# Emergency Planning & Preparation

## Table of Contents

- Medical Emergency/First Aid ................................................................. 1
- First Aid Kit ......................................................................................... 1
- Administering First Aid ........................................................................ 2
- Beyond First Aid .................................................................................. 3
- Reporting Requirements ....................................................................... 3
- Blood Spills ......................................................................................... 3

Updated 1/31/14
EMERGENCY PLANNING AND PREPARATION

MEDICAL EMERGENCIES/FIRST AID PROCEDURES

Prevention of injuries should be a major emphasis of any safety program. In the event of any type of injury beyond that which first aid can treat, call 911 for medical assistance.

I. GENERAL

A. First aid is defined as any one time treatment and any follow up visit for the purpose of observation, treatment of minor scratches, cuts, burns, splinters, etc. which do not ordinarily require medical care.

B. It is recommended that each department have at least one person trained in basic first aid and cardiopulmonary resuscitation. This person should also receive blood borne pathogen training and the opportunity to receive hepatitis B vaccine.

C. Post the following information regarding emergency services in a conspicuous place:

For medical assistance:

Mercy Memorial Hospital
1011 14th NW
Ardmore, OK  73401
223-5400

Other emergency numbers:

Oklahoma Poison Control Center - 1-800-522-4611 (statewide)
All other emergencies (fire or police) call 911

II. FIRST AID KITS

A. First aid equipment should be readily available and located in a conspicuous place. First aid kits are to be used for the immediate response to minor injuries, such as cuts, burns, or bruises. For any injury which cannot be treated by first aid treatment, or is obviously serious, employees should obtain medical treatment as soon as possible.

B. The Safety Training Coordinator will be responsible for monitoring and maintaining the first aid kit(s). There should be a log attached to the kit indicating the last inspection date and by whom the kit was inspected.
C. First aid kit contents should include items such as Band-aids, sterile gauze pads, bandages, antiseptic wipes or ointments, and a first aid card. All kits should also contain examination gloves for response to emergencies in which blood is present. Pocket masks for CPR procedures are also recommended.

D. The following items are not recommended for use in a first aid kit that is to be used for treatment of minor injuries:

1. Iodine - It is not a good antiseptic and damages tissues.
2. Ice Pack Compress - If there is a swelling of soft tissue, or other need for an ice pack, the person should be examined by a physician.
3. Ammonia Inhalants - If an individual is unconscious, obtain help — do not use ammonia.
4. Tourniquet - Not required for minor injuries; use of the pressure technique until medical assistance is available.

III. ADMINISTERING FIRST AID

A. OSHA requires adherence to "Universal Precautions" when employees respond to emergencies which provide potential exposure to blood and other potentially infectious materials. "Universal Precautions" stresses that all blood or blood contaminated body fluids are assumed to be infectious for HIV and other blood-borne pathogens.

B. Persons responding to a medical emergency protect themselves from exposure to blood and other potentially infectious materials through adherence to work practices designed to minimize or eliminate exposure and through the use of personal protective equipment (i.e., gloves, masks, and protective clothing), which provide a barrier between the worker and the exposure source. For most situations in which first aid is given, the following guidelines should be adequate.

1. For bleeding control with minimal bleeding, disposable gloves alone should be sufficient.
2. For bleeding control with spurting blood, disposable gloves, a gown, a mask, and protective eye wear are recommended.
3. After emergency care has been administered, hands and other skin surfaces should be washed immediately and thoroughly with warm water and soap. Hands should always be washed after gloves are removed, even if the gloves appear to be intact.

Updated 1/31/14
IV. INJURIES, ILLNESSES AND EXPOSURES REQUIRING TREATMENT BEYOND FIRST AID

A. Following any first aid, a nurse or physician qualified to handle occupational injuries and illnesses should provide further examination and treatment. This is to ensure that infection or other unseen injuries are addressed and treated. Mercy Memorial Hospital is recommended facilities.

B. Someone knowledgeable about the incident should always accompany the injured person to the medical facility and a copy of any appropriate MSDSs shall accompany the victim if hazardous materials are involved.

C. Any time an employee develops signs or symptoms associated with a hazardous chemical to which the employee may have been exposed on the job, the affected employee should notify the supervisor. The supervisor should coordinate with the Safety Training Coordinator to review the material safety data sheet and secure appropriate medical attention from Mercy Memorial Hospital.

V. REPORTING REQUIREMENTS

A. All occupational injuries, illnesses and exposures, including minor injuries requiring first aid should be reported to your supervisor, who must ensure the proper documentation and reporting. Reasons for this are as follows:

1. Minor injuries can sometimes lead to more serious complications that only become evident at a later time.
2. A minor injury may indicate a hazardous situation which should be corrected to prevent a serious future injury.

B. Supervisors must complete an Accident Exposure Report (Appendix C) which documents the nature of the incident, what corrective action will be taken, and all injuries, illnesses and exposures that resulted from the incident. This report from should be sent to the Workers' Compensation Office in Personnel Services within 24 hours of the incident.

VI. BLOOD SPILLS

A. After an emergency that involves blood is over, clean up of blood may be required. Cleaning of blood spills should be limited to those persons who are trained for the task.

B. Do not assume that the custodians will clean up the spill. Notify the Safety Training Coordinator of the situation and they will assess the response needed.
C. If an untrained person encounters a spill, he/she should limit access to the area and immediately call the Safety Training Coordinator.