# First Aid Plan (Construction)

# Tips and Considerations

**Applicability.** This sample Plan applies to construction workplaces and is designed to help you comply with the OSHA first aid rule for the construction industry (29 CFR 1926.50).

**How to set up a first-aid program.** Arrange for a loss control visit from the field consultants of your workers’ compensation insurance carrier, or from your state’s OSHA Consultation Service; they can help you set up a first-aid program free of charge.

Your first-aid program should include the following elements:

* *Emergency medical services (EMS) response time.* Contact your local EMS or nearest hospital to assess the response time to your facility in an emergency. This will help you determine whether you need employees trained in first-aid on site. According to OSHA, if an EMS can reach workers at your facility within 3 to 4 minutes in a life-threatening emergency and this finding is documented, then the EMS is considered “in near proximity” to the workplace. If this is the case, then employees trained in first-aid are not required (but are still recommended) on site.
* *Trained personnel.* Find out which employees have proper first aid training (for example, any volunteer fire personnel or auxiliary police officers in your employ) and, provided they are willing and can provided documented evidence of this training, assign responsibility for providing first aid to them. If you have no employees with such training, then you should have some employee take a first aid course. The American Red Cross, the American Heart Association, the National Safety Council, and many municipal fire, ambulance, or police departments provide first-aid training to employers and their employees. Employers should ensure that at least one—and preferably several—of their employees takes a first-aid course or arrange for such a program to be taught at the workplace. In most cases employees should be paid for time spent in these classes. The number of employees working a shift, the geographical layout and size of the worksite, and the nature of your operation are all factors to consider in deciding how many workers to train. Obviously there should be at least one, but experts recommend that you have no fewer than two. If you have more than 100 employees, it is recommended that you should train 15 to 20 percent of your workforce in first aid. OSHA recommends skills review and practice for employees trained in CPR and AED every 6 months. It also recommends instructor-led retraining for employees who respond to life-threatening emergencies annually, and periodically for non-life threatening emergencies.
* *Written procedures.* Have a qualified medical professional provide written “standing orders” for basic first-aid treatment procedures. Have the doctor designate what is to be done in the case of a serious injury and what hospitals are to be used for emergency treatment. Local police and fire telephone numbers should be prominently displayed in enough places so that all employees can access them.
* *First-aid kits.* First-aid supplies must be easily accessible when they are required. The size and layout of the worksite, as well as the number of employees and the characteristics of your operations, will dictate how many first-aid kits should be available, where they should be located, and the items they should contain. The contents of the first-aid kit must be stored in a sealed weatherproof container with individual sealed packages for each type of item and must be checked by the employer before being sent out on each job and at least weekly to ensure that expended supplies are replaced. The ANSI Z308.1-1978 standard, which OSHA references in nonmandatory Appendix A to 29 CFR 1926.50, provides a list of minimum contents for a generic first aid kit. This list should be adequate for small work sites. For larger or more complex operations, employers should assess the need for additional first aid kits at the worksite, additional types of first aid equipment, and additional quantities and types of supplies and equipment in the first aid kits. **Note:** Although OSHA does not refer to it in the nonmandatory Appendix A of the first aid rule, ANSI Z308.1 was updated with a new edition in 2015 that apprises first-aid providers of the minimum performance requirements for first-aid kits and that can also be used for compliance with 29 CFR 1910.151(b). ANSI Z308.1-2015 introduces two classes of first-aid kits: Class A and Class B. Class A kits are designed to deal with the most common types of workplace injuries. Class B kits are designed with a broader range and quantity of supplies to deal with injuries in more complex or high-risk environments.
* *Communications.* Let everyone in the organization know who the trained first-aid personnel are; state that these persons are the only ones who should render first-aid assistance. Be sure to keep the list up-to-date. Also, publicize the names and phone numbers of local police and fire departments, as well as others outside the organization who should be called.
* *Medical log.* Maintain a medical or first-aid log convenient to your first-aid kits; ensure that every use of the first-aid kit—even for giving out a bandage—is noted, including: date, time, person receiving treatment, person giving treatment, what injury or symptom was treated, what treatment was given, and first-aid materials used. Forms for this purpose may be obtainable from your insurance carrier, but any simple record is satisfactory. Do this in addition to keeping the required OSHA injury and illness records (OSHA 300 logs, 301 incident reports, and 300A annual summary) for injuries that meet the recording criteria. Careful logging is essential; the first entry on the first-aid log may start a succession of events that ends up in a workers’ compensation claim or recordable injury. Consider also maintaining a list of employee medication allergies. Keep this and all other medical information confidential.

**Injury and Illness recordkeeping.** Injuries or illnesses that only require first-aid and where no medical treatment is involved are not recordable incidents for the purposes of OSHA illness and injury recordkeeping. First-aid treatments that are not considered medical treatment for OSHA injury reporting purposes include:

* Use of nonprescription medications at nonprescription strength
* Administering tetanus immunizations (other immunizations are considered medical treatment)
* Cleaning, flushing, or soaking skin surface wounds
* Wound coverings such as bandages, Band-Aids™, gauze pads, butterfly bandages, or Steri-Strips™ (sutures, staples, and other wound closing devices are considered medical treatment)
* Hot and cold therapies
* Non-rigid means of support such as elastic bandages, wraps, and non-rigid back belts
* Temporary immobilization devices (splints, slings, neck collars, back boards) for transporting accident victims
* Drilling of a fingernail or toenail to relieve pressure
* Draining fluid from a blister
* Eye patches
* Removing foreign bodies from the eye using only irrigation or a cotton swab
* Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means
* Finger guards
* Massages (physical therapy and chiropractic treatment are considered medical treatment)
* Drinking fluids to relieve heat stress

**Bloodborne pathogens.** If it is reasonably anticipated that employees will be exposed to blood or other potentially infectious materials (OPIM) while using first-aid supplies, employers are required to develop and implement a bloodborne pathogens program and provide appropriate personal protective equipment (PPE) (e.g., gloves, masks, eye protection) in compliance with the bloodborne pathogens standard (29 CFR 1910.1030(d)(3)). Employees that are trained in first aid and expected to render medical assistance as part of their job (even if it is only an ancillary duty) are considered to be at “reasonably anticipated” risk for exposure to bloodborne pathogens, and the employer must implement a bloodborne pathogens program and provide training, appropriate PPE, and other elements of the bloodborne pathogens standard. Unforeseeable incidents when a “Good Samaritan” (untrained first-aid provider) provides first-aid assistance are not covered under the bloodborne pathogens rule.

**Optional Automated External Defibrillator (AED) and AED training.** OSHA recommends that workplaces consider providing AEDs to respond to incidences of sudden cardiac arrest. Some companies have provided equipment and training to employees for AEDs, but such training and equipment is not required at construction sites under federal rules and is therefore also an optional component of the plan. Training resources are available for AEDs through organizations such as the American Red Cross and the National Safety Council.

The following instructions are provided to assist you in completing a written AED Plan. They are a reference only, and should be completed with site-specific information suitable to the

individual facility or operation:

* Specify the physical location of the AED.
* Specify the location or geographic location the AED will be utilized.
* Specify by what means the AED will be transported to the scene of a cardiac arrest.
* List, by name, individuals trained and authorized to use the AED.
* Describe how the AED-related information will be coordinated between your organization and your local EMS.
* Specify how the EMS will be contacted when the AED is utilized.
* Provide name, address, and phone number of Medical Supervisor for the AED Program.
* Explain, in detail, how the Medical Supervisor will be involved in the AED Program oversight.
* Provide name, address, and phone number of Medical Supervisor’s designee (if there is one).
* Identify the AED Site Coordinator for your facility.
* Describe the maintenance procedure that will be used for your AED Program.
* Describe the plan for keeping required written records, and where records will be located.
* Specify all records that will be maintained related to your AED Program.
* Explain how required reports will be made to the Medical Supervisor and to the State Safety Specialists.

**Review and incorporate state regulatory requirements.** This plan is based on federal requirements and/or best practices. Some states have laws and regulations that are stricter than federal requirements and may impact how you customize this plan. After reviewing the specific information for your state(s), you can edit the plan accordingly.

# [Company name]

# First Aid Plan for Construction

Plan last updated: **[date]**

# Authority and Scope

Regulation: 29 CFR 1926.50 **[replace with the state regulation if applicable]**

Scope: All employees, including all employees who are trained in first aid, are covered by this Plan.

# Policy Statement

It is the policy of **[Company name]** to provide prompt emergency medical services and first-aid support to all personnel at the worksite who are injured or become ill.

# Plan Administration

Table 1 provides the personnel and contact information of the individuals responsible for administering and maintaining the First-Aid Plan.

**Table 1: Program Contact Information**

*[Modify the list and job functions as applicable to your organization.]*

|  |  |  |
| --- | --- | --- |
| **Function** | **Name/Department** | **Contact Information** |
| Plan Administrator |  | Work phone:  Cell phone: |
| Medical Consultant |  | Work phone:  Cell phone: |
| Employee Trainer |  | Work phone:  Cell phone: |

The Plan Administratoris responsible for implementation of the first-aid plan, and will maintain, review, and update it whenever necessary to include new or modified tasks and procedures.

The Medical Consultant will advise the Plan Administrator concerning matters of health in the workplace.

The Employee Trainer will administer the training program for first-aid, CPR, and AED use (if applicable).

## Plan Review and Update

The First Aid Plan will be reviewed periodically to determine if it continues to address the needs of the workplace. Training, supplies, equipment and first-aid policies will be modified to account for changes in workplace safety and health hazards, worksite locations, and worker schedules since the last program review.

# Definitions

*Automated external defibrillator (AED)*—a small, portable device attached to a person’s chest with wires that checks an individual’s heart rhythm and gives the heart an electric shock (called a defibrillating shock) if necessary that restores the correct, natural rhythm.

*Bloodborne pathogen*—microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS).

*Cardiopulmonary resuscitation (CPR)*—a method of external cardiac compressions, with or without mouth-to-mouth breathing, to keep oxygenated blood circulating after the heart has stopped.

*First aid*—treatment that consists of using a non-prescription medication at nonprescription strength; administering tetanus immunizations (but not other immunizations or vaccines); cleaning, flushing, or soaking skin surface wounds; applying wound coverings such as bandages, Band-Aids™, gauze pads, butterfly bandages, or Steri-Strips™ (but not sutures, staples, and other wound closing devices); hot and cold therapies; applying non-rigid means of support such as elastic bandages, wraps, and non-rigid back belts; using temporary immobilization devices (e.g., slings, splints, neck collars, and back boards) to transport accident victims; drilling fingernails or toenails to relieve pressure; draining fluid from a blister; applying eye patches; removing foreign bodies from the eye using irrigation or a cotton swab (but not other means); removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means; using finger guards; massage therapy (but not physical therapy or chiropractic treatment); and administering fluids to relieve heat stress.

*Medical treatment*—the response by professional medical personnel to serious injuries and illnesses such as puncture wounds, fractures, infections, second- and third-degree burns, and other injuries that require more than one-time first-aid treatment or observation. **Note:** For OSHA injury and illness recordkeeping purposes, any treatment not included in the above definition of first aid is considered medical treatment and must be recorded on the OSHA 300 log.

*Other potentially infectious material (OPIM)*—body fluids visibly contaminated with blood, including saliva in dental procedures, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between body fluids.

*Personal protective equipment (PPE)*—protective covering for the head, eyes, hands, feet, and body, such as gloves, face shield, face mask, eye protection, or an apron or gown.

# First-Aid Plan Implementation

**[Name]** ensures the ready availability of medical personnel for advice and consultation on matters of occupational health. See the **Plan Administration** section for available medical personnel.

## Job Hazard Evaluation

**[Name]** will evaluate and periodically re-evaluate information about job hazards, injuries, illnesses, and fatalities at the facility in order to keep this first-aid program up to date. The evaluation will include a review of the following information:

**[Modify the following list as applicable to your facility.]**

* Job Hazard Analysis reports
* OSHA Form 300 Logs of Work-Related Injuries and Illnesses and OSHA Form 301 Injury and Illness Incident Reports
* Workers’ Compensation insurance carrier reports
* Near-miss reports
* The latest Bureau of Labor Statistics (BLS) data for injuries and illnesses in the industry
* Estimates of the response times for emergency medical services for determining the proximity of such services to **[company name]** work areas
* Reports and notes on observations of work activities

**[Name]** will also consult with fire and rescue services and medical care professionals concerning the effectiveness of the first-aid program.

## Emergency Medical Services and First Aid

**[Choose either Option 1 or Option 2; delete the option not chosen:**

* **Option 1—emergency medical treatment services are provided on-site.**
* **Option 2—the facility or worksite is located in close proximity (within 4 minutes for life-threatening or permanently disabling injury emergencies and 15 minutes for non-life threatening emergencies) to a medical treatment facility or service.**
* **Option 3—the facility or worksite is not in close proximity to a medical treatment facility or service.]**

**[Option 1]**

**[Name]** will provide prompt medical attention in case of injury or illness to employees. The proper equipment for prompt transportation of the injured person to a physician or hospital is available.

**[Option 2]**

**[Name of medical treatment facility or service]** is located in close proximity to this work site and will respond to all emergencies or injuries sustained by employees. A communication system for contacting the emergency medical service is provided. Where the 911 emergency communication system is not available, **[Company name]** will post the telephone numbers of physicians, hospitals, or ambulances at conspicuous locations.

Any employee who has a valid certificate in first-aid training from the U.S. Bureau of Mines, the American Red Cross, or equivalent training that can be verified by documentary evidence is authorized to provide first aid before emergency services arrive.

**[Option 3]**

This worksite is not located in close proximity to emergency medical treatment services. Any employee who has a valid certificate in first-aid training from the U.S. Bureau of Mines, the American Red Cross, or equivalent training that can be verified by documentary evidence is available at the worksite to render first aid.

**[End Option 3]**

# Training

The primary source of first-aid and CPR training is through **[name of organization]** located at **[location or address]**. All employees with current, valid first-aid or CPR certificates are considered approved for administering first aid.

First-aid and CPR training is provided to those personnel who require it due to the nature of their work and responsibility. First-aid training is required for **[Edit the following job descriptions as applicable to your work site.]**:

* Emergency response teams
* Safety and industrial hygiene personnel
* Power distribution personnel
* Electrical and electronics personnel
* Personnel who work at remote sites
* Personnel whose jobs pose comparable risks to the above personnel
* Supervisors of personnel required to have first-aid training

**Bloodborne pathogens training.** Employees designated as responsible for rendering first aid or medical assistance will be instructed in the sources, hazards, and avoidance of bloodborne pathogens, including universal precautions and the use of PPE. See the Bloodborne Pathogens plan for more information.

**Refresher training.** First-aid responders trained in CPR and/or AED will participate in review and practice sessions every 6 months. Instructor-led retraining for life-threatening emergencies will occur at least annually.

# First-Aid Supplies

First-aid supplies approved by the consulting physician are readily available. Each first-aid kit is inspected and restocked by **[name]** before being sent out on each job and at least weekly to ensure that expended items are replaced.

The contents of the first-aid kit will be stored in a weatherproof container with individually sealed packages for each type of item.

The first-aid kits meet the specifications of the American National Standard Institute’s (ANSI) Z308.1-[year], *Minimum Requirements for Workplace First Aid Kits*. **[Company name]**, in consultation with the medical consultant, a health care professional, or certified first-aid person, will determine the need for additional kits and additional types and quantities of first-aid equipment and supplies on the basis of job hazard analyses, employee requests, accident investigations, and illness and injury reports.

# Protection Against Bloodborne Pathogens

All employees administering CPR or first-aid will use universal precautions and wear appropriate PPE in order to prevent contact with blood or other potentially infectious materials (OPIM) during the administration of first-aid and any other associated tasks (cleanup, disposal, etc.) that may involve exposure to blood or OPIM. All blood and OPIM will be considered infectious regardless of the perceived status of the source.

PPE for administering first aid is located **[location, preferably near the first aid kit/supplies]** and may be obtained through **[list name of responsible person or department]**.

Table **[number]** describes in detail how PPE will be provided and the types of PPE that will be given to employees.

**Table [number]—Provision of PPE to Employees**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of PPE Required** | **How Provided** | **PPE Distributor** | **Procedures Requiring PPE** |
| **[description]** | **[description]** | **[name]** | **[description]** |
|  |  |  |  |
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|  |  |  |  |

The employer will ensure that appropriate PPE in the appropriate sizes is readily accessible or is issued to employees as appropriate. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

All PPE will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

**Precautions when using PPE.** All employees using PPE must:

* Wash hands immediately or as soon as feasible after removing gloves or other PPE.
* Remove PPE after it becomes contaminated and before leaving the work area.
* Place used PPE in **[list appropriate containers for storage, laundering, decontamination, or disposal].**
* Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eyes, nose, or mouth.
* Wear appropriate protective clothing in occupational exposure situations.
* Remove immediately or as soon as possible any garment contaminated by blood or OPIM in such a way so as to avoid contact with the outer surface.

**Disposable PPE**

Disposable PPE, such as gloves and paper face masks, must not be used again once it is removed. Disposable PPE may be discarded in the regular trash if it has no visible contamination with blood or OPIM. Place PPE with visible contamination with blood or OPIM in a sharps or biohazard container.

In addition, the following work practices will be followed:

* Employees must wash hands immediately after contact with blood or OPIM.
* If hand-washing facilities are not immediately available after exposure, exposed employees will be provided with an antiseptic hand cleanser with cloth or paper towels or antiseptic towelettes. Exposed employees will wash their hands with running water and soap as soon as possible after using the antiseptic alternatives.
* When skin or mucous membranes are exposed to blood or OPIM, those areas of the body will be washed or flushed with running water as soon as possible after contact.
* After removal of PPE used during exposure to blood or OPIM, the employee(s) will wash hands or other exposed skin areas with running water and soap as soon as possible.
* Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of exposure to blood or OPIM.

See the Bloodborne Pathogens plan for more detailed information about procedures for universal precautions, engineering controls, housekeeping, laundry, labeling procedures, and hepatitis B vaccinations.

## Emergency Showers and Eyewash Facilities

**[Choose either Option 1 or Option 2, then delete the option not chosen:**

**Option 1—Emergency showers and eye washes are available.**

**Option 2—Emergency showers and eye washes are not available because there is no risk of exposure to hazardous chemical splashes or other contact.]**

**[Option 1]**

Emergency showers and eyewash facilities are available for employees exposed to corrosive materials. The facilities are located **[location]**.

**[End Option 1]**

**[Option 2]**

There is no risk of exposure to corrosive materials; therefore, emergency showers and eyewash facilities are not provided.

**[End Option 2]**

**[Modify or delete the following subsection about AEDs as applicable to your worksite.]**

## AED

An AED is used to treat a person who experiences sudden cardiac arrest. **[Company name]** maintains AEDs at **[location(s)]**. Only authorized personnel may operate an AED. **[Name of physician or medical service]** will oversee the **[Company name]** AED program. See Attachment **[number]** for a copy of our AED policy and protocol.

A person may not use an AED on another person unless the person using the AED has successfully completed a course, approved by the American Red Cross, the American Heart Association or **[name]** in the use and operation of the AED, and has made a reasonable attempt to summon appropriate emergency services personnel when communication is possible.

# Accident Reporting and Recordkeeping

All injuries and illnesses that require treatment by professional medical personnel will be recorded in the injury and illness log. Fatalities must be reported to OSHA within 8 hours, and any injury or illness that results in an inpatient hospitalization, amputation, or the loss of an eye must be reported to OSHA within 24 hours. Minor injuries that require only first aid will not be recorded in the log.

Daily records of all first-aid treatments not otherwise reportable as an injury or illness will be maintained on prescribed forms and furnished to **[name]** upon request. See Attachment **[number]** for a copy of the First Aid Incident Report form.

Copies of employee first-aid certificates are maintained at the office of the Plan Administrator.

Supporting Materials

Attachment **[number]**—Emergency Services Personnel Contact List

Attachment **[number]**—First Aid Incident Report

Attachment **[number]**—AED Policy and Protocol