

23.1: Medical, First-aid, and Bloodborne Pathogens

A duty of care

Every workplace and therefore every employer must render first aid to an injured employee. Depending on the severity of the injury, i.e. if the employer's emergency plan is activated, then the duty of care is to get the employee to an emergency facility as soon as possible. When the workplace is a construction site or some distance away from an urgent care or hospital emergency room the employer must have the capacity to provide immediate first aid commensurate with the injury and then proceed if necessary to offsite care for medical treatment. The employer must ensure the availability of medical personnel for advice and consultation no matter the work location.

General

Prior to a project or construction start provisions shall be made as part of the emergency action plan to address serious injury occurring at the worksite. In the absence of an infirmary, clinic, hospital, or physician, that is reasonably accessible in terms of time and distance to the worksite, which is available for the treatment of injured employees, a person who has a valid certificate in first-aid training from the U.S. Bureau of Mines, the American Red Cross, or equivalent training that can be verified by documentary evidence, shall be available at the worksite to render first aid.

First-aid

First aid supplies are required to be easily accessible under paragraph Sec. 1926.50(d)(1). An example of the minimal contents of a generic first aid kit is described in American National Standard (ANSI) Z308.1-1978 "Minimum Requirements for Industrial Unit-Type First-aid Kits". The contents of the kit listed in the ANSI standard should be adequate for small work sites. When larger operations or multiple operations are being conducted at the same location, employers should determine the need for additional first aid kits at the worksite, additional types of first aid equipment and supplies and additional quantities and types of supplies and equipment in the first aid kits.

If it is reasonably anticipated employees will be exposed to blood or other potentially infectious materials (OPIM) while using first-aid supplies, employers shall provide personal protective equipment (PPE). Appropriate PPE includes gloves, gowns, face shields, masks and eye protection.

Rendering Aid

The employer or designee when rendering aid to an injured worker shall adhere to the following:

1. First aid supplies shall be easily accessible when required.
2. The contents of the first aid kit shall be placed in a weatherproof container with individual sealed packages for each type of item, and shall be checked by the employer before being sent out on each job and at least weekly on each job to ensure that the expended items are replaced.
3. Proper equipment for prompt transportation of the injured person to a physician or hospital, or a communication system for contacting necessary ambulance service, shall be provided.
4. In areas where 911 emergency dispatch services are not available, the telephone numbers of the physicians, hospitals, or ambulances shall be conspicuously posted.
5. In areas where 911 emergency dispatch services are available and an employer uses a communication system for contacting necessary emergency-medical service, the employer must:
 - Ensure that the communication system is effective in contacting the emergency-medical service; and
 - When using a communication system in an area that does not automatically supply the caller's latitude and longitude information to the 911 emergency dispatcher, the employer must post in a conspicuous location at the worksite either:
 1. The latitude and longitude of the worksite; or
 2. Other location-identification information that communicates effectively to employees the location of the worksite.
3. Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.

First Aid vs 911

Part 1904 Recordkeeping distinguishes “first aid” from emergency or urgent care “medical treatment” by a medical professional for the purposes of recordkeeping and reporting requirements. Each employee is granted the right to have access to employer injury and illness records. Employers must keep records of employee injuries via OSHA 300 Log but not all injuries are reportable to OSHA. The following are defined as first aid injuries for the purposes of distinguishing OSHA 300A reporting requirements:

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- Cleaning, flushing or soaking wounds on the surface of the skin;
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- Using hot or cold therapy;
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.);
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- Using eye patches;
- Removing foreign bodies from the eye using only irrigation or a cotton swab;
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- Using finger guards;
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- Drinking fluids for relief of heat stress.

"Medical treatment" means the management and care of a patient to combat disease or disorder. It does not include diagnostic procedures or counseling outside of those required by medical monitoring under the bloodborne pathogen standard or exposures to toxic substances.

Bloodborne Pathogens

Bloodborne pathogens are infectious microorganisms in human blood or other potentially infectious materials (OPIM) that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Workers routinely (through occupational exposure) exposed to needles and sharps, broken glass or other mechanisms which expose them to bodily fluids are the most at risk.

In order to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens, an employer must implement an exposure control plan (ECP) for the worksite with details on employee protection measures. The plan must also describe how an employer will use engineering and work practice controls, personal protective clothing and equipment, employee training, medical surveillance, hepatitis B vaccinations, and other provisions as required by OSHA's Bloodborne Pathogens Standard.

Although not all industries or employers are required to implement an ECP, OSHA's general duty clause (Section 5(a)(1) of the OSH Act) will be used, where appropriate, to protect employees from bloodborne hazards in construction, longshoring, marine terminals and agriculture. Employees who are trained as first responders in any organization are covered under the Bloodborne Pathogen Standard. Any employee exposed to blood or OPIM must have the hepatitis vaccine made available to them as soon as possible but in no event later than 24 hours after the exposure incident. If an exposure incident as defined in the standard has taken place, other post-exposure follow-up procedures must be initiated immediately, as per the requirements of the standard.

In general the ECP must contain the following:

- The exposure determination which identifies job classifications with occupational exposure and tasks and procedures where there is occupational exposure and that are performed by employees in job classifications in which some employees have occupational exposure.

- The procedures for evaluating the circumstances surrounding exposure incidents;
- A schedule of how other provisions of the standard are implemented, including methods of compliance, HIV and HBV research laboratories and production facilities requirements, hepatitis B vaccination and post-exposure evaluation and follow-up, communication of hazards to employees, and recordkeeping;
- Methods of compliance include:
 1. Universal Precautions;
 2. Engineering and work practice controls, e.g., safer medical devices, sharps disposal containers, hand hygiene;
 3. Personal protective equipment;
 4. Housekeeping, including decontamination procedures and removal of regulated waste.
- Documentation of:
 1. the annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure, and
 2. the solicitation of non-managerial healthcare workers (who are responsible for direct patient care and are potentially exposed to injuries from contaminated sharps) in the identification, evaluation, and selection of effective engineering and work practice controls.

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