

# MEDICAL SERVICES AND FIRST AID



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## 1. INTRODUCTION

- a. Even though it is the intent of **H2 Enterprises, LLC (H2)** to provide and maintain a workplace free of safety and health hazards, and to establish policies for safe work practices and procedures, and expect its employees to perform their work in a safe manner, the potential for accidents and injuries to occur still exists.
- b. OSHA Regulation 29CFR1910.151 requires employers to ensure ready availability of medical personnel for advice and consultation. If project site does not have onsite clinic then a person or persons shall be adequately trained to render first aid. With this directive in mind, the following guidelines are being established, and its procedures will be effectively implemented by trained employees.

## 2. TRAINED PERSONNEL

- a. There shall be at least one certified First Aid/CPR trained person on duty always at all **H2** projects. First Aid/CPR training will be provided by contract training resources that meet nationally recognized medical organization criteria.
- b. Examination, Installation and Use of Equipment

## 3. EMERGENCY CONTACTS

- a. Before work begins at any project location, all employees will be made aware of all emergency phone numbers if needed for the transportation of injured personnel. These numbers are conspicuously posted at **H2** offices, project sites or as communicated by **H2** Management. In the event of a serious injury requiring medical attention other than minor First Aid, only qualified, certified personnel shall manage the injured person until professional medical help has arrived. The following telephone numbers may be contacted for professional assistance as well as the **onsite HS&E Supervisor**:

1. **LOCAL FIRE, POLICE, AMBULANCE** Dial 911
2. **CHEMTREC** Dial 1-800-424-9300
3. **NATIONAL POISON CONTROL** Dial 1-800-256-9822
4. **Steve Lutes, Director, HSE** Dial 1-720-383-0127

## 4. EMERGENCY ACTION

- a. First aid measures are of extreme importance within the first few minutes for a worker that has incurred a serious or incapacitating injury. A primary assessment by an emergency responder will determine the nature and extent of the injury experienced. If you are assigned this responsibility, and before you initiate any action, take note of the immediate surroundings to make sure you don't become a victim yourself!!!

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- i. Stay calm, take a deep, relaxing breath (possible adrenalin rush)
- ii. Look for mechanisms or forces that caused this incident
- iii. Be aware of environmental limitations (cold, heat, moisture)
- iv. Control outside interference (traffic, crowds, bystanders)
- v. Check unknown hazards (gas, chemical, electrical, fire, explosion, lack of oxygen, radiation, weapons, etc.)

## **5. BODY BARRIERS AND FIRST AID KITS**

- a. Your goal is to protect yourself and your patient, utilizing disposable barriers consisting of latex disposable gloves, a mouth-to-mouth barrier, eye-shield and mouth-covering, and protective clothing, if available. This equipment for blood-borne pathogen protection is located with the First Aid Kits, which are located in each **H2** supervisor vehicle. Each First Aid Kit consists of the items listed on Attachment 3 and is to be checked and replenished weekly by the Project Safety Coordinator or Craft Foreman responsible for the maintenance of the vehicle. You should notify the Project Safety Coordinator or Craft Foreman for requisition of supplies.
- b. These Physician-approved First Aid kits shall be easily accessible, maintained in a serviceable condition, and are to be used for no other type of storage, inside or on top of the cabinet. First aid kits shall consist of appropriate items and be stored in a weather proof container with individual sealed packages of each type of item.
- c. Items such as scissors, tweezers, and tubes of ointment with caps or rolls of adhesive tape need not be individually wrapped, sealed, or disposed of after a single use application. Tear-open individual packages of ointments, antiseptics, and the like shall be disposed of after one time use and not stored

## **6. MEDICAL ASSISTANCE GUIDELINES**

Seriously injured or incapacitated personnel should be treated as found, or moved as little as possible, unless the following hazards are present:

- a. **Electrical** - if still in contact with energized sources, shut off the power supply, or move victim away from power source with a non-conducting device.
- b. **Asphyxiation** - if inadequate oxygen exists or toxic gas is present, remove victim to fresh air, or supply with oxygen where found.
- c. **Fire/explosion** - remove victim from flames or combustible sources.
- d. **Corrosive liquid splashes** - remove victim to dry, uncontaminated area upwind of release, using appropriate PPE to control exposures.

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- e. **Building/structural failure** - remove victim if building collapse is imminent or experienced.

If emergency movement becomes necessary and no stretcher is available, you can utilize a blanket, tarpaulin, or sheet of heavy plastic. Pull in the direction of the body's axis, never sideways. Utilize help and extreme caution if spinal injuries are suspected.

## 7. CARDIO PULMONARY RESUSCITATION (CPR)

- a. **CALL** - Check the victim for unresponsiveness. If there is no response, call 911 and return to the victim. In most locations, the emergency dispatcher can assist you with CPR instructions.
- b. **BLOW** - Tilt the head back and listen for breathing. If not breathing normally, pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.
- c. **PUMP** - If the victim is still not breathing normally, coughing or moving, begin chest compressions. Push down on the chest 1 1/2 to 2 inches 30 times right between the nipples. Pump at the rate of 100/minute, faster than once per second.
- d. **CONTINUE WITH 2 BREATHS AND 30 PUMPS UNTIL HELP ARRIVES.**
  - i. NOTE: This ratio is the same for one-person & two-person CPR. In two-person CPR the person pumping the chest stops while the other gives mouth-to-mouth breathing.
- e. **Unresponsiveness:** During cardiac arrest, the heart stops pumping blood, the blood pressure falls to zero and the pulse disappears. Within 10 seconds of cardiac arrest the person loses consciousness and becomes unresponsive. If you shake or shout at the victim, there will be no response.
  - i. Sometimes a person in cardiac arrest may make grunting, gasping or snoring type breathing sounds for a couple of minutes. Do not be confused by this abnormal type of breathing.
  - ii. If a person is unresponsive (doesn't respond to shouts or shakes) and not breathing (or is breathing abnormally) then call 911 and begin CPR.
- f. **Abnormal Breathing:** Remember, a person in cardiac arrest may have abnormal breathing for a couple of minutes. This abnormal breathing is called "agonal respiration" and is the result of the brain's breathing center sending out signals even though circulation has ceased. The key point is that the abnormal breathing may sound like grunting, gasping or snoring. It disappears in 2-3 minutes. If you see this type of breathing DO NOT delay CPR. The person desperately needs air and only you can provide it.
- g. **Pushing on the Chest:** In general, the chest should be pushed down 1 1/2-2 inches. Sometimes you may hear a cracking sound. Do not be alarmed. The sound is caused by

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cartilage or ribs cracking. Even if this occurs the damage is not serious. The risk of delaying CPR or not doing CPR is far greater than the risk of a broken rib.

- h. **Complications of CPR:** Vomiting is the most frequently encountered complication of CPR. If the victim starts to vomit, turn the head to the side and try to sweep out or wipe off the vomit. Continue with CPR. The spread of infection from the victim to the rescuer is exceedingly rare. Most cardiac arrests occur in people's homes - relatives or friends will be the ones needing to do CPR. Even CPR performed on strangers has an exceedingly rare risk of infection. There is NO documentation of HIV or AIDS ever being transmitted via CPR.
- i. **Checking the Pulse:** The pulse check is no longer taught or expected of laypersons. Instead, if you see no signs of life (defined as breathing normally, coughing or moving) you should begin to pump on the chest.
- j. **Check for and control serious, profuse bleeding.** Use firm, direct pressure and a clean compress. Do not "peek" under a blood-soaked compress as you will diminish any clotting that has occurred. Just add more compress bandages. Never apply a tourniquet. Elevation of the affected area, or applying pressure at a point directly above the affected area can also be effective in controlling blood loss.
- k. **Check for signs of shock, such as:**
  - i. overall weakness, disorientation, confused, unresponsive, faint
  - ii. dizziness or nausea with possible vomiting
  - iii. restlessness, fear, or combativeness
  - iv. thirst
  - v. breathing rapid and shallow
  - vi. skin cool and clammy, face pale and/or lips, tongue, earlobes blue
  - vii. eyes lackluster and pupils dilated
  - viii. pulse rapid and weak
- l. These symptoms may present themselves at different times or in combinations, there is no set pattern. To combat these, have the patient lie down at rest, keep the airway open and control any external bleeding. Keep warm with coverings, but do not overheat. If the face is pale then elevate their legs 8-12 inches, if the face is red, then elevate the head and shoulders.
- m. These are general guidelines to follow, unless fractures or spinal injuries are present, which will not allow for any elevation. Do not give the patient anything by mouth even if serious thirst is expressed. Monitor vital signs. You will most likely be unable to bring a patient out of shock, but you may be able to prevent shock or keep it from worsening by following the outlined procedures.

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- n. A person with a fracture must be treated carefully to prevent the injury from becoming worse and increasing shock potential. A fracture may be suspected if any of the following items are observed:
  - i. abnormal shape of body part
  - ii. inability to move body part or extreme pain on movement
  - iii. swelling with skin color change
- o. Utilize available materials to fashion a splint, and install this device on the limb in the position it was found. Do not attempt to realign anything.
- p. First aid for burns, whether due to heat or cold are the same, by applying very cold water to the burned area. Do not attempt to remove materials stuck to the burned surface, and never apply oil, grease, butter or similar substances to a burned area. Cover with a loose dressing.
- q. If choking is observed, ask the person if they are choking, or observe them grasping for their throat, or skin color changing to blue. Approach the person from behind, wrapping your arms around the mid-section, just above the navel. Turn one hand with thumb knuckle into the stomach region and place the other hand over the first with the intent on thrusting together, up and inward into the abdomen. Perform series of 5 abdominal thrusts, unless airway opens. If not, reassess patient airway, reposition hands and continue series of thrusts until successful.
- r. Where the eyes or body of any employee may be exposed to injurious corrosive materials, suitable facilities shall be provided within the work area. Flush eyes/body for a minimum of 15 minutes for corrosive exposures.
- s. Illness assessment would be performed based on the medical problems described by someone. A sign is something you see, hear, or feel, and a symptom is something the patient states. Illness assessment involves talking to the patient, and checking signs and symptoms.
  - i. check pulse (60 - 100 beats per min. in normal adult at rest)
  - ii. check respirations (12 - 20 breaths per min.)
  - iii. check tissue color (look inside lips, under fingernails, lower eyelids)
  - iv. ask patient how they feel
  - v. check medical history
  - vi. ask about any medications being used
  - vii. check for medical alert tags

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## 8. CONCLUSION

- a. Employees with known medical conditions or health problems should disclose this information to their immediate Supervisor so appropriate medical attention can be provided for instances of allergies, seizures, diabetes, cardiovascular conditions, respiratory problems, asthma, etc.
- b. In the absence of a trained medical responder, the above-mentioned guidelines can be implemented by a bystander as opposed to not participating and watching a person lose their life. All fifty States provide for a Good Samaritan Law that protects you from civil liability if you act in good faith to provide care to the level of your training and to the best of your ability.
- c. A clear, informed victim's decision must be made before you may proceed. If unconscious, confused or so severely injured that a clear decision cannot be made, then implied consent is assumed and patient care can be initiated.
- d. Employee personnel files should list their family, address, phone number, next of kin and personal physician's name and phone number for any needed contact or support. Anticipatory orders from identified physicians should also be on file to cover emergency or routine care for special health problems.
- e. Non-compliance by any **H2** employee with any part of this described program will result in disciplinary action as outlined in the Company's Corrective Action and Disciplinary Program found in this manual.