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## SAFETY AUDIT

### The 5 Sets of Tools You Need to Comply with First Aid Requirements

The time to unearth potential problems in your current workplace first aid arrangements is **right now**—before a medical emergency does it for you. Although first aid requirements can vary there are 5 sets of documents you should focus on in conducting your first aid program audit.

#### 1. First Aid Policy

Yes  No

The centerpiece of your first aid compliance efforts should be a policy setting out the measures your organization takes to ensure that workers who suffer workplace injuries or illnesses get the necessary first aid treatment in accordance with OHS and other applicable laws. Your policy should, at a minimum provide for:

- Doing a first aid needs assessment of your site based on 3 criteria:
  - The degree of hazards associated with the work performed at the site;
  - How many people work at the site; and
  - How long it takes to get help from the nearest medical facility based on distance and road or travel conditions.
- Using the results of the needs assessment to determine which first aid resources are necessary to provide at your site, including with regard to:
  - First aid attendants
  - First aid kits
  - Dressing rooms
  - First aid rooms
  - Other emergency equipment

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- Ambulance or other arrangements for transporting workers for emergency medical treatment.
- Procedures for delivering first aid.
- Procedures for summoning emergency medical treatment.
- Inspection of first aid equipment and facilities.
- Posting of essential first aid information in the workplace.
- First aid training and instruction.
- Coordinating with contractors working at the site.

## 2. Posted First Aid Notice for Workers

Yes  No

Create and conspicuously post notices letting workers know how and where to get first aid on site. Such notices can be separate or combined, if they list:

- The procedure for summoning emergency medical treatment.
- The location of first aid kits, dressing rooms and/or first aid stations.
- The names and work locations of first aid attendants or personnel qualified to provide first aid.
- Contact information for the nearest police and fire station, EMT or ambulance, medical facility and other emergency contacts.

## 3. First Aid Inspection Checklists

Yes  No

Make sure you create a checklist you can use to inspect your first aid facilities and equipment to ensure all the required components are in place and in good condition. There should be a separate checklist for:

- Each class of first aid kit provided at the site.
- Automated external defibrillators (AEDs) and other emergency equipment.

## TOOLS

- Model Policy on First Aid
- Model Workplace First Aid Notice Posting for Workers
- Basic First Aid Kit Inspection Checklist
- AED Maintenance Checklist
- Model First Aid Treatment Log

## 4. First Aid Log Forms

Yes  No

You should have a template for recording key information about each episode of first aid provided. Your form should include, at a minimum:

- Time, date, location and brief description of the injury.
- How it occurred.
- The name and position of the injured worker.
- Names and contact information of witnesses.
- The treating provider(s).
- The treatment provided.
- Whether the worker was transported to a medical facility.
- Acknowledgement that the worker was advised to seek medical treatment if the condition worsened.

## 5. First Aid Refusal Form

Yes  No

While you can't force workers to accept first aid treatment or emergency transport, you can make them sign a form to acknowledge that they were offered such treatment and/or transport but voluntarily turned it down. *Note:* The Refusal Form can be combined with the First Aid Log Form described above. ❖

## ABOUT US

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# TOOL BOX

## First Aid Kit Requirements

**O**SHA regulations regarding first aid kits are contained in 29 CFR 1910.151 and in Appendix A. OSHA doesn't provide specifications for first aid kit contents per se but defines mandatory requirements for availability of kits on worksites.

In Appendix A of the OSHA guidelines, ANSI is referenced as the originator of first aid kit specifications and minimum contents requirements (see ANSI requirements in more detail below).

The 2015 ANSI revision introduces two classes of first aid kits.

1. Class A kits with contents designed to deal with most common types of workplace injuries.
2. Class B kits with a broader range and quantity of supplies to deal with injuries in more complex or high-risk environments.

To be ANSI compliant, First Aid Kits must contain the following components:

2015 ANSI CLASS A MINIMUM FILL REQUIREMENTS	2015 ANSI CLASS B MINIMUM FILL REQUIREMENTS
QTY Item and Minimum Size or Volume	QTY Item and Minimum Size or Volume
16 Adhesive Bandages, 1" x 3"	50 Adhesive Bandages, 1" x 3"
1 Adhesive Tape, 2.5 yd.	2 Adhesive Tape, 2.5 yd.
10 Antibiotic Treatment, 0.14 fl. oz. (0.5g) applications	25 Antibiotic Treatment, 0.14 fl. oz. (0.5g) applications
10 Antiseptic, 0.14 fl. oz. (0.5g) applications	50 Antiseptic, 0.14 fl. oz. (0.5g) applications
1 Breathing Barrier	1 Breathing Barrier
1 Burn Dressing, 4" x 4"	2 Burn Dressing, 4" x 4"
10 Burn Treatment, 1/32 oz. (0.9g) applications	25 Burn Treatment, 1/32 oz. (0.9g) applications
1 Cold Pack, 4" x 5"	2 Cold Pack, 4" x 5"
2 Eye Coverings	2 Eye Coverings
1 Eye Wash, 1 oz.	1 Eye Wash, 4 oz.
1 First Aid Guide	1 First Aid Guide
6 Hand Sanitizer, 1/32 oz. (0.9g) applications	10 Hand Sanitizer, 1/32 oz. (0.9g) applications
4 Medical Exam Gloves	8 Medical Exam Gloves
1 Roller Bandage, 2" x 4 yd.	2 Roller Bandage, 2" x 4 yd.
1 Scissors	1 Roller Bandage, 4" x 4 yd.
2 Sterile Pads, 3" x 3"	1 Scissors
2 Trauma Pads, 5" x 9"	1 Padded Splint, 4" x 24"
1 Triangular Bandage, 40" x 40" x 56"	4 Sterile Pads, 3" x 3"
	1 Tourniquet, 1"
	4 Trauma Pads, 5" x 9"
	2 Triangular Bandage, 40" x 40" x 56"

## Fundamentals of First Aid: Bleeding, Cuts, and Wounds

### WHAT'S AT STAKE?

When your skin is cut, pierced or scraped, blood vessels in the area are damaged or opened. This causes you to bleed. Bleeding is the body's response to damage to skin, bone or internal organs. Sometimes if the skin damage is only minimal there will not be any bleeding, but these injuries are often very painful.

For the skin damage, bleeding helps to clean out a wound and blood starts to clot which closes the skin again. However, sometimes the damage to the blood vessels in the skin, or other body part, is so large, there may be excessive bleeding. This can cause the body to go into shock or to lose so much blood the person dies.

If a person is bleeding profusely, be on the lookout for symptoms of shock. Cold, clammy skin, a weakened pulse, and loss of consciousness can all indicate that a person is about to go into shock from blood loss. Even in cases of moderate blood loss, the bleeding person may feel lightheaded or nauseous.

### WHAT'S THE DANGER?

You can't always see how serious a cut or wound is just by the amount it bleeds. Serious injuries can bleed very little, but cuts on the head, face, and mouth often bleed a lot. This is because those areas contain a lot of blood vessels.

Abdominal and chest wounds can be quite serious. This is because internal organs may be damaged. This can cause internal bleeding as well as shock.

Before you begin to treat an injury, you should identify its severity as best you can. There are some situations in which you shouldn't try to administer any kind of first aid at all. If you suspect that there's internal bleeding or if there's an embedded object surrounding the site of the injury, immediately call 911 or your local emergency services.

### HOW TO PROTECT YOURSELF

6 easy ways to manage bleeding, cuts, and wounds

#### 1. Keep yourself safe

- Call 911 1st in an emergency.
- Assess the scene and proceed with care only if it's safe to do so.

- Put on proper personal protective equipment (PPE) to protect yourself from blood and other potentially infectious materials (OPIM).

#### 2. To call 911 or not to call

Call 911 if:

- bleeding is severe;
- you suspect internal bleeding;
- there is an abdominal or chest wound;
- bleeding can't be stopped after 10 minutes of firm and steady pressure;
- blood spurts out of wound;
- you are not sure if the person needs EMS care - better to be safe than sorry.

#### 3. Help the injured person

- Lie down.
- Keep warm
- Keep calm.

#### 4. Clear the wound area

- Wear disposable protective gloves if available.
- Remove clothing or debris on the wound.
- Leave large or deeply embedded objects.
- Don't attempt to clean the wound or probe it.

#### 5. Try to stop the bleeding

- Put a sterile bandage, clean cloth or gauze on the wound.
- Press the bandage firmly with your palm to control bleeding.
- Keep the pressure on until the bleeding stops. This takes about 10 minutes—do not be tempted to lift the bandage to check!
- If blood soaks through the material, don't remove it. Put more cloth or gauze on top of it and continue to apply pressure.
- If the wound is on the arm or leg, raise limb above the heart, if possible, to help slow bleeding.
- Maintain pressure by binding the wound with a thick bandage or a piece of clean cloth and secure with tape. Do not put direct pressure on an eye injury or embedded object.
- Do not apply a tourniquet unless you have been trained. A wrongly applied tourniquet can cause significant and lasting damage to the limb.

#### 6. Don't need 911?

- Wash the wound with clean, warm, slightly soapy water and a clean cloth. Do not use iodine or hydrogen peroxide.
- Rinse it well under running water to rinse any debris and soap out.
- Pat it dry with the cloth and cover with a dressing.
- You can use an antiseptic ointment if you wish.
- Keep the wound covered with a dressing or bandage.
- If the wound becomes increasingly painful, or if the area around the wound becomes hot, red and/swollen, seek medical advice.

### FINAL WORD

It is normal for a person to bleed if they suffer a cut or wound. However, if the cut or wound is significant this can lead to serious bleeding and blood loss. Knowing the steps to provide first aid for bleeding, cuts, and wounds can control blood loss and minimize the chances for more serious consequences. ❖

## TEST YOUR KNOWLEDGE

1. A tourniquet must be applied to bleeding leg wounds.  
 True  False
2. Remove any objects that are sticking out of the wound.  
 True  False
3. You must call 911 if there is an abdominal or chest wound.  
 True  False
4. Apply pressure to a bleeding wound for at least 10 minutes.  
 True  False

### What Would You Do?

Phillippe was walking across the site carrying a crowbar to split a pallet. He tripped and stumbled over some rocks. As he fell he landed on the crowbar. The crowbar stuck in his side. He is in obvious pain and blood has started to show on his overalls. What would you do?

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Quiz Answers: 1. False, 2. False, 3. True, 4. True

## Fundamentals of First Aid: CPR

### WHAT'S AT STAKE?

If a person suffers from a heart attack, sudden cardiac arrest, or other medical condition where they are no longer breathing or their heart stops working, quick action is a must.

### WHAT'S THE DANGER?

The blood carries oxygen and the heart pumps the blood and oxygen throughout the body. The lack of oxygen can cause brain damage in only a few minutes and a person may die within eight to 10 minutes. Carrying out cardiopulmonary resuscitation (CPR) manually pumps the heart, keeping the blood flowing around the body and to the brain. Doing rescue breaths raises the oxygen levels, which is vital for reducing brain damage. It can take many minutes for emergency medical support (EMS) to arrive and CPR must be carried on until the paramedics arrive.

### HOW TO PROTECT YOURSELF

#### 1. Know the safety basics

- Call 911 immediately you notice someone has collapsed.
- Assess the scene.
- Proceed with care only if it's safe to do so.

#### 2. Know the signs

- Unconscious - they will not be responding to you talking to them or touching them.
- They have no pulse.
- You cannot feel their breath when you put your cheek near their mouth.

#### 3. Not trained, but in the know

- Lay the person on his or her back.
- Carry out hands-only CPR.
- Uninterrupted chest compressions of about 100 a minute until paramedics arrive.

- Compressions are repeatedly pressing hard down on the lower middle of the person's rib cage (the sternum or breastbone) and releasing.
- This presses down on the heart to keep it pumping and also causes suction, so the person 'breathes' and gets some oxygen to the lungs and blood.
- Sing 'Stayin' Alive' by the Bee Gees in your head to get the rhythm.

#### 4. Trained and ready to go

- Start CPR with 30 chest compressions.
- Check airway for obstructions.
- If airway clear, start doing rescue breathing.
- If airway blocked, carry out mouth to nose rescue breathing.
- Now continue with 30 compressions to 1 rescue breath until the paramedics arrive.

#### 5. Trained but rusty

- If you've previously received CPR training but you're not confident in your abilities, then just do chest compressions at a rate of about 100 a minute.
- Continue until EMS personnel arrive.

#### 6. Do not use this approach on newborns.

### FINAL WORD

Carrying out CPR correctly can make a huge difference to the outcome for a person suffering from a cardiac arrest. Even if you are not trained, knowing how to do chest compressions until help arrives, is essential. ❖

**Meeting material to go:** Safety meeting materials such as presentation tips, PowerPoint presentations, quiz answers and more are downloadable at: [www.SafetySmart.com](http://www.SafetySmart.com)

## TEST YOUR KNOWLEDGE

1. In what position should you lay a person, so you can carry out CPR?  
\_\_\_\_\_
2. You should do 30 rescue breaths to 1 chest compression.  
 True  False
3. You only need to do CPR for 8 minutes.  
 True  False
4. What are 2 signs that someone needs CPR?  
\_\_\_\_\_  
\_\_\_\_\_

### What Would You Do?

You are busy working away and hear a shout from a colleague. When you look, the site foreman is on the ground not moving. You race over, shouting his name. When you get to him you shake him but do not get a response. What would you do?  
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# BLOODBORNE PATHOGEN TRAINING BEST PRACTICES

## Is Your Training Hitting the Mark?

As with other workplace hazards, employers are required to identify bloodborne pathogen hazards, implement control measures (engineering, administrative or work practice controls, and PPE), and provide training to affected employees.

In the US, OSHA has very specific training requirements for bloodborne pathogen training. However, regardless of the regulations, by following these “Who”, “What”, and “When” best practices for BBP training, you will have a solid foundation for your training.

### WHO

#### Who Should be Trained?

Employees with *occupational exposure to blood or other potentially infectious materials*, should receive training. It sounds simple enough. But to determine training needs, there are 3 terms you need to understand:

Employees with occupational exposure to blood or other potentially infectious materials, should receive training. It sounds simple enough. But to determine training needs, there are 3 terms you need to understand:

#### 1. Occupational Exposure

- Reasonably anticipated skin, eye, mucous membrane, or parenteral, i.e., the piercing of mucous membranes or the skin; via
- Needlesticks, human bites, cuts and abrasions, contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.

#### 2. Blood

- Human blood, components of human blood and products made from human blood, including plasma derived products.

#### 3. Other Potentially Infectious Materials (OPIM)

- Human body fluids such as:
  - Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures;
  - Body fluid that is visibly contaminated with blood, and all body fluids in situations where it’s difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, HIV- or HBV-containing culture medium or other solutions.
- Blood, organs, or other tissues from experimental animals infected with HIV or HBV.

As with other workplace hazards, employers are required to identify bloodborne pathogen hazards, implement control measures, and provide training to affected employees.

### WHAT

#### What Should be Included in Training?

First, training materials should be relevant to the jobs and tasks being done. Second, check the content is easy to read and understand. Next, include the following:

- A copy of any regulatory text and an explanation of its contents.
- Explanation of:
  - Makeup and symptoms of bloodborne diseases.
  - Modes of transmission of bloodborne pathogens.
- Explanation of your organization’s exposure control plan and how employees can get a copy of the written plan.
- The methods used to recognize tasks and other activities that may involve exposure to blood and OPIM.
- An explanation and discussion of the use and limitations of methods to prevent or reduce exposure including:
  - Engineering controls
  - Administrative controls
  - Safe work practices
  - PPE
- PPE information:
  - Types of PPE used.
  - Proper use, location, removal.
  - Handling, decontamination and disposal of PPE.
  - Brief explanation on why the PPE was picked.
- Information on the hepatitis B vaccine, including:
  - Information on its efficacy, safety, method of administration.
  - The benefits of being vaccinated.
  - The vaccine and vaccination will be offered free of charge.
- Information on what to do and who to contact in an emergency involving blood or other potentially infectious materials.

- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and the medical follow-up available.
- Information on post-exposure evaluation and follow-up your organization is required to provide for the employee.
- An explanation of any signs and labels and/or color coding.
- A chance for questions and answers with the person conducting the training session.

**Note:** Check with your jurisdiction about additional training requirements for employees who work in facilities involving exposure to HIV (human immunodeficiency virus) and HBV (hepatitis B virus).

## WHEN

### When Should Training Take Place?

Workers must be trained before they are exposed to BBPs or OPIM. In the US, retraining is required at least once a year thereafter. Retraining is also a must, regardless of location, when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. You can limit additional training to just the new exposures created.

As a supervisor, it is your responsibility to follow and implement your organization's bloodborne pathogen policy, ensure each exposed employee is properly trained in the hazards of bloodborne pathogens and all protective measures in place. ❖

## SEASONAL SAFETY TIPS: **Shoveling Out of a Winter Wonderland**

### Who's at Risk

Shoveling, and even pushing a heavy snow blower, are strenuous activities. Mix in cold temperatures and the strain on your heart can be enough to cause a heart attack.

Especially at risk are:

- Someone who has had a prior heart attack.
- Someone with heart disease, high blood pressure or high cholesterol.
- Smokers.
- Someone who has a sedentary lifestyle.

Then, encourage employees to try these stress busting tips.

### Protect Your Heart

- Check in with your doctor before taking on strenuous winter tasks - this is particularly important for those high-risk groups we just covered.
- Wait at least 30 minutes after waking up - most heart attacks happen early in the morning when the blood is more likely to clot. Then, take a short walk or other light activity for a few minutes to warm up your muscles.
- Don't shovel in food before you start shoveling. When you eat a big meal right before shoveling your body starts to work digesting the meal and diverts blood from your heart to your stomach.
- Stay away from coffee and don't smoke for at least one hour before or one hour after shoveling or during breaks. These are stimulants and elevate your blood pressure and heart rate.

- Start slowly, and take rest breaks at least every 15 minutes.
- Dress in layers and cover your mouth to keep from breathing in cold air. Breathing in cold air can trigger breathing problems or chest pains.
- Keep an eye out for signs of a heart attack.
  - Chest pain or pressure, or tightness or burning in your chest.
  - Pain in neck, arms, back, or jaw.
  - Shortness of breath, lightheadedness, dizziness.
- *Call 911 immediately if you think you are having a heart attack!*

### Shovel Smarter, Not Harder

Snow removal is also hard on your back. A shovelful of the white stuff can weigh 20 pounds or more per cubic foot, depending on how wet and dense the snow is. This kind of weight, plus the way you shovel, and the positions you're in while shoveling, can put a LOT of strain on your back.

- Warm up your muscles by moving around and stretching. This lessens your chance of injuring your back.
- Stretch your low back hamstrings.
- Loosen up your arms and shoulders.
- Use a shovel with a curved handle or an adjustable handle length. It will lessen painful bending, requiring you to bend your knees only slightly and arch your back very slightly while keeping the shovel blade on the ground.

- A small, lightweight, plastic blade helps reduce the amount of weight that you are moving.
- Push the snow off to the side as you clear it (if you can), instead of lifting it.
- When you must lift a shovelful of snow, practice the same safe lifting techniques you use when lifting anything.
  - Face the shovel straight on - have your shoulders and hips both squarely facing it and the pile of snow you want to remove.
  - Grip the shovel with one hand as close to the blade as comfortably possible and the other hand on the handle (handle and arm length will vary the technique - about 12 inches apart is a good rule of thumb).
  - Bend at the hips, not the lower back, and push the chest out, pointing forward. Then, bend your knees and lift with your leg muscles, keeping your back straight.
  - Keep your loads light and don't lift it if it is too heavy for you.
  - Don't twist your back to move the snow to its new location - always move your feet and pivot your whole body to face the new direction.
  - Keep the heaviest part of the object close to your body at your center of gravity - do not extend your arms to throw the snow.
  - Walk to the new location to deposit the item rather than reaching or tossing. ❖

## FATALITY REPORT

## Death and Serious Injury Caused by Sparks from Drilling

**A** 23-year-old male maintenance employee and an associate were installing steel panels between gun powder hoppers. The gun powder was ignited resulting in an explosion. The explosion resulted in one fatality, one critically injured, and two seriously injured employees.

Two maintenance employees were installing 1/4 inch thick steel panels between gun powder hoppers. The panels were approximately 6 1/2 feet long by 2 feet wide and were intended for fire propagation prevention.

The victim was using a battery powered drill, not approved for explosive atmospheres, to install bolts and secure the panel. While doing so, gun powder was ignited during the drilling process resulting in a flash fire and explosion.

The building was severely damaged from the explosion, large structural pieces and metal siding was observed lying on the ground more than 50 feet from the building.

Both maintenance employees and two additional employees who were working inside of the facility were sent to the hospital. The victim died later that day at the hospital from massive internal injuries. One employee lost his left eye and two fingers on his left hand. The two other employees received cuts and lacerations from flying debris and shrapnel.

### Final Word

The employer was cited for, among other things, not implementing safe operating procedures, not having/ implementing written procedures to manage changes, not documenting inspections and tests, and not issuing a hot work permit. ❖

## SPOT THE SAFETY VIOLATION

## Welding and Hot Work Nightmare



**I** never cease to be amazed and confused by the nightmarish situations people put or find themselves in. In this picture it seems so obvious what the hazards are, and yet the individual either doesn't know better or has made a conscious decision to work in a risky and hazardous situation.

Starting from the top—no welding helmet and no eye protection other than what appear to be regular prescription glasses. There are safe options available for contact and glasses wearers who weld. Not protecting your eyes can cause serious eye damage, including blisters and vision loss.

This individual also doesn't seem to be wearing the right clothing for welding. In addition to eye and face protection, personal protective equipment worn during hot work should include hearing protection, heat-resistant clothing, safety boots and gloves made of leather or other flameproof material.

There don't appear to be any screens or signage put up to warn and keep others out of the area. Remember, bystanders can suffer injuries too caused by the sparks, intensity of the light, exposure to fumes, and flying debris.

Finally, the individual appears to be sitting on a container that contains or contained, a flammable substance. Welding and hot work shouldn't be done where flammable vapors or combustible materials exist.

What other hazards or violations can you find? ❖

