

Being Prepared for a Medical Emergency in the Workplace

Part 3 – Training in First Aid, CPR, AED

By

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If you read the previous articles about first aid kits and AEDs, you already know that your shop is in compliance with the Occupational Safety and Health Standards (OSHA) 1910.151. You have gone above and beyond the requirements by installing first aid kits in strategic locations and even an automatic external defibrillator (AED) in case of a cardiac emergency. You provide all the required safety training and equipment that your workplace could possibly need, so now what does that nagging nurse want you to do? Being trained to deal with a medical emergency is not necessary. After all, all of us former Scouts had first aid training and maybe even CPR when we were kids – and there's always 9-1-1.

The degree to which your operations will be disrupted by any emergency situation depends on the time and energy required to deal it. Unless you and Fate are really good buddies, you have no control over the health status of your employees, customers, or visitors. A health condition or medication may mean that a simple paper-cut won't stop bleeding for 15 – 20 minutes or even longer. To prevent me from recounting numerous horror stories, please just trust me that even the most minor injury can eat up a lot of precious time, cutting into your business productivity and bottom-line. I am now proposing that you have at least some of your employees trained in basic first aid, cardiopulmonary resuscitation (CPR) and use of the AED.

As I covered in the second article about AEDs, every year in the U.S. approximately 166,000 people experience a sudden cardiac arrest. Only about 6% of them survive. About one in four (20 – 38%) of these 166,000 cardiac events begins with an abnormal heart rhythm called ventricular fibrillation (VF). If VF is treated quickly with CPR and an AED, more than half will survive.

In a cardiac arrest, time = muscle. Every moment that the heart or brain circulation is compromised is critical. If the heart attack victim receives appropriate medical care ***within the first 'golden hour'*** there is an excellent chance of full recovery.

In a stroke, time = brain function. If the stroke victim receives appropriate medical care ***within three hours of the onset of the first symptom*** there is an excellent chance of full recovery.

The keys to providing proper care are early recognition and treatment. That means that someone, a bystander or even the victim, must recognize that there is an emergency and that the 9-1-1 must be called. Remember -

If you suspect a person is having a stroke or a heart attack, Call 9-1-1.

It's fairly simple to find a one-day class in first aid, and CPR/AED. Expect 6 – 8 hours for the full classroom-style course, but there are also on-line courses available. The best-recognized training in the U.S. is provided in accordance with American Heart Association or American Red Cross guidelines. If you use another organization, be sure that the AHA or ARC guidelines are followed. When the Girl Scouts and Boy Scouts learn first aid they are proud to wear a badge when they completed the course. You or your staff will probably forgo the badge, but will receive a wallet card and maybe even a certificate suitable for framing.

It's not necessary to send all of your employees for first aid/CPR training or, for that matter, any of them at all. Certifying two or three persons per shift would probably mean that even allowing for vacations, sick time, and lunch breaks you'd nearly always have someone available in the event of an emergency that's a step above the usual paper-cut.

If you poll your employees, I'll bet that you'll find that some of them are already certified in basic first aid and CPR, or have prior certification that they would like to update. For instance, reserve military, volunteer firemen, or scout troop leaders may be currently certified. Maybe you will simply discover which people have an interest in being trained. Your judgment of how important the ability to provide basic first aid to your employees, customers, and visitors is to your business plan will govern your decision to do any or none of the following:

1. Encourage employees to attend the training at their own expense;
2. Encourage employees to attend the training at your expense;
3. Recognize and/or compensate the employee(s) for completion of training outside of work hours;
4. Permit the employee(s) to attend training during regular work hours;
5. Arrange for provision of training in your workplace;
6. Provide annual or biannual training (most certificates expire in two years).

Even if you pay all the expenses of training, provision of first aid or CPR must be voluntary. Consult your legal representative if you are thinking of making this a mandatory duty. Unless the employee is a licensed health care provider (not to be confused with certification), you cannot and should not require him or her to act in a medical emergency, even while on the job.

Now that we've raised the issue of legal eagles, let me assure you that as long as a person provides care at or below the level of his certification, the Good Samaritan Laws protect both the provider and the employer. Here's an example: an employee suffers a laceration, cutting himself on some sheet metal in the shop. A co-worker utilizes his certified first aid skills: cleanses the wound with clean running water, applies a clean bandage, and applies pressure to the wound for a few minutes, ascertains that the bleeding has not stopped, applies more dressings over the original bandage, and directs someone to call 9-1-1. That's fine, and his quick actions have mitigated the injury and the expense to the employer in both medical expenses and lost productivity. However, if he decides that this laceration is going to require sutures and proceeds to stitch up his co-worker with a handy needle and thread, that action is above his certification and is not protected under the Good Samaritan laws.

At the risk of repeating myself yet again, the ability to provide care in the event of a medical emergency to your employees and visitors is like the insurance coverage you carry. You hope that you'll never need it, but if you ever do need it you'll be very happy to have made the investment.

Attachment 1: Occupational Safety and Health Standards 1910.151

References:

OSHA code of federal regulation 29 CFR 1926.50(d)(1) On First Aid Kits and Supplies

OSHA code of federal regulation 29 CFR 1910.151 (c) Eye Wash and Eye Stations

American Heart Association (AHA): www.americanheart.org
<http://www.americanheart.org/presenter.jhtml?identifier=4483>
<http://www.americanheart.org/downloadable/heart/1200089895981FS27SDCA08.pdf>

American Red Cross (ARC): www.redcross.org
<http://www.redcross.org/services/hss/courses/workplace.html>

Lowes Commercial Services:
<http://www.lowesforpros.com/creating-an-automatic-external-defibrillator-program>

National Conference of State Legislatures: <http://www.ncsl.org/programs/health/aed.htm>

- **Part Number:** 1910
 - **Part Title:** Occupational Safety and Health Standards
 - **Subpart:** K
 - **Subpart Title:** Medical and First Aid
 - **Standard Number:** 1910.151
 - **Title:** Medical services and first aid.
 - **Appendix:** A
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1910.151(a)

The employer shall ensure the ready availability of medical personnel for advice and consultation on matters of plant health.

1910.151(b)

In the absence of an infirmary, clinic, or hospital in near proximity to the workplace which is used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid. Adequate first aid supplies shall be readily available.

1910.151(c)

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.

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