bloodborne pathogen response kit should also be provided. This kit can be placed near the first aid kit/cabinet or it can be provided individually to designated first responders. The kit should include the following at a minimum:

- Eye protection, safety glasses with side shields or goggles
- Impervious surgical gloves
- Disposable HEPA (surgical) mask
- Disposable gown w/full sleeves
- Disposable bonnet
- Disposable shoe covers
- 24"x24" Biohazard bags
- 8"x12" Clear plastic bags and twist ties
- Disposable clean-up towels
- Antiseptic towelettes
- Germicidal (kills germs) wipes/sterilizing solution
- CPR mask/shield (if CPR trained)

Notes

¹Compresses must have an absorbency of at least 2.7 fl. oz. (70 g).

²Swabs, wipes or towelettes may be used. Spray containers with a minimum of 10 -0.14 fl. oz. applications can also be used.

³Spray containers with a minimum of six -1/32 oz. (0.9 g) applications can also be used. For use on minor burns only.

⁴A list of topics to be covered in the first-aid guide can be found in ANSI/ISEA Z308.1-2009 Appendix A.

⁵Can be either two single eye pads or a single covering that covers both eyes.

⁶Contained in 0.5 fl. oz. (15 ml) individual-use containers.

⁷Does not replace emergency eyewash and shower equipment where needed.

⁸A spray container with a minimum of six – 1/32 oz. (0.9 g) applications meets this requirement.

⁹A conforming bandage that can stretch to at least four yards can be substituted.

¹⁰Analgesics and other medications not permitted in first aid kits/cabinets per _____ policy

The location of first aid kits will be identified to employees through new hire orientation and ongoing safety training, by signage (the ANSI standard states “each kit and/or location shall be visibly marked as a place where first aid supplies are located”) and by marking on facility emergency maps (see _____ policy - Emergency Action Planning).

6. First Aid Logs

It is _____ policy that all accidents and injuries, regardless of severity, be reported. A log should be made of all first aid supplies used to ensure that contents are tracked and replenished as necessary, as well as to make sure management is aware of all injuries. Even minor injuries can signal a problem that can lead to additional or even more serious injuries if not corrected. In some cases minor injuries, if not properly attended to, can become infected or result in other problems and in others, what may considered “minor” may actually be more significant than an individual realizes.

The log should include the first aid supplies dispensed, the name of the injured individual, date and time of the “treatment”, whether or not 911 was called, and the name (if applicable) of the trained first aider(s) providing treatment.

7. Bloodborne Pathogens and PPE

No employee should ever touch blood, or other bodily fluids with the potential to contain blood, unless trained to do so and provided with the necessary personal protective equipment.

8. Emergency Transportation

No _____ employee should ever attempt to drive someone to a clinic or hospital that has, or may have, a serious or potentially life-threatening injury or illness. In these cases always call an ambulance or 911 as outlined in the Facility Emergency Action Plan. Even for non lifethreatening injuries, transportation should be arranged for individuals who show signs of general weakness, light-headedness, or lack mobility or proper motor skills to safely drive their

own vehicle. The decision when and how to transport should be made by the facility manager or assistant manager.

9. BBP Exposure Control Plan

As _____ employees do not work in a typical healthcare setting, there is not a significant source of exposure to BBP with the exception of individuals rendering first aid or providing CPR. As these activities are on a voluntary basis and primarily considered Good Samaritan actions, OSHA BBP regulations generally do not apply (there may be exceptions for some OSHA-Plan states). Regardless of whether or not regulations technically apply, in the interest of providing effective protection for employees, _____ has instituted a BBP Program (see separate policy). This includes establishment and communication of an Exposure Control Plan, assurance that proper engineering controls and PPE are provided, and confidential access to a Medical Control Officer for post exposure evaluation, care and follow-up.

10. Hepatitis B Vaccine

The hepatitis B Vaccine will be offered to “first responders” (to an accident) and Branch Managers (or their designee) as these are the only individuals formally trained in bloodborne pathogens and thus the only ones permitted to clean up and disinfect any contaminated areas containing blood or other potentially infected materials. (See _____ Bloodborne Pathogen Policy). The vaccination is on a voluntary basis and may be requested at anytime. Individuals trained in first aid/CPR that decline the inoculation must sign a formal refusal. Signing the refusal in no way prevents the employee from requesting the vaccination at a later date.

11. Emergency Showers and Eye Wash Fountains

OSHA has adopted several regulations that refer to the use of emergency eyewash and shower equipment. The primary regulation is contained in 29 CFR 1910.151, which requires that... “...where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.”

Although the OSHA requirement is fairly vague, the guidance document produced by the American National Standards Institute (ANSI) has become the accepted standard covering emergency shower equipment. ANSI Z358.1 is intended to serve as a guideline for the proper design, certification, performance, installation, use and maintenance of emergency equipment. As the most comprehensive guide to emergency showers and eyewashes, it has been adopted by many governmental health and safety organizations, the International Plumbing Code, and is often referenced by OSHA as the duty of care when citing facilities for violations.

_____ therefore follows the ANSI standard.

ANSI requirements are detailed in Appendix I – Installation and Maintenance of Emergency Showers and Eyewash fountains, with the most significant requirements including:

Location

Emergency equipment must be installed within 10 seconds walking time from the location of a hazard (approximately 55 feet). The equipment must be installed on the same level as the hazard (i.e. accessing the equipment should not require going up or down stairs or ramps). The path of travel from the hazard to the equipment should be free of obstructions and as straight as possible. There may be certain circumstances where particularly hazardous corrosives are handled requiring equipment to be placed much closer. The location must be well lit, free of clutter, and marked with clearly visible signage.

Performance & Installation Requirements

Eye Wash Stations

- Minimum flow for plumbed and portable eyewash units is .4 GPM at 30 PSI
- Units must be capable of delivering a minimum of 15 minutes of flushing fluid
- Eyewash units shall be capable of being activated in 1 second or less
- Stay open ball valves must be used to accommodate for hands-free rinsing
- Flushing fluid must be provided to both eyes simultaneously
- Dust caps or dust covers must be installed to protect the unit from contaminants
- Spray heads must be positioned between 33" and 45" from the floor
- Spray heads must be positioned at least 6" from the wall or nearest obstruction

Eye/Face Wash Stations

- Minimum flow for plumbed and portable Eyewash units is 3 GPM at 30 PSI
- Units must be capable of delivering a minimum of 15 minutes of flushing fluid
- Eyewash units shall be capable of being activated in 1 second or less
- Stay open ball valves must be used to accommodate for hands-free rinsing
- Flushing fluid must be provided to both eyes simultaneously
- Dust caps or dust covers must be installed to protect the unit from contaminants
- Spray heads must be positioned between 33" and 45" from the floor
- Spray heads must be positioned at least 6" from the wall or nearest obstruction

Drench Showers

- Minimum flow for Drench Showers is 20 GPM at 30 PSI
- Units must be capable of delivering a minimum of 15 minutes of flushing fluid
- Drench Showers shall be capable of being activated in 1 second or less
- Stay open ball valves must be used to accommodate for hands-free rinsing
- Drench Shower pull-rod must be installed no more than 69" from the floor □ Drench Shower spray head must be positioned between 82"-96" from the floor □ Spray-pattern must be 20" in diameter at 60" above the floor.
- Center of spray pattern must be at least 16" away from any obstruction
- Combination Units must meet both criteria for Drench Showers & Eyewash

Personal Wash Units/Bottled Eyewash

Bottled Eyewash or other Personal Wash Units such as single head Drench Hoses are considered to be supplemental equipment only. These types of flushing units do not meet ANSI's requirements for Eyewash and/or Drench Shower stations and should not be used as an alternative to a 15 minute flushing station.

Drainage

For plumbed units, the ANSI standard does not include any provisions regarding the disposal of waste water. Precautions must be taken that waste water does not create a hazard such as by creating a pool in which someone might slip) or freeze. Plumbed units should be connected to drainage piping to safely remove wastewater, to either a retention tank or pond or to sanitary sewer (if permitted by virtue of state laws and anticipated maximum chemical contamination). The EHS department should be consulted for the design and connection of such systems.

Inspections

_____ policy requires all emergency eyewash fountains and showers be inspected at least weekly by a competent, trained individual. All inspection and maintenance activity must be documented on the appropriate _____ inspection checklist and forms (see Appendix II). Proper maintenance and weekly testing is necessary to ensure that Emergency Drench Showers and Eyewash Stations are functioning safely and properly.

Weekly testing helps clear the supply lines of sediment and bacteria build-up that may be caused from stagnant water. The ANSI standard states that plumbed flushing equipment, *"shall be activated weekly for a period long enough to verify operation and ensure that flushing fluid is available"*.

The ANSI standard also requires Portable and Self Contained equipment *"be visually checked to determine if flushing fluid needs to be changed or supplemented"*. Inspection logs should include verification that flushing solution is still viable or has been properly replaced once it reaches the expiration date. Once the seal is broken on sealed units the fluid must be discarded and replaced. Only manufacture approved or specified preservatives may be used and manufacturer replenishment instructions must be followed.