FIRST AID EMERGENCY PROCEDURES

First aid is the treatment given a victim prior to the arrival of professional medical assistance. Note: First aid in no way replaces the attention of a physician. If there is any question about the scriousness of an accident victim's injury, contact a doctor as soon as possible. Give the following information:

- 1. What has happened and when.
- 2. Where the victim is located.
- 3. What first aid has been provided.

While the following guidelines are not a substitute for first aid training, they will help you provide first aid in six serious emergency situations.

I. BROKEN BONES

Call for medical assistance. If a doctor or ambulance can arrive within a short time, make no attempt to move the victim unless absolutely necessary. Attempt to immobilize the injured limb to prevent further injury. If the victim must be moved, splint the injured part with any available rigid material long enough to reach above and below the break. Secure the splint above and below the break. Never attempt to set a broken bone – wait for a doctor. Watch for signs of shock and treat as discussed below.

II. BLEEDING

Call for medical assistance. If bleeding is severe, apply firm, steady pressure to the wound with layers of sterile gauze pads or bandages. If they aren't available, use any cloth. Do not remove this dressing. If the pad becomes saturated with blood, add more layers. Bandage the pads firmly in place. If no gauze or cloth is available, close the wound with your fingers, holding it closed. Keep the victim lying down until a physician arrives. Elevate the bleeding part to help control blood loss. Never use a tourniquet to control bleeding unless you are dealing with an amputated, crushed, or mangled limb. Use a tourniquet ONLY as a last resort effort to save a victim's life, because applying a tourniquet improperly may result in loss of limb.

III. BURNS

Minor burns: Immerse burned parts in clear, cold water or apply ice for pain relief. Bandage with sterile pad or clean cloth. If pain persists, apply mild burn ointment.

Severe Burns: Call for medical assistance. Take immediate steps to relieve pain, prevent infection, and treat victim for shock as described below. If burn was caused by fire, boiling liquid, or hot metal, do not strip away clothing covering the affected area. Keep air away from burn by covering area loosely in place. Apply NO grease or ointment. Keep victim lying down. If conscious, give victim plenty of water.

Chemical Burns: Flush burn with large amounts of water. Cover burn with cleanest cloth available, and have victim lie down until a doctor arrives. For chemical burns of the eye, flush with great amounts of water immediately, cover the eye, and rush the victim to the doctor.

IV. POISONING

Call a doctor or poison control center at once. If victim loses consciousness, give no other first aid. If breathing stops, start mouth-to-mouth resuscitation. Follow the instructions of the doctor or poison control center.

V. SHOCK

Can occur after any injury - a condition in which vital body functions are slowed down. The symptoms include: weakness; cold, pale, clammy skin with beads of perspiration on face and palms; rapid, weak pulse; chill; nausea; irregular breathing. Any or all of these symptoms may be evident.

First aid involves keeping the victim warm – covered with blankets to prevent loss of body heat and lying down. Keep victim's airway open. If victim vomits, turn his head to the side. If victim is conscious and able to swallow, give water. If victim becomes nauseated, stop liquids. Contact a doctor as soon as possible.

VI. BREATHING

If breathing stops for any reason, begin mouth-to-mouth resuscitation immediately. If possible, have someone else contact a doctor. Follow these steps:

- Place victim on his or her back and determine if there is anything in the victim's mouth. If there
 is, turn the victim's head to one side and wipe out the mouth with a finger.
- Straighten the victim's head and tilt it back so that the chin points up. Push down to keep the victim's tongue from blocking the airway.
- 3. Place your mouth over the victim's and pinch his nostrils shut with your fingers.
- 4. Breathe into the victim's mouth until the chest rises.
- 5. Remove your mouth and listen for the sound of escaping air. If you don't hear it, check the victim's head and jaw positioning and repeat the process. If there is no sound of escaping breath this time, turn the victim on his or her side and slap on the back between the shoulders. Check the mouth again for foreign matter.
- Repeat steps 2, 3, and 4, removing your mouth to allow breath to escape from the victim's lungs.
 This process should be repeated 12 times per minute for an adult. Above all, keep repeating the
 process until help arrives.

The First Aid Form must be completed every time first aid is administered. Following are the instructions for completing the First Aid Form.

FIRST AID FORM INSTRUCTION SHEET

EMPLOYEE NAME:

The employee's full name is required here, including middle initial.

SSN (SOCIAL SECURITY NUMBER):

The employee's correct Social Security number is required. Supervisory employees completing the form should ensure entry of the correct number.

DATE AND TIME OF INJURY:

The exact date of injury as provided by the injured employee should be entered here. It is important to be as precise as possible.

INJURY:

A brief description of the cause(s) of injury, including body parts involved.

TYPE OF FIRST AID:

A brief description of the first aid rendered should be entered here, along with the name of the administrator.

OUTSIDE MEDICAL TREATMENT OFFERED:

Whether professional medical treatment by legally certified doctors or nurses was offered, yes or no.

SIGNATURE OF INJURED:

The injured employee should both sign and provide the date of signature in this entry. It is mandatory that the injured employee complete both items.

SIGNATURE OF PREPARER:

The supervisory/administrative employee that questioned the injured employee and completed the general entries should sign here and enter the date.

ALL ENTRIES MUST BE COMPLETED AS INSTRUCTED. THESE GENERAL INSTRUCTIONS SHOULD BE KEPT IN A FIRST AID LOG BINDER FOR EASY REFERENCE BY THE SAFETY DIRECTOR. IT IS NOT NECESSARY TO COMPLETE A FIRST AID LOG ENTRY ON OCCASIONS WHEN ASPIRIN, ETC., ARE PROVIDED TO EMPLOYEES FOR NON-WORK-RELATED CONDITIONS.

FIRST AID FORM

AM	PM
DA	TE
	DA

TYPE OF INJURY OR ILLNESS	SIGN & SYMPTOMS	FIRST AID				
FRACTURES & DISLOCATIONS	Pain & tenderness Difficulty moving Injured part Obvious deformities Swelling and discoloration	Keep broken bone ends and adjacent joints from moving Give care for Shock and CALL for an ambulance				
Whenever a person becomes suddenly ill, he or she often looks sick. Common signals include: Light-headedness Changes in skin color (pale/flushed) Sweating Nausea or vomiting Diarrhea Some sudden illnesses may also include: Changes in consciousness Seizure Paralysis or inability to move Silurred speech Difficulty seeing Severe headache Breathing difficulty Persistent pressure or pain		CARE FOR ANY LIFE-THREATENING CONDITIONS FIRST, THEN: • Help the victim rest comfortably • Keep victim from getting chilled or overheated • Reassure the victim • Watch for changes in consciousness and breathing • Do not give anything to eat or drink unless victim is fully conscious If the Victim: • Vomits - Place on his or her side • Faints - Position on back, elevate legs 8 to 10 inches- if you do not suspect head or back injury • Diabetic Emergency - Give victim some form of sugar • Seizure - Do not hold or restrain the person or place anything between the victim's teeth; remove any nearby objects that might cause injury; cushion the victim's head using folded clothing or a small pillow				
POISON	Symptoms vary greatly. How to determine if poison is involved: Information from victim or witness Presence of poison container Condition of victim (sudden onset of pain or illness) Burns around lips Breath odor Pupils constricted	All Victims CALL 9-1-1 CALL Poison Control Center Save label or container for I.D. Save sample of vomit Conscious Victims Have the victim rest comfortably CALL Poison Control Center Do not give anything to drink or induce vomiting unless instructed to do so by the Poison Control Center Unconscious Victims Roll victim onto side Keep airway open Give Rescue Breathing or CPR if necessary until rescue squad arrives and takes over Do not give any fluids or induce vomiting				
COLD AND HEAT-RELATED ILLNESSES	Hypothermia: Shivering, numbness, glassy stare, apathy, Weakness, impaired judgement or loss of consciousness Heat Exhaustion Cool, moist, pale or flushed skin Headache, nausea, dizziness, weakness, exhaustion Heavy sweating Heat Stroke, Life-threatening! Red, hot, dry skin Changes in level of consciousness Vomiting	CARE for Hypothermia: CHECK Pulse & Breathing • Send someone to CALL for an ambulance • Move person to warm place • Remove wet clothing and dry the person • Warm person SLOWLY! DO NOT WARM TOO QUICKLY! Can cause problems with heart CARE for Heat Illness: CHECK Pulse & Breathing • Send someone to CALL for an ambulance • Move person to cool place • Loosen tight clothing • Remove perspiration-soaked clothing • Fan the person • If consclous, give cool water to drink If person refuses water, vomits, or starts to lose consciousness, CALL for ambulance immediately • Place person on side, continue to cool, monitor pulse and breathing				
FIRST AID KIT Available through your local American Red Cross	First Aid Kit Tips: Be prepared for an emergency Keep a first aid kit in your home and your car Carry a first aid kit when doing outdoor activities Know locations of first aid kits where you work Check your kit regularly for replacement of batteries and supplies Personalize your first aid kit by stocking it with over-the-counter medications (pain reliever, cold tablets, medication to control diarrhea, etc.) Keep an emergency supply of any vital prescription medication (or prescription slip) that you or a family member must have to ensure your well-being	A First Aid Kit Should Include: Small flashlight (extra batteries and bulb) Scissors & tweezers Emergency blanket Triangular bandages Antiseptic towelettes (hand cleaner) Adhesive strips (assorted sizes) & adhesive tape Gauze pads and roller bandage (assorted sizes) Disposable gloves Rescue breathing face shield or mask Cold pack, plastic bags Syrup of ipecac & activated charcoal List of emergency telephone numbers Copy of American Red Cross First Aid book				

EMERGENCY MEDICAL PLAN CCR 1512 (c) 1

Provision of Services

A map of the clinic and hospital closest to the jobsite will be posted. A cell phone or two-way radio will be provided on all sites to contact emergency services. Contact of emergency services will be made prior to the beginning of job to ensure availability and access to location of job.

Appropriately Trained Personnel

The following is a list of personnel on		_ jobsite trained to render First Aid:
Name	Type of Certification	Expiration Date
Name	Type of Certification	Expiration Date
Name	Type of Certification	Expiration Date
Name	Type of Certification	Expiration Date
Name	Type of Certification	Expiration Date
Name	Type of Certification _	Expiration Date

First Aid Kit

A First Aid kit approved by a physician shall be available on each site at all times. It shall be checked regularly and before being sent out to each job to ensure that it contains adequate supplies. The contents of the First Aid kit shall be arranged to be quickly found and remain sanitary. First Aid dressings shall be sterile in individually sealed packages for each item. The First Aid kit must be in a weatherproof container. The following is a list of recommended supplies for a jobsite.

Supplies for First Aid	Type of Supply Required by Number of Employees
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Dressings in adequate quantities consisting of:	1-5	6-15	16-200	over 200
1. Adhesive dressings	X	X	X	X
2. Adhesive tape rolls, 1-inch wide	X	X	X	X
3. Eye dressing packet	X	X	X	X
4. 1-inch gauze bandage roll or compress		X	X	X
5. 2-inch gauze bandage roll or compress	X	X	X	X
6. 4-inch gauze bandage roll or compress		X	X	X
7. Sterile gauze pads, 2-inch square	X	X	X	X
8. Sterile gauze pads, 4-inch square	X	X	X	X
Sterile surgical pads suitable for pressure dressings			X	X
10. Triangular bandages	X	X	X	X
11. Safety pins	X	X	X	X
12. Tweezers and scissors	X	X	X	X
* Additional equipment in adequate quantities consisting of:				
13. Cotton-tipped applicators			X	X
14. Forceps			X	X

* Additional equipment continued:	1-5	6-15	16-200	over 200
15. Emesis basin			X	X
16. Flashlight			X	X
17. Magnifying glass			X	X
18. Portable oxygen and its breathing equipment				X
19. Tongue depressors				X
Appropriate Record Forms	X	X	X	X
Up-to-date 'Standard' or 'Advanced' First Aid				
Textbook, Manual or equivalent	X	X	X	X

^{*}To be readily available but not necessarily within the First Aid kit.

Other supplies and equipment, when provided, shall be in accordance with the documented recommendations of an employer-authorized, licensed physician upon consideration of the extent and type of emergency care to be given based upon the anticipated incidence and nature of injuries and illnesses and availability of transportation to medical care. Drugs, antiseptics, eye irrigation solutions, inhalants, medicines, or proprietary preparations shall not be included in First Aid kits unless specifically approved, in writing, by an employer-authorized, licensed physician.

In Case of Injury or Illness

The employee shall immediately notify a supervisor of injury or illness. The injury will be reviewed by a trained First Aid certified employee to determine course of medical attention. In the event the certified person is not available on site or is involved in the injury or illness, 911 will be called.

Post the Following Numbers

A cell phone or two-way radio will be used to contact emergency services.	
(1) A Physician and at least one alternate if available	
(2) Hospitals	
(3) Ambulance Services	
(4) Fire Protection Services	

Emergency Washing Facilities

On jobs where the eyes or body of any employee may be exposed to injurious or corrosive materials, suitable facilities for drenching the body or flushing the eyes with clean water shall be conspicuously and readily accessible.

Emergency Call Systems

A two-way voice emergency communication system shall be installed, for buildings and structures five or more floors or 48 feet or more above or below ground level, to notify persons designated in the emergency medical services plan. The location and condition of the employee shall be able to be communicated over the system. The use of the construction passenger elevators for medical emergencies shall take precedence over all other use.

Basket Litter

At least one basket or equally appropriate litter equipped with straps and two blankets, or other similar warm covering, shall be provided for each building or structure five or more floors or 48 feet or more either above or below ground level.