

SECTION 3

MEDICAL AND FIRST-AID REQUIREMENTS

03.A GENERAL

03.A.01 Prior to start of work, arrangements shall be made for medical facilities and personnel to provide prompt attention to the injured and for consultation on occupational safety and health matters.

a. An effective means of communication (hard-wired or cellular telephone, two-way radio, etc.) with 911 access or other emergency response source and transportation to effectively care for injured workers shall be provided. Communication devices shall be tested in the area of use to assure functionality.

b. The telephone numbers of physicians, hospitals, or ambulances shall be conspicuously posted (at the minimum, these numbers shall be posted at the on-site project office telephones).

c. A map delineating the best route to the nearest medical facility shall be prepared and posted on the safety bulletin board.

03.A.02 First-aid and cardiopulmonary resuscitation (CPR) training.

a. When a medical facility or physician is not accessible within 5 minutes of an injury to a group of two or more employees for the treatment of injuries, at least two employees on each shift shall be qualified to administer first aid and CPR. > **Minimum qualifications are listed in 03.D.**

b. Individuals who are required to work alone in remote areas shall be trained in first aid and provided an effective means of

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communication to call for assistance in the event of an emergency.

03.A.03 First-aid and medical facility requirements.

a. All projects, activities, installations, or contracts on which less than 100 persons are employed (greatest total number of employees on a shift) at the site of the work, and where neither a first-aid station nor infirmary is available, shall be provided with a first-aid kit complying with the criteria contained in American National Standards Institute (ANSI) Z308.1-1998 in the ratio of one for every 25 persons or less. In addition to the basic fill requirements, the employer, in consultation with a health care professional or competent first aid person, shall evaluate the hazards found in the work environment to determine the necessity of optional fill contents.

b. All projects, activities, installations, or contracts on which more than 99 and less than 300 persons are employed (greatest total number of employees on a shift) at the site of the work shall establish and equip, as directed by a licensed physician, a first-aid station. In non-rural locations, medical clinics, hospitals, or doctors' office, accessible within 5 minutes of an injury may be approved for use provided the requirements of 03.A.03a are met.

c. Where tunnels are being excavated, a first-aid station and transportation facilities shall be provided so that treatment is available within 5 minutes of the occurrence of an injury.

d. All projects, activities, installations, or contracts on which 300 or more persons are employed (greatest total number of employees on a shift) at the site of the work shall establish and equip, as directed by a licensed physician, an infirmary.

03.A.04 When any part of the body may be exposed to toxic or corrosive materials, drenching and/or flushing facilities shall be provided in the work area for immediate emergency use. > **See Section 06.B.**

03.A.05 When persons are exposed to epoxy resins, solvents, hydrocarbons, cement, lime, or other dermatitis-producing substances, ointment recommended by the manufacturer for the specific exposure shall be available and shall be used.

03.A.06 Employees designated as responsible for rendering first aid or medical assistance shall be included in their employer's blood-borne pathogen program in accordance with 29 CFR 1910.1030 and shall:

a. Be instructed in the sources, hazards, and avoidance of blood-borne pathogens and be provided the training requirements specified in 29 CFR 1910.1030;

b. Be provided with, and shall use and maintain, PPE (i.e., CPR barrier, gloves, gowns, masks, eye protectors, and/or resuscitation equipment) when appropriate for rendering first aid or other medical assistance to prevent contact with blood or other potentially infectious materials;

c. Institute a blood-borne pathogen prevention program to include an Exposure Control Plan with provisions for engineering and administrative controls, Hepatitis B vaccination, PPE, training, recordkeeping, and a Post-Exposure Control Plan in the event of a blood-borne exposure. Post-exposure protocol must include a plan to assure immediate medical evaluation of exposed individual(s) per current recommendations of the Centers for Disease Control (CDC) for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and hepatitis A virus (HAV).

03.A.07 Prior to the start of work, the employer shall inform employees of prevention steps, symptom recognition, and medical assets available if they are traveling to areas recognized by the CDC or are required to perform work activities in areas known to be a potential source of disease transmission such as Lyme Disease, West Nile Virus, Hantavirus, Histoplasmosis, Human Ehrlichiosis, Rabies, Rocky-Mountain Spotted Fever, Dengue Fever, Malaria and other vectore-borne diseases.

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a. The employer may use the CDC fact sheets and other sources for available information for such awareness training and travel purposes. CDC information can be found at the following website: <http://www.cdc.gov/travel/diseases>.

b. Issues to consider when traveling in areas where such diseases are endemic include:

(1) Modes of disease transmission.

(2) Specific health risks associated with the disease.

(3) Preventive measures such as available vaccines and PPE (gloves, eye and skin protection, respirator).

(4) Appropriate work practices to prevent contact with infected agents (bird/rodent droppings, etc.), such as watering areas prior to dust-generating activities.

(5) Vaccine information, to include information on the effectiveness, risks, and availability.

(6) Safe removal of source where applicable.

(7) Symptom recognition and medical referral.

03.B FIRST-AID KITS

03.B.01 Unless otherwise specified, where first-aid kits are required, they shall be Type III, 16-unit, first-aid kits (kits containing 16 unit-type first-aid packages) containing the minimum fill contents (Table 3-1), and one pocket mouth piece or CPR barrier. First-aid kits shall be easily accessible to all workers, protected from the weather, and each item maintained sterile. First-aid kit locations should be clearly marked and distributed throughout the site(s).

03.B.02 The contents of first-aid kits shall be checked by the employer prior to their use and at least weekly when work is in progress to ensure that expended items are replaced.

TABLE 3-1

REQUIREMENTS FOR BASIC UNIT PACKAGES

Unit first aid item	Minimum Size or Volume (metric)	Minimum Size or Volume (US)	Item quantity per unit package	Unit package size
* Absorbent Compress	60 sq. cm	24 sq. in	1	1
* Adhesive Bandage	2.5 x 7.5 cm	1 x 3 in.	16	1
* Adhesive Tape	457.2 cm	5 yd (total)	1 or 2	1 or 2
* Antiseptic Swab	0.5 g	0.14 fl. oz.	10	1
Antiseptic Wipe	2.5 x 2.5 cm	1 x 1 in.	10	1
Antiseptic Towelette	60 sq. cm	24 sq. in.	10	1
Bandage Compress (2 in.)	5 x 91 cm	2 x 36 in.	4	1
Bandage Compress (3 in.)	7.5 x 152 cm	3 x 60 in.	2	1
Bandage Compress (4 in.)	10 x 183 cm	4 x 72 in.	1	1
* Burn Treatment	0.5 g	0.14 fl. oz.	6	1
Eye Covering, with means of attachment			1	1
Eye Wash	30 ml	1 fl. oz. total	1	2
Eye Wash & Covering, with means of attachment			1	2
Gloves			2 pair	1
Roller Bandage (4 in.)	10 x 550 cm	4 in. x 6 yd.	1	1
Roller Bandage (2 in.)	5 x 550 cm	2 in. x 6 yd.	2	1
* Sterile pad	7.5 x 7.5 cm	3 x 3 in.	4	1
* Triangular Bandage	101 x 101 x 142 cm	40 x 40 x 56 in.	1	1

* Minimum mandatory contents for basic fill kit. Additional items from this table are needed to meet 16-unit kit requirement.

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03.B.0 3 Automatic External Defibrillator (AED)

a. The placement of AEDs is optional (except for infirmaries see 03.C.03d), but encouraged. The placement of AEDs on the worksite must be preceded by an assessment of the time and distance to emergency medical services (EMS) and a justified need for such equipment.

b. An AED program shall include as a minimum:

(1) Appropriate training and certification of identified operators.

(2) Physician oversight and assessment.

(3) Standard Operating Procedure (SOP) for EMS activation and outcome oversight.

(4) Equipment Maintenance Program.

03.C FIRST-AID STATIONS AND INFIRMARIES

03.C.01 General.

a. On activities requiring a first-aid station or an infirmary, the type of facilities and equipment shall be determined by the proximity and quality of available medical services and shall be in accordance with the recommendation of a licensed physician. Alternative facilities that provide the quantity and quality of services outlined in this section may be used if recommended by a licensed physician.

b. Identification and directional markers shall be used to readily denote the location of all first-aid stations and infirmaries.

c. Emergency lighting shall be provided for all first-aid stations and infirmaries.

03.C.02 A first-aid attendant shall be on duty in first-aid stations at all hours when work is in progress (except when on emergency calls).

03.C.03 Infirmaries.

a. Infirmaries shall provide reasonably quiet, privacy, light, climate control, adequate toilet facilities, hot and cold water, drainage, and electrical outlets; walls and ceilings shall be finished with the equivalent of two coats of white paint; windows and doors will be screened; floors shall be of impervious construction.

b. A properly equipped emergency vehicle, helicopter, or mobile first-aid unit shall be provided during work hours at sites requiring an infirmary. The emergency vehicle shall not be used for any other purpose, except that the helicopter may be used for shift crew changes.

c. A registered nurse (RN), a licensed physician's assistant, a certificated emergency medical technician (EMT), or a licensed practical nurse (LPN) (if the LPN is approved by a licensed physician) shall be assigned on a full-time basis to each installation requiring an infirmary.

d. Infirmaries shall be equipped with an AED.

03.D PERSONNEL REQUIREMENTS AND QUALIFICATIONS

03.D.01 All projects, installations, activities, or contracts on which 1,000 persons or more are employed (greatest total aggregate number of employees on a shift) shall have the full-time services of a licensed physician. An EMT having direct communication with a licensed physician may be used when a full-time physician is not available.

03.D.02 First-aid attendants shall hold certification in first-aid and CPR training from the American Red Cross, the American Heart Association, or from an organization whose training is deemed

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equivalent by one of these organizations (and this equivalency is stated in writing), or from a licensed physician. The certificate(s) shall state the date of issue and length of validity.

03.D.03 First-aid attendants, RNs, licensed physicians' assistants, LPNs, and EMTs shall be under the direction of a licensed physician.

03.D.04 Military personnel with equivalent qualification used in lieu of the above personnel.