FIRST AID PROGRAM

1.0 PURPOSE
The Indiana University (IU) First Aid Program is to:
1.1 Provide guidance to employees who may need, or who may need to administer first aid to a coworker
1.2 Provide guidance to department heads and supervisors in determining what first aid training is required for their employees
1.3 Minimize the outcome of employee accidents or exposures
1.4 Comply with the Indiana Occupational Safety and Health Act (IOSHA) and other applicable state and federal regulations

2.0 REGULATORY REFERENCES
IOSHA 29 CFR 1910.151, Medical and First Aid
IOSHA 29 CFR 1910.151 Appendix A, First Aid kits (non-mandatory)
IOSHA 29 CFR 1910.1030, Bloodborne Pathogens
IOSHA 29 CFR 1910.269 (b) Medical Services and First Aid for Electrical Workers
IOSHA 29 CFR 1910.146, Permit-Required Confined Spaces
IOSHA 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response

3.0 SCOPE
This document is intended as a master document that addresses regulatory requirements. Details specific to implementing the program for a specific department or job can be added by the user in the appendices of the program.

This program is applicable to all Indiana University employees except those persons specifically trained in a medical profession, such as medical doctors, nurses, and emergency management technicians.

This program is not intended to address workplace injuries so minor that only a band-aid is required, so long as the employee’s supervisor is informed of the injury. Examples are paper cuts, minor bruises, etc.

4.0 ELEMENTS OF THE PROGRAM
IOSHA defines first aid as the emergency care provided for injury or sudden illness before emergency medical treatment is available and a first aid provider as someone who is trained in the delivery of initial medical services using a limited amount of equipment to perform a primary assessment and intervention while awaiting arrival of emergency medical service personnel.

IOSHA requires that each employer ensure the ready availability of medical care and first aid supplies to treat workplace injuries and illnesses. The care available and the supplies available must be commensurate with the hazards of the workplace. For some occupations, including electrical workers and workers using toxic or hazardous chemicals, the requirements are more specific.
The IOSHA requirement can be met by the workplace being within minutes of professional medical care, having a medical professional onsite, or by having employees who are trained in first aid and Cardiopulmonary Resuscitation (CPR) by a recognized organization such as the American Red Cross.

4.1 Reporting Injuries
All injuries incurred at work should immediately be reported to the worker’s supervisor. The supervisor must complete an injury report and, if appropriate to the severity of the injury, arrange for the worker to be transported to a medical care facility.

Failure to report the injury by the worker can result in denial of worker’s compensation benefits.

4.2 Assessment of the Situation Prior to Giving Care
Any employee who is in the position of providing first aid to a coworker should first protect himself/herself from injury or illness. This can be achieved by thoroughly assessing the immediate environment and the condition of the victim. If either the environment or the victim pose life-threatening hazards to the first aid provider, it is appropriate for the first aid provider to do nothing more than call 911.

4.3 Giving Care
First aid providers should give care commensurate with their training and experience. If training is inadequate for the emergency, the first aid provider should call 911 and wait for trained emergency medical services. Some examples of appropriate care can be found in Appendix B1.

4.4 First Aid Supplies
IOSHA advises that wherever first aid kits are kept in the workplace, a specific person is designated as responsible for maintaining the first aid kit. This person should also assess the types of injuries and illnesses incurred by the employees of the department and make certain the first aid supplies are appropriate and adequate for that environment.

First aid supplies must be stored in a location readily accessible in emergencies.

5.0 ADMINISTRATION/COMPLIANCE/RESPONSIBILITIES
The Office of Environmental, Health, and Safety Management (EHS) is responsible for the written First Aid Program.

EHS is also responsible for identifying specific work groups (such as electricians) who are required by IOSHA to be trained in first aid and CPR and notifying appropriate department heads, managers, or supervisors.

Department heads and supervisors are responsible for ensuring those employees who are required by IOSHA to receive first aid and CPR training do so. Department heads are also responsible for acquiring and maintaining appropriate first aid supplies. Department heads are also expected to ensure that some numbers of employees at each site are trained in giving first aid.
Employees who have received first aid training at the university's expense are expected to use that training when appropriate.

6.0 REQUIRED TRAINING AND RECORDKEEPING
First aid training is typically provided by EHS or Risk Management personnel, certified as instructors with the American Red Cross. American Red Cross requires that trainees be retrained in first aid and certified every three years. For employees who receive CPR/AED training, retraining and certification occur annually.

IOSHA has defined certain workers as requiring first aid and CPR training. These include electrical workers, those involved in hazardous waste operations, and those who work in certain confined spaces. The specific requirements can be found in the appropriate IOSHA regulation, identified in Section 2.

Training records are kept in the EHS safety training database, and by the American Red Cross.
APPENDIX A: DEFINITIONS

**AED:** Automatic External Defibrillator, a life prolonging tool used to defibrillate erratic heart behavior in persons suffering some types of cardiac arrest.

**CPR:** Cardiopulmonary Resuscitation, a life-prolonging action given to persons suffering cardiac failure.

**Epi Pen:** A tool for injecting a pre-loaded dose of epinephrine into a victim to counteract allergic reactions.

**First Aid:** IOSHA defines first aid as the emergency care provided for injury or sudden illness before emergency medical treatment is available and a first aid provider as someone who is trained in the delivery of initial medical services using a limited amount of equipment to perform a primary assessment and intervention while awaiting arrival of emergency medical service personnel.
APPENDIX B: SPECIFIC PROCEDURES

Appendix B1: Examples of Procedures used by First Aid Personnel

Note: These procedures are examples. The list is not intended to cover all possible workplace injuries and illnesses. Also, for some injuries there are alternate methods that are recognized by accredited Health Care Associations, and are equally appropriate.

**Bleeding:** If bleeding is severe, immediately call 911 for assistance. Note: working with a bleeding victim requires awareness of bloodborne pathogens risks and proper procedures for addressing those risks, including the use of non-permeable gloves. Cover the wound with a thick, clean pad (such as a gauze pad or pads from the first aid kit). Apply pressure directly to the covered wound. Add more absorbent pads as needed to stop bleeding, but do not remove soaked pads. Continue to apply pressure until emergency medical care arrives.

If bleeding is minor, cover the wound with a thick clean pad and apply pressure until bleeding stops. Cover the wound and the pad with roller bandages or adhesive, as appropriate to the size and location of the wound.

**Broken Bones, Sprains, and other Musculoskeletal Injuries:** Call 911. Do not move the victim unless necessary. Keep the victim still, preferably lying down. If it becomes necessary to move the victim, assess the entire body for breaks or other damage. Stabilize damage with a splint and assist victim in moving to a safer site.

**Burns:** If the burn covers a significant part of the body, affects the face, or is severe, immediately call 911. Immerse the burned area in cool tap water. Do not use ice! Continue to treat with running water until emergency medical services arrive. For minor burns, immerse the area in cool tap water until burning stops (often 15 minutes or longer). If no blisters exist, a burn ointment from the first aid kit may be carefully applied. The burn should be covered loosely with gauze or lightweight bandages.

**Choking:** With the conscious victim standing, support the victim with one arm, while hitting the victim in the center of the back with the heel of outstretched hand several times. If this does not work, do abdominal thrusts. Wrap arms around victim at waist level. Make a fist with one hand and grasp the fist with the other hand. Locate the fist between the victim’s navel and the tip of the breast bone and give sharp, upward thrusts. Repeat until the airway is cleared. Have someone call 911 if this does not happen immediately.

**Fainting:** Fainting may result from numerous illnesses or medical conditions. If the person faints, it may not be necessary to do anything, unless the fainting condition lasts more than a few minutes. Do not leave the person alone and call 911 if the fainting does last more than a few minutes.
Insect Stings and Other Severe Allergic Reactions: Check to see if victim carries an “epi” pen for injections following an allergic reaction. If yes, get the victim to do self injection if possible; if not perform injection on victim. Call 911, as the effects of the “epi” pen may last only a few minutes.

Unconscious Victim: If the victim is unconscious, immediately call 911 (or 9-911 on campus) for emergency medical services. Then, only if trained, perform rescue breathing or CPR as needed.
Appendix B2: Typical Contents of a First Aid Kit (American Red Cross)

The American Red Cross recommends that all first aid kits include the following at a minimum:
- 2 absorbent compress dressings, 5 x 9 inches
- 25 adhesive bandages, assorted sizes
- 1 roll of adhesive cloth tape, 10 yards by 1 inch
- 5 triple antibiotic ointment packets, approximately 1 gram each
- 5 antiseptic wipe packets
- 2 packets of aspirin, 81 milligrams each
- 1 blanket (space blanket)
- 1 breathing barrier
- 1 instant cold compress
- 2 pair non-permeable gloves, size large
- 2 hydrocortisone ointment packets, approximately 1 gram each
- Scissors
- 1 roller bandage, 3 inches wide
- 1 roller bandage, 4 inches wide
- 5 sterile gauze pads, 4 x 4 inches
- Oral thermometer
- 2 triangular bandages
- Tweezers
- 1 Flashlight with batteries
- First aid instruction book
APPENDIX C: FORMS, LINKS TO FORMS (if applicable)

APPENDIX D: ADDITIONAL REFERENCES AND RELATED PROGRAMS (if applicable)
IOSHA Safety and Health Topics, Medical and First Aid
American National Standards Institute (ANSI) Z308.1-1998, Minimum Requirements for Workplace First Aid Kits
American Red Cross, First Aid/CPR/AED for the Workplace, 2006