



First Aid/CPR

PURPOSE

The purpose of this document is to outline the First Aid/CPR Program for **Fisher Systems Inc.**; hereafter referred to as "The Company."

The objective of the First Aid Program is to ensure adequate supplies and properly trained personnel are available for employees and visitors of The Company should an injury occur. The Company will ensure that medical personnel are readily available for advice, consultation and emergency response. In the absence of a clinic or hospital near the workplace, a person or persons must be adequately trained to render first aid. First aid supplies shall be readily available at all locations. Where the eyes or body of any person may be exposed to injurious corrosive and/or chemical materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.

SCOPE

This program is designed to provide prompt medical attention in the case of any injury or illness during the course of any project.

The provisions of this Policy are applicable to all employees and those contracted to The Company. This Policy applies to all personnel who work with or whose job responsibilities require them to be familiar with the contents of this Policy.

As with all Company policies and procedures, should our client's policies or procedures be more stringent than The Company's, then the more stringent policy or procedure should be considered, subject to The Company's evaluation and written approval by The Company manager and as reasonably practicable, so long as it does not endanger the employee's life or health, nor endanger the environment or general public.

Management and the Health, Safety and Environmental (HSE) Coordinator will review and evaluate this Policy on an ongoing basis, or when operational changes within a facility occur that require revision. Effective implementation of this Policy requires support from all levels of Management within the Company. This written Policy shall be communicated to all personnel that are affected by it and supersedes any similar policy.

First aid kits shall consist of appropriate items which will be adequate for the environment in which they are used. For construction operations, items shall be stored in a weatherproof container with individual sealed packages of each type of item.



REFERENCES

Occupational Safety and Health Administration, Department of Labor; [29 CFR 1910.151](#).

TRAINING

First Aid providers shall be certified by the American Red Cross or an equivalent organization.

When locations are within the acceptable response time of outside providers of emergency services, The Company will rely on these professionals to provide emergency services in the workplace. However, The Company has elected to have employees trained to provide first aid and CPR and require them to perform these services as part of their job duties.

The Company locations that are not within a reasonable response time (those locations exceeding three to five minutes) of emergency first aid or medical services from an outside provider must have a sufficient number of trained employees to perform first aid and cardiopulmonary resuscitation (CPR). Those trained under the response time requirement must be expected and required as part of their job assignment to perform these services in the event of an emergency.

In the absence of medical assistance that is reasonably accessible in terms of time and distance to the worksite, a person certified in first aid shall be readily available to assist injured employees and transport them to a hospital, doctor's office or worker's home when necessary.

All Drivers and Equipment Operators are required to be trained in basic first aid and CPR. This covers treatment of minor injuries and basic emergency procedures for more serious injuries or health problems.

Employees who may be required to render first aid in a respiratory emergency or who may be required to work as standby personnel during confined space jobs shall also be trained in CPR. All training shall be documented.

Training shall be conducted by a nationally accredited association (e.g., The American Red Cross, National Safety Council).

All employees/students who might be exposed to a chemical splash need to be trained by their department or lab instructor on the following topics:

- The specific location of the units serving that area
- How to properly activate & use the specific type of system
- Eyewash – Eye injury
 - Individuals should be instructed to hold the eyelids "open" and roll the eyeballs continuously so fluid will flow on all surfaces of the eye and under the eyelid seek medical attention. Bring a copy of the SDS.



- Shower – Body injury
 - Remove all contaminated clothing, flush body for a minimum of 15 minutes, seek medical attention. Bring a copy of the SDS.

Eyewashes should be activated monthly for a period long enough to verify operation and ensure that flushing fluid is available and clean. This flushing helps clean out any rust, scale deposits, or bacteria that may accumulate and cause additional eye injury.

The monthly inspections should include, at a minimum, the following:

- Ensure that access to the eyewash is unobstructed.
- Visually inspect the eyewash to ensure that there are no broken parts, leakage etc.
- Verify that protective eyewash covers are properly positioned, clean, intact and operate properly when activated.
- Activate eyewash unit - flush pipes: check that the spouts are clean and that the water flow is effective and continuous. Operate the eyewash for approx. 3 minutes.
- The unit must deliver low-pressure "soft" flow to both eyes, so it does not injure the open eyes.
- Check that the unit's valve activator remains open without the use of the operator's hands.
- Ensure each station has a highly visible emergency sign.
- For portable (non-plumbed units), verify expiration date is not exceeded and fluid levels are full. Follow manufacturer's instructions.
- Ensure that problems identified during the weekly inspection are turned in to Physical Plant immediately.

RESPONSIBILITIES

The Company management shall implement, support and enforce this program, and periodically review and evaluate its overall effectiveness, modifying it as appropriate.

The Company employees shall be familiar with and comply with the contents of this program.

Only those job designations listed in this section whose job duties require them to administer first aid or to respond to medical emergencies shall be covered under this program.

For instance, employees who have been trained in CPR, but are not required to respond to medical emergencies or to administer first aid would do so as "Good Samaritans" only. ("Good Samaritans," however, should provide basic first aid and/or CPR to their level of training.)

It is the responsibility of the HSE Coordinator to conspicuously post emergency telephone numbers of a physician, hospital, ambulance and local authorities, and train all personnel on the location of the postings.



The employee has the responsibility as well as the authority to stop any job or task conducted in an unsafe manner and should immediately request Supervisor/HSE Coordinator involvement to rectify the issue. The employee's judgment call, when made in good faith and using good judgment, shall be considered commendable even though the conclusion of the investigation might be found to the contrary. However, if the judgment call was not made in good faith and using good judgment, or was found to be insincere, the employee may be subject to disciplinary action in accordance with this Policy.

Enforcement of this Policy is the responsibility of each and every employee of The Company. For any violation of this Policy, whether willful or through negligence, the Designated Person In Charge, Immediate Supervisor, HSE Coordinator and/or Company Manager shall have the responsibility as well as the authority to pursue corrective action in accordance with this Policy.

Management

- Ensure adequate resources are allocated for carrying out first aid in accordance with this First Aid Policy.
- Determine number of staff to be trained First Aid Officers.
- Review the performance of staff regarding occupational health and safety responsibilities and potential needs for first aid.
- Ensure that appropriate first aid records are kept.
- Provide appropriate supervision to ensure that staff and other personnel comply with the First Aid Policy.
- Develop risk assessments for first aid.
- Appoint First Aid Officers and ensure the provision of regular and appropriate training.
- Ensure the provision, maintenance and proper use of first aid facilities, such as first aid kits and personal protective Equipment (PPE).
- Ensure corrective action is implemented for all incidents and accidents involving first aid.
- In areas where 911 is not available, the telephone numbers of the physicians, hospitals, or ambulances will be conspicuously posted by the Safety Coordinator.

Personnel

- Comply with First Aid Policy.
- Participate in development of risk assessments for first aid.
- Participate in induction and first aid training programs as instructed by the supervisor.
- Ensure emergency procedures and equipment are in place for high-risk activities.
- Wear PPE as provided compliance with first aid training.
- Review and update first aid provisions in relation to changes in work activities. This should be done in consultation with the supervisor.



Designated First Aid Competent Person

- Administer first aid to sick and injured person(s) in accordance with this policy.
- Ensure first aid qualifications are current.
- Administer annual cardiopulmonary resuscitation (CPR) refresher training.
- Maintenance of first aid kits.
- Maintaining contact details near first aid kit, including emergency contacts and priority contact personnel.

POLICY

Fisher Systems Inc. is committed to providing a safe and healthy environment for all personnel and ensures effective implementation of first aid through:

- Staff having access to policies and procedures relating to first aid
- Provision of tailored training to persons with specific tasks
- Record of first aid activities, including first aid training provided and undertaken, information provided to clients and use of PPE
- Mechanisms for monitoring compliance with first aid
- First aid supplies shall be easily accessible when required
- Workplace activities influence potential harmful consequences for staff, clients and others
 - Each worksite is likely to have different first aid requirements.
- The Safety Director will determine the number of designated First Aid Officers, the type of First Aid kit required and the organization's approach to first aid response.
- All personnel are encouraged to disclose health information which may assist in prompt and appropriate first aid responses to foreseeable medical emergencies.
- In the absence of an infirmary, clinic, hospital, or physician, that is reasonably accessible in terms of time and distance to the worksite, which is available for the treatment of injured employees, a person who has a valid certificate in first aid shall be available at the worksite to render first aid.

Trained First Aid Officers include the following:

- A person who holds a current first aid certificate issued after successful completion of an approved first aid course
- A person who holds a current occupational first aid certificate issued after successful completion of an approved occupational first aid course
- A registered nurse
- A medical practitioner

A valid certificate in first aid training must be obtained from the U.S. Bureau of Mines, the American Red Cross, or equivalent training that can be verified by documentary evidence.

A person with one or more of the above qualifications is appointed by the organization to be the designated First Aid Officer.



FIRST AID FACILITIES

Are provided that are adequate for the immediate treatment of injuries and illnesses that may arise at the workplace.

FIRST AID RESPONSE

- First aid kits will be stocked/supplied in accordance with applicable regulatory and client/worksites specific guidelines.
- First aid kits are maintained by the designated First Aid Officer. Emergency telephone numbers are clearly marked on each first aid kit.
- First aid kits shall consist of appropriate items which will be adequate for the environment in which they are used. For construction operations, items shall be stored in a weatherproof container with individual sealed packages of each type of item.
- All first aid kits will be checked before being sent out to each job and at least weekly.
- While on duty all staff have a duty of care to themselves and others to provide first aid assistance to the level of their competence, and to call on expert assistance if necessary.
- The designated First Aid Officer is informed of the need for first aid and will respond immediately if available.
- Proper equipment for prompt transportation of the injured person to a physician or hospital or a communication system for contacting necessary ambulance service shall be provided.
- Emergency medical care and/or an ambulance is to be called if required.
- Staff trained in first aid provide first aid assistance if there is no designated First Aid Officer present and emergency medical care and/or an ambulance has not yet arrived.

First Aid officers or those providing first aid care shall assume that all blood and other body fluids are infectious and are aware of standard precautions in relation to managing blood and other body fluids, including wearing gloves when administering first aid.

Cross infection is managed while providing first aid by wearing gloves and washing hands with soap and water:

- Before and after contact with an ill or injured person
- After contact with blood or and/or other body fluids or contaminated items
- When protective gloves are removed

When soap and water are not available, first aiders will use an alcoholic based hand wash or equivalent.



EMERGENCY EYE WASH AND SHOWER PROVISION

The Occupational Safety and Health Administration (OSHA) 29CFR 1910.151 requires that suitable means for flushing and quick drenching of the eyes and body must be provided in any area where corrosive and/or chemical materials are used.

Therefore, where the eyes or body of any person may be exposed to injurious corrosive and/or chemical materials, suitable facilities shall be provided within the work area.

Departments that have areas where corrosive and/or chemical materials are used are responsible for ensuring that emergency eyewash stations and safety showers are installed and maintained before allowing work with corrosive and/or chemical materials to be performed. In most cases, the initial first aid treatment for a chemical splash is to rinse the affected area with water for at least 15 minutes prior to seeking any other medical treatment. It is often critical that the eyes be flushed during the first few seconds following a chemical splash with contaminant free water if injury is to be minimized. That is why it's important that eyewash stations and showers are kept in proper working order and inspected with a documented program.

Chemical burns can continue to burn and cause serious tissue damage [without significant pain] (delayed effect) after exposure. Chemical exposure to corrosive and/or chemical materials should be flushed immediately – a lag time of 3 minutes can cause substantially more severe injuries. Ocular burns can result in cornea damage, cataracts and/or complete loss of vision. Flushing should be initiated within the first few seconds of exposure.

Hydrofluoric acid is a particularly hazardous caustic agent. Exposure to HF must be immediately flushed with water for 30 minutes, followed by an application of a topical ointment [such as calcium gluconate solution]. Seek medical attention immediately. Proper eye protection should always be worn when working with hazardous chemicals.

Fisher Systems Inc. provides personal protective equipment (PPE) to protect first aiders and ill or injured persons from risks of exposure to harm from sharp objects and blood or other body fluids. PPE includes:

- Disposable PVC, latex, and/or heavy-duty gloves
- Eye protection, such as goggles and safety glasses
- Safety footwear
- Resuscitation masks

ANNUAL EYE WASH TEST

- Verify flow rate of the device annually. Let the water run for exactly one minute to verify collection of at least 1.5 liters (0.4 gallon) of water for eyewash alone or 11.4 liters (3.0 gallons) for an eye/face wash unit a minimum water pressure of 30 PSI.
- Check for tepid water temperature (80 – 95 deg preferred).
- Maintain and file the inspection checklist inspection for all testing.



ANNUAL SHOWER TEST

- Flow rate of the device should be conducted annually. Let the water run for exactly one minute to verify collection of at least 75.7 liters (20 gallons) of water at a minimum water pressure of 30 PSI. This can also be accomplished in a 15 second increment to fill a five-gal bucket.
- Maintain an inspection tag for this testing.
- Ensure that problems identified during the inspection are turned in to Physical Plant immediately.
- Maintain and file the inspection checklist for all tests conducted.

HAZARD DETERMINATION

- Any and all communicable diseases and bloodborne pathogen
- Any hazards associated with the scene (e.g., water, electricity, traffic, etc.)
- Any hazards associated with the trauma (e.g., seizures, combativeness, etc.)

ENGINEERING CONTROLS

If it is reasonably anticipated that employees will be exposed to blood or other potentially infectious materials while using first aid supplies, The Company will provide appropriate personal protective equipment (PPE) in compliance with the provisions of the Occupational Exposure to Bloodborne Pathogens standard, [29 CFR 1910.1030\(d\)\(3\)](#). This standard lists appropriate PPE for this type of exposure, such as gloves, gowns, face shields, masks and eye protection. Refer to The Company's and's Personal Protective Equipment Policy found in The Company's Health, Safety and Environmental Manual.

PROCEDURES

First aid kits will be maintained at each location and in each company vehicle. All kits will be checked at least once per month as a minimum by the HSE Coordinator or immediate supervisor. The kits will be replenished as necessary and will not be sent to an assignment in a depleted condition.

First aid kits shall be placed in a weatherproof container with individual sealed packages of each type of item and shall be checked by the employer before being sent out on each job and at least weekly on each job to ensure that the expended items are replaced.

Sufficient quantities relative to the size of the workforce will be maintained for minor emergencies such as cuts and skin abrasions.



Where the eyes or body of any employee may be exposed to injurious corrosive and/or chemical materials, suitable facilities for quick drenching or flushing of the eyes and body will be provided within the work area for immediate emergency use. This will include but is not limited to portable and fixed emergency eyewash stations.

Where installed, eyewash stations will be periodically inspected to ensure proper emergency operation.

Damaged or faulty equipment must be repaired immediately. When equipment is damaged, activities that might potentially require the use of the emergency stations must be ceased until repairs are made or a suitable temporary replacement emergency station must be installed.

All designated basic first aid and CPR providers shall comply with the provisions of The Company's Bloodborne Pathogens Program.

In the event of an incident:

- Effective communication devices will be provided and available to workers at all times. This will allow workers to contact emergency medical care and transportation in the case of incident.
- Effective equipment will be prepared for transportation or a communication device to contact the nearest healthcare facility.

RESPONDING TO LIFE THREATENING EMERGENCIES

First aid training should be designed for the specific worksite and include first-aid instruction for the management of the following:

Breathing Problems

The training program should be designed or adapted for the specific worksite and may include first-aid instruction in the following:

- Establishing responsiveness;
- Establishing and maintaining an open and clear airway;
- Performing rescue breathing;
- Treating airway obstruction in a conscious victim; and
- Recognizing asphyxiation and the danger of entering a confined space without appropriate respiratory protection.

Additional training is required if first-aid personnel will assist in the rescue from the confined space.



Poisoning

- Ingested poisons: alkali, acid, and systemic poisons. Role of the Poison Control Center (1-800-222-1222)
- Inhaled poisons: carbon monoxide; hydrogen sulfide; smoke; and other chemical fumes, vapors, and gases
- Assessing the toxic potential of the environment and the need for respirators
- Knowledge of the chemicals at the worksite and of first aid and treatment for inhalation or ingestion
- Effects of alcohol and illicit drugs so that the first-aid provider can recognize the physiologic and behavioral effects of these substances

Physical Injuries

The company's first aid providers will be able to:

- Recognize the signs and symptoms of shock and provide first aid for shock due to illness or injury
- Assess and treat a victim who has an unexplained change in level of consciousness or sudden illness
- Control bleeding with direct pressure

Sudden Cardiac Arrest and Cardiopulmonary Resuscitation

OSHA standards require training in cardiopulmonary resuscitation (CPR) in some employment situations where sudden cardiac arrest from asphyxiation, electrocution or exertion may occur, as well as permit-required confined spaces; logging operations; electric power generation, transmission, and distribution; dive teams; and power transmission and distribution construction. However, sudden cardiac arrest is a potential risk at **ALL** worksites and those trained in first aid benefit greatly from learning CPR regardless of work hazards.

AUTOMATED EXTERNAL DEFIBRILLATORS

The company will determine the need for an automated external defibrillator (AED) program as part of the first-aid response plan. Typically, the deciding factor on whether to obtain an AED has to do with response times by first responders. If your location is remote, or in an area of common traffic congestion, or in a hard to locate facility, you may want an AED on site.

If an AED is available at the worksite, CPR training will incorporate AED training.

All AEDs used by the company will be inspected and maintained on a quarterly basis to ensure they are in good working condition. Any AEDs found to be damaged or defective will be removed from service and replaced immediately.

Perform CPR Until AED Arrives

If a person collapses suddenly, perform an initial assessment of the area-make sure the scene is safe for you to be in or enter. Tap patient's shoulder and shout: "Are you OK?" If unresponsive, activate your emergency response plan (includes calling 911):

- Resuscitation is successful when quality chest compressions (pushing hard and fast) are started immediately.
- Previously, initial steps were Airway, Breathing, Compressions (ABC). Starting compressions asap increases survival. Now, the steps are Compressions, Airway, Breathing, or CAB. This encourages early CPR and avoids bystanders mistaking agonal breathing as signs of life and withholding CPR.
- "Look, listen, and feel" for breathing is no longer recommended. Instead, begin CPR if the person is not breathing (or gasping for breath), has no pulse (or unsure), or is unresponsive. Don't perform any respiration assessment. The goal is quick delivery of chest compressions.
- The guideline now is a target compression rate of 100-120 per minute. Increasing the compression rate past 120 compressions/minute may decrease cardiac output due to incomplete cardiac filling during chest recoil.
- Target depth for adult compressions is 2-2.4 inches. Compressions beyond this depth may result in resuscitation related injuries such as rib fractures.

High-quality chest compressions are most valuable in saving a life. Chest compressions are better than doing nothing. First responders are likely to have a speakerphone equipped cell phone, and bystanders calling 911 can be instructed by EMS dispatchers to perform hands only CPR. If not successful, begin AED process.

DEFIBRILLATOR USAGE

- Place AED near head of patient on same side as the rescuer.
- Turn on the AED and follow voice prompts.
- When patient is a child under 8 years old or 55 pounds, use infant/child pads if available.

Bare, Prepare, and Place Defibrillation Pads

- Bare and prepare chest.
 - Cut or tear away clothing.
 - Shave or clip excessive chest hair.
- Place pads on bare skin exactly as shown in illustrations on pads.
 - Do not place pads over nipples, medication patches, or visible implanted devices.



Defibrillate if Prompted by the Device

- Allow the AED to analyze automatically when it is fully attached to the patient.
 - Make sure no one is touching patient during analysis.
- If prompted by defibrillator, deliver shock. Make sure no one is touching patient when delivering shock.
- Follow voice prompts and deliver additional shocks if indicated.

If no shock is indicated by defibrillator, reassess the patient.

- Reassess patient and begin CPR if indicated and continue until prompted by defibrillator or EMS to stop.
- If normal breathing is present, roll patient on side to keep fluids out of the airway.
- Continue to follow voice prompts until EMS arrives.
- Continue care until EMS is ready to assume control.

When EMS Arrives

If you are able, provide basic information to EMS personnel:

- Patient's name
- Estimated time patient collapsed or was found
- Initial and current assessment of patient
- Number of shocks delivered
- Any known medical problems, allergies or medications
- Assist the EMS providers as requested.

CONTRACTOR AND/OR TEMPORARY EMPLOYEES

The provisions of this procedure apply to all contract and temporary employees of The Company. Contract and temporary employees shall be trained and designated as basic first aid and CPR providers and must provide current documentation.

DOCUMENTATION

Accurate records shall be maintained at all locations regarding personal injuries occurring at the workplace. Refer to the Company's policy on Accident/Incident Investigation and Reporting Procedures whenever first aid is required.

Accurate training records of all initial and refresher first aid and CPR courses will be maintained by the HSE Coordinator.



RECORDS

An Incident Report form will be completed by the trained First Aid Officer and/or person providing first aid and includes:

- Date and time
- Name of person receiving first aid
- Description of symptoms
- Treatment provided
- Name of person providing first aid
- Referral arrangements (e.g., ambulance, hospital, medical service)
- Name of person completing Incident Report form

The original copy of the Incident Report form will be retained in the office.

If a person is transferred to a medical facility, a copy of the Incident Report form shall accompany them.

All persons receiving and providing first aid have access to relevant Incident Report forms arising from first aid incident.

FORMS

A written record or First Aid Injury Log should be maintained of all supplies used from the first aid kit. The purpose of recording supplies as they are used is to track possible repetition of injuries or illnesses in the workplace that could possibly be prevented. The written record should contain the name of the injured, date, injured body part (i.e., finger, palm, etc.), treatment provided, and the materials used.

DEFINITIONS

Designated Basic First Aid Provider - Employees designated as First Aid Providers by management.

Exposure Incident - Refers to a specific exposure to the eye, mouth, other mucous membrane, non-intact skin or parenteral exposure to blood or other potentially infectious material that results from the performance of an employee's duties. A medical follow-up is required pursuant to an exposure incident.

Basic First Aid Provider - Employees who routinely work at remote locations where medical facilities are more than three to five (3 to 5) minutes away (emergency medical services).



Occupational Exposure - Refers to reasonably anticipated skin, eye, mucous membrane, or parenteral (i.e., puncture) contact with blood or other potentially infectious body fluids or materials that may result from the performance of an employee's duties. Personal protective equipment is required to be worn when a potential occupational exposure exists.