

21—Occupational Health Services

recommended that a first aid facility of some sort be set up in all establishments regardless of size. This may range from a deluxe first aid kit to a well staffed first aid and medical facility, depending on the size of the establishment.

First aid kits and supplies should be kept in a central location readily accessible to the establishment or department. Under no circumstances should medical supplies be spread about the plant for self-administration by employees. Where there is no nurse in charge, a supervisory employee for each shift should be delegated the responsibility for all medical supplies.

A careful record should be kept of each administration of first aid and an injury investigation report sent to the injured person's supervisor at the time first aid is administered.

Establishments that do not have a full-time medical doctor should maintain good liaison with a doctor, or doctors, designated to handle plant injuries. The doctor should be invited to the plant occasionally to evaluate the quality of first aid procedure, to make recommendations for improvement, and occasionally to tour the establishment, as discussed earlier in this chapter. The company-designated doctor (or doctors) should be well aware of the type of work done so he may better evaluate information given him by patients. The doctor or nurse or supervisor designated should routinely inspect first aid supplies, stretchers, and stretcher locations.

Definition and limitations. In many small organizations and in field operations, it is neither practical nor justifiable to have qualified professional medical personnel available. In such cases, the best arrangement is to use suitable first aid attendants who follow procedures and treatments outlined by a doctor. The doctor should be available on an on-call or referral basis to take care of serious injuries.

It should be noted that in some jurisdictions injured employees have their choice of a physician. In such cases, the employer should comply with this request, if possible.

There are two kinds of first aid:

- One is emergency treatment—according to the American Red Cross first aid textbook, "First aid is the immediate, temporary treat-

ment given in the case of accident or sudden illness before the services of a physician can be secured." Proper first aid measures reduce suffering and place the injured person in a physician's hands in a better condition to receive subsequent treatment.

- The other kind of first aid is the prompt attention given to injuries, such as cuts, scratches, bruises, and burns, which are usually so minor that the injured person would not ordinarily seek medical attention.

Under OSHA recordkeeping procedures, first aid is defined as a one-time treatment plus any followup visit for observation of minor scratches, cuts, burns, splinters, and the like that do not ordinarily require medical care.

The requirement that all employees report for treatment immediately upon being injured, regardless of the extent of the injury, has resulted in much headway in the reduction of infection and disability, and also in the avoidance of false claims of injury and disability.

A first aid program should include *:

- 1 Properly trained and designated first aiders on every shift
- 2 A first aid unit and supplies, or first aid kit
- 3 A first aid manual
- 4 Posted instructions for calling a physician and notifying the hospital that the patient is en route
- 5 Posted method for transporting ill or injured employees and instructions for calling an ambulance or rescue squad
- 6 An adequate first aid record system

First aid procedures, approved by the consulting physician, should embrace the type of medication, if any, to be used on minor injuries, such as cuts and burns. These are two examples where there is often considerable difference of opinion regarding proper treatment. In areas where chemicals are stored, handled, or used, emergency flood showers and eye-wash fountains (Fig 21-4) should be available. If possible, they should

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