

**Title: FIRST AID, CARDIOPULMONARY RESUSCITATION (CPR), AND OTHER EMERGENCY CARE****Purpose**

This document provides procedures to make immediate medical assistance available to employees or visitors who are injured or become suddenly ill in the workplace. Additional guidelines will provide a general framework for initiating a design process for responding to medical emergencies at City of Philadelphia work sites where there is a need or desire for internal care via on-site services. The key elements cited in these guidelines are intended to provide a foundation upon which individually tailored programs are developed and implemented.

Introduction

In the event of a medical emergency in the workplace, a Citywide program is in place designed to provide appropriate medical care. Medical facilities are present and within close proximity to many City of Philadelphia work sites [refer to the Designated Health Care Provider Panel for your area]. The City can facilitate the transport of employees to a medical facility and/or outside emergency assistance can arrive within three to five minutes from the moment of initial incident occurrence to the administration of emergency care at most facilities. Therefore, the City is not required to train employees in first aid at most facilities and work sites. However, those work sites not meeting this level of response should create a program to provide immediate emergency assistance to the victim such as first aid, CPR, or other emergency care, if necessary.

Citywide Injury Response Procedures for all Departments***Non- Emergencies***

1. Employees, who incur an injury or illness as a direct result of their job responsibilities, must report the injury to their immediate supervisor.
2. Employees who need treatment must obtain a referral slip for evaluation from their supervisor or Safety Office and treat at one of the City's designated medical provider sites.
3. When an injury or illness is determined to be work related, follow up treatment must be provided at the City's designated provider site.
4. Employees, who are treated and not hospitalized, must obtain a copy of an encounter form (provided by the City's designated provider site) and provide it to their Department. This provides the physician's recommendations and any restrictions on work duty status.
5. Employees should not provide their private insurance information to the City's designated provider site while being treated for a work-related injury.

Emergencies

In serious emergencies, the injured employee shall be taken to the nearest hospital for treatment or emergency medical services (EMS) should be called. The following procedures should then be followed as soon as medically possible:

1. The immediate supervisor must be notified as soon as possible.
2. If an employee is treated at a hospital that does not appear on the City's panel listing, and has been released with restrictions, he or she must report directly to a City provider site, with a referral, the next scheduled business day.
3. The employee and supervisor must complete an injury report within 48 hours even if an employee does not require follow-up treatment.

Departmental Medical Emergency Response Program

Departments may need or additionally want to provide on-site services for the administration of emergency medical care until advanced medical services are provided for some locations. It is important to note that outcomes of medical emergencies in the workplace depend not only on the severity of the injury or illness, but also the rendering of immediate first aid, CPR, or other emergency care (i.e. AEDs). Prompt properly administered first aid care can mean the difference between life and death, rapid vs. prolonged recovery, or temporary vs. permanent disability. Given the potential positive impact additional immediate care can provide, there are significant advantages to having a detailed medical emergency response program in place. Those departments with such programs should include the following major elements:

1. Evaluate the need or desire to provide first aid/CPR/or other emergency care on site; then identify and communicate to employees how on-site and/or outside emergency medical care will be provided. On-site services may be necessary if response from outside emergency medical assistance is anticipated to be longer than 3 to 5 minutes. Alternatively, on-site care may also be instituted as a desire to improve the outcome of medical emergencies.
2. Provide written and active support of the Program by department leadership.
3. Obtain medical direction and oversight over the programs.
4. Develop departmental/facility standard operating procedures (SOPs) and protocols for an emergency response plan, including a notification system to activate responders. (i.e. one person at the scene should contact a central command center, if available, to alert them of an incident and subsequently contact fully trained medical responders to come to the scene)
5. Outline integration with facility security and emergency medical services (EMS) systems.
6. Determine what personnel will be designated and trained to respond to medical emergencies, if any. Volunteers or assigned personnel should provide adequate coverage for the work site and work shifts.
7. Train/certify and retrain designated personnel in first aid, cardiopulmonary resuscitation (CPR), and use of any emergency medical treatments available (i.e. automated external defibrillators [AED]).
8. Develop a documentation/reporting system for incidents and periodic review of the program during which revisions can be made where appropriate to assure quality and performance.
9. Notify employees of the Citywide workplace Medical Emergency Action Plan (*See Appendix 1*) via distribution, posting, or training.

Appendix 1

(Citywide Workplace Medical Emergency Action Plan)



CITY OF PHILADELPHIA
OFFICE OF THE DIRECTOR OF FINANCE
RISK MANAGEMENT DIVISION

CITYWIDE WORKPLACE MEDICAL EMERGENCY ACTION PLAN

IF SOMEONE BECOMES SERIOUSLY ILL OR INJURED AT WORK...

In the case of workplace medical emergencies such as employee burns, seizures or unconsciousness, untrained individuals may unintentionally endanger themselves and those who they are trying to help. For this reason, it is generally wise to leave medical rescue work to those who are trained, equipped and certified in the medical field. However, a **Workplace Medical Emergency Action Plan** is helpful for knowing what to do in the event of a medical emergency in your workplace.

Because medical facilities are present and within a close proximity to many City of Philadelphia worksites, the City can facilitate the transport of employees to an infirmary, clinic, or hospital, and/or outside emergency assistance can arrive within the allotted times (3- to 4-minute response time from an incident's occurrence to the administration of first aid) for most work sites, and therefore, the City is not required to train employees in first aid at those work sites.

In general, should an employee be injured or become ill at work or during the course of work-related events, or when in doubt, call 9-1-1 (or specified 911 sequence from City phone lines).

1. Stay calm. **Do not** put yourself in danger.
2. Get Help. Yell for someone to help you.
3. **Call 9-1-1 for help (1-911 from City owned facilities or 9-911 from leased facilities).** Someone should stay with the victim and someone else should call 911. Note: If alone, you may have to leave the victim to call for help, but the victim will benefit from you going if no one else can call.



4. Provide the following information to the 911 dispatcher:
 - a. Your name
 - b. Your phone number
 - c. Location of the person needing help. Give detailed directions (i.e., building, floor, room #)
 - d. Describe what happened
 - e. Describe the injuries and the condition of the victim.
 - f. In some situations, stay on the phone so the person can tell you what to do while help is on the way. Do not hang up until told to do so by the dispatcher.
5. Immediately utilize your department/facility's emergency response protocol to coordinate care until Emergency Medical Services (EMS) arrives. Otherwise, ask if anyone nearby is trained in first aid or CPR. See if they can provide assistance.
6. **Do not move the victim unless** he/she is in danger of further serious injury (e.g., fire, imminent structural failure, etc.). If you *must*, move the victim to a safer area because of dangerous physical conditions:
 - o Pull on the collar of the shirt or pull the victim from underneath both shoulders with neck cradled in your arms.
 - o Log roll if you need to turn the victim over. Support the neck in case of a spinal cord injury.
 - o **Do not** pull the body sideways
 - o **Do not** twist the body when turning the victim over.
7. If trained in first aid, provide appropriate care; cardiopulmonary resuscitation (CPR), start resuscitation when needed; or other emergency care, provide necessary assistance.
8. Stay with the victim until help arrives.

AFTER CALLING FOR HELP...



After calling 9-1-1, the caller should await instructions from the dispatcher and not hang up until the dispatcher says to do so.

The person who remains with the victim may perform simple tasks that could prevent the victim from serious blood loss, pain and/or future consequences from the injury/illness. The following are a few specific injuries/illnesses that can be aided until further instruction is given by the 911- dispatcher, and/or trained medical help arrives.

BURNS...

In the event of a skin burn, the following simple tips could decrease the victim's immediate pain and prevent further damage to the skin.

- Run **cool water** over a small burn.
- **Do not** apply ice, ointment/cream or butter.
- **Do not** remove clothing stuck to the skin.

SEIZURE...

A seizure is the result of an abnormal activity of the brain's cells. The victim will probably shake and be unable to speak.

- Assist person to lie down and cushion the victim's head (a rolled towel or jacket works well).
- Remove any objects around or from the victim that could injure the shaking person.
- If the person vomits, roll them onto their side to prevent choking.
- **Do not** try to hold the person down to stop the shaking.
- **Do not** put any objects in the person's mouth (e.g., liquid, food, or inanimate object).

BLEEDING...

External bleeding from an open wound occurs from the rupture of capillaries, arteries or veins.

Capillary bleeding—

- The most common type in which blood comes from capillaries close to the skin
- Usually clots and stops by itself
- The least serious and most easily controlled

Arterial and Venous bleeding—

- These are the most serious types and must be controlled.
- Arterial is the most dangerous because blood is lost at a fast rate.
- The key is to stop or slow down the bleeding by:
 - If possible, the body part that is bleeding should be elevated above chest level.
 - Apply pressure to the wound with a piece of clean clothing, gauze or a gloved hand.
 - Avoid contact with blood and/or bodily fluids, especially to the eyes, mouth and non-intact skin or open wounds.
 - **Do not** use direct pressure on an eye injury, a wound with an embedded object, or a skull fracture.
 - **Do not** remove an impaled object.
 - **Do not** remove a blood-soaked compress material. Apply another compress on top and keep pressing.

References:

1. US Department of Labor, Occupational Safety and Health Administration (OSHA), 29 CFR 1910.151, Subpart K, "Medical Services and First Aid"
2. US Department of Labor, OSHA 3088, "How to Plan for Workplace Emergencies," 2001 (revised)
3. National AG Safety Database, "First Aid/First Responder," <http://www.cdc.gov/nasd/docs/d000101-d000200/d000155/firstaid.html>
4. National Safety Council, First Aid and CPR Standard, 4th Edition, 2001

