

Chapter 14

EMERGENCY PROCEDURES & FIRST AID



‘Responding incorrectly or too slowly in an emergency situation can literally be the difference between life and death’

Emergencies can happen at any time – and this is especially true on construction job sites. Construction can be dangerous work and for emergency response to work effectively, all workers and supervisors must know proper procedures *ahead of time* in order to react accordingly should an emergency situation arise. Preparation and knowledge is key. Everyone on site – workers and supervisors - should know at minimum the basics of responding to common emergency situations and – depending on the situation – persons on your crew should be trained and/or instructed in emergency response.

Why? Because - besides the obvious company/personal liability issues that can arise from jobsite injuries – the prime objective of accident investigation is *prevention*. Hunting down and identifying the root causes of an accident and taking steps to control/eliminate it can help prevent similar accidents from happening in the future. *It may even save a life*. Unsafe conditions and employee behaviors that lead to the accident can be corrected when those facts are understood. It is your responsibility to identify and correct them.

Jobsite Supervisors

In your role as a superintendent or foreman, you play an important role in helping our company maintain a safe job site and protect employees from workplace injuries. Hight Construction has developed and provided this guide in an effort to help you fulfill this responsibility. When an accident occurs, there is often confusion about what happened and what steps need to be taken. An emergency plan can help you act quickly when an employee is injured. Here are the key elements to any good emergency plan:

- When first setting up a project work site, be sure to locate and identify all local emergency resources in advance and make it so there is easy access to that contact information. Keep important phone numbers in a place where you and your workers can easily reach them in case of emergency.
- Proper documentation is critical when dealing with emergencies. Documentation helps medical personnel better assess situations and needs, aids governing and/or insurance agencies with investigations, and may even protect your company from liability in cases of litigation.
- Create or adopt a project-specific, emergency response checklist. Having a checklist will help the responder keep a clearer head and react more efficiently in what is almost always a hectic, chaotic atmosphere when emergency response is required. Take the time to review these checklists in advance and keep them in a place where you and your workers can easily access them.

- Conduct regular ‘Toolbox Talks’ on the worksite. The toolbox talk will help you communicate the importance of reporting accidents or near misses, as they can evolve into more critical or severe injuries. It also allows you to document employee participation in this discussion.
- Job Site Accident Investigation Kit: the person who will be investigating the details of an accident should use this tool to help ensure that critical areas are not overlooked. Certain equipment and first aid supplies need to be kept at the job site.
- Contractor’s Accident Investigation Checklist: the checklist can help you manage the investigation process and help ensure that the proper documentation takes place.
- Accident Investigation Form: completing this form allows you to document and report the accident investigation and findings as well as the corrective actions that will be taken to eliminate or reduce the risk factors that contributed to it.
- Witness Statement Form: this form allows you to record witness interviews to confirm and explain what was observed.
- Medical Care Provider RTW Form: in states where the employer can direct employees to a physician, the foreman or superintendent should provide this form to the medical provider and let him or her know your company has a return-to-work process in place and will work within the parameters prescribed by the physician.
- Injury Corrective Action Form: this tool allows you to track the completion of corrective actions that lead to the accident or incident. The most important piece of the accident investigation is the corrective action that will be taken. It is imperative to track this information and that management assigns responsibility and dates for completion.
- Contractor’s Injury Management Toolbox Emergency Preparedness Planning An emergency preparedness plan can help you maintain control during an emergency and help the injured employee receive the right level of care as quickly as possible.
- When you set up a job site, you should call the non-emergency phone number for the local fire and ambulance service to set up a pre-planning meeting with them at the job site. That way, if an emergency happens, you will know:
 - Who will respond — a town, county or private service.
 - How long the response will take.
 - How they will access and find the job site.
 - Where to send an employee to meet and direct responders to the accident site.
 - What the local resources are. For example, can they rescue a person who fell from an elevation hanging from a lanyard? Will they do a confined space rescue?
 - Where they will take the injured worker.
- You should also inform employees at the job site what needs to be done when an accident occurs, and why all accidents need to be reported. The 5-Minute Toolbox Talk sheet provides an overview of the information that should be covered during this conversation.

Equipment and Supplies

As a supervisor, your first priority should be job site safety. A list of the critical items that should be available at the job site or project to render first aid treatment include:

First Aid Supplies

- Bandages in a variety of shapes and sizes
- Chemical cold packs
- Disposable mouthpiece for CPR
- Disposable plastic gloves

- Eyewash solution
- Flat board with straps and grip opens to transport the injured person
- Pillow and blanket
- Scissors
- Splints of varying size
- Splinter forceps
- Sterile gauze squares
- Sterile pressure dressings
- Surgical gauze rolls
- Personal equipment for blood-borne protection
- Plastic bag (red colored for potential infectious waste disposal)

Seeking Medical Attention

When an accident happens workers need to report all injuries, even if they do not need to go to a hospital or clinic. If the injured worker DOES elect to seek professional medical care, here are a few things to keep in mind:

- You may offer to schedule the physician appointment to promote prompt medical attention.
- In states that allow employee direction, you may assist the injured employee in selecting a physician or healthcare facility within the network.
- The injured worker's immediate supervisor should contact him/her the next day to find out if the pain from the injury persists or if they have a limited range of motion.
- When a worker needs immediate medical attention for a minor injury, appoint someone to drive the injured worker to a medical provider. More seriously injured employees will need an ambulance to transport them to the closest hospital emergency room.
- If you call an ambulance, provide injury details and directions to the site of where the injured person is located. Relay as much information as possible, including the number injured, types of injuries and their extent.
- Assign someone to meet the ambulance and guide it directly to the injury scene.
- Ensure clear access for the ambulance in advance to avoid delaying medical care.
- If an injured person requires a helicopter medevac, use a GPS to determine the geo coordinates. This may be necessary in remote areas where there are few reference points or when visibility is limited.
- It is important to take immediate remedial action on issues, such as isolating electrical power sources. Check cellphone signal strength, as there could be service blackout areas. If the incident occurred in a remote area with weak reception, travel away from the injury site until you find a strong signal.
- While waiting for emergency medical response to come, remember to:
 - Stay calm and provide assurance to the injured worker that help is on the way.
 - Maintain order. Keep the environment as ordered and controlled as possible. Panic never helps.
 - Assign tasks to control the emergency sources, protect the injured and preserve the accident scene for investigation later.
 - Direct a worker to escort emergency services vehicles from the site entrance to the injury site.
 - Maintain contact with emergency services and management if possible.

- Once the scene is under control and help arrives, begin to chronicle the event through photos, video and by writing down (while it's all still fresh) exactly what transpired (as you observed it) leading up to the accident.

Accident & Injury Reporting

If You Have an Injured Employee (*information below drawn from NORTH DAKOTA WORKFORCE SAFETY & INSURANCE [WSI] *ND.GOV* website 'Accident Reporting Guidelines 2015'):

- Assist your employee in obtaining prompt medical care.
- In an emergency – the employee should seek immediate medical care at the nearest emergency room and notify you as soon as possible thereafter.
- In all other instances – the employee should inform you of the injury before seeking medical care. If your company has selected a Designated Medical Provider (DMP), workers are required to see the company's DMP for medical care unless they have previously informed you, in writing, of a different medical provider selection before any injury occurred. If a worker sees your company's DMP, the employee may request from WSI to change providers after 30 days of treatment by the DMP.
- If you have an injured worker that does not require medical care. Please complete the online incident report.
- Be involved in the medical care given to the employee and make contact with the medical provider. At the initial and during ongoing medical treatments, WSI encourages you to go with your worker when they seek medical care. While you do not necessarily have the right to be present in the exam room during the worker's exam, it is to your benefit to communicate with the provider. This communication will allow you to gain a better understanding of any work restrictions imposed and enable you to provide a safe return to work for your employee.
- Require that the employee provide you with a Capability Assessment form (C3) after the initial medical treatment and after all ongoing medical treatment. The C3 form should include the nature and extent of the injury, estimated course of recovery, and a return-to-work plan with identified restrictions, if any.
- File a claim with WSI immediately after a work-related injury occurs (within 24 hours of occurrence). You can help your company lower its workers' compensation costs by reporting injuries as soon as they occur and instructing other employees do the same. When an injury does occur, consult the company Accident Investigation Checklist to insure you're covering all the bases. Items on this checklist include:
 - Collect accident/injury information in a supportive manner.
 - Verify if the employee needs medical care and arrange immediate medical care when emergency care is required.
 - If the injury is severe, notify a family member or significant other of the injury.
 - Keep a record of the accident facts, such as how, when and where the injury took place.
 - Complete the company accident report and/or notice of claim form from the insurance provider to properly report the accident.
 - Notify management that an injury has occurred.
 - Accident investigation form timely reports are necessary to determine the injured worker's right to compensation and the payment and duration of benefits.
 - Complete the Accident Investigation Form within 24 hours after the accident. Take down any eye-witness accounts of the event and instruct the witness to recount the event in their own words on paper.

- WSI encourages injured employees and employers to immediately (within 24 hours of occurrence and after medical treatment is received) file a claim with WSI after a work-related injury occurs. Immediate notification allows for better and more effective management of the claim. If medical treatment has occurred, you will need to complete a First Report of Injury (FROI) form.
- The law states that your employee should notify you within 7 days after an accident or when the general nature of the injury becomes apparent. A worker has 1 year from the date of the injury (or first treatment) or when a reasonable person should have known the condition was work related.
- Within 7 days of receiving notice of an injury from your employee, you are required to file a claim with WSI. If you do not, WSI may consider that an admission that the alleged injury may be compensable.
- If you conducted an investigation, provide your report to WSI. Your written accident report could include the following elements:
 - Inspection of accident site
 - Potential cause for why the incident happened
 - Circumstance surrounding the incident
 - Evidence for accident site (take pictures)
 - Interviews from all witnesses, write down statements for documentation. Conduct interviews in a sensitive manner at a comfortable location.
 - An outline of the necessary corrective action that will be taken to prevent the injury from happening again.
 - If your company does not have a policy for injury reporting or guidelines for investigating workplace injuries, call our Safety Department for assistance.
 - If the investigation suggests that your employee's injury is not your responsibility or seems questionable in nature, be sure to write your comments on the FROI form. If you have already submitted the FROI form with the Employer Section completed, please write or call us with your concerns.
 - Stay in contact with the worker, medical provider, and WSI. Help the worker continue to feel that they are an important asset to you and your company.

The Claims Process

- Please remember you have firsthand information regarding the injury, as this is your employee and your place of business.
- On potential wage-loss claims, a claims adjuster will contact you to gather information to assist in determining if wage-loss benefits are appropriate - this includes verification of the worker's current wages. If they have additional questions or need clarification on the claim.
- If your employee has not returned to work, you may be contacted by a Return-to-Work Service Case Manager who is trained to help you return your employee to work as safely and as soon as possible, making work a part of the recovery process.
- When a decision is made regarding claim acceptance or denial, you will receive written notification. Along with this notice, information will be provided for you to follow if you disagree with the decision.
- WSI will provide you with any information requested on the status of the claim and copies of documents from the claim file at any time.

Employer's Role

- As the employer, it is your responsibility to help keep the claim and medical treatment on track by communicating with:
 - Your worker, on a weekly basis, as this will help them maintain a positive outlook and assist in the recovery process.
 - The medical provider to allow for a better understanding of your worker's condition and abilities. When the doctor says your worker is ready to return to work with medical restrictions imposed, help by making transitional work (modified or alternate job duties) available to your worker.
 - WSI by promptly responding to any information requests you may receive from WSI. This will help WSI with the processing of the claim.

Witness Statement Form

Witness interviews can confirm and help explain what happened. Witnesses can disperse quickly so immediately make a list of those directly involved in the incident. A good witness can provide an accurate description of the incident. CNA's Witness Statement Form will help you record this information. It is important to identify and interview anyone who saw the incident and / or was in the vicinity immediately before, during or after the incident. The interviews will help identify:

- Everyone who was involved in the incident.
- People with possible knowledge of the incident.
- Events that occurred before, during and after the incident.
- The timing and sequence of events.
- Location and direction of actions and events.
- Possible causes of each action and event.
- Suggestions for preventing similar incidents in the future.
- Arrange interviews as soon as possible when memories are still fresh. Conduct private interviews on a one-to-one basis, preferably at the incident site as that may trigger witnesses' memories.
- If possible, close the interview on a positive note and always thank the witness for assisting with the investigation. The Witness Statement Form provides additional information on how to conduct witness interviews effectively.

'Return to Work' Policy

Hight Construction works with the State of North Dakota Workforce Safety Office to provide injured workers with a 'Return to Work' program following an injury on site. The company will notify and inform your medical provider that this program is in effect. Once the program begins, your medical provider will determine the worker's condition/prognosis and work up a list of work restrictions and/or limitations based upon injured worker's ability to return to work. This information is useful in identifying transitional work options during the recovery period.

First Aid and Infectious Diseases

Infectious diseases are diseases that pass from one person to another. Most commonly, these are referred to as blood-borne or airborne pathogens. In first aid, blood-borne and airborne pathogens are most commonly transmitted through touching, breathing and biting. People can become infected if touched by an infected person, or if the germs in that person's blood or other bodily fluids pass into the body through breaks in the skin or through the lining of the mouth, nose or eyes. Therefore, the greatest risk is in touching another person's blood or bodily fluids directly (without protective gloves or some other protective barrier). To learn

more about complying with OSHA's Blood-borne Pathogens Standard (29 CFR 1910.1030), see Quick Tips #105: OSHA's Blood-borne Pathogens Standard, 29 CFR 1910.1030. Below are some basic guidelines to follow that will help reduce body fluid transmission when rendering first aid care:

- Avoid direct contact with bodily fluids and blood whenever possible
- Place barriers, such as gloves or a clean, dry cloth, between the victim's bodily fluids and yourself
- Wear protective clothing, such as disposable gloves, to cover any cuts, scrapes or skin conditions you have
- Wash your hands with soap and water immediately after giving care
- Do not eat, drink or touch your mouth, nose or eyes when giving first aid
- Do not touch objects that may be soiled with blood or other bodily fluids
- Be prepared by having a first aid kit stocked and easily accessible
- By following these simple guidelines, the risk of getting or transmitting infectious diseases is reduced.

Good Samaritan Laws

Most states have enacted Good Samaritan Laws to encourage people to help others in emergency situations. These laws give legal protection to people who provide emergency care to ill or injured persons. They require that the "good Samaritan" use common sense and a reasonable level of skill not to exceed the scope of the individual's training in emergency situations. If you're interested in learning more about the Good Samaritan Laws in your state, contact a local legal professional or check your local library.

Basic First Aid Procedures

Following are some basic first aid procedures for treating shock, bleeding and wounds, burns, choking, electric shock, eye injury, fainting, heat stroke, hypothermia, and unconsciousness. These techniques can be used in the workplace or at home and being prepared will help make the most of a serious situation.

Shock

Shock can be life threatening. Symptoms include cold sweat, weakness, irregular breathing, chills, pale or bluish lips and fingernails, rapid weak pulse and nausea.

- Call 9-1-1 or seek medical help immediately.
- Do not give the victim anything to eat or drink.
- Lay the victim on his/her back, but do not move him/her if there's a back or neck injury. If the victim is unconscious, vomiting or has severe injury to the lower face or jaw, lay him/her on his/her side and be sure the victim is getting adequate air.
- Keep the victim warm (not hot) by use of blankets or clothes.
- Raise the victim's feet and legs with a pillow. (Only do this if it does not cause the victim any pain.)

Bleeding and Wounds

- Place a clean cloth or gauze and gloved hand over the wound; apply firm, steady pressure for at least 5 minutes.
- Call 9-1-1 or other emergency personnel if bleeding is severe.
- Elevate an injured arm or leg above the level of the victim's heart if practical.
 - When bleeding stops, secure the cloth with a bandage. Do Not lift the cloth from the wound to check if bleeding has stopped. Be sure the bandage is not too tight—it may cut off circulation.
- Check the victim for shock.

Never use a tourniquet unless you cannot control the bleeding. Tourniquets may result in subsequent medical amputation.

Burns

1. Chemical or Compressed Gas Burns

- Use a drench hose, emergency shower or eyewash for at least 15 minutes to rinse away all traces of chemicals while removing any contaminated clothing from the victim. (See illustration 1.)
- Cover the burn loosely with a clean, dry cloth or special burn dressing.
- Check the victim for shock.
- Call 9-1-1 or seek medical attention as soon as possible.



Illustration 1

2. Heat or Electrical Burns

- If necessary, use water to stop actual burning of skin.
- If the skin is not broken, submerge the burned area under cool running water, or gently apply a cool compress until pain is relieved. Bandage with a clean, dry cloth.
- Do not break a blister if one forms.
- Do not apply ointments or creams.
- If skin is broken, or if burns are severe:
 - Call 9-1-1 or other emergency personnel.
 - Do not clean the wound or remove embedded clothing.
 - Cover the burn loosely with a clean, dry cloth.
 - Expect shock and treat accordingly.

Choking

Note: These instructions are for choking victims over one year of age. There are specific guidelines for treatment of infant choking that are not outlined in this document.

If the victim can speak or cough forcibly and is getting sufficient air, do not interfere with his/her attempts

to cough the obstruction from the throat. If the victim cannot speak or is not getting sufficient air, have someone call 9-1-1 while you perform abdominal thrusts.

1. Stand directly behind the victim and wrap your arms around the stomach. (See illustration 2.)

2. Make a fist with one hand and place that fist just above the navel and well below the ribs, with the thumb and forefinger side toward you. (See illus 3.)



Illustration 2

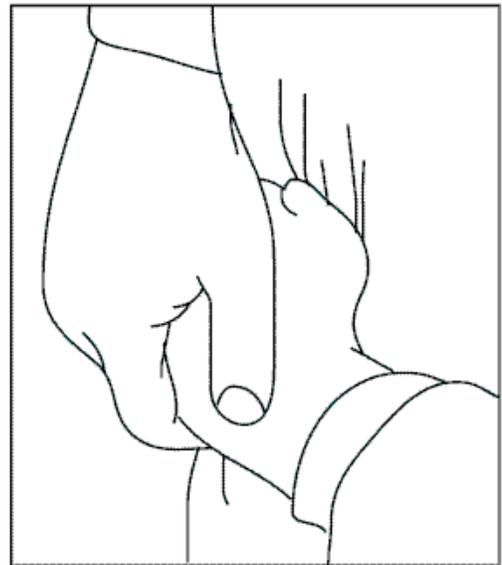


Illustration 3

3. Grasp this fist with the other hand and pull it quickly toward you with an inward and slightly upward thrust. Repeat if necessary. (See illustration 4.)

If the victim becomes unconscious:

Lay the victim on their back.

If the object that is blocking the airway is visible, reach a finger into the victim's mouth (along the inside of the cheek) and try to sweep the obstruction out of the victim's throat, being careful not to push the object deeper into the victim's airway.

Even if this is not successful, attempt rescue breathing.

If the victim is still not breathing or moving, begin chest compressions (CPR).



Illustration 4

Electric Shock

Do not touch the victim until electrical contact is broken.

If possible, unplug or switch off the source of electricity.

If victim is not breathing and has no pulse, call 9-1-1 or seek medical attention immediately.

Eye Injury

[Chemical]:

- Hold the eyelids apart and flush the eyeball with lukewarm water for at least 15-30 minutes. Be careful not to let runoff water flow into the other eye.
- Place a gauze pad or cloth over both eyes and secure it with a bandage.
- Get to an eye specialist or emergency room immediately.

[Cut, Scratch or Embedded Object]:

- Place a gauze pad or cloth over both eyes and secure it with a bandage.
- Do not try to remove an embedded object.
- Get to an eye specialist or emergency room immediately.

Fainting

Note: Fainting victims regain consciousness almost immediately. If this does not happen, the victim could be in serious danger and you should call 9-1-1 as soon as possible.

1. Lay the victim down on their back and make sure they have plenty of fresh air.
2. Reassure the victim and apply a cold compress to the forehead.
3. If the victim vomits, roll the victim on his/her side and keep the windpipe clear.
4. Report the fainting incident to the victim's doctor.

Heat Stroke

Heat stroke can be life threatening. Symptoms can include a body temperature of 105°F or higher; dry, hot, flushed skin; rapid pulse; unconsciousness; and lack of perspiration.

1. Get the victim out of the heat and into a cooler place.
2. Place the victim in the shock position, lying on the back with feet up.
3. Remove or loosen the victim's clothing.
4. Cool the victim by fanning and applying cloth-wrapped cold packs or wet towels.

5. Treat for shock.

Hypothermia (Prolonged exposure to the cold)

Hypothermia can be life threatening. Symptoms include lower than normal body temperature, shivering, apathy, disorientation, drowsiness, and eventually, unconsciousness.

1. Immediately move the victim into the best available nearby shelter.
2. Get the victim out of wet clothes and replace with dry clothes, sleeping bag or blankets.
3. Have the victim drink a warm, sweet, non-alcoholic beverage if possible.
4. Seek medical help.

Unconsciousness

1. Determine responsiveness by gently tapping the victim's shoulder and asking, "Are you okay?"
2. If there is no response, shout "Help!" and look for a medical alert tag on the victim's neck or wrist.
3. If victim is not breathing and has no pulse, begin CPR.
4. Call 9-1-1 or seek medical aid as soon as possible.

Emergency procedures

Injuries

1. If no danger, provide first aid if trained to do so.
2. If danger, summon Rescue Team trained to deal with this type of emergency.
3. Call First Aid Attendant
4. Call Ambulance if needed.
5. Notify Security and inform of victim's location.
6. Treat Victim and ready for transport.
7. Secure area.
8. Notify Project Manager and Claims Manager.
9. Complete Investigation Report.
10. Notify Authorities where required.
11. Take other necessary action (e.g., cleanup, etc.).

B. Non-Injuries

1. Secure area.
2. Notify Project Manager and Corporate Safety.
3. Complete Investigation Report.
4. Notify Authorities where required.
5. Take other necessary action (i.e. preventive)

C. Environment

1. Ensure no danger to self or others.
2. Evacuate area if necessary.
3. Contain hazard if possible.
4. Secure area.
5. Notify Project Manager and Corporate Safety.
6. Notify Authorities where required.
7. Complete Investigation Report.

8. Take other necessary action (e.g., cleanup, etc.).

D. Fire

1. Sound Alarm.
2. Evacuate.
3. Call: Fire Emergency No., Security, Project Manager.
4. Assist in fire-fighting if trained.
5. Secure area.
6. Notify Corporate Safety. Complete Investigation Report.
7. Notify Authorities where required.
8. Take other necessary action (e.g., cleanup, etc.)

E. Extraordinary Event (e.g., structure collapse)

1. Secure area.
2. Notify Project Manager, Vice-President, Corporate Safety.
3. Notify O.H. & S. I W.C.B. as required.
4. Notify Police and other local authorities as required.
5. Complete Investigation Report.
6. Take other necessary action (e.g., preventive, etc.)

F. Evacuation

1. Sound alarm.
2. Evacuate immediately. Assemble at marshaling area.
3. Contractors are to do a head count and to report findings to Project Manager.
4. The Rescue Team, with appropriate equipment, is to search for personnel only if asked by the Project Manager. (Check brass/tag or sign in/out sheet to ensure person(s) is really missing and is on the site.)
5. All site workers are to remain at marshaling area until instructed by Project Manager to proceed to another area or return to job tasks.
6. Notify additional authorities as required.
7. Secure the site.

First Aid

It's important on all jobsites to know who the first aiders are on your crew. If that first aid giver is you, be sure there is no danger to yourself before attempting to administer first aid to the victim. While waiting for professional help to arrive, here are some general rules of thumb for trained first-aid provider in evaluating and maintaining the scene until further help arrives:

- Establish your priorities in giving first aid. (If you are trained/certified in first aid, follow the ABCDE's.) There are four instances when speed is essential:
 - Obstructed airway
 - Not breathing
 - No pulse
 - Severe bleeding

- If you are untrained or unsure, do not move an injured person unless there is an imminent life-threatening danger. Keep the injured person as comfortable as possible and, without delay, send for the nurse, first aid attendant or other medical aid. Remember: do not put yourself at risk.
- If the injured person is not breathing or has no heart-beat, perform artificial respiration or CPR if trained to do so. If not trained, seek trained help immediately.
- If the injured person is breathing but bleeding badly, control severe bleeding at once. Here are some tips to be aware of:
 - Make sure the injured person is laying down.
 - Get a thick pad of cloth, sanitary napkin, gauze or clothing (the cleaner the better), and apply direct pressure to the wound by pressing the pad directly down on the wound. When bleeding is controlled, add (do not remove original pad) more layers of cloth and bandage firmly.
 - For arterial (bright red, spurting) bleeding from arm or leg do the same as above, but raise the wound above the rest of the victim's body.
 - Never use a tourniquet unless you are a fully-trained first aid attendant and then only as a last resort (i.e., the risk of losing the person's life is greater than that of losing a limb).
 - Bleeding can usually be controlled by elevation of the injured part and by applying direct pressure to the wound.
 - Pressure points for the additional control of bleeding are found under the arms and in the groin.
 - Never remove protruding or embedded objects from a wound.
 - Do not apply pressure directly on these objects when attempting to control bleeding. Pressure can be applied around the base of the protruding object.
- If a person cannot breathe for himself due to electric shock, drowning or asphyxiation, you may be able to preserve their life if you are trained in rescue breathing or immediately get the assistance of someone who is.
- Unless specifically trained to do so, never remove foreign objects or embedded particles from the eye. Embedded foreign objects should be removed by qualified medical personnel at a medical facility.
- Remember to make the injured person as comfortable as possible. Treat for shock with blankets and oxygen (O₂) therapy if trained in its use.
- Stay calm and reassure the injured person.
- If the injured worker has been unconscious, semiconscious or has suffered from dizziness or severe headache, it is essential to take him to a hospital as quickly as possible.

Vaccinations

All employees are strongly recommended to have updated vaccinations including Tetanus, Hepatitis B, Flu, etc. but it is not required.

Levels of Training

In the workplace, it is often the job of a Certified First Aid Provider to assist in stabilizing an injured or ill person until professional medical help arrives. Certified First Aid Providers are persons who are certified and trained to certain levels in first aid and CPR (Cardiopulmonary Resuscitation). 29 CFR 1910.151(b) states, "In the absence of an infirmary, clinic or hospital in near proximity of the workplace which is used for the

treatment of all injured employees, a person or persons shall be adequately trained to render first aid. Adequate first aid supplies shall be readily available."

Emergency Medical Responder (EMR) or Medical First Responder is a trade name for a 40-hour certification course in advanced first aid and CPR. This course is taught by hospitals, technical colleges or fire departments, and certification must be updated bi-annually. Basic First Aid and CPR courses are approximately eight hours long and are certified through a number of nationally recognized organizations, such as The American Red Cross, The American Heart Association and The National Safety Council, to name a few. These certifications also should be updated bi-annually.

Informed, trained citizens are indispensable in helping people in emergencies. To help citizens be more prepared for emergency situations, the American Red Cross trains people in first aid and CPR. Due to the increased need for first aid services, the development of the EMS (Emergency Medical Services) has been established in most communities. However, it remains equally important for citizens to be trained in first aid and know what to do until the EMS or other emergency medical professional arrives.