For a Compliant and Effective First Aid Program

Main Topics: There are four focus areas that we will cover.

1. OSHA Regulations

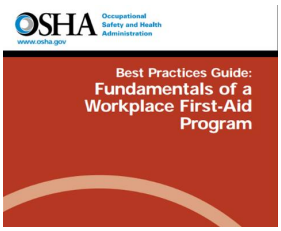
A review of OSHA Regulation Subpart K **1910.151** ***Medical Services and First Aid*** and Non-mandatory Appendix A and OSHA Training Requirements

2. Consensus Standards

Review changes, standard practices, & recommendations in **ANSI/ISEA Z308.1**, ***Minimum Requirements for Workplace First Aid Kits and Supplies***

3. Hazard Assessment

How to assess hazards unique to your workplace to identify other specific first aid supplies, and Canadian Risk Assessment process in **Z1220-17** standard



4. Program Effectiveness

Learn what you need to do for an annual compliance review of your First Aid Program and OSHA's best practices for an effective program

Targeted Outcomes: There are four key takeaways for attendees.

Learn what you need to know to ensure a compliant first aid program in your workplace.

Learn what changed in the last revision of ANSI/ISEA Z308.1, which became effective in October of 2022.

Learn what first aid supplies need to be included to address the specific and unique hazards in your workplace.

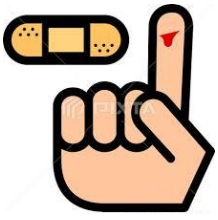
Receive useful and usable resource materials for application and reference that can assure an effective program.

Instructor: **David A. Varwig, CSP**-retired, recent adjunct professor of EHS at University of Findlay, former American Red Cross certified instructor-trainer in both Standard First Aid and CPR, past Chairman of Northwest Ohio Division/Toledo Chapter Safety Services Committee, and Chairman of First Aid Training Sub-Committee.

What's comes to mind when someone says "first aid" ?

First aid refers to ***medical attention*** usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a ***one-time, short-term treatment*** and requires little technology or training to administer. [OSHA's Definition]

FIRST AID for a PERSONAL CONDITION



Self- administered care for a minor incident

Self- administered care for a personal condition

'FIRST' AID in a MEDICAL EMERGENCY

Good Samaritan for a serious health condition

Trained responders (internal-external) **to provide emergency care**

LATEST: **Psychological First Aid (PFA)** is a vital aspect of crisis management and preventing workplace violence.

3 paragraphs ~ 100 words App. A is longer

Applies to:

- all General Industry
- offices as well as industrial settings

Note: **Construction** covered under **1926.50**

- **Part Number:** 1910
- **Part Number Title:** Occupational Safety and Health Standards
- **Subpart:** 1910 Subpart K
- **Subpart Title:** Medical and First Aid
- **Standard Number:** 1910.151
- **Title:** Medical services and first aid.
- **GPO Source:** e-CFR

1910.151(a)

The employer shall ensure the ready availability of medical personnel for advice and consultation on matters of plant health.

1910.151(b)

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.

1910.151(c)

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.

[63 FR 33450, June 18, 1998]

- **Part Number:** 1910
- **Part Number Title:** Occupational Safety and Health Standards
- **Subpart:** 1910 Subpart K
- **Subpart Title:** Medical and First Aid
- **Standard Number:** 1910.151 App A
- **Title:** First aid kits (Non-Mandatory)
- **GPO Source:** e-CFR

Appendix A to § 1910.151 -- First aid kits (Non-Mandatory)

First aid supplies are required to be readily available under paragraph § 1910.151(b). An example of the minimal contents of a generic first aid kit is described in American National Standard (ANSI) Z308.1-1998 "Minimum Requirements for Workplace First-aid Kits." The contents of the kit listed in the ANSI standard should be adequate for small worksites. When larger operations or multiple operations are being conducted at the same location, employers should determine the need for additional first aid kits at the worksite, additional types of first aid equipment and supplies and additional quantities and types of supplies and equipment in the first aid kits.

In a similar fashion, employers who have unique or changing first-aid needs in their workplace may need to enhance their first-aid kits. The employer can use the OSHA 300 log, OSHA 301 log, or other reports to identify these unique problems. Consultation from the local fire/rescue department, appropriate medical professional, or local emergency room may be helpful to employers in these circumstances. By assessing the specific needs of their workplace, employers can ensure that reasonably anticipated supplies are available. Employers should assess the specific needs of their worksite periodically and augment the first aid kit appropriately.

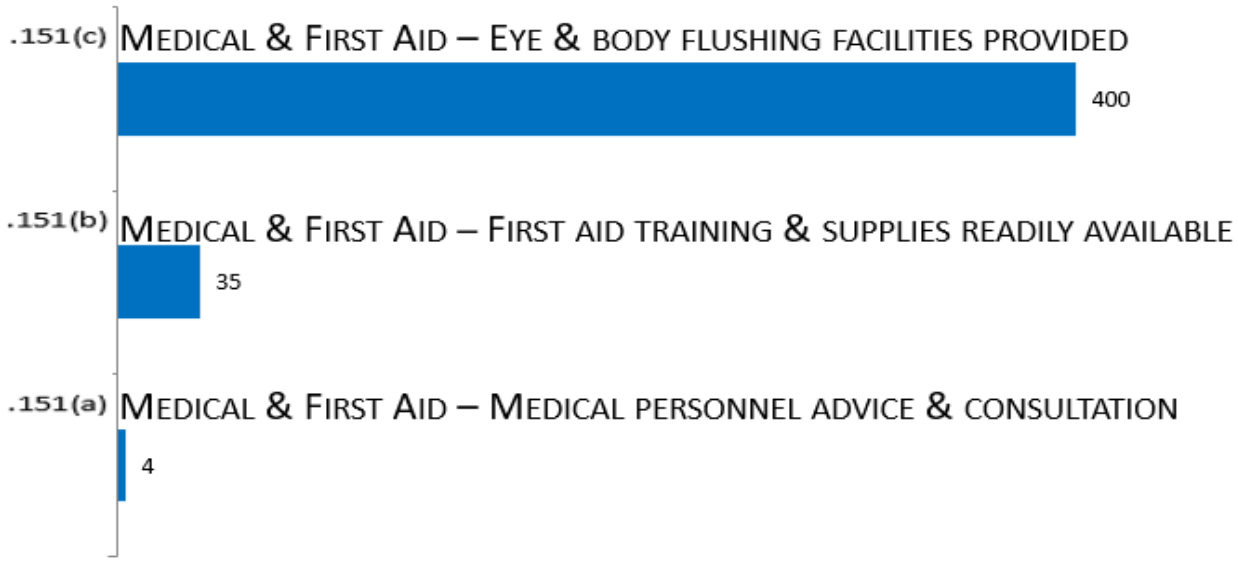
If it is reasonably anticipated that employees will be exposed to blood or other potentially infectious materials while using first aid supplies, employers are required to provide appropriate personal protective equipment (PPE) in compliance with the provisions of the Occupational Exposure to Blood borne Pathogens standard, § 1910.1030(d)(3) (56 FR 64175). This standard lists appropriate PPE for this type of exposure, such as gloves, gowns, face shields, masks, and eye protection.

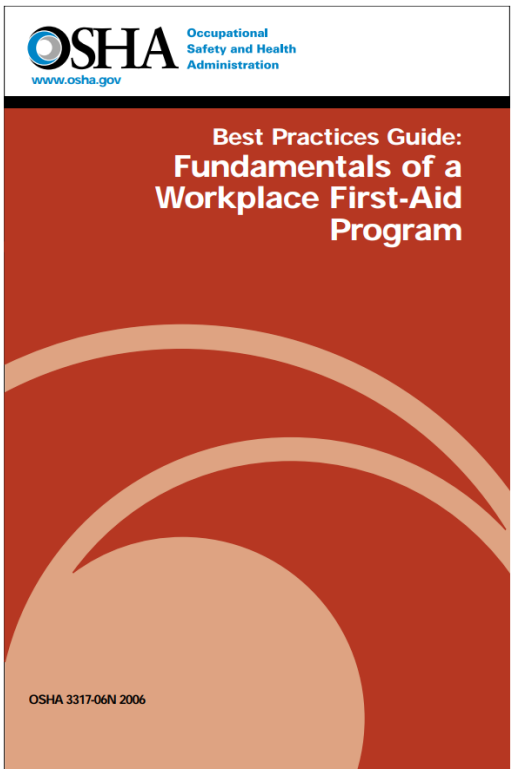
[39 FR 23502, June 27, 1974; 63 FR 33450, June 18, 1998; 70 FR 1141, Jan. 5, 2005; 76 FR 80739, Dec. 27, 2011]

2023 Medical & First Aid Most Cited by OSHA
[1910.151 –.152]

29 CFR 1910.

Subpart K





Contents

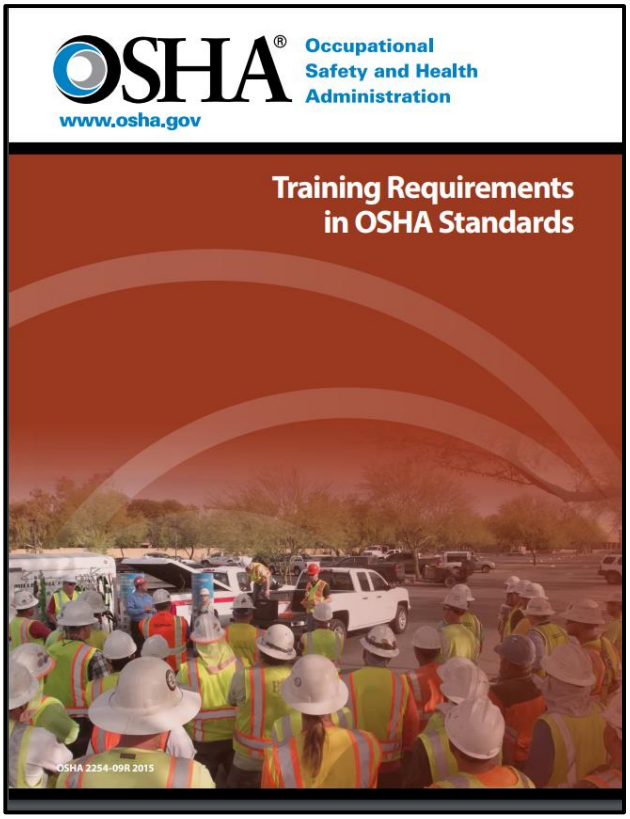
A note regarding 'Interpretations'

Only been four .151 Standards Interpretations over past 15 years

Of all SI's, mainly address:

- **Training**
- **CPR**
- **Near proximity**
- **Bloodborne Pathogens, BBP**
- **Specific supplies for workplace**
- **Eyewash & shower stations**

Published in 2006, this has been around for 18 years



Medical Services and First-Aid 1910.151(a) and (b)

(a) The employer shall ensure the ready availability of personnel for advice and consultation on matters of plant health.

(b) 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.***

First-aid supplies approved by the consulting physician shall be readily available.

Fire Protection 1910.155(c)(iv)(41)

"Training" ***means the process of making proficient through instruction and hands-on practice*** in the operation of equipment, including respiratory protection equipment, that is expected to be used and in the performance of assigned duties.

FIRST AID TRAINING REQUIREMENTS

Source: **OSHA Best Practices Guide**

1. OSHA does not certify first aid courses or instructors, but any nationally accepted and medically sound first aid program meets the requirements of 1910.151.

2. Training must be consistent with the work environment, and with the type of work being done.

3. Training should include instruction in general first aid as well as knowledge and skills to address ***workplace-specific*** hazards.

4. A training program must include instructor observation of hands-on skills, along with written performance assessments.

5. Instructor-led retraining for life-threatening emergencies should occur at least annually.

6. Retraining for non-life threatening response should occur periodically.

Elements of an Effective First-Aid Training Program

Elements to consider including in a first aid training program:

1. Teaching Methods
2. Preparing to Respond to a Health Emergency
3. Assessing the scene and the victim(s)
4. Responding to life-threatening emergencies
5. Responding to non-life-threatening emergencies
6. Addressing **workplace specifics requiring training**, based on the conditions and hazards in your workplace

Training programs should incorporate the following principles:

- Trainees will develop “hands-on” skills through the use of mannequins and partner practice;
- Have appropriate first-aid supplies and equipment available;
- Expose trainees to acute injury & illness settings, as well as appropriate response, through use of visual aids;
- Allow enough time for emphasis on commonly occurring situations;
- Emphasize skills training and confidence-building over classroom lectures;
- Emphasize quick response to first-aid situations.

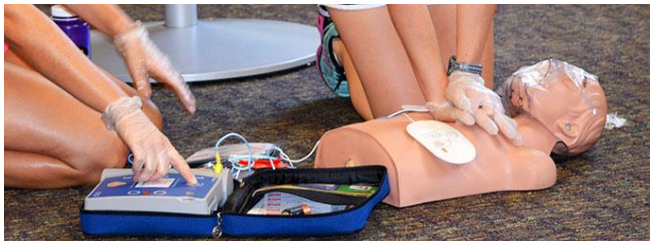
Directly from the OSHA Best Practices Guide

Trainee Assessment:

Assessment of successful completion of the first-aid training program should include **instructor observation of acquired skills** and **written performance assessments**.

Directly from the OSHA Best Practices Guide

Skills Update:



First-aid responders may have long intervals between learning and using CPR and AED skills. Numerous studies have shown a retention rate of 6-12 months of these critical skills.

The American Heart Association's Emergency Cardiovascular Care Committee encourages skills review and practice sessions **at least every 6 months for CPR and AED skills**.

Instructor-led retraining for ***life-threatening emergencies*** should occur at least **annually**.

Retraining for ***non-life-threatening*** response should occur **periodically.**

More on FIRST AID TRAINING REQUIREMENTS

Regarding **online or computer-based training**, OSHA clarified in a Letter of Interpretation that:

- online training **alone** would **not meet the requirements of the standard**.

The **WHY NOT** is that:

- Basic first aid and CPR requires training in physical skills, and learning those skills requires practice.
- A training program should ***develop hands-on skills*** using mannequins and partner practice.

When in-person training or retraining is not possible, providers may offer alternative options such as an online portion now and a hands-on portion later.

The OSHA Best Practice says: "check with your training provider to see how they approach first aid training."

In addition to 1910.**151**, there are several other OSHA standards that require both **First Aid** and **CPR training**

1910.**146** Permit-required confined spaces

1910.**266** Logging operations

1910.**269** Electric power generation, transmission, and distribution

1910.**410** Qualifications of dive team

1926.950 Power transmission and distribution

Also, if **hazard/risk assessment** determines that **care for victims in hazardous locations** is a reality, **then responders must be trained on the hazards and necessary PPE** for entering those locations, and have rapid access to that PPE in an emergency.

Brief **Review** of **Standard Z308.1**

Scope

This standard establishes minimum performance requirements for first aid kits and their supplies that are intended for use in various work environments.

ISEA
INTERNATIONAL SAFETY EQUIPMENT ASSOCIATION
The Catalyst for Safety Worldwide

ISEA Z308.1-2021
Revision of
ANSI/ISEA Z308.1-2015

ANSI / ISEA Z308.1-2021

American National Standard for Minimum Requirements for Workplace First Aid Kits and Supplies

SECTION PAGE

A Foil Blanket is Now Mandatory

This was considered based on an assessment of similar international standards and in recognition of the multiple purposes that the item can serve, such as treating hypothermia, acting as a windbreaker, or worn as an emergency waterproof wrap.

More Specificity for Tourniquets

The standard helps to distinguish tourniquets from those types of bands used to draw blood, which are not as effective in preventing blood loss, as is intended.

Greater Guidance on Bleeding Control Kits

The standard provides additional details on designated bleeding control kits, which contain more advanced first aid supplies to immediately treat life-threatening external bleeding.

Enhanced Workplace Hazard Assessment

Included in the updated standard is a more robust discussion to assist the employer in assessing risks, identifying potential hazards, and selecting additional first aid supplies relevant to a particular application or work environment, including remote worksites or work vehicles.

ISEA Z308.1-2021
Revision of
ANSI/ISEA Z308.1-2015

Required Contents

for ANSI Compliant First Aid Kits

For the two types of kits, most of the differences are in greater quantities of some supplies, along with three items ♦ added to Class B kit.

Note: Differences between the 2015 and 2021 versions are highlighted at bottom of each kits contents list …… Also, detailed on next slide….

ANSI/ISEA Z308.1-2021 Required Contents

To be compliant with the ANSI 2021 standard, First Aid Kits must contain the following components.

Class A Kits are designed to deal with most common types of workplace injuries.

Required Minimum Fill

- 16 Adhesive Bandage 1" x 3" (2.5 x 7.5 cm)
- 1 Adhesive Tape 2.5 yd (2.3 m) total
- 10 Antibiotic Application 1/57 oz (0.5 g)
- 10 Antiseptic 1/57 oz (0.5 g)
- 1 Burn Dressing (gel soaked) 4" x 4" (10 x 10 cm)
- 10 Burn Treatment 1/32 oz (0.9 g)
- 1 Cold Pack 4" x 5" (10 x 12.5 cm)
- 1 CPR Breathing Barrier
- 2 Eye Covering w/means of attachment 2.9" sq (19 sq cm)
- 1 Eye/Skin Wash 1 fl oz total (29.6 ml)
- 1 First Aid Guide
- 1 Foil Blanket 52" x 84" (132 x 213 cm)
- 10 Hand Sanitizer 1/32 oz (0.9 g)
- 4 Medical Exam Gloves
- 1 Roller Bandage 2" x 4 yd (5 cm x 3.66 m)
- 1 Scissors
- 2 Sterile pad 3" x 3" (7.5 x 7.5 cm)
- 2 Trauma pad 5" x 9" (12.7 x 22.9 cm)
- 1 Triangular Bandage 40" x 40" x 56" (101 x 101 x 142 cm)

What's the difference between the ANSI 2015 and ANSI 2021 Standards?

- 4 Additional Hand Sanitizers
- 1 Foil Blanket, 52" x 84"

♦ **Class B** Kits specify a broader range and quantity of supplies for more complex or high-risk environments.

Required Minimum Fill

- 50 Adhesive Bandage 1" x 3" (2.5 x 7.5 cm)
- 2 Adhesive Tape 2.5 yd (2.3 m) total
- 25 Antibiotic Application 1/57 oz (0.5 g)
- 50 Antiseptic 1/57 oz (0.5 g)
- 2 Burn Dressing (gel soaked) 4" x 4" (10 x 10 cm)
- 25 Burn Treatment 1/32 oz (0.9 g)
- 2 Cold Pack 4" x 5" (10 x 12.5 cm)
- 1 CPR Breathing Barrier
- 2 Eye Covering w/means of attachment 2.9" sq (19 sq cm)
- 1 Eye/Skin Wash 4 fl oz total (118.3 ml)
- 1 First Aid Guide
- 1 Foil Blanket 52" x 84" (132 x 213 cm)
- 20 Hand Sanitizer 1/32 oz (0.9 g)
- 8 Medical Exam Gloves
- 2 Roller Bandage 2" x 4 yd (5 cm x 3.66 m)
- ♦ 1 Roller Bandage 4" x 4 yd (10 cm x 3.66 m)
- 1 Scissors
- ♦ 1 Splint 4" x 24" (10.2 x 61 cm)
- 4 Sterile pad 3" x 3" (7.5 x 7.5 cm)
- ♦ 1 Tourniquet
- 4 Trauma pad 5" x 9" (12.7 x 22.9 cm)
- 2 Triangular Bandage 40" x 40" x 56" (101 x 101 x 142 cm)

What's the difference between the ANSI 2015 and ANSI 2021 Standards?

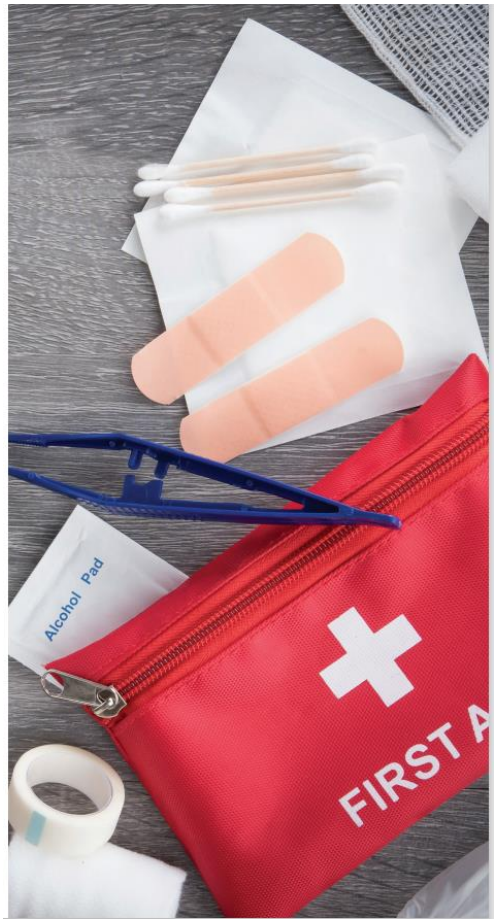
- 10 Additional Hand Sanitizers
- 1 Foil Blanket, 52" x 84"
- 1 Windlass Tourniquet

First Aid Kit **Containers** are classified by these four features, in four types:

1) ***portability,***
2) ***ability to be mounted,***
3) ***resistance to water,***
4) ***corrosion & impact resistance***

Type	Use	Portable	Mountable	Water Resistant	Waterproof	Performance
I	Indoor	-	●	-	-	-
II	Indoor	●	-	-	-	-
III	Indoor/Outdoor	●	●	●	-	-
IV	Indoor/Outdoor	●	●	-	●	Section 5.2.5

Type I: For use in stationary, indoor applications where contents have **minimal potential for damage**.
Not intended to be portable; Should have a means for mounting in a fixed position.
Some applications for Type I are general indoor use, office use or use in a light manufacturing facility. First aid cabinets fall in this classification.
Type II: Intended for portable use in indoor applications where there is potential for damage to kit supplies due to environmental factors and rough handling is minimal.
Some applications for Type II first aid kits are general indoor use or use in office or manufacturing environments.
Type III: For portable use in mobile indoor and/or outdoor settings where potential for damage of supplies due to environment is not probable.
Should have the means to be mounted in a fixed position and have a water-resistant seal. Typical applications are general indoor use and sheltered outdoor use.
Type IV: For portable use in mobile industries and outdoor settings with **potential damage to supplies due to environment and rough handling**. Can be fix mounted.
Must be corrosion, moisture and impact resistant. Typical applications include the transportation, utility and construction industries, and the armed forces.



DOCTOR APPROVED

While federal OSHA does not require having a doctor approve the first aid supply list, some state-plan states, such as California, do require this. CalOSHA says that first aid supplies beyond a basic list must be selected "in accordance with the documented recommendations of an employer-authorized, licensed physician."

First Aid Room

What regulations governs a first aid room?

- Not covered by OSHA first aid standard 1910.151
- May be covered under some state statutes
- Key consideration is the **Bloodborne Pathogens** std
- Benchmark: Canada requires
  - If you have 200+ workers
  - Air shall be exchanged once per hour
  - 70^0 F minimum
  - When outside above 75 room can't be hotter than

Addressing Workplace Specific First Aid Supplies

*All workplaces are unique, and therefore making additions to Class A or B minimum requirements should take place, to reflect the **unique hazards and injuries** that could occur in the workplace. Z308.1-2021*

From the Z308.1, regarding **Seasonal First Aid Supplies**

Conducting a ***workplace hazard assessment*** may reveal that workers are exposed to the elements (throughout the year, or during certain months), resulting in common injuries and ailments such as allergic reactions, insect stings and bites, poison ivy skin rashes, heat stress and more. In this case, employers should add products that address these first aid concerns to workplace first aid kits. For example: OTCs containing antihistamines should be considered to treat seasonal allergies and insect stings.

Using Epinephrine / Epi-Pens

- Will help someone with a severe allergic reaction to breathe more easily
- Contains a small amount of medicine that can be injected through clothing
- Takes several minutes before the medicine starts to work
- Injection is given in the side of the thigh

A B

Figure 15. Using an epinephrine pen. **A,** Taking off the safety cap. **B,** A rescuer uses the pen.

AEDs - Automated External Defibrillators

- To treat sudden cardiac arrest (SCA) caused by ventricular fibrillation
- Using AEDs within 3-4 minutes - 60% survival rate.
- Almost all worksites can benefit from **AED program**
- Expected Users Must Be Trained
- Assess **AED use** as part of your first-aid response review
- Involve physician oversight and coordination with local EMS

AED Program

Compliance with state and local regulations –

Law in 29 states requires person who uses an AED during a medical emergency to call 9-1-1 and activate an EMS system.

Law in 22 states includes both an AED registry and a requirement for EMS notification of placement and requires activation of EMS when AEDs are used during medical emergencies.

BBP Exposure

The PPE (Personal Protective Equipment) to keep you safe from blood, hazardous materials, and OPIM:

- Face shields
- CPR shields
- Gloves
- Goggles
- Gowns
- Masks

If it is reasonably anticipated that employees will be exposed to blood or **O**ther **P**otentially **I**nfectious **M**aterials (**OPIM**) while using first aid supplies to administer first aid care,

then employers are required to provide appropriate personal protective equipment (PPE)

in compliance with BBP Std provisions for occupational exposure to Bloodborne Pathogens.

OSHA® FactSheet

Hepatitis B Vaccination Protection

Hepatitis B virus (HBV) is a pathogenic microorganism that can cause potentially life-threatening disease in humans. HBV infection is transmitted through exposure to blood and other potentially infectious materials (OPIM), as defined in the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030.

1910.1030 requires **employers to offer the hepatitis B vaccination series to any employee who is reasonably anticipated to have exposure to blood or other potentially infectious materials**.

The offer must be made within 10 days of employment and at no cost to the employee.

It is a non-infectious, vaccine prepared from recombinant yeast cultures, rather than human blood or plasma.

There is no risk of contamination from other bloodborne pathogens nor any chance of developing HBV.

Declining Vaccination: Employers must ensure workers who decline vaccination sign a declination form.

Life-Threatening Events involving exposure to Hazardous Chemicals

- Knowledge of worksite **hazardous chemicals** and first aid and treatment for inhalation or ingestion (which should be easy to determine through your **HazCom** Program;
- Effects of **alcohol & illicit drugs** to recognize physiologic and behavioral effects (NC);
- Recognizing asphyxiation and **confined space dangers**;
- Responding to **Medical Emergencies**

SAFETY DATA SHEET

Airgas
an Air Liquide company

Carbon Dioxide, Solid or Dry Ice

Section 1. Identification

GHS product identifier	: Carbon Dioxide, Solid or Dry Ice
Chemical name	: Carbon dioxide, solid
Other means of identification	: Dry ice; carbonic anhydride
Product type	: Solid.
Product use	: Synthetic/Analytical chemistry.
Synonym	: Dry ice; carbonic anhydride
SDS #	: 001091
Supplier's details	: Airgas USA, LLC and its affiliates 259 North Radnor-Chester Road Suite 100 Radnor, PA 19087-5283 1-610-687-5253
24-hour telephone	: 1-866-734-3438

Section 2. Hazards identification

OSHA/HCS status	: Not classified.
Classification of the substance or mixture	: Not classified by Globally Harmonized System of Classification and Labeling (GHS).
GHS label elements	
Signal word	: Danger
Hazard statements	: May displace oxygen and cause rapid suffocation. May increase respiration and heart rate. May cause cryogenic burns or injury. May cause frostbite. May increase respiration and heart rate.
Precautionary statements	
General	: Read label before use. Keep out of reach of children. If medical advice is needed, have product container or label at hand.
Prevention	: Not applicable.
Response	: Not applicable.
Disposal	: Not applicable.
Hazards not otherwise classified	: Contact with cryogenic liquid can cause frostbite and cryogenic burns.

Section 4. First aid measures

Description of necessary first aid measures

Eye contact	: Immediately flush eyes with plenty of water, occasionally lifting the upper and lower eyelids. Check for and remove any contact lenses. Get medical attention if irritation occurs.
Inhalation	: Remove victim to fresh air and keep at rest in a position comfortable for breathing. Get medical attention if symptoms occur.
Skin contact	: Flush contaminated skin with plenty of water. Remove contaminated clothing and shoes. Get medical attention if symptoms occur.
Ingestion	: Wash out mouth with water. Remove victim to fresh air and keep at rest in a position comfortable for breathing. If material has been swallowed and the exposed person is conscious, give small quantities of water to drink. Do not induce vomiting unless directed to do so by medical personnel. Get medical attention if symptoms occur.

Most important symptoms/effects, acute and delayed

Potential acute health effects

Eye contact	: May cause eye irritation.
Inhalation	: May be harmful if inhaled. May cause respiratory irritation.
Skin contact	: Harmful if absorbed through the skin. May cause skin irritation.
Frostbite	: Try to warm up the frozen tissues and seek medical attention.
Ingestion	: May be harmful if swallowed and enters airways.

Over-exposure signs/symptoms

Eye contact	: No specific data.
Inhalation	: No specific data.
Skin contact	: No specific data.
Ingestion	: No specific data.

Indication of immediate medical attention and special treatment needed, if necessary

Notes to physician	: Treat symptomatically. Contact poison treatment specialist immediately if large quantities have been ingested or inhaled.
Specific treatments	: No specific treatment.
Protection of first-aiders	: No action shall be taken involving any personal risk or without suitable training.

See toxicological information (Section 11)

OSHA's Top 25 "Low-Hanging" Fruit Safety Violations

OSHA's National Office is encouraging Regional and Area Offices to increase the number of citations issued. As a result, inspectors are looking at the following "low-hanging" fruit list to find more violations.

1.	§ 1910.132(d)(1)	Workplace hazard assessment for PPE
2.	§ 1910.132(d)(1)	Written certification that PPE Hazard Assessment has been completed
3.	§ 1910.37(a)	Maintenance of exit routes
4.	§ 1910.157(c)	Mounting and location of portable fire extinguishers
5.	§ 1910.157(e)	Inspection, maintenance and testing of portable fire extinguishers
6.	§ 1910.305(b)	Electrical cabinets unused opening
7.	§ 1910.305(f)	Use of flexible cords and cables
8.	§ 1910.1200(e)	Written Hazard Communication Program with list of chemicals
9.	§ 1910.305(g)(1)	Extension cord used in place of permanent wiring
10.	§ 1910.304(g)(5)	Missing grounding prongs
11.	§ 1910.212(a)	Machine guarding
12.	§ 1910.22(a)	Housekeeping
13.	§ 1910.176(b)	Secure storage of materials
14.	§ 1910.151(b)	Medical services and first aid supplies
15.	§ 1910.132(f)	Written certification of training for personal protective equipment
16.	§ 1910.38	Emergency action plan
17.	§ 1910.25(d).26(c)	Portable ladders, care and maintenance
18.	§ 1910.22(d)	Floor loading/rating protection
19.	§ 1910.151(c)	No emergency eye wash stations for employees using corrosive materials
20.	§ 1910.147(c)(4)&(6)	Lockout/tagout procedures for equipment not developed
21.	§1910.157(g)(1)	Fire extinguisher training
22.	§1910.157(g)(2)	Initial and annual fire extinguisher training
23.	§1910.147(c)(6)	Lockout/tagout – period inspections
24.	§1910.141(d)(2)	Lavatories having hot and cold water
25.	§1904.32(b)	OSHA 300A Summary - certification

Hazardous Chemicals:

Exposure to Injurious Corrosive Material

In the event of an unforeseen hazard or accident, having an eyewash station readily available can make the difference between a minor incident and a major injury . . .

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.

OSHA Instruction STD 1-8.2 March 8, 1982 of Compliance Programming

Subject: 29 CFR 1910.151(c), Medical Services and First Aid; 29 CFR 1926.50 and 51, Medical Service and First Aid, and Sanitation, Respectively; **Applicable to Electric Storage Battery Charging and Maintenance Areas**

Purpose. This instruction provides guidelines **regarding eye wash and body flushing facilities required for immediate emergency use in electric storage battery charging and maintenance areas**.

c. In addition … employer shall ensure adequate provisions have been established for emergency care of employees exposed to eye or face contact with ***electrolytes.***

_ appropriate **portable eye wash device** containing not less than one gallon of potable water readily available and mounted for use, is considered to provide minimum employee protection when proper personal protective equipment is used.

How do I determine what First Aid Supplies I need for my workplace?

by performing a **Hazard Assessment** or a **Workplace First Aid Risk Assessment**

For the less involved Hazard Assessment (which can rely on revisiting your OSHA required **PPE Assessment**):

a) **ANSI Z308.1-2021** provides guidance for determining the types of supplies to make available in your first aid kits.

b) Keep in mind that **Class A and Class B first aid kits** contain the ***minimum requirements*** for your workplace.

c) The **hazard assessment** will determine if and what additional supplies are needed.

d) Z308.1 cites three guiding questions for the hazard assessment, that are enumerated below, to determine what first aid supplies are needed "to augment your first aid kits with" to address your specific (unique) workplace:

1. ***What are the hazards that exist?***
2. ***What kinds of injuries have occurred or could occur in relation to these hazards?***
3. ***What types of first aid supplies are needed to treat these injuries?***

1st: Know Your Situation: ***Do you expect internal emergency response actions may be necessary?***

Do you have an emergency response plan in case of an emergency that may require rescue or evacuation?

_ The plan must be written, and affected workers must be consulted in the development of the plan.

Your Emergency Response Plan needs to address:

- The identification of potential emergencies (***based on a hazard assessment***)
- **Procedures for dealing with the identified emergencies**
- **The identification of, location of and operational procedures for emergency equipment**
- **The emergency response training requirements**
- **The location and use of emergency facilities**
- The fire protection requirements
- **The alarm and emergency communication requirements**
- **The first aid services required**
- **Procedures for rescue and evacuation**
- **Designated rescue and evacuation workers**

How do I determine what First Aid Supplies I need for my workplace?

by performing a Hazard Assessment

Our sequence of steps in this segment will cover:

Step 1: Evaluate your experiences and history

Step 2: Compare with industry benchmark data - BLS

Step 3: PPE Hazard Assessment with video

Step 4: Additional Resources

Step 5: 5 Major Areas of First Aid

Step 6: Roll-up Listing of Potential Specifics

Step 7: Specific Plausible Events

Step 8: Life Threatening Events

Step 9: Medical Emergencies

Step 10: Working Alone and Workplace Violence

Step 1 for Determining First-Aid Specifics for Your Workplace

- Evaluate injuries, illnesses and fatalities at a worksite are essential first step in determining what supplies and training are needed for your first-aid program.
  - Use OSHA 300 log,
  - OSHA 301 forms,
  - Workers' Compensation insurance carrier reports
- If you want to benchmark others in your industry, go to BLS – Bureau of Labor Statistics website at www.bls.gov/iif for injuries, illnesses, and fatality data

AEP OHIO
A unit of American Electric Power

A typical PPE Assessment form actually done by me back in 2008

HAZARD ASSESSMENT for SELECTION of PERSONAL PROTECTIVE EQUIPMENT (PPE)

JOB TITLE: _____

Step 3

HAZARDS AT WORK LOCATIONS		* PERSONAL PROTECTIVE EQUIPMENT (Note: (H-No. indicates corresponding hazard))	
☐ H1	Abrasions, Lacerations, Punctures from Sharp Objects	☐	Hard Hat (H4, H5)
☐ H2	Compression (roll-over): pipe, pallets, forklifts	☐	Safety Glasses with Side Shields (H4, H5)
☐ H3	Chemical	☐	Goggles (H3, H7)
☐ H4	Electrical: low & high voltage, electrical contact or flash potential	☐	Personal Insulating Protective Equipment (PIPE) (Ref. AEP Safety and Health Manual) (H4)
☐ H5	Impact from Falling or Flying Objects	☐	Leather Work Gloves (H1)
☐ H6	Heat	☐	F R Clothing (Ref. AEP FR Clothing Policy) (H4)
☐ H7	Harmful Dust: grinding, buffing, ash, coal dust	☐	Electrical Flash Suit (H4)
☐ H8 ☐ H9	Terrain: holes, different levels Slipping	☐	Footwear: puncture resistant, defined heal, ankle-laced support, impact/compression resistant, electrical hazard resistant (H2, H5, H8, H9)
☐ H10	Noise	☐	Hearing Protection (H10)
☐ H11	Vehicular Traffic (Working on or near roadways.)	☐	Traffic Vest (Reflective) (H11)
☐ H12	Falls from heights above six feet	☐	Body Harness and Lanyard (H12)
☐ H13	Inclement Weather	☐	Rainwear (H13)
☐ H14	Contact with chain saw rotating blade	☐	Chain Saw Chaps (H14)
☐ H15	Light (optical) Radiation: welding	☐	Chemical Resistant Gloves (H3)
☐ H16	Other _____	☐	Other _____

* Personal Protective Equipment outlined in this Hazard Assessment will not be required at all times for this job classification. The required PPE may vary according to the pre-job work planning.

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Guidelines for Assessing Hazards to Select Personal Protective Equipment, (PPE)

a. PPE alone should not be relied upon to provide protection against hazards, but should be used in conjunctin with engineering controls and administrative controls, to eliminate, isolate, or minimize hazards, whenever possible.
b. Perform a **walk down** of the area(s) in question, to **identify sources of hazards.**
c. In the walkdown, **consider whether workers could or will be exposed to: any of the hazards listed and mark selections on the material.**

	PPE Selection Matrix ("X" indicates typical selection.)									
	Hearing	Head	Hand	Eyes	Face	Fall	Feet	Clothes	Respiratory	Other
Impact - Struck by, struck against, collision, dropped, falling objects		X					X			
Penetration - from sharp object which might pierce the body, feet, or cut the hands.			X				X	X		
Compression (roll over) - from rolling or pinching objects that could crush the feet.							X			
Positioning - from layout of the work area, location of co-workers, or need to climb or be transported to an elevated position to perform the work task.						X				
Electrical - from open energized cabinets, bare wires, wet or congested conditions; working on/with energized conductors at low/high voltages, or possible contact with overhead lines.		X	X	X	X		X	X		
Chemicals (hazardous materials) - from contents of tanks, lines, or from leaks or spills that could result in contact to the skin or affect breathing. Consult MSDS information for the substance, which will specify appropriate measures, special equipment, and PPE to be used.		X	X	X	X		X		X	
Heat or temperature extremes - from hot (≥ 110 F), humid or cold conditions or from sources that could result in burns, eye injury, or ignition of PPE.			X	X	X					
Noise - from sound in the area or what may be induced by the work to be done.	X									
Light (optical) radiation - from sources such as welding, brazing, cutting, furnaces, heating treating, high intensity lights.				X	X			X		
Biological - from possible contact with raw sewage, blood mold, mildew, insects, reptiles, or animal life.			X	X	X			X	X	
Explosive gases or harmful dust - dust, mist, vapors, fumes, toxic gases.				X	X			X	X	
Air quality - Oxygen level [<19.5% or >23.5%] or hydrogen sulfide, carbon monoxide, or hazardous or flammable substances exceeding safe exposure or combustibility limits.									X	
Other energy sources - from air pressure, gases, steam, hydraulics, water, or pressurized cylinders.										
General configuration - from floor and well openings, sharp projecting objects or jagged edges; can fall or be caught in, on, or between; limited entry/exit, (i.e., **confined or enclosed space - with engulfment or entrapment** potential. **Reminder: Consult Confined/Enclosed Space Policy**										
Other considerations - for PPE use and the work to be done, consider the degree of dexterity required, duration of the work, degree of exposure to the hazard, and physical stresses involved. For work outdoors, consider impact from high winds.										

Step 4

Another Step to Consider on "Additional Resources"

The National Institute for Occupational Safety and Health (NIOSH) has information available for a variety of incidents for which first aid would be required. These cover signs and symptoms and outline first aid procedures for:

- **Venomous snake bites** and **contact with poisonous plants**, which workers in the agricultural, forestry, lumber and other outdoor industries could be exposed to
- **Exposure to chemical hazards**, which could occur in a wide range of industries
- **Heat stress and heat-related illness**, which can affect both outdoor workers and those who perform tasks in heated indoor environments
- **Workplace Violence**

Step 5

…When assembling first aid kits and cabinets, consider each of the above categories…

1. **Major injury or trauma:** Scissors, gauze pads, tourniquet, mouth barrier
2. **Minor injury (such as a cut or scrape):** Adhesive bandages, antiseptic spray, cold compress
3. **Eye care**: bottle of eyewash solution, fills/refills for eyewash stations
4. **Employee Comfort:** Cold relief, allergy relief, headache relief, antacids, anti-diarrhea
5. **Burn Care:** Burn dressing, burn spray, burn cream

Step 6: Potential Specifics that could result in a Life-Threatening Emergency




- ❑ AED's (personal condition, electric shock)
- ❑ Burns – Chemical, Electrical, Temperature
- ❑ Wounds
- ❑ Chemical Exposures
- ❑ Temperature Extremes from cold (hypothermia) and hot ((heat stress)
- ❑ Confined Spaces Entry & E-Rescue
- ❑ Eye Injuries
- ❑ Fall Protection
- ❑ Infectious Diseases
- ❑ Bloodborne Pathogen related
- ❑ Poisoning
- ❑ Struck-by and Caught In/Between Hazards
- ❑ Transportation
- ❑ Working Alone

Step 7

Consider Workplace Specific “Plausible Events”

- Electrocution
- Exposure to low oxygen environments can lead to sudden cardiac arrest (SCA)
- Exposure to chemicals
- Over-exertion at work triggering SCA in those with underlying heart disease
- Temperature extremes

REMEMBER:

Prompt, proper first aid may mean the difference between rapid or prolonged recovery, temporary or permanent disability, and even life or death

Step 8

Life-Threatening Events

- Adapt program to specific worksite;
- Establishing responsiveness;
- Establishing and maintaining an open and clear airway;
- Performing rescue breathing;
- Treating airway obstruction in a conscious victim;
- **Performing CPR**;
- **Using an AED**;

Step 9 Medical Emergencies

Personal Conditions:

- High Blood Pressure
- Insulin Problems
- Heart Attack
- Anaphylactic shock from insect stings

Expected response involves:

- **Checking vital signs**
- CPR
- AED
- Calling 911

Four main vital signs

1) Temperature
2) Pulse
3) Respirations
4) Blood Pressure

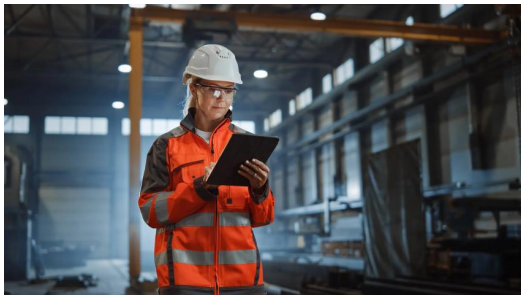
\+ **Pulse Oximetry**

\+ **Pain level**

Pulse oximetry is **a test used to measure the oxygen level (oxygen saturation) of your blood** -- an easy, painless measure of how well oxygen is being sent to parts of the body furthest from your heart, such as the arms and legs.

Step 10

Working Alone



How does the first aid standard affect employees who are working alone?

- Applies in all situations
- 3-4 minute response applies for certain regulations
- Working alone is not dependent on medical treatment response time
- May be covered under state statutes

Yes	No	N/A	EQUIPMENT AND SUPPLIES
❒	❒	❒	**Do you equip employees with the appropriate first aid supplies?**
❒	❒	❒	Do employees carry the required first aid supplies?
❒	❒	❒	Do employees carry the necessary personal protective equipment?
❒	❒	❒	Do employees carry emergency supplies if they are to work in remote areas with inclement weather?

Z1220-17

First aid kits for the workplace

CSA GROUP™

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Contents

A Workplace First Aid Risk Assessment (FARA) is

a process used to determine the risk level in a workplace and to ensure that the first aid program for a particular workplace

(consisting of first aid services, first aid kits and supplies provided by the employer)

are adequate for the hazards identified from a thorough review of all operations in all work areas.

A **first aid** needs **risk assessment** should consider the following:

C-1: **Characteristics** of the workplace

- nature of the work and workplace hazards and risks
- size of the organization, number of sites, and the distribution of the workforce
- the nature of the workforce and their work patterns (multiple shifts/shift work)
- needs of travelling, remote and lone workers

C-2: **Organization's history** of first aid incidents and injury/illness recordable cases

C-3: Organization's incidents **profile in its industry sector** and recognized trends

C-4: **Proximity** of **internal care and** external, **outside emergency response**

- of designated first aiders (and maintaining coverage across multiple shifts)
- to outside support of emergency response and medical services (hospital)

C-5: Any special needs (e.g., workers with disabilities or known medical conditions)

C-6: Provisions for first aid of **non-employees** – visitors, volunteers, contractors

First aid kit risk assessment (CSA) Standard Z1220-17

Business name:	**Location:**
Department:	**Date:**

- Assess the frequent overall job tasks in each department of the business to identify and rate the severity, frequency and probability of an incident occurring that may require first aid.
- Hazards such as biological, chemical, physical, ergonomic, psychosocial and environmental should be considered in this risk assessment.
- When completing this risk assessment, consider the number of workers, past injury trends and stats, proximity of first aid attendees, work shifts, hours worked, modes of transferring injured workers and possible special needs of workers.

Part A:
Rate each frequent job task using a scale of 1 = (Low) 2 = (Moderate) 3 = (High)
Then calculate the sum of severity+ frequency + probability to determine total risk rating per job.

Job task	Severity	Frequency	Probability	Total risk rating per job

Part B:
Rate travel time and distance to the nearest medical facility.

- ◯ **Low =** The work site is 15 minutes or less to nearest medical facility. **(Score 1)**
- ◯ **Moderate =** The work site is 15-30 minutes from a medical facility. **(Score 2)**
- ◯ **High =** The work site is greater than 30 minutes to a medical facility. **(Score 3)**

Part C:
Workplace risk rating:

- ◯ **Low** = A workplace in which activities with a small likelihood of the occurrence of harm and a low severity of that harm. **(Score 1)**
- ◯ **Moderate =** A workplace in which activities that are neither low nor high risk. **(Score 2)**
- ◯ **High =** A workplace in which activities with a higher likelihood of the occurrence of harm and a greater severity of that harm. **(Score 3)**

Part D:
Use the calculation below only for the job task with the highest risk rating score from Part A.

Highest risk rated job task +	Travel time rating +	Workplace risk rating +	
Part A	**Part B**		**Part C**

Final score of highest risk task, to determine first aid kit(s) and attendant(s) required for Part E and Part H:

Part E:
First aid kit type selection.
When selecting first aid kit types use only the highest risk rated job task to ensure business meets first aid kit requirements. Refer to Appendix A for first aid kit content information.

Low risk (Rating 5-7)	Moderate risk (Rating 8-11)	High risk (Rating 12-15)
Type 1: Personal first aid kit (for lone workers only) Type 2: Basic first aid kit (for two or more workers)	Type 2: Basic first aid kit	Type 3: Intermediate first aid kit

Part F:
Select staff size from chart below. When ordering first aid kit(s) inform your first aid kit supplier of Part D to confirm the quantity and the type of first aid kits that are required. Employers can obtain additional first aid kits that exceed the minimum requirement for multiple buildings per location.

◯ 2-25 Staff	◯ 26-50 Staff	◯ 51-100 Staff	◯ 100+ Staff

Part G:
Based on potential job tasks and travel time to nearest medical facility; does your location require additional supplies to provide enhanced first aid care from table below? (Note that some equipment requires specialized training.) The below list is not exhaustive. Additional supplies may be required based on the hazards present for the task or worksite.

- ◯ No
- ◯ Yes *(select from item and quantity from below)*

Category	Item	Quantity
Airway	Airway suction device	
	Airway adjuncts - nasopharyngeal (adult sizes)	
	Airway adjuncts - oropharyngeal (adult sizes)	
Breathing	Bag-valve mask (adult)	
	Equipment used to deliver oxygen	
	Pulse oximeter	
Circulation	Stethoscope	
	Blood pressure monitoring equipment	
Immobilization	Multi-purpose blanket	
	Head immobilization device	
	Extrication devices (e.g. scoop-style stretcher)	
	Extrication device (e.g. solid bottom basket stretcher with padding)	
	Extrication collar (adjustable)	
	Immobilization restraints	
Medications	Acetylsalicylic acid (ASA)* (single use)	
	Epinephrine self-injector* (two doses)	
Wound Care	Burn dressings (for use in settings where water is not readily available)	
	Tube gauze with applicator	
	Wound closures (e.g. butterfly closures)	
	Additional tourniquets	
	Alcohol swabs, individually wrapped (for wounds where oil, grease, or dirt could be present)	
	Saline irrigation solution, sterile (single use)	
	Eye wash solution, sterile	
Other	Eye pads	
	Universal trauma/paramedic shears (minimum 18 cm)	
	Lower extremity splints (rigid or malleable)	
	Automated external defibrillator (AED)	
	Penlight with batteries	
	Pocket guide to first aid	

Part H:
In the table below select the number of staff and apply final score of highest risk task from Part D to determine first aid attendant and training requirements per Saskatchewan OH&S Regulations - Table 9.

Number of staff	Low risk (Rating 5-7)	Moderate Risk (Rating 8-11)	High Risk (Rating 12-15)
2-25	Class A Attendant	Class A Attendant	Class A Attendant
26-50	Class A Attendant	Class B Attendant	Class A Attendant Class B Attendant
51-100	Class A Attendant	Class A Attendant Class B Attendant	Class A Attendant Class B Attendant One trained person with license to practice
100+	Two Class A Attendants	Two Class A Attendants Two Class B Attendants	Two Class A Attendants Two Class B Attendants One trained person with license to practice

Date completed:		**Completed by (print name):**	
Reviewed by OHC (print name(s)):		**Signatures:**	

Where multiple work sites or locations exist, a first aid kit risk assessment will need to be completed for each physical work site.
Review this risk assessment annually and whenever there are significant changes in business activities, departments or tasks.
Refer to (CSAZ1220-17), Saskatchewan OH&S Regulations 2020 - Part 5 & Table 9 for more information.
See Appendix A - First Aid Kit Types.
See Appendix B - Completed First Aid Kit Risk Assessment.

Sheet 2 of 2

Other Considerations That May Affect Risk Level

Enlargement to talk through questions under "Other Considerations"

Have any of the tasks being performed resulted in a workplace injury in the past?	☐ No ☐ Yes:	List Here:
Is the workplace spread over more than one level?	☐ No ☐ Yes	How many levels?
If there are multiple shifts, are there adequate first aid attendants on each shift?	☐ No ☐ Yes ☐ N/A	
Are there appropriate modes of transportation for transferring injured or ill persons and an attendant(s) to a medical facility?	☐ No ☐ Yes	List Here:
Distance to nearest medical facility	☐ less than 30 mins (Low) ☐ 30 mins – 2 hrs (Medium) ☐ more than 2 hrs (High)	Reference 5-12 of the The Occup Regulations, 2020
Does the workplace require any other additional supplies to provide adequate first aid? (refer to Table A.1 of the CSA Z1220-17 First Aid Kits for the Workplace document)	☐ No ☐ Yes	List Here:
Other considerations that affect risk level	☐ No ☐ Yes	List Here

Employees that are known to have disabilities or known medical conditions should be taken into consideration with first aid supplies and treatment

First Aid Kit Type and Size Selection

Type of First Aid kits required to address potential injuries:	☐ Type 1 (Personal): # of kits	☐ Type 2(Basic): # of kits	☐ Type 3(Intermediate): # of kits

First Aid kit size based on the maximum number of people at a workplace

☐ Small(2-25) ☐ Medium(26-50) ☐ Large(51-100)

Workplace Risk Assessment Ranking

Based on the First Aid risk assessment results, this job has been ranked: ☐ **LOW RISK** ☐ **MODERATE RISK** ☐ **HIGH RISK** 45

What you should have 'found' in your first aid risk assessment

You now have answers to the questions specifically applicable to your workplace on:

- The **RISKs** within your workplace that can lead to injury or illness
  - The ***severity*** of **known-expected-unusual-imagined** risks in your workplace
  - The ***frequency or likelihood*** in which these risks present themselves
- **How many first aiders** your workplace should have, in full consideration of how many employees you have and how hazardous your workplace is
- **What supplies you should have** in your first aid kit(s) – again, in full consideration of the risks you have determined in your workplace for your worker population.

RECAP:

First Aid

A first-aid program is part of a comprehensive Safety & Health Management System - SHMS.

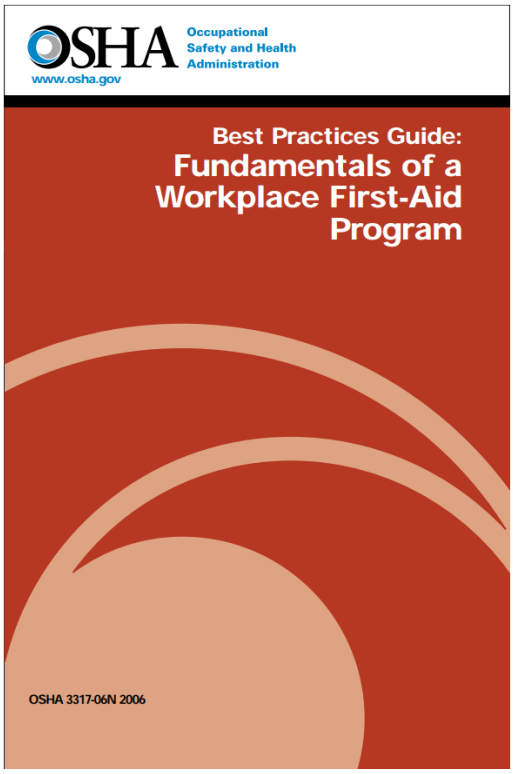
- Review program periodically
- Does it continue to address the needs of the specific workplace?
- Add or modify training, supplies, equipment and first-aid policies to account for changes in workplace safety and health hazards, worksite locations and worker schedules since the last program review.
- Keep program up-to-date with current techniques and knowledge. Replace/remove outdated training and reference materials.

Compliance Checklist for 1910.151

Safety Self Audit Checklist 02 - Medical Services and First Aid

Annual Operation Safety Self Audit				
	Location :			
#	At Risk	Safe	N/A	MEDICAL SERVICES AND FIRST AID
2.1				Are emergency telephone numbers posted where they can be readily found in case of emergency?
2.2				Are first aid kits available suitable to the needs of the facility, inspected monthly for expired items and replenished as needed?
2.3				Have all employees who are expected to respond to medical emergencies as part of their job responsibilities received first aid training; which includes universal precautions and appropriate training on procedures to protect them from bloodborne pathogens.
2.4				Is there a hospital, clinic, or infirmary for medical care near your workplace (within 3-4 minutes) or is at least one employee on each shift currently qualified to render first aid?
2.5				Are first aid kits and supplies appropriate for your particular area or operation?
2.6				Are employees instructed in proper first aid and other emergency procedures?
2.7				Are medical personnel readily available for advice and consultation on matters of employees' health?
2.8				Is there a current written exposure control plan for occupational exposure to bloodborne pathogens and other potentially infectious materials, where applicable?
2.9				Are universal precautions observed where occupational exposure to blood or other potentially infectious materials can occur and in all instances where differentiation of types of body fluids or potentially infectious materials is difficult or impossible?

RECAP: Program Effectiveness



The **Best Practices Guide** addresses these **bolded topics:**

Required to have a person or **persons adequately trained** to render first aid for worksites not close to or in near proximity to an infirmary, clinic, or hospital.

The first-aid program for a particular workplace needs to address the known and anticipated risks of the specific work environment.

Comply with all applicable OSHA standards and regulations.

Certain employers are required to have **CPR-trained rescuers** on site.

Sudden cardiac arrest is a potential risk at all worksites, regardless of the type of work. Consider establishing a workplace **AED program**.

Supplies should be available in ***adequate*** quantities & readily ***accessible***.

Training in -- general and workplace hazard-specific knowledge and skills.

CPR training to incorporate **AED training** if an AED is available at the worksite.

Repeat training periodically, to maintain and update knowledge and skills.

Consult with local emergency medical experts and providers of first-aid training

OSHA Recording and Reporting Occupational Injuries and Illnesses regulation (29 CFR 1904) provides specific **definitions** of ***first aid*** and **medical treatment**.

RECAP for Closure on Main Topics: There are four focus areas that we covered.

1. OSHA Regulations

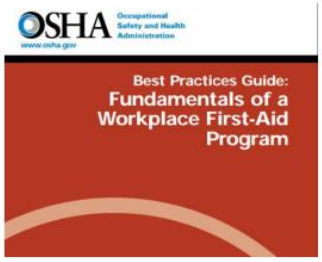
A review of OSHA Regulation Subpart K **1910.151** ***Medical Services and First Aid*** and Non-mandatory Appendix A and OSHA Training Requirements

2. Consensus Standards

Review changes, standard practices, & recommendations in **ANSI/ISEA Z308.1**, ***Minimum Requirements for Workplace First Aid Kits and Supplies***

3. Hazard Assessment

How to assess hazards unique to your workplace to identify other specific first aid supplies, and Canadian Risk Assessment process in **Z1220-17** standard



4. Program Effectiveness

Learn what you need to do for an annual compliance review of your First Aid Program and OSHA's best practices for an effective program

Targeted Outcomes: There are four key take-aways for attendees.

Learn what you need to know to ensure a compliant first aid program in your workplace.

Learn what changed in the latest revision of ANSI/ISEA Z308.1, which became effective in October of 2022.

Learn how to assess what first aid supplies need to be included to address specific and unique hazards in your workplace.

Receive useful and usable resource materials for application and reference that can assure an effective program.

15 Supplemental Slides for Individual Review in anticipation of Questions-to-be-Asked

- Construction FA-CPR-Med. Checklist
- Extra Supplies
- Bleeding Control Kit
- Difference between BLS & CPR
- CPR and Working Alone
- Oxygen Administration and FDA
- Categories - Workplace Violence
- Psychological First Aid
- Z308.1 Tables-Figures-Appendices
- Z1220-17 Canadian Std Annex A

- FARA – First Aid Risk Assessment Factors
- Naloxone - Narcan Nasal Spray
- Diabetes
- Supplemental FAQs (16 total)

< last page of handout >

- Employer Liability
- Good Samaritan Law
- What should come to mind on FA
- OSHA definition of "First Aid"

Vintage 2004 for Construction

FIRST-AID/CPR/ MEDICAL

Does the program identify the availability of medical personnel for advice/consultation on matters of occupational health. -1926.50(a)	Y___ N___	NA___
Does a program ensure the availability of services in case of injury. -1926.50 (b)	Y___ N___	NA___
Does the program address the availability of treatment for injuries when a clinic, hospital, etc is not immediately available. A recognized training program must be used and each person utilized, is documented as completing the training -1926.50(c)	Y___ N___	NA___
Does the program specify the availability of first aid supplies required, how they are stored, and responsibility for checking contents. -1926.50(d)	Y___ N___	NA___
Does the program identify procedures for transporting an injured employee. -1926.50(e)	Y___ N___	NA___
Does the program address the availability of emergency phone numbers or other means to communicate to obtain emergency care. -1926.50(f)	Y___ N___	NA___
Does the program identify means for quick drenching/flushing of the body or eyes in the work area for immediate use. -1926.50(g)	Y___ N___	NA___

EXTRA SUPPLIES & EQUIPMENT to consider having on hand

Cervical Collar - One Size Fits All For Use only if so trained.
No longer recommended by National CPR Foundation.
Also, use of vacuum mattresses in place of backboards

Mayo Clinic: Don't put anything except water or contact lens saline rinse in the eye. And **don't use eye drops unless emergency personnel tell you to do so**.

Plastic forceps

First Aid Only Nail Clipper with Scissor Handles

scissors & tweezers pack

Whistles are a best bang-for-the-buck item to have in an emergency or survival situation. Whistles **provide a very loud sound that require very little blowing effort**. The sound of a whistle will attract rescue personal to your location. Also good for getting crowd's attention to follow directions.

Electrolyte Replacement Tablets - Help to Prevent Muscle Cramps and Heat Prostration due to Excessive Perspiration. Electrolyte Tablets are available in convenient two packs.

Cervical collar(s)
Saline solution for contact lenses
Nail clippers
Forceps – Tweezers – Medical Scissors
Liquid bandage
Antacid tablets (Tums or Maalox…)
Small mirror
Whistles
Electrolyte packages to dissolve in water
Sharpies
Point and shoot thermometer
Plenty of activated cold packs
Cooling neckerchiefs
Tongue depressors/throat sticks
Safety pins
Flashlight with blinking capabilities
Traffic vests
Face shields
Safety glasses

When Z308.1 mentions special first aid kit for controlling bleeding, here is an example of the content therein

The BRICK contains:

• One Z-Medical EMS Roll **hemostatic dressing** to stop severe bleeding and control blood loss.

• One H&H Thin H **compression dressing**, (with the H-Cleat compression bar, the pressure applied by this bandage will dramatically slow bleeding).

• One H&H PriMed **Compressed Gauze**, which is used in U.S. military first aid kits worldwide, 4.1" x 4.5 yard roll of crinkle-fluff cotton gauze for wound packing or wound wrapping.

• One H&H Response TK **windlass tourniquet**, based on the military-grade MET Gen III tourniquet, the Response TK combines an aluminum-grade windlass with high strength tightening strap to create enough pressure to stop or slow a serious hemorrhage.

• One H&H **Emergency Hypothermia Blanket** (52" x 84") compact in size but unfolds into a full **mylar survival blanket**. Necessary when covering injured to keep them warm and reduce the risk of shock.

•One pair of **latex free gloves**.

The BRICK comes in either an individual pack, in a neoprene zipper case for easier carrying, or in a resealable bag of 10 packs.

BLS (Basic Life Support) vs CPR: What's the Difference?

The major difference between a BLS and a CPR qualification is the **curriculum** of the training programs.

Just like any other qualification, a BLS or CPR course has a specific course outline specifying what students will learn from the lectures and materials. BLS certification is **generally more intensive and complex than CPR training and encompasses a wider variety of medical training**.

BLS is a level of medical care administered by public safety professionals, first responders, healthcare providers, paramedics and qualified bystanders.

Those trained in BLS can provide care to someone with a life-threatening illness or injury until that person can get to more advanced care at a hospital.

Typically, BLS care is given to someone in cardiac arrest or respiratory distress or who has an obstructed airway.

There are three main components of BLS:

1. The initial assessment
2. Airway maintenance
3. Breathing, and CPR

SAFETY TIPS

If you want to improve your life skills or simply be prepared for whatever medical emergencies life may throw at you, consider Basic Life Support (BLS) training and certification.

Standard Interpretation on CPR/first aid training and "working alone" provisions of 1910.269

Applicable Standards Numbers: 1910.151 1910.151(b) 1910.151(c) 1910.269 1910.269(b)(1) 1910.269(l)(1)

OSHA requirements are set by statute, standards and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed.

Q-1: ***Does the OSHA Standard above require, at all shifts, that an employee in a generating station be reached by another employee or a second person, trained in CPR and first aid, within 4 minutes?***

Reply: No, not in all circumstances… where existing number of employees is insufficient to meet this requirement (at a remote substation, for example), **all employees at the work location shall be trained…**

required only for employees exposed to the hazards of electrical shock…

Q-3: ***In facilities, other than generating stations, where a hazard may or may not include electrical shock, do we permit "working alone" where EMRS cannot respond within 4 minutes to an accident resulting in a critical injury, or within 15 minutes to an accident resulting in a serious non life-threatening injury?***

Reply: … there is no general OSHA Standard that deals with the situation of an employee "working alone" except in specific situations such as emergency response, interior structural firefighting, or working in permit required confined spaces.

What Is The Latest FDA Thinking About Emergency Use Of Oxygen? (2012 white paper)

According to the FDA, any oxygen inhaled by a human or animal is considered a drug as per section 201(g)(1) of the Federal Food, Drug, and Cosmetic Act (the Act), and is required to be dispensed by prescription.

However, the agency allows medical oxygen to be dispensed without a prescription to properly trained individuals for oxygen deficiency and resuscitation, as long as the following conditions are met:

1) A high-pressure cylinder filled with medical oxygen and used for oxygen deficiency and resuscitation must have the following statement present on the drug label: "For emergency use only when administered by properly trained personnel for oxygen deficiency and resuscitation. For all other medical applications, Rx Only."
2) The equipment intended for such use must deliver a **minimum flow rate of 6 liters of oxygen per minute** for a minimum of 15 minutes, and include a content gauge and an appropriate mask or administration device, and
3) **Proper training is documentation that an individual has received training within the past twenty-four months** or other appropriate interval, in the use of emergency oxygen including providing oxygen to both breathing and non-breathing patients, and safe use and handing of emergency oxygen equipment. Training may be obtained from any nationally recognized professional organization, such as the National Safety Council, the American Heart Association, the American Red Cross, etc.
4) Under no circumstances can emergency oxygen be used to fill high-pressure cylinders or be used in a mixture or blend.

Once all of these conditions are met, an individual may have access to medical oxygen without a prescription.
Keep in mind that this is the Federal FDA position and that some state Boards of Pharmacy may have different rules.

Open to any ideas on first aid supplies & equipment

Categories of Workplace Violence

> Stranger violence (such as a robbery/drug seekers)

> Client/customer violence

> Co-worker violence

> Violence related to domestic issues

Employer Responsibilities:

- Ensure workplace violence is considered a hazard
- Develop a policy and procedures for potential workplace violence
- Ensure workers are instructed in the recognition, reporting and response to workplace violence

Workplace Violence Risk Factors to Consider:

- Working alone or in small numbers
- Working between 11 pm and 6 am
- Providing emergency interventions
- Working with patients in a healthcare setting
- Working with unstable or violent individuals
- Working at/near site targeted by protestors/action groups
- Working with or having controlled substances on-site
- Working near a business with an elevated risk such as:
  - retail, especially with money, prescription drugs, jewelry
  - where alcohol is sold or consumed
- Law enforcement, correction, security
- Working in or near areas of increased crime
- Working in isolated or remote areas
- Working with persons where domestic violence is a concern
- Visiting clients/patients in their homes

Psychological First Aid (PFA): What is it ?

Relevant to first aid, ***PFA is used to reduce physical discomfort due to a bodily injury.***

Psychological First Aid (PFA) aims to reduce the symptoms of stress

(and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis).

Emotional distress is not always as visible as a physical injury, but is just as painful and debilitating.

After a life altering experience it is common to be affected emotionally, because:

- Everybody who experiences a disaster is touched by it
- Reactions manifest differently at different periods of time during and after the incident.

PFA is a strategy to reduce the painful range of emotions and responses experienced by people exposed to **high stress**.

Some common stress reactions include:

- Physical Pain
- Confusion – Fear – Anger – Grief – Shock
- Anxiety – Aggressiveness – Guilt
- Feelings of Hopelessness or Helplessness

- Sleep problems
- Shaken religious faith
- Loss of confidence in self or others.

American National Standard—
Minimum Requirements for
Workplace First Aid Kits and Supplies

ISEA Z308.1-2021
Revision of
ANSI/ISEA Z308.1-2015

Tables

Figures

Appendices

Z1220-17 Annex A (informative)

Workplace First Aid Risk Assessment

DaveV's Take-Aways from A.1

At a minimum, the assessment should include these steps:

a) Identification of the hazards that could cause harm/illness
b) Assess types of injury or illness that could occur, likelihood of harm, and potential severity of that harm
c) Identification of appropriate first aid supplies and equipment to respond to the types of injury or illness that could occur

DaveV's Take-Aways from A.2

Mostly addressed in ***considerations*** on previous slide # 6

Note Item **A.2 i)** any special needs (examples given cited workers with disabilities or know medical conditions)

People with heart problems and Type 1 diabetics, yet need to tread carefully so as not to call undue attention and embarrass any employee with a personal condition, even though right to know for accommodating and aiding them, when needed.

A.1 General

A workplace first aid risk assessment is a method of assessing the types of injury or illness that could occur in the workplace, the likelihood of the occurrence of harm, and the potential severity of that harm. A workplace first aid risk assessment should be carried out to determine the level of workplace first aid services and equipment required for each workplace. Conducting a workplace first aid risk assessment will help to ensure that the workplace is prepared with the necessary first aid supplies and equipment. In addition, in some workplaces where special circumstances are identified in the course of the risk assessment, additional workplace first aid services and/or additional first aid equipment and supplies can be necessary.

A workplace first aid risk assessment should be carried out by a competent person at the organization, in consultation with workers, a worker representative(s), and workplace health and safety committees, as applicable.

At a minimum, the workplace first aid risk assessment should include the following steps:

a) identification of hazards in the workplace that could result in work-related injury or illness;
b) assessment of the types of injury or illness that could occur in the workplace, the likelihood of the occurrence of harm, and the potential severity of that harm; and
c) identification of the appropriate first aid supplies and equipment to respond to the types of injury or illness that could occur in the workplace.

Note: *The risk assessment and first aid requirements should be reviewed at periodic intervals or as circumstances change.*

A.2 Workplace first aid risk assessment considerations

A workplace first aid risk assessment should take the following into consideration in identifying hazards and determining the types of injury or illness that could occur, the likelihood of the occurrence of harm, and the potential severity of that harm:

a) the characteristics of the workplace;
b) the number of workers at the workplace per shift;
c) industry sector injury trends;
d) the organization's history of workplace first aid incidents;
e) the proximity of trained workplace first aiders to provide first aid;
f) accessibility to emergency medical services;
g) work patterns (e.g., shift work, workers on shared or multi-occupied sites, planned and unplanned leave of workplace first aiders);
h) modes of transportation available for transferring injured or ill persons and an attendant(s) to a medical facility; and
i) any special needs (e.g., workers with disabilities or known medical conditions).

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WORKPLACE FIRST AID RISK ASSESSMENT

A mostly Canadian process to benchmark **a more exact process for assessing workplace first aid needs** is explained in another, **separate training module**

A workplace first aid risk assessment is used to determine the risk level in a workplace to ensure first aid services, kits and supplies provided by the employer are adequate for the hazards identified.

There are a number of factors to consider when performing the Workplace First Aid Risk Assessment, including:

- Types of hazards - hazards can be physical, chemical, environmental and/or biological
- Workplace characteristics (ie. office building, manufacturing plant, fishing vessel, size of building or structure)
- Number of workers per shift – different shifts may have different requirements
- Industry injury trends – history of injuries of similar workplaces in the same industry
- Workplace history of incidents requiring first aid
- Access to emergency medical services - transportation, communication capabilities, and greater emergency response time all increase the level of risk
- Proximity of trained first aiders to provide first aid
- Work patterns of shift workers and other workers, including flexible or compressed work schedules
- Absence of designated workplace first aiders (planned or unplanned)
- Modes of transportation available to transfer injured or ill workers. (ie. vehicle, tractor, ATV, fishing vessel)
- Special needs of workers with known medical conditions or disabilities

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*As of February 2023, the Food and Drug Administration approved **Narcan**, 4 milligram (mg) naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription, use – the first naloxone product approved for use without a prescription.*

Naloxone rapidly reverses the effects of opioid overdose and is the standard treatment.

Now, life-saving medication to reverse an opioid overdose can be sold directly to consumers in drug and convenience and grocery stores, even gas stations, in addition to online.

Americans dying from drug overdose at an all-time high with the main cause opioids.

This crisis reaches employees in all industries and occupations, with workplace overdose deaths increasing by 619% since 2011 and overdoses now causing nearly 10% of all worker deaths on the job.

Recent FDA approval of **naloxone** nasal sprays for ***over-the-counter use*** provides workplaces with a new lifesaving tool to prevent these drug overdose deaths.

Including naloxone in your workplace first aid kit or elsewhere onsite, and training employees to use it, is now considered as a critical component for emergency response to help save a life.

NOTE: As of February 2024, **DHHS has called for 'safety stations' with naloxone in federal buildings**.

DHHS recommends that federal facilities should **convert AED stations into "safety stations"** that include naloxone – a medication that reverses the effects of an opiod overdose.

Also, recommended is for federal facilities to add "***Stop the Bleed***" which teaches how to control bleeding as a result of an injury…

1 IN 10 AMERICANS HAS DIABETES. IS YOUR WORKPLACE READY TO SUPPORT THEM?

Products recognized by American Diabetes Association® as suitable for people with diabetes in the workplace.

How many do you have in your place of business?

- **Glucose**. Each packet of fast-dissolving powder delivers 15 grams of glucose to increase low blood sugar.
- **Liquid Bandage**. Waterproof, long lasting and sting free, this bandage conforms to the body's contours.
- **WoundSeal**®. An effective topical powder that helps stop bleeding. It forms a protective barrier in seconds and protects the wound with anti-microbial properties.
- **Bleed Stop Gauze**. A hemostatic, 4" x 4" gauze pad for temporary external use to control bleeding.
- **Regular Strength Pain Away**®. Fast, effective relief for pain and headaches. Contains acetaminophen, aspirin, caffeine and salicylamide.
- **QuikHeal™ Bandages**. Long-lasting, hydrocolloid-based gel technology that promotes faster healing. Heals minor cuts, scrapes, abrasions, lacerations, blisters and scalds. Helps reduce scarring.
- **Hand Lotion**. Specially formulated with petrolatum, mineral oil and dimethicone. Non-greasy, industrial strength and concentrated to aid in healing of chapped, itchy and dry skin.

Supplemental FAQs for First Aid Program Review

(Per slide number)

66 – OSHA Top 10 Violations

67 – Exemptions

68 – OSHA Approved

69 – Mandated Contents

70 – Supplies Requirements

71 – Where to Buy

72 – Make Your Own Kit

(Per slide number)

73 to 74 – Labeling & Markings

75 – Types of First Aid Kits

76 – PPE for Bloodborne Pathogens

77 – Adding 'Other' / Extra Supplies

78 – Physician Approval

79 – Inspections

80 – Over-the-Counter Meds

Medical and First Aid are Typically in OSHA's Annual Top 10 List of Frequently Cited Violations ?

ANSWER. NO.

That would be highly unusual because "Medical and First Aid" typically are near the end of OSHA's **Top 20** list of frequently cited violations, annually.

However, ***Bloodborne Pathogen***s citations typically rank in the Top 10, along with **PPE - Personal Protective Equipment** violations.

Does OSHA have or allow for any EXEMPTIONS from 1910.151 for small sized businesses ?

From an OSHA Interpretation:

There are no exemptions from 1910.151 due to a company's size. . . .

All industries are required to comply regardless of the type of work performed . . .

Employer's first aid program must correspond to the hazards that can be reasonably expected to occur. . . .

John B. Miles, Jr., Director
Directorate of Compliance Programs
Occupational Health and Safety Administration

Are there 'OSHA Approved" First Aid Kits Available ?

'OSHA-Approved' ?... Don't Believe It

If you are looking for an "OSHA Approved First Aid Kit" or an "OSHA Certified First Aid Kit," **there is no such thing**.

OSHA sets forth first aid kit guidelines for general industry, construction, and industry-specific first aid requirements, but **OSHA does not "approve" any manufacturer's products.**

It is up to the manufacturer to ensure the kits fulfill the OSHA first aid kit requirements and thereby state that the kits are "**OSHA compliant**" or that the kit "**meets OSHA First Aid Kit Guidelines**."

Are there specific contents mandated in OSHA 1910.151 ?

No. The OSHA 1910.151 regulation does not 'list' specific contents for first aid kits.

OSHA guidance merely reiterates that supplies must be ***adequate and readily available***.

What is stated in the standard is 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."***

Does OSHA guidance have any supply-related requirements pertaining to first aid kits ?

In an **April 2002 Letter of Interpretation**, OSHA offered these insights into the standard:

> *"The contents of the first aid kit listed in ANSI Z308.1 should be adequate for a small worksite. …*
>
> *However, larger or multiple operations should consider the need for additional first aid kits, additional types of first aid equipment and first aid supplies in larger quantities.*
>
> *You may wish to consult your local fire and rescue department, an appropriate medical professional, your local OSHA area office, or a first aid supplier for assistance in putting together a first aid kit which suits the needs of your workplace.*
>
> *You should also **periodically assess your kit and increase your supplies as needed**."*

Where can I buy an ANSI/ISEA-approved first aid kit ?

Most industrial distributors of PPE and safety equipment offer compliant kits.

Also you could contact first aid organizations or suppliers of fire extinguishers.

A compliant first aid kit will:

- Identify that is **ANSI-approved** and
- have the **date of latest version** of the **Z308.1** standard.

Can I assemble my own kit and be in compliance with ANSI/ISEA Z308.1 ?

No. That's not what the document intends.

Workers also can't subtract from the minimum requirements of the kit, but may add to it based on expected injuries in a work environment.

- People who work for utility companies might expect more thermal burns or electrical burns, so a kit could cater to that.
- If your workers are out in remote locations, then having splints and other things that you might need to have because there's nothing else (e.g., a nearby hospital) that's really available.
- An AED is a common addition, because a cardiac arrest can be a time-limited response for coworkers and/or caregivers.
  - "All worksites are potential candidates for AED programs because of the possibility of SCA and the need for timely defibrillation,"
  - OSHA states. "Each workplace should assess its own requirements for an AED program as part of its first aid response."

What first aid kit labeling and markings are required ?

Answer (below and next slides):

Section 7 of ANSI/ISEA **Z308.1**-2021 addresses labeling and marking of first aid kits.

Each kit must be labeled with its contents and their locations must be visibly marked.

All labeling and markings must be legible, permanent, and -- if adhesive labels are used -- they must not be easily removed.

What first aid kit labeling and markings are required ?

Kits compliant with Z308.1 feature **supplies arranged in uniform, color-coded boxes to ease organization**:

Blue for antiseptics, yellow for bandages,

Red for burn treatment,

Orange for personal protective equipment and

Green for miscellaneous items.

How many types of first aid kits are there ?

In addition, kits are organized into one of **four types** based on work environment:

Type I: Containers are mountable and intended for stationary, indoor settings.

Type II: Portable and intended for indoor use.

Type III: Must be portable, mountable, and have a water-resistant seal.

Type IV: Must be portable, mountable, and waterproof.

Is Bloodborne Pathogen-related PPE (Personal Protective Equipment) required in first aid kits ?

Answer: **No**.

However, OSHA does recommend it in 29 CFR 1910.151 **Non-Mandatory Appendix A**:

If it is reasonably anticipated that employees will be exposed to blood or other potentially infectious materials while using first aid supplies, employers are required to provide appropriate personal protective equipment (PPE) in compliance with the provisions of the occupational exposure to bloodborne pathogens standard, 1910.1030(d)(3).

1901.1030 lists the appropriate PPE for the type of exposure, such as:

gloves, gowns, face shields, mask or eye protection."

Can I include additional first aid supplies beyond the minimum kit requirements ?

YES. As a result of a **Hazards Assessment**, with 1910.151 stating:

to determine if additional first aid supplies are needed on a jobsite, consider the uniqueness of the work environment and the types of potential injuries.

Also, remember that OSHA cites ANSI/ISEA **Z308.1** as a recommended, non-mandatory source of guidance for **minimum first aid kit requirements**.

Z308.1 assists employers in assessing risks and identifying potential hazards for the selection of additional first aid supplies, by calling on employers to address 3 things:

1. ***What are the potential hazards?***
2. ***What kinds of injuries have occurred or could occur in relation to these hazards?***
3. ***What types of first aid supplies are needed to treat these injuries?***

Is a consulting physician required to approve first aid supplies ?

Answer: No.

According to 29 CFR 1910.151, first aid supplies do not need to be approved by a consulting physician.

They should, however, be selected by a person competent in first aid and knowledgeable of the hazards found in the specific workplace.

Is it required that first aid kits be:

regularly inspected to ensure their contents are complete and up-to-date ?

Answer: **Yes**.

First aid kits should be regularly inspected to ensure they are full, in good condition and that contents that have expiration dates have not expired.

The **contents list** for the first aid kits should be ***periodically reviewed*** to ensure it meets the needs of the workplace and hazards faced at all times.

Can over-the-counter medicine be put in first aid kits ?

Answer: **YES**.

Over-the-counter medicine can be put in first aid kits if packaged in **single-dose, tamper-evident packaging and labeled** as required by Food and Drug Administration (FDA) regulations.

Over-the-counter drug products should **not contain ingredients** known to **cause drowsiness**.

Administer first aid.

Good Samaritan Law

protects all who assist those who are injured, ill, or in peril.

As long as someone is ***voluntarily taking action*** without expectation of reimbursement or compensation while performing such aid, on-site, they will have legal protection.

Understanding the "Duty to Act"

Duty to act is the duty requiring a person to take necessary action in order to prevent harm to another person or to the general public.

Whether you are required to follow through depends on the situation and relationship between the parties.

In some cases, breach of duty may put a party at liability for damages.

For laypersons, duty to act ***requires that you provide care if you have a legal duty***.

If you do not have a legal duty to provide care, you are not required to provide it.

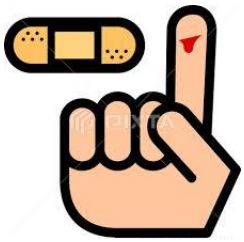
A Question on **Employer Liability**

If . . . a trained employee were to panic . . . and no first aid or improper first aid was administered could the employer be cited?

If a trained employee were to . . . not administer first aid or administer improper first aid, **OSHA would not cite the employer** . . .

The standard only requires employees to be trained in first aid but does not address the actual performance of first aid in an emergency situation. OSHA would conduct an investigation, if deemed necessary, to ensure that proper training certification were in order.

*What should come to mind when we think of "**first aid**" ?*



Since COVID, employees have elevated their expectations that employers demonstrate they actively care about personal well-being.

If you want to ***promote retention***, ***increase employee participation – involvement – ownership***, then reimagining ***first aid in the workplace*** focused more on an individual's ***fitness-for-duty*** (physically + ***mentally***) may provide a company with a competitive advantage, through demonstrating to its employees that it truly cares about their personal ***well-being***.

What is "First Aid" ? 1904.7(b)(5)(ii) "First Aid" is considered by OSHA to be any of the following:

1) Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
2) Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
3) Cleaning, flushing or soaking wounds on the surface of the skin;
4) Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
5) Using hot or cold therapy;
6) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
7) Using temporary immobilization devices while transporting an accident victim (***e.g.***, splints, slings, neck collars, back boards, etc.).
8) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
9) Using eye patches;
10) Removing foreign bodies from the eye using only irrigation or a cotton swab;
11) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
12) Using finger guards;
13) Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
14) Drinking fluids for relief of heat stress.

Are any other procedures included in first aid? **No, this is a complete list of all treatments considered first aid** for part 1904 purposes.