

OAK GROVE SCHOOL DISTRICT

WORKPLACE FIRST AID PROGRAM

OSHA MEDICAL AND FIRST AID

Medical service and first aid 1910.151(b)

The following information is from OSHA's Best Practices Guide: Fundamentals of a Workplace First Aid Program, OSHA 3317-06N2006 and Emergency First Aid Guidelines for California Schools by the Emergency Medical Services Authority (EMSA). These guidelines should not delay calling 9-1-1 in the event of an emergency.

Introduction and Purpose

First aid is emergency care provided for injury or sudden illness before emergency medical treatment is available. The program provides recommended actions and do not supersede or invalidate any laws or rules established by the school system, the school board, or the State of California. The first-aid provider in the workplace is someone who is trained in the delivery of initial medical emergency procedures, using a limited amount of equipment to perform a primary assessment and intervention while awaiting arrival of emergency medical service (EMS) personnel.

Purpose of a First Aid Program

A workplace first-aid program is part of a comprehensive safety and health management system that includes the following four essential elements:

- Management Leadership and Employee Involvement
- Worksite Analysis
- Hazard Prevention and Control
- Safety and Health Training

The purpose of this guide is to present a summary of the basic elements for a first-aid program at the workplace. Those elements include:

- Identifying and assessing the workplace risks that have potential to cause worker injury or illness.
- Designing and implementing a workplace first-aid program that:
 - Aims to minimize the outcome of accidents or exposures

- Complies with OSHA requirements relating to first aid • Includes sufficient quantities of appropriate and readily accessible first-aid supplies and first-aid equipment, such as bandages and automated external defibrillators.
- Assigns and trains first-aid providers who:
 - Receive first-aid training suitable to the specific workplace
 - Receive periodic refresher courses on first-aid skills and knowledge.
 - Instructing all workers about the first-aid program, including what workers should do if a coworker is injured or ill. Putting the policies and program in writing is recommended to implement this and other program elements.
 - Providing for scheduled evaluation and changing of the first-aid program to keep the program current and applicable to emerging risks in the workplace, including regular assessment of the adequacy of the first-aid training .

This guide also includes an outline of the essential elements of safe and effective first-aid training for the workplace as guidance to institutions teaching first-aid courses and to the consumers of these courses.

Planning for Persons with Special Needs

Some persons in the schools or District Office may have special emergency care needs due to their medical conditions or functional needs.

Medical Conditions:

Some persons may have special or chronic conditions that put them at risk for serious or life-threatening emergencies. For example, persons who have:

- Seizures
- Life-threatening or severe allergic reactions
- Diabetes
- Technology-dependent or medically fragile conditions

The school nurse or other duly qualified supervisor of health, along with the person's parent or legal guardian and personal physician, should develop individual emergency care plans for these persons for students. The American with Disabilities Coordinator and/or supervisor should have knowledge of medical conditions in case of an emergency for employees.

In the event of an emergency situation, refer to the person's emergency information or care plan.

Physical Abilities:

Other person in the District may have special emergency needs due to physical disabilities. For example, persons who are:

- Deaf
- Blind
- In wheel chairs or using other assistive devices
- Unable or have difficulty walking up and down stairs
- Temporarily on crutches

These persons will need special arrangements in the event of a school-wide emergency (e.g., fire earthquake, building collapse, evacuation, lockdown, etc.).

A plan should be developed and a responsible person should be designated to assist these persons and staff to safety. All appropriate staff should be aware of this plan.

The Risks: Injuries, Illnesses and Fatalities

There were 5,703 work-related fatalities in private industry in 2004. In that same year there were 4.3 million total workplace injuries and illnesses, of which 1.3 million resulted in days away from work.

Occupational illnesses, injuries and fatalities in 2004 cost the United States' economy \$142.2 billion, according to National Safety Council estimates. The average cost per occupational fatality in 2004 exceeded one million dollars. To cover the costs to employers from workplace injuries, it has been calculated that each and every employee in this country would have had to generate \$1,010 in revenue in 2004.²

Sudden cardiac arrest (SCA) may occur at work. According to recent statistics from the American Heart Association, there are 250,000 out-of-hospital SCAs annually. The actual number of SCAs that happen at work are unknown. If an employee collapses without warning and is not attended to promptly and effectively, the employee may die. Sudden cardiac arrest is caused by abnormal, uncoordinated beating of the heart or loss of the heartbeat altogether, usually as a result of a heart attack.

Workplace events such as electrocution or exposure to low oxygen environments can lead to SCA. Overexertion at work can also trigger SCA in those with underlying heart disease.

The outcome of occupational illnesses and injuries depends on the severity of the injury, available first-aid care and medical treatment. Prompt, properly administered first aid may mean the difference between rapid or prolonged recovery, temporary or permanent disability, and even life or death.

Assess the Risks and Design a First-Aid Program Specific for the Worksite

Obtaining and evaluating information about the injuries, illnesses and fatalities at a worksite are essential first steps. Oak Grove School District will use their Workers' Compensation insurance carrier reports and/or other records to help identify the first-aid needs for the District.

OSHA Requirements

Sudden injuries or illnesses, some of which may be life-threatening, occur at work. The OSHA First Aid standard (29 CFR 1910.151) requires trained first-aid providers at all workplaces of any size if there is no “infirmary, clinic, or hospital in near proximity to the workplace which is used for the treatment of all injured employees.”

In addition to first-aid requirements of 29 CFR 1910.151, several OSHA standards also require training in cardiopulmonary resuscitation (CPR) because sudden cardiac arrest from asphyxiation, electrocution, or exertion may occur. CPR may keep the victim alive until EMS arrives to provide the next level of medical care. However, survival from this kind of care is low, only 5-7%, according to the American Heart Association.

If an employee is expected to render first aid as part of his or her job duties, the employee is covered by the requirements of the Occupational Exposure to Bloodborne Pathogens standard (29 CFR 1910.1030). This standard includes specific training requirements.

A few of the medical emergency procedures mentioned in this guide as first aid may be considered medical treatment for OSHA recordkeeping purposes. The OSHA Recording and Reporting Occupational Injuries and Illnesses regulation (29 CFR 1904) provides specific definitions of first aid and medical treatment. If a medical emergency procedure which is considered by 29 CFR 1904 to be medical treatment is performed on an employee with an occupational injury or illness, then the injury or illness will be regarded as recordable by OSHA.

First-Aid Supplies

It is advisable for the employer to give a specific person the responsibility for choosing the types and amounts of first-aid supplies and for maintaining these supplies. The supplies must be adequate, should reflect the kinds of injuries that occur, and must be stored in an area where they are readily available for emergency access.

A specific example of the minimal contents of a workplace first aid kit is described in American National Standards Institute ANSI Z308.1 - 2003, Minimum Requirements for Workplace First Aid Kits. The kits described are suitable for small businesses. For large operations, employers should determine how many first-aid kits are needed, and if it is appropriate to augment the kits with additional first-aid equipment and supplies.

By assessing the specific needs of the District sites, Oak Grove School District can ensure the availability of adequate first-aid supplies. Sites should periodically reassess the demand for these supplies and adjust their inventories.

First-Aid Courses

Training for first aid is offered by the American Heart Association, the American Red Cross, the National Safety Council, and other nationally recognized and private educational organizations.

Elements of a Workplace First Aid Program

Oak Grove School District has developed a Workplace First Aid Program as per OSHA 1910.151(b). The program is based on the best practices and evidence available at the time this program was written. Program elements are:

1. Staff roles clearly defined in writing. Oak Grove School District school site employees should refer to the SB187 plan. Oak Grove School District District Office employees should refer to the District Office Safety Plan.
2. At least one individual, other than the nurse, is trained in CPR and first aide in each school.
3. With appropriate staff training, the Workplace First Aid Program could be utilized by staff for immediate care of students or employees.
4. First aid kits are stocked with up-to-date supplies and are available in central locations, high-risk areas, and for extracurricular activities.
5. All employees have rapid access to emergency numbers. Emergency numbers are listed on the Oak Grove School District Safety Flip Charts by each phone.
6. School personnel have communicated with the local EMS regarding the emergency plan and other pertinent information.
7. All injuries are documented in a standard format and maintained in an organized manner. Injury reports are reviewed on a regular basis to revise the emergency plan and remedy hazards.

INFECTION CONTROL

To reduce the spread of infectious diseases, it is important to follow Universal Precautions when providing care to any ill or injured staff or student, whether or not the person is known to be infectious. Universal precautions are a set of guidelines that assume that all blood and certain other body fluids are potentially infectious. The following list describes universal precautions:

Wash hands thoroughly with water and soap for at least 15 seconds. When hands are visibly dirt or visibly soiled with blood or other body fluids (be sure to scrub between fingers, under fingernails, and around the tops and palms of hands). If hands are not visibly soiled you may use an alcohol-based hand rub but wash your hands as soon as possible.

- Wash hands:
 1. Before and after physical contact with any person (even if gloves have been worn)
 2. Before and after eating and handling food
 3. After contact with a cleaning agent
 4. After using the restroom
 5. After providing any first-aid
- Wear disposable gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes.

- Wipe-up any blood or body fluid spills as soon as possible (wear disposable gloves). Double-bag the trash in plastic bags, or place in a Ziploc bag and dispose immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water). Make sure any chemical used is on the Oak Grove School District SDS list. Do NOT bring chemicals from home.
- Send all soiled clothing (clothing with blood, feces or vomit) home with the person in a double-bagged plastic bag.
- Do not eat, touch your mouth, or touch your eyes while giving any first aid.
- Remind students to wash hands thoroughly after coming in contact with any blood or body fluids. Inform students to avoid contact with another person's blood or body fluid.

EMERGENCY PROCEDURES

1. Remain calm and assess the situation. **Be sure the situation is safe** for you to approach. The following dangers will require caution: live electrical wires, gas leaks, chemical exposure, building damage, unstable structures, fire or smoke, traffic, agitated or violent student.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives. **For serious injury or illness, call 9-1-1 without delay.**
3. Notify the responsible school nurse or administrator designated to handle emergencies. Upon arrival this person should take charge of the emergency.
4. Do NOT give medications to students unless there has been prior written approval by the person's parent or legal guardian and doctor. Administer medications according to local school board policy and state or federal laws and regulations.
5. Do NOT move a severely injured or ill person unless absolutely necessary for immediate safety. If moving is necessary, protect the neck by keeping it straight to prevent further injury.
6. Call Emergency Medical Services (EMS 9-1-1), if appropriate, or arrange for transportation of the ill or injured person, if necessary. Provide EMS personnel with copies of physician/parents signed record of medical instructions for emergencies.
7. The responsible school nurse, administrator, or a designated employee should notify the injured person's family, parent or guardian of the emergency as soon as possible to determine the appropriate course of action.
8. Fill out a report for all injuries and illnesses requiring above procedures.

EMERGENCY FIRST AIDE GUIDELINES

ALLERGIC REACTION

Symptoms of a Severe Allergic Reaction after Exposure

Difficulty breathing, wheezing	Pale, gray, blue or flushed skin/lips
Difficulty swallowing, drooling	Poor circulation
Continuous coughing or sneezing	Nausea and/or vomiting
Tightening of throat or chest	Weakness, dizziness
Swelling of face, neck or tongue	Seizures
Confusion or loss of consciousness	Suddenly appears seriously sick
	Generalized rash or hives

Symptoms Of A Mild Allergic Reaction

Red, watery eyes	Itchy, sneezing, runny nose
Rash or hives in local area or widely scattered	Localized swelling, redness

Persons with a history of life-threatening allergies should be known to appropriate school staff. An emergency care plan is needed upon enrollment or hire. Staff in a position to administer approved medications should receive instructions.

A person may experience a delay allergic reaction up to 2 hours following food or medication ingestion, bites, bee sting or exposure to chemicals, plants, etc.

- Ask if person is having difficulty breathing or swallowing
- Ask person if they have a history of allergic reaction
- Check for a medical bracelet or medallion.

Does the person have a history of current symptoms of a severe allergic, reaction to the recent exposure?

IF YES Call 9-1-1

- Refer to Emergency Care Plan
- Administer doctor approved medication as prescribed
- Administer Epinephrine (EpiPen) as per school protocol.

- Keep quiet & in position of comfort
- Be prepared to use CPR
- Contact responsible school nurse or administrator

IF NO:

- Brush off dry substances (wear gloves)
- Flush contact area or substance from skin and eyes with water
- Notify adult supervising person (if student) of exposure (bee sting or ingestion) and possibility of delay allergic reaction
- Observe mild reactions
- Review person's emergency plan

Is person so uncomfortable that he is unable to participate in activities?

IF YES: contact responsible school nurse or administrator

IF NO: can maintain daily schedule

ASTHMA/WHEEZING/DIFFICULTY BREATHING

Signs of Breathing Difficulty

Rapid/Shallow breathing	Tightness in chest
Not able to speak in full sentences	Widening of nostrils
Wheezing (high pitched sound)	Increased use of stomach and chest muscles
Excessive coughing	Appears very anxious

Persons with a history of breathing difficulties, including asthma or wheezing, should be known to appropriate staff. Keep asthma inhaler and spacer available.

Asthma/wheezing may be triggered by many substances/activities. Hypersensitive airways become smaller, causing wheeze, cough and difficulty breathing. Attacks may be mild, moderate or severe.

- Sit person upright in position of comfort
- STAY CALM. Be reassuring
- Ask if person has allergies or medication

- ✓ Did breathing difficulty develop rapidly?
- ✓ Is the student having difficulty speaking due to shortness of breath?
- ✓ Are lips, tongue or nail beds turning blue?
- ✓ Change in level of consciousness-confusion?

IF YES CALL 911 Follow guide below

- ✓ If available, check school asthma action plan
- ✓ If person has doctor or parent/guardian approved inhaler medication, assist or administer medication as directed
- ✓ Observe for 4-5 minutes and repeat as directed, if not improved
- ✓ Encourage person to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

IF NO:

- ✓ If available, check school asthma action plan
- ✓ If person has doctor or parent/guardian approved inhaler medication, assist or administer medication as directed
- ✓ Observe for 4-5 minutes and repeat as directed, if not improved

✓ Encourage person to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

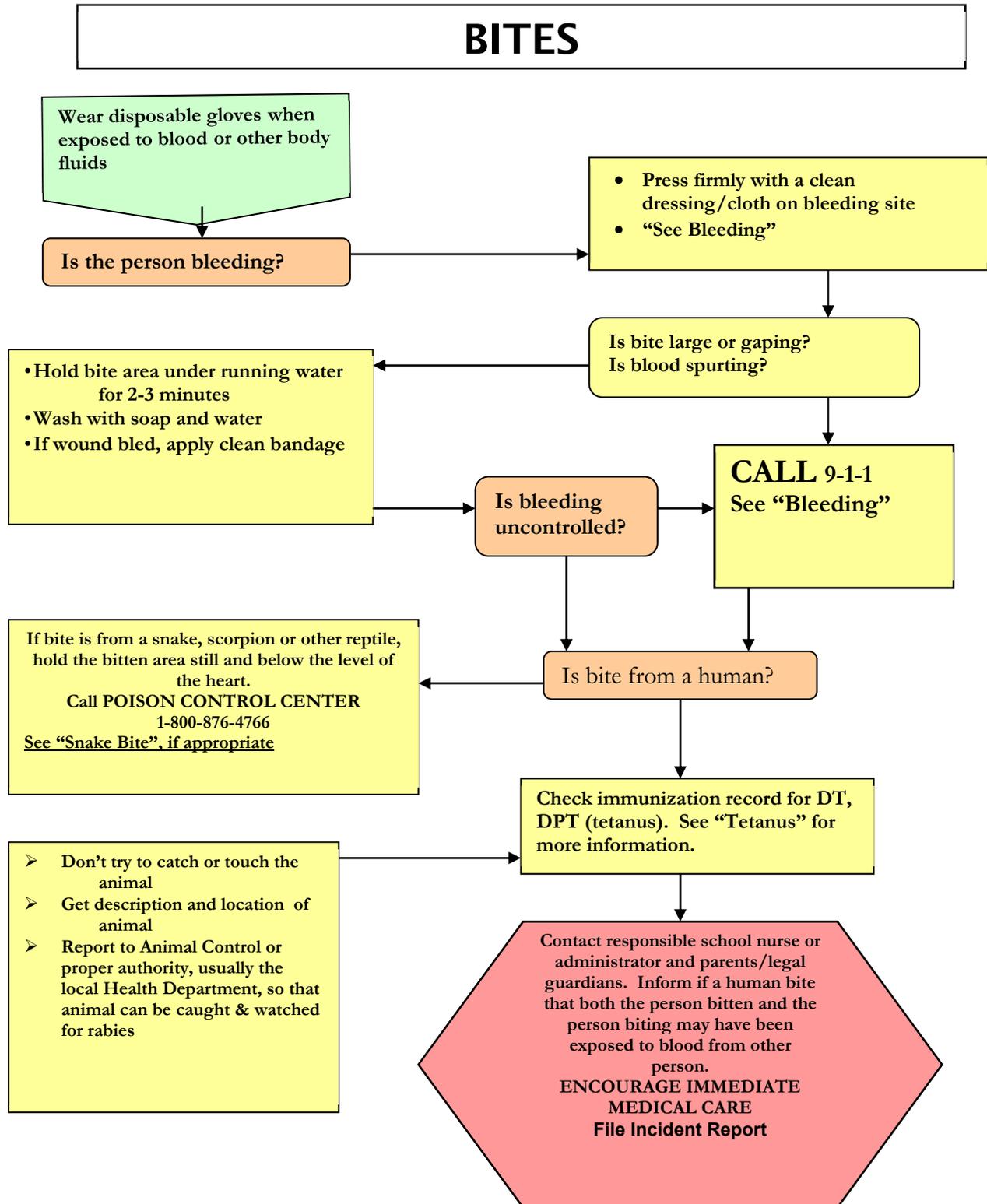
- Are symptoms not improving or getting worse?
- Having difficulty speaking in full sentences
- Loud wheezing or persistent cough?
- Decreased level of consciousness?

IF YES: CALL 911. Contact responsible school nurse or administrator

IF NO:

- ✓ May give room temperature water to drink
- ✓ Person may return to activities when recovered
- ✓ Notify school nurse or administrator.

BITES (HUMAN & ANIMALS)



BLEEDING

Always follow Oak Grove School District's Injury and Illness Prevention Plan. Always remember exposure to blood or other potentially infectious materials you may be at risk of acquiring hepatitis B virus (HBV) infection, hepatitis C and/or HIV. Employees should ALWAYS take precautions and wear personal protective equipment (PPE).

DO NOT REMOVE IMPALED OBJECTS.

- Is injured part amputated (severed)
- Is blood bright red or spurting?
- Is muscle, fat or bone showing?

IF YES: CALL 911

IF NO:

- Press firmly with a clean gloved, hand, cloth or dressing for several minutes to stop bleeding.
- Elevate bleeding extremity. If fracture is suspected, see Fracture.
- If amputated part, place part in sealed plastic bag and place bag in ice water

DO NOT PUT AMPUTATED PART DIRECTLY ON ICE.

- Bandage wound firmly, but not tight enough to compromise circulation
- Check skin circulation frequently by checking for warmth, pinkness, and good sensation
- If bandage is saturated with blood, DO NOT remove it
- Reinforce with another dressing over existing dressing/bandage
- Hold firm pressure for 10 minutes
- Is there continued uncontrollable bleeding

IF YES Call 911

- Have person lie down
- Elevate feet 8 – 10 inches, unless this causes pain/discomfort, OR a neck/back/hip injury is suspected
- Keep person warm but not hot
- Reinforce existing dressing and apply pressure to wound as needed

Contact responsible school nurse or administrator

IF NO: continue

- **Wash surrounding area with soap and water**
- **Rinse, pat dry and apply bandage**
- **If deep or gaping, wounds may need stitches – RECOMMEND MEDICAL CARE**
- **Contact responsible school nurse or administrator.**

LAY PERSON CPR

The American Red Cross (ARC) guidelines follow the American Heart Association's (AHA) new CPR guidelines for laypersons, Guidelines 2010 for Emergency Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.

If person is trained: Call 911

- Give 2 rescue breaths
- Tilt head back and open jaw
- Cover mouth with your mouth
- Give breaths until chest rises
- Continue with 30 compressions and 2 breaths.

CPR is to be used when a child or adult is unresponsive or when breathing or heart beat stops. The following are directions for a layperson performing CPR:

1. Tap or gently shake the shoulder. Shout "Are you OK?" If that person is unresponsive, shout for help and send someone to call **EMS 9-1-1**.
2. Turn the person onto his/her back as a unit by supporting the head and neck. If head or neck injury is suspected, **DO NOT BEND OR TURN NECK**.
3. Lift chin up and out with one hand while pushing down on the forehead with the other to open the AIRWAY. If head or neck injury suspected, hold head still and move jaw forward to open airway.
4. Check for normal breathing by observation of chest, if there is no breathing or the patient is making gasping breaths then begin chest compressions at a rate of 100 per minute. Compress 30 times before beginning rescue breath.
5. If child is not breathing, seal your lips tightly around his/her mouth, pinch nose shut. While keeping the airway open, give 2 slow breaths (1 to 1 1/2 seconds per breath) until chest rises.

IF AIR GOES IN (Chest rises with rescue breath)

6. Place heel of one hand on the lower half of breastbone. Do NOT place your hand over the bottom of the breastbone.
7. Compress chest 5 times with heel of one hand (at least 2 inches). Lift fingers to avoid pressure on ribs.
8. Give 2 slow breaths until chest rises.
9. **REPEAT CYCLES OF 30 COMPRESSIONS TO 2 BREATHS AT A RATE OF 100 COMPRESSIONS PER MINUTE UNTIL PERSON SHOWS SIGNS OF BREATHING EFFECTIVELY ON OWN, SHOWS OTHER SIGNS OF CIRCULATION, OR HELP ARRIVES.**

IF AIR WON'T GO IN: (Chest does NOT rise with rescue breath)

6. Re-tilt head back (Steps 3-5). Try to give 2 breaths again.

IF AIR GOES IN, FOLLOW INSTRUCTIONS ABOVE.

IF AIR STILL WON'T GO IN:

7. Find hand position near center of breastbone. Do NOT place your hand over the very bottom of the breastbone.
8. Compress chest 30 times with the heel of 1 hand (at least 2 inches). Lift fingers to avoid pressure on ribs.
9. Lift jaw and tongue and look in mouth. If foreign object is seen, sweep it out with finger. If object is not seen, Do Not Sweep With Finger Blindly.
10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE EFFECTIVELY ON OWN, SHOWS OTHER SIGNS OF CIRCULATION OR HELP ARRIVES.

CHOKING FOR CONSCIOUS VICTIMS



Call 9-1-1 or activate EMS after starting rescue efforts

Begin the following if the child/adult is choking and is unable to breathe. However, if the child/adult is coughing or crying, DO NOT do any of the following, but call 9-1-1, try to calm the child/adult and watch for worsening of symptoms. If cough becomes ineffective (loss of sound), begin step 1.

Stand or kneel behind the person and place your arms under the armpits to encircle the chest.

Place thumb side of fist against middle of abdomen just above the navel. DO NOT place your hand over the very bottom of the breastbone. Grasp fist with other hand. Press with quick backward and upward thrusts.

Give up to 5 quick inward and upward thrusts.

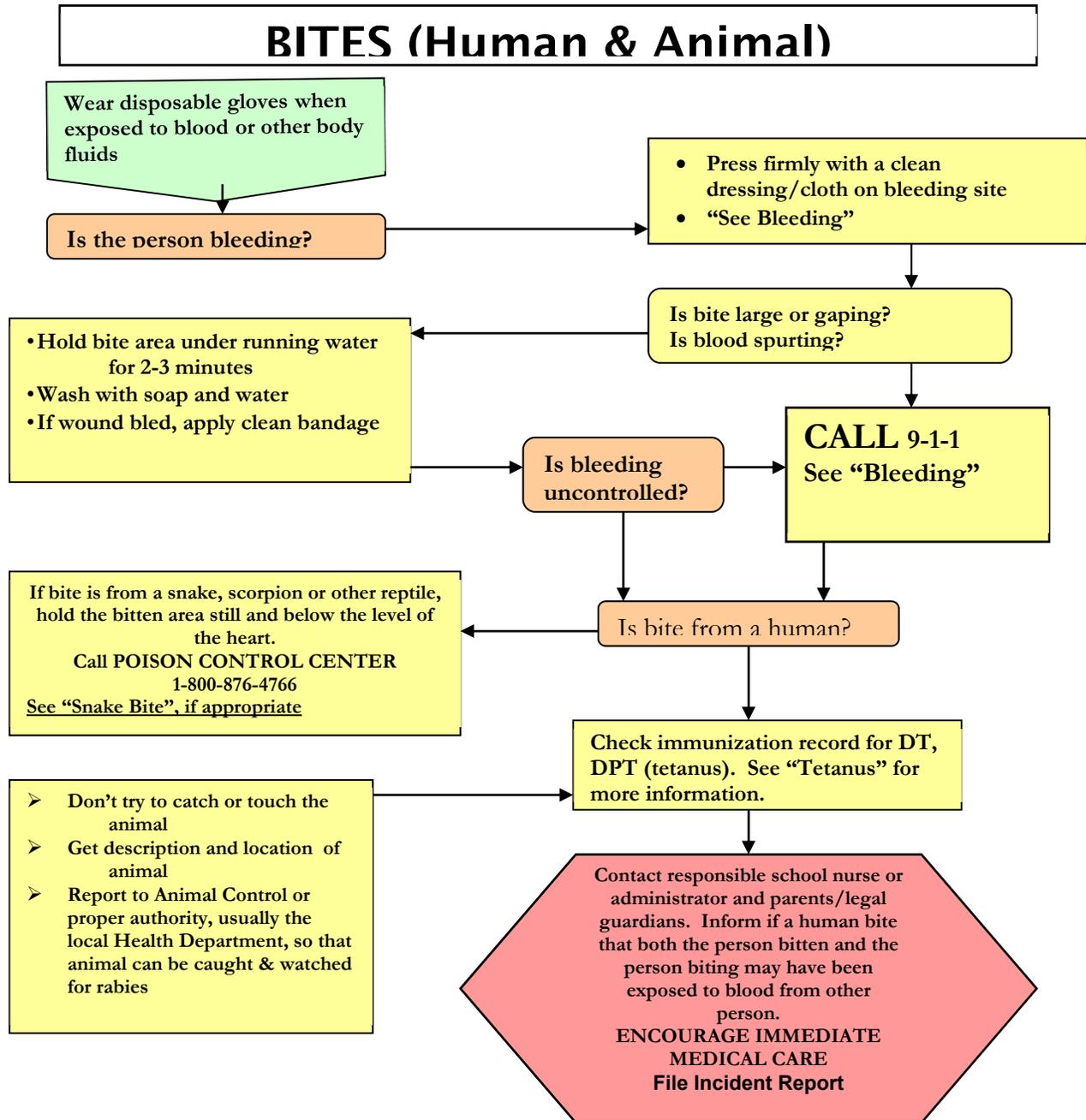
Repeat steps 1 -2 until object is coughed up, or person starts to breathe or becomes unconscious.

IF PERSON BECOMES UNCONSCIOUS, PLACE O BACK AND GO TO STEP 6 OF CHILD OR ADULT CPR (ABOVE).

FOR OBESE OR PREGNANT PERSON

Stand behind person and place your arms under the armpits to encircle the chest. Place thumb side of fist against lower half of breastbone and thrust backwards.

BITES (HUMAN AND ANIMAL)



CHILD ABUSE & NEGLECT

Child abuse is a complicated issue with many potential signs. Anyone in a position to care for children should be trained in recognition of child abuse/neglect. Mandated reporters should receive required annual training.

If child has visible injuries, refer to the appropriate guidelines to provide first aid. Call EMS 911 if any injuries require immediate medical care.

Teachers and other professional school staff are required to report suspected abuse and neglect to the Child Protective Services agency. Refer to the Oak Grove School District Child Abuse Reporting policy for additional guidance on reporting.

Abuse may be physical, sexual or emotional in nature. This is NOT a complete list:

- Depression, hostility, low self-esteem, poor self-image
- Evidence of repeated injuries or unusual injuries
- Lack of explanation or unlikely explanation for an injury
- Pattern bruises or marks (e.g., burns in the shape of a cigarette or iron, bruises or welts in the shape of a hand)
- “Glove-like” or “sock-like” burns on hands or feet
- Unusual knowledge of sex, inappropriate touching or engaging in sexual play with other children
- Poor hygiene, underfed appearance
- Severe injury or illness without medical care

If a child reveals abuse to you:

- Try to remain calm
- Take the person seriously
- Tell the person that h/she did the right thing by telling you
- Do not make promises that you cannot keep
- Respect the sensitive nature of the person’s situation. Remember eachcase is individual and use your best judgment to act in the best interest of the child
- Follow appropriate reporting procedures
- See Department of Social Services, Publication 132 “The California Child Abuse & Neglect Reporting Law – Issues and Answers for Mandated Reporters”, at <http://www.dss.cahwnet/gov/pdf/PUB132.pdf>

ELECTRICAL INJURY



Call 9-1-1.

Send someone to call 9-1-1. If patient is unresponsive and no one else is available to call 9-1-1, call yourself then begin CPR.

If exposed power source, **TURN OFF POWER SOURCE**, if possible.

DO NOT TOUCH PERSON UNTIL POWER SOURCE IS SHUT OFF.

Once power is off and situation is safe, approach the person and ask, “Are you okay?”

Any electrical shock with injury needs medical evaluation.

FAINING

- ❖ Fainting may have many causes including: injuries, blood loss, poisoning, severe allergy, diabetic reaction, heat exhaustion, hypoglycemia, illness, fatigue, stress, not eating, standing still for too long, etc. Most persons who faint will recover quickly when lying down. If person does not regain consciousness within 1 minute, see **“Unconsciousness” and call 9-1-1.**

If you observe, or the person complains of any of the following signs or symptoms of fainting, have the person lie down to prevent injury from falling:

- Extreme weakness or fatigue
- Dizziness or light-headedness
- Extreme sleepiness
- Pal, sweaty skin
- Nausea

Is fainting due to a forceful injury? Call 9-1-1

If the person injured themselves when he/she fainted/fell, treat as possible neck injury.

If person did not injure themselves when they fainted:

- Keep person in flat position, lying on back
- Elevate feet
- Loosen clothing around neck and waist
- Keep airway clear and monitor breathing
- Keep person warm, but not hot
- Control bleeding if needed
- Give nothing to eat or drink

If person feels better, and there is no danger of neck injury, he/she may be moved to a quiet, private area. Contact responsible school nurse or administrator.

If person is still dizzy, light-headed, weak or fatigued, keep person lying down. Contact responsible school nurse or administrator. Encourage the person to get medical care.

FRACTURES, DISLOCATION, SPRAINS OR STRAINS

Signs & Symptoms of Fracture, Dislocation, Sprains or Strains

- ❖ Pain and/or swelling in one area
- ❖ Large bruise/discoloration
- ❖ Sounds/feels like bones moving or rubbing
- ❖ Bent or deformed
- ❖ Cold and numb
- ❖ Loss of sensation or movement
- ❖ Disfigurement at joint

Treat all injured parts as if they could be fractured. If bleeding, wear gloves and apply direct pressure to bleeding site.

- Is bone or joint deformed or bent in an unusual way?
- Is skin broken over possible fracture?
- Is bone sticking through skin?
- Is skin of the injured extremity pale/cool when compared with opposite extremity?

If Yes Call 9-1-1

If No:

- Avoid movement of injured part
- Do not allow person to put weight on it or use it
- Splint with towel, cardboard, or sling
- Gently support and elevate injured part and adjacent joint, with pillow or folded towel, if possible
- Apply ice/cold (no more than 20 min/hr), covered with cloth or paper towel.

After a period of rest, recheck the injury

- Is the pain gone?
- Can person move or put weight on injured part without discomfort?
- Is numbness/tingling gone?
- Has normal sensation returned to injured area?
- Is coloration, circulation normal?

If NO, contact responsible school nurse or administrator. Encourage Medical Care.

HEAD INJURIES

- ❖ Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports and violence may be serious.

If person only bumped head and does not have any other complaints or symptoms, See Bruises. Ask questions about how injury occurred.

- With a head injury (other than minor head injury), always suspect neck injury as well. DO NOT move or twist the spine or neck.
- Have person rest, lying flat.
- Keep person quiet & warm.

Is person vomiting?

If No, Watch person closely. Do not leave the person alone.

If Yes, Turn the head and body together to the left side, keeping the head and neck in a straight line with the trunk.

Are any of the following present:

Unconsciousness, seizure or neck pain?

Blood is flowing freely from the head. Maintain firm, direct pressure

Inability to respond to simple commands?

Blood or watery fluid from ears or nose?

Inability to move or feel arms or legs?

Person is sleepy, confused or asks repetitive questions?

Taking blood thinners?

If Yes call 9-1-1. Look, listen & feel for breathing. If person stops breathing, see CPR. Contact responsible school nurse or administrator.

If No: If person was briefly confused and seems fully recovered contact responsible school nurse or administrator. **Watch for delayed symptoms & encourage medical care. Send home instructions for observing delay symptoms.**

HEAT EXHAUSTIONS AND HEAT STROKE

- ❖ Spending too much time in the heat, especially with exertion, may cause heat emergencies.
- ❖ Heat emergencies can be life-threatening situations.
- ❖ Refer to the Oak Grove School District's IIPP section Heat Illness Awareness

Signs & Symptoms of Heat Related Injury

Heat Exhaustion	Heat Stroke
❖ Cool, moist, pale skin	❖ Hot skin (usually dry)
❖ Weakness & fatigue	❖ High temperature
❖ Rapid, weak pulse	❖ Rapid, shallow breathing
❖ Vomiting, nausea	❖ Sweating, headache
❖ Confusion, dizziness	❖ Seizure
❖ Muscle cramping	❖ Loss of consciousness

Heat exhaustion is common and is due to lack of body fluids. Heat Stroke is life-threatening and occurs when the body is overwhelmed by heat and cannot regulate body temperature. Strenuous activity in the heat may cause heat-related illness. See signs & symptoms of heat emergencies below.

Is person unconscious or altered mental status?

If YES, Quickly remove person from heat to a cooler place

Put on side to protect airway

Look, listen and feel for breathing. If not breathing, see CPR.

Call 9-1-1.

Remove outer clothing, as appropriate.

Cool rapidly by completely wetting clothing/ski with room temperature water. **DO NOT USE ICE WATER.**

Contact responsible school nurse or administrator.

If NO:

- Move person to a cooler place
- Have person lie down
- Elevate feet
- Loosen or remove outer clothing
- Spray with water and fan person

Are any of the following happening:

- Hot, dry, red skin?
- Altered mental status?
- Vomiting
- Fever?
- Confusion, dizziness?
- Rapid shallow breathing?

If YES: call 9-1-1

If NO:

- Give clear fluids frequently (water, sport drink, etc.) in small amounts, if fully awake and alert.

If condition improves, may return to work or class.

If no improvement, person **NEEDS IMMEDIATE MEDICAL CARE.**

NECK AND BACK PAIN

Symptoms of Possible Spinal Nerve Injury

Loss of sensation	Numbness or tingling of arms and legs
Loss of movement	Electric shock like pains

A stiff or sore neck from sleeping in a “funny” position is different than neck pain from a sudden injury. Non-injured stiff necks may be uncomfortable, but they are usually not emergencies.

- Suspect a neck/back injury if pain results from:
- Falls over 8 feet or falling on head
- Being thrown from a moving vehicle
- Sports
- Violence
- Being struck by a car or other fast moving object

Has an injury occurred?

IF YES:

Did person walk-in or was person found lying down?

WALK IN

- Allow person to assume position of comfort and keep head straight. **Advise person not to move head or neck.**

LYING DOWN

- **Do not move person** unless there is immediate danger of further physical harm. If person **must** be moved, support head and neck – keep head, neck and back from bending.

For Walk in Or Lying Down victims:

- Keep person quiet and warm
- Hold head still until EMS take over care by gently placing a hand on each side of head or place rolled up towels/clothing on both sides of head so it will not move.

- **CALL 911**
- Contact responsible school nurse or administrator
- Employees and students should always be referred to the Health Office for a non-emergency injury or illness. All above procedures should be applied in an emergency until a trained person arrives. You are considered a First Responder if you are on the scene during the emergency.

TEACHING METHODS

Training programs should incorporate the following principles:

- Having appropriate first-aid supplies and equipment available;
- Including a course information resource for reference both during and after training;
- Allowing enough time for emphasis on commonly occurring situations;
- Emphasizing skills training and confidence-building over classroom lectures;
- Emphasizing quick response to first-aid situations. Preparing to Respond to a Health Emergency The training program should include instruction or discussion in the following:
 - Prevention as a strategy in reducing fatalities, illnesses and injuries;
 - Interacting with the local EMS system;
 - Maintaining a current list of emergency telephone numbers (police, fire, ambulance, poison control) accessible by all employees; Understanding the legal aspects of providing first-aid care, including Good Samaritan legislation, consent, abandonment, negligence, assault and battery, State laws and regulations;
 - Understanding the effects of stress, fear of infection, panic; how they interfere with performance; and what to do to overcome these barriers to action;
 - Learning the importance of universal precautions and body substance isolation to provide protection from bloodborne pathogens and other potentially infectious materials. Learning about personal protective equipment -- gloves, eye protection, masks, and respiratory barrier devices. Appropriate management and disposal of blood-contaminated sharps and surfaces; and awareness of OSHA's Bloodborne Pathogens standard. 3. Assessing the Scene and the Victim(s)

Program Update

The first-aid program should be reviewed periodically to determine if it continues to address the needs of the specific workplace. Training, supplies, equipment and first-aid policies should be added or modified to account for changes in workplace safety and health hazards, worksite locations and worker schedules since the last program review. The first-aid training program

should be kept up-to date with current first-aid techniques and knowledge. Outdated training and reference materials should be replaced or removed.

Emergency Eyewashes/showers

OSHA's 1910.151 standard also covers emergency eyewashes and showers. Eyewash/showers are required where persons may be exposed to "injurious corrosive materials."

AED

California recently enacted legislation aimed at increasing the installation and use of automated external defibrillators ("AEDs"). On Sept. 8, 2015, Gov. Jerry Brown signed S.B. 658 into law. The bill revises the rules that must be followed to obtain immunity from civil liability for the selection, installation, placement and use of AEDs. The new law goes into effect on Jan. 1, 2016.

The intent of this new law bill is clearly to make it easier to obtain immunity for, and encourage, AED placement and use. Comments to S.B. 658 were submitted by the [American Heart Association](#) ("AHA"), and studies from the [Centers for Disease Control](#) and Prevention and Emergency Medical Services Authority ("EMSA") were considered. These comments and studies noted that increased access to AEDs can lead to increased cardiac arrest survival rates. The AHA noted in particular that cardiac arrest survival rates can increase to nearly 40 percent in communities with AED programs.

A.B. 658 provides that a person or entity that acquires an AED for emergency use is not liable for any civil damages resulting from the use of an AED to provide emergency care if that person or entity does all of the following:

- comply with all regulations governing the placement of an AED;
- notify the local emergency medical service agency of the existence, location and type of AED;
- maintain and test the AED according to the manufacturer's guidelines;
- test the AED at least twice a year and after each use;
- inspect all AEDs on the premises at least every 90 days; and
- maintain records of the maintenance and testing of the AED as required by the statute.

S.B. 658 eliminates employee CPR training requirements. Under the prior law, entities providing AEDs were required to have at least one employee trained in CPR for every AED unit acquired up to five units and one additional trained employee for every additional five units. Employers no longer have to train employees in CPR or the use of AEDs. And under S.B. 658, employers with AEDs are no longer required to have employees trained to respond to emergencies during normal work hours.

S.B. 658 also modifies the requirements that building owners must follow to obtain immunity. The new rules require building owners who provide AEDs to:

- annually notify building tenants of the location of the AED units and provide information on how to voluntarily take CPR or AED training;
- annually offer a demonstration on how to properly use an AED in an emergency;

- post instructions on how to use the AED next to the AED in at least 14-point font.

In addition S.B. 658 provides that a medical doctor is not required to be involved in the acquisition or placement of an AED.

Please note that the new law also modifies the requirements for AEDs placed in a public or private K-12 school. K-12 schools that provide AEDs are now required to provide information on sudden cardiac arrest, the school's emergency response plan and the proper use of an AED to administrators and staff annually, and must post similar information in at least 14-point font next to every AED. The revisions eliminated the requirement that principals must designate trained employees who can respond to an emergency during normal business hours. The new law makes clear that school employees are permitted to render aid with an AED.

S.B. 658 retains the prior law language that provides immunity for persons using an AED for emergency care when they do so "in good faith and not for compensation". See Civil Code 1714.21(b). Unfortunately, S.B. 658 has not clarified the quoted terms which have caused confusion and uncertainty in some cases. As an example, issues have been raised over what constitutes "good faith" and when is an employee using an AED not doing so "for compensation."

Practical Considerations

Employers and building owners in California should now review and revise their policies and procedures governing AEDs to meet the new S.B. 658 requirements. And those who have previously chosen not to provide AEDs out of concern that the law governing immunity was not sufficiently broad, may now want to review those decisions.

It may be prudent to still generally make use of AEDs voluntary and not part of an employee's job duties in order to minimize any dispute over whether an employee uses an AED "not for compensation." S.B. 658's revisions may make this less of an issue as employers are no longer required to provide trained employees to operate the AEDs. However, this issue may not be fully resolved. Please note that a common exception to such voluntary use would be for those who are emergency responders as part of their job duties. Under that circumstance, workers' compensation law in California would typically provide protection against liability for workers who are accused of causing injury to co-workers as part of their job duties, but some exceptions are theoretically possible, such as a willful physical assault. See California Labor Code § 3602.

It may also be prudent to remind anyone who may use an AED that the device must only be used "in good faith" and explain that term as best as possible.

Although training is no longer required (apparently in recognition that AEDs are easy to

use) employers and business owners should still give serious consideration to providing training. Despite their ease of use, it is still far more likely that employees and others will use AEDs, and use them properly and effectively, if training is provided.

SUMMARY

Employers are required by OSHA standard 29 CFR 1910.151 to have a person or persons adequately trained to render first aid for worksites that are not in near proximity to an infirmary, clinic, or hospital.

It is advised that the first-aid program for a particular workplace be designed to reflect the known and anticipated risks of the specific work environment. The program must comply with all applicable OSHA standards and regulations. (See section on OSHA Requirements.) OSHA requires certain employers to have CPR-trained rescuers on site.

Oak Grove School District trains bus drivers, health assistants, paraprofessionals, ??????? in CPR and First Aid. It is a requirement of the position to maintain a current certification.

First-aid supplies must be available in adequate quantities and be readily accessible.

First-aid training courses should include instruction in general and workplace hazard-specific knowledge and skills. General first-aid training should be repeated periodically to maintain and update knowledge and skills.

Management commitment and worker involvement is vital in developing, implementing and assessing a workplace safety first-aid program.

Additional Resources on First Aid, CPR and AEDs

American Association of Occupational Health Nursing at www.aaohn.org

National Safety Council at www.nsc.org

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National Safety Council, Standard First Aid, CPR and AED, McGrawHill. New York NY. (2005). U.S. Department of Labor. Bureau of Labor Statistics, Injuries, Illnesses, and Fatalities at www.bls.gov/iif

U.S. Department of Labor. Occupational Safety and Health Administration. Directive CPL 02-02-053. Guidelines for First Aid Training Programs. 1991. 17 18

OSHA Assistance

OSHA can provide extensive help through a variety of programs. An overall commitment to workplace safety and health adds value to the District, to the workplace and to the students and community.

Contacting OSHA

To report an emergency, file a complaint or seek OSHA advice, assistance or products, call (800) 321-OSHA or contact your nearest OSHA regional or area office listed below. The teletypewriter (TTY) number is (877) 889-5627.

All first aid procedures described in this program are only valid the day it was approved. First aid procedures change constantly and are only meant as general first aid guidelines. The District accepts no liability for the content of this publication, or for the consequences of any actions taken on the basis of the information provided. Employees should refer to the Red Cross website www.redcross.org for updated information.

The General First Aid Guidelines were approved at the October 2015 Safety Committee Meeting. The plan was reviewed and updated on 8/2016 and 8/2017.