

## **MEDICAL SERVICES AND FIRST AID**

Medical personnel must be readily available for advice and consultation on matters concerning plant health.

If an infirmary, clinic or hospital is not in near proximity to the workplace which is used for treating all injured employees, someone must be adequately trained on-site to render first aid and adequate first aid supplies must be readily available. Understanding what in near proximity means, then, is crucial.

According to an OSHA interpretation, the following is cited: In areas where accidents resulting in suffocation, severe bleeding, or other life-threatening or permanently disabling injury or illness can be expected, a 3 to 4 minute response time, from time of injury to time of administering first aid, is required. In other circumstances, i.e., where a life-threatening or permanently disabling injury is an unlikely outcome of an accident, *a longer response time such as 15 minutes is acceptable.*

All workplaces must have first aid supplies approved by the consulting physician and readily available for use. Due to the fact that most organic peroxides are considered to have corrosive characteristics, eyewash stations of at least a 15 minute duration must be in accessible locations within the work area for immediate emergency use. According to ANSI Z-358.1-1990, the eyewash stations must take no more than 10 seconds to reach and should be within a travel distance no greater than 100 feet from the hazard.

## **OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS STANDARD**

This standard is only applicable to composites facilities with *designated first aiders* -- those employees who could be reasonably anticipated to come into contact with blood and other potentially infectious materials as a result of performing their job duties. *Good Samaritan Acts*, such as when an employee voluntarily helps a co-worker with a nosebleed, are **not** covered by this standard. It makes sense to train employees to observe universal precautions to prevent contact with blood and other bodily fluids, but the other provisions of this standard can be costly if not needed. In-depth information can be located at OSHA's web-site: [www.OSHA.gov/SLTC/bloodbornepathogens/index.htm](http://www.OSHA.gov/SLTC/bloodbornepathogens/index.htm). A summary of the rule's requirements follows.

**Development of an Exposure Control Plan:** All employers covered by this standard must develop a written Exposure Control Plan, which at a minimum, must contain:

- an exposure determination containing separate lists of all job classifications in which employees have occupational exposure and tasks and procedures in which occupational exposure occurs
- a schedule and method of implementation of the rule's employee protection requirements
- the procedure for evaluation of circumstances surrounding exposure incident

The Exposure Control Plan must be accessible to employees in a reasonable time (not to exceed 15 days), place and manner. The Plan must be reviewed and updated annually and modified as necessary.

**Employee Protection Requirements:** A number of requirements must be followed by an employer in order to protect employees from exposure to bloodborne pathogens. Requirements include:

- observing universal precautions to prevent contact with blood and other potentially infectious materials
- adopting appropriate engineering and work practice controls to eliminate or minimize employee exposure
- providing appropriate personal protective equipment at no cost to employees where exposure remains
- maintaining proper housekeeping procedures for the cleaning and decontamination of equipment and environmental and working surface
- making Hepatitis B vaccine available free of charge to all employees who have occupational exposure within ten working days following their initial assignment and post-exposure evaluation and follow-up to all employees who have had an exposure incident

**Training and Recordkeeping:** All employees with occupational exposure must participate in a training program at no cost to the employees and during working hours. Training must be provided at the time of initial assignment to tasks where occupational exposure may occur and updated annually thereafter. The following elements must be contained in the training program:

- An accessible copy of the regulatory text and an explanation of its contents
- An explanation of the epidemiology and symptoms of bloodborne diseases
- An explanation of the modes of transmission of bloodborne pathogens
- An explanation of the employer's exposure control plan and how a copy can be obtained
- An explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other infectious materials
- An explanation of the use and limitations of methods that will prevent or reduce exposure
- Information on the types, proper use, location removal, handling, decontamination and disposal of PPE
- An explanation of the basis for selection of PPE
- Information on the hepatitis B vaccine
- Information on the appropriate actions to take and person to contact in an emergency involving blood and other infectious materials
- An explanation of the procedure to follow if an exposure incident occurs

- Information on the post-exposure and follow-up the employer is required to provide
- An explanation of the signs and labels used on containers of blood, potentially infectious materials or regulated waste
- An opportunity for interactive questions and answers with the person conducting training

Employers must keep records of all training sessions including the names and job titles of all participants for a period of three years from the date of the training session. Medical records for employees with occupational exposure must be kept for the duration of employment plus 30 years.

***If more information or a video on this Standard is needed, please call the Composites One's Department of Health, Safety & Environment at 800/621-8003.***