

WTCS Risk & Loss Control Committee Recommendations for Compliant First Aid Kit & Automated External Defibrillator Programs

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NOTE: The WTCS Risk & Loss Control Committee meets quarterly to assist in developing minimum recommendations regarding environmental, health and safety policies. One such recommendation is provided below and is being forwarded to the WTCS Risk Managers as a resource for their respective District

First Aid Kits

The [Occupational Safety and Health Administration](#) (OSHA) requires all job sites and workplaces to make available first aid equipment for use by injured employees [1]. While providing regulations for some industries such as logging [2], in general, the regulation lacks specifics on the contents of the first aid kit. This is understandable, as the regulation covers every means of employment, and different jobs have different types of injuries and different first-aid requirements. However, in a non-mandatory section [3], the OSHA regulations do refer to ANSI/ISEA Specification Z308.1 [4] as the basis for the *suggested* minimum contents of a first aid kit.

In general, the types of first aid facilities required in a workplace are determined by many factors, such as:

- The laws and regulation of the state or territory in which it is located [WI s.895.48 (4), Stats.];
- The type of industry concerned; for example, industries such as mining may have specific industry regulations detailing specialized instructions;
- The type of hazards present in the workplace;
- The number of employees in the workplace;
- The number of different locations that the workplace is spread over;
- The proximity to local services (doctors, hospital, ambulance).

First aid treats the ABCs (airway, breathing and circulation) as the foundation of good treatment. For this reason, most basic first aid kits will contain a suitable infection barrier for performing artificial respiration as part of cardiopulmonary resuscitation, examples include:

- Pocket mask,
- Face shield (micro-shield),
- Non latex disposable gloves.

Very basic first aid kits have traditionally been intended for treatment of minor injuries only. Typical contents found in first-aid kits could include:

- Adhesive bandages (one of the most commonly used items in a first aid kit),
- Plastic Tweezers,
- Disposable gloves (non latex),
- Gauze pads,

Any questions on the above information, please contact the DMI Risk and Loss Control Consultant at: 414-403-9343 or tim@districtsmutualinsurance.com.

NOTE: Many WTCS Districts have in place a variety of policies/activities to address various environmental, health and safety programs. This information is intended to provide "guidance" and not strict policy as Districts look at their needs and dynamics. The subject information, and documents found on the Districts Mutual Insurance (DMI) website may be used to develop program requirements by other Districts, however, there is no guarantee of completeness or inclusion of all possible factors and situations present within each District. For questions, contact: Tim Greene, DMI Risk and Loss Control Consultant at tim@districtsmutualinsurance.com or (414) 403-9343.

- Gauze wrap,
- Adhesive tape (hypoallergenic),
- Low grade disinfectant and/or burn ointment,
- Scissors,
- Antiseptic wipes,
- Disposable cold pack

Specialized first aid kits should be assembled with focus on specific risks or concerns related to the activity. For example, first aid kits for use in a weld shop or kitchen may contain products for burns, e.g. Water Gel™ because of higher incidents of burns.

If your facility has first responders on staff that are trained for higher level response to medical emergencies, they should be equipped with a Trauma Kit.

First Responders could anticipate more advance types of injuries, such as bleeding, bone fractures or burns. Trauma kits could include items found in the basic first aid kits plus more advanced items as listed below. **NOTE: These are only intended for higher levels of response e.g. People who are certified First Responders [6].**

- Adhesive bandages (band-aids) – can include ones shaped for particular body parts, such as knuckles,
- Moleskin— for blister treatment and prevention,
- Dressings (sterile, applied directly to wound),
- Sterile eye pads,
- Sterile gauze pads,
- Sterile non-adherent pads, containing a non-stick layer (Teflon™),
- Petrolatum gauze pads, used as an occlusive (air-tight) dressing for sucking chest wounds, as well as a non-stick dressing,
- Bandages (for securing dressings, not necessarily sterile),
- Gauze roller bandages - absorbent, breathable, and often elastic,
- Elastic bandages (ACE Wrap) – used for sprains, and pressure bandages,
- Adhesive, elastic roller bandages (known as vet wrap or Coban™) – which is a very effective pressure bandages or durable, waterproof bandaging,
- Triangular bandages - used as slings, tourniquets, to tie splints, and many other uses,
- Butterfly closure strips - used like stitches to close wounds, Saline for cleaning wounds or washing out foreign bodies from eyes,
- Soap - used with water to clean superficial wounds once bleeding is stopped,
- Antiseptic wipes or sprays for reducing the risk of infection in abrasions or around wounds (Dirty wounds must still be cleaned for antiseptics to be effective),
- Burn dressing, which is usually a sterile pad soaked in a cooling gel,
- Adhesive tape, hypoallergenic.

Automated External Defibrillators

With recent advances in technology, automated external defibrillators (AEDs) are now widely available, safe, effective, portable, and easy to use. They provide the critical and necessary treatment for sudden cardiac arrest (SCA) caused by ventricular fibrillation, the uncoordinated beating of the heart leading to collapse and death. Using AEDs as soon as possible after sudden cardiac arrest, within 3-4 minutes, can

lead to a 60% survival rate.³ CPR is of value because it supports the circulation and ventilation of the victim until an electric shock delivered by an AED can restore the fibrillating heart to normal.

All worksites are potential candidates for AED programs because of the possibility of SCA and the need for timely defibrillation. Each workplace should assess its own requirements for an AED program as part of its first-aid response.

A number of issues should be considered in setting up a worksite AED program: physician/medical oversight; compliance with local, state and federal regulations; coordination with local EMS; a quality assurance program; and a periodic review, among others. The OSHA website at www.osha.gov or the websites of the American College of Occupational and Environmental Medicine at www.ocoem.org, the American Heart Association at www.americanheart.org, the American Red Cross at www.redcross.org, Federal Occupational Health at www.foh.dhhs.gov and the National Center for Early Defibrillation at www.early-defib.org can provide additional information about AED program development.

Physician/Medical oversight should include:

- Review and provide consultation of procedures defining the standards of care and utilization of College Automatic External Defibrillators (AED's).
- Assist with initial oversight & follow-up purchases of Automatic External Defibrillators.
- Review and provide consultation with initial and continuing AED training.
- Review of response documentation and rescue data any time an AED is used.
- Additional medical oversight where deemed necessary.

In 1999 Wisconsin Act 7 created Section 146.50 (8) (g) of the Wisconsin Statutes. This statute allows a person to use a semiautomatic defibrillator in rendering emergency care or treatment to an individual who appears to be in cardiac arrest if the person has received approved training. The Act also created 895.48 Wis. Stats. which offers limited immunity from civil liability for persons who render in good faith emergency care by use of a semiautomatic defibrillator to an individual who appears to be in cardiac arrest? Section 895.48 also contains what is known as the Good Samaritan law, which is the general, statutory provision offering limited immunity from civil liability for persons who in good faith render emergency care at the scene of any emergency or accident.

References:

29 CFR 1910.151 (1998-06-10)"[Occupational Safety and Health Standards: Medical services and first aid](#)"

29 CFR 1910.266 App A (1995-09-08)"[Occupational Safety and Health Standards: First-aid Kits \(Mandatory\)](#).

29 CFR 1910.151 App A (2005-01-05)"[Occupational Safety and Health Standards: Appendix A to § 1910.151 -- First aid kits \(Non-Mandatory\)](#).

ANSI Z308.1-2009, *American National Standard -- Minimum Requirements for Workplace First Aid Kits and Supplies*

WI State Statutes Providing Liability Protection During Emergencies:

http://www.legis.state.wi.us/lc/committees/study/2006/DPLAN/files/memo1_dplan.pdf

WI Chapter DHS 113 "Certification of First Responders"

<http://www.legis.state.wi.us/rsb/code/dhs/dhs113.pdf>