



APPENDIX Y. First Aid/CPR and AED

Purpose

The purpose of this program is to advise all VSC Fire & Security, Inc. employees and offices on the training and requirements for First Aid/CPR and the Automated External Defibrillator (AED). These requirements are at minimum.

Definitions

- **First Aid**- Medical attention that is usually administered immediately after the injury occurs and at the location where it occurred.
- **Cardiopulmonary resuscitation**- Emergency procedure consisting of chest compressions often combined with artificial ventilation, or mouth to mouth in an effort to manually preserve intact brain.
- **Automated External Defibrillator (AED)**- Is used to help those experiencing sudden cardiac arrest and possibly deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm.

Procedures

All training is to be conducted by a Regional Safety Manager or company that is accredited and has demonstrated they meet the requirements for teaching first aid/CPR and AED. VSC Fire and Security, Inc, has Regional Safety Managers who have gone through extensive training to become an instructor and will provide training as needed. In the event your Regional Safety Manager cannot conduct the training and you must use an external company, discuss with your Regional Safety Manager that the vendor meets the requirements.

AED- All VSC Fire and Security, Inc offices will have at least one AED which will consist of a storage wall cabinet and or a soft storage case, 2 sets of Adult AED pads. If your office requires 2 AED's due to size, reach out to your Regional Safety Manager or Director of Safety to discuss.

- Your AED will be inspected by a designated person assigned by the Division Manager monthly to ensure the AED is adequately working and marked with the provided monthly tag. Refer to the Manufactures manual for proper maintenance of the equipment.
- An AED that is not working properly, the division manager will notify the Regional Safety Manager immediately so the issue can be addressed.
- Office staff at minimum will be trained on how to operate and inspect an AED.

First Aid/CPR- All VSC Fire and Security Inc, employees will be trained in basic first aid and CPR.

- The Superintendents and Department managers are responsible for ensuring their team is up to date when training is needed and reach out to your Regional Safety Manager. **Once a certification has expired, recertification will need to be completed.**
- VSC Fire and Security Inc, employees will be required to keep a copy of their certification on hand in the event they are asked for credentials.

AED Monthly Inspection Checklist

Date:	District Office:
Inspected by:	

NO	Yes	N/A	
			Is the AED accessible and highly visible? There should be nothing that obstructs or obscures the AED from quickly finding and accessing it for use.
			Does the AED case alarm properly? Check that the case sounds the alarm when opened.
			Is the AED intact and free of damage? Inspect the overall condition of the AED. Pay close attention to connector sockets. AED should be clean.
			Is the AED and case clean? The outside of the AED can be cleaned with a soft cloth dampened with soapy water or 10% bleach solution. Clean case with soapy water.
			Is the AED battery properly charged? Battery Expiration Date:_____. A properly charged battery will show a black hourglass or a green check mark or a green blinking light. If other indicator light (often red) or no indicators are visible, check Owner’s Manual. Remove AED until ready status can be confirmed.
			Is the Green Ready light blinking? A green light indicates the AED passed its last self-test and is ready for use. A blinking red light indicates the AED is running a self-test. If the ready light is off, consult the troubleshooting guide in the Owner’s Manual.
			Are the AED pads and a spare set present, in good condition, and unexpired? Adult Pads: # of packages_____expiration date(s) _____ Packages must be sealed. Visible wires and connections are in good condition.
			Are 2 pairs of rubber gloves, 1 barrier face piece, scissors, razor, and cloth/gauze pads present? An AED response kit (PPE) should be available.

Comments/Corrective Actions:

First Aid Program

The purpose of the First Aid Program is to notify all employees of the proper steps to take and precautions that should be taken in the event of a workplace injury or emergency.

Certification, Qualification

In the absence of an infirmary, clinic, hospital or physician that can be reached in a reasonable amount of time from the jobsite, a VSC employee certified by the American Red Cross or other qualified entity will be available and may perform the basic First Aid skills taught by that entity.

First Aid Kits

All company vehicles will contain a first aid kit to be kept in a weatherproof container with individual sealed packages for each type of item. Those items should be appropriate to respond to emergencies that might be expected on that particular job. The foreman must check the first aid kit before being sent out on each job, and at least weekly otherwise, to ensure that expended items are replaced. Each jobsite team will consist of at least one First Aid/CPR trained and certified employee who will have available a first aid kit that meets the requirements identified by the American Red Cross. The location of the first aid kit must be made known and the kit made available to any VSC employee at the jobsite. VSC employees and supervisors must request replacement of missing first aid kits or supplies through their District's purchasing department. Replacement of first aid kits or supplies will be provided upon request.

Eyewash Stations/Eyewash

The foreman must ensure that the jobsite is equipped with an eyewash station, or ensure the job site First Aid kit, VSC vehicle or tool box includes a suitable eye flush kit such as a 32 oz. or larger bottle of sterile eye wash or eye irrigating solution, that is easily accessible to all VSC employees on the job-site.

When VSC employees are exposed to a customer's processes or operations, where the potential release of hazardous materials exists, the superintendent and/or foreman must inform employees of the location of the customer's eyewash and shower facility, if provided on the jobsite.

Moving an Ill or Injured Person

As recommended by the American Red Cross, it is not recommended that you move an ill or injured person unless:

- a.) the scene is becoming unsafe, or
- b.) you can't perform first aid without moving the person, or
- c.) you must move one person in order to attend to another person who needs care first.

No specific equipment will be provided to VSC employees to facilitate that movement, due to varying layperson training levels and the various situations where a person may need to be moved. If you can't move an ill or injured person without causing them more harm, the attending employee must contact the local Emergency Services provider by dialing 9-1-1. If the working area does not utilize 911, the telephone number of the nearest hospital or medical facility must be conspicuously posted for that specific jobsite. Identifying local hospital or medical facility information and posting it at a non-permanent jobsite will be completed through the job hazard identification process before the work is initiated at that site. If due to extenuating circumstances the local Emergency Services provider is unable to travel to the site of the injured employee, the jobsite first responder will contact the provider and follow their emergency instructions, up to and including potential transport of the injured person.

Management Notification

Immediately following the initial emergency treatment, the employee or his supervisor will contact their Office Manager with the details surrounding the incident. The Office Manager will contact Risk-Safety for further direction.

Heat Stress, Heat Exhaustion, Heat Stroke

When the body is unable to cool itself by sweating, several heat-induced illnesses such as heat stress, heat exhaustion or the more severe heat stroke can occur, and can result in death!

Factors Leading to HeatStress:

- High temperature and humidity.
- Direct sun or heat.
- Limited air movement.
- Physical exertion.
- Poor physical condition.
- Some medicines.
- Inadequate tolerance for hot workplaces.

Symptoms of HeatExhaustion:

- Headaches, dizziness, lightheadedness or fainting.
- Weakness and moist skin.
- Mood changes such as irritability or confusion.
- Upset stomach or vomiting.

Symptoms of Heat Stroke:

- Dry, hot skin with no sweating.
- Mental confusion or losing consciousness.
- Seizures or convulsions.

Preventing Heat-Related Illness:

- Know signs/symptoms of heat-related illnesses.
- Monitor yourself and co-workers.
- Block out direct sun or other heat sources.
- Use cooling fans/air-conditioning.
- Rest regularly.
- Drink lots of water – about 8oz. every 15 minutes.
- Wear lightweight, light colored, loose-fitting clothing.
- Avoid alcohol, caffeinated drinks and heavy meals.

What to Do for Heat-Related Illness:

- Call 911 (or local emergency number) immediately.
- While waiting for help to arrive, move the person to a cool, shaded area.
- Loosen, or remove heavy clothing.
- Provide cool drinking water.
- Fan and mist the person with water.

Hypothermia and Frostbite

Exposure to cold temperatures, including extremely cold water, can lead to hypothermia and frost bite.

Factors Leading to Hypothermia:

- Occurs when body heat is lost faster than it can be replaced and the normal body temperature (98.6°F) drops to less than 95°F.
- Most likely to occur at very cold temperatures.
- Can also occur at cool temperatures (above 40°F) if a person becomes chilled from rain, sweat, or submersion in cold water.

Symptoms of Hypothermia:

- Mild symptoms include:
 - The person is alert.
 - The person may begin to shiver and stomp the feet in order to generate heat.
- Moderate to Severe Symptoms:
 - As the body temperature continues to fall, symptoms will worsen and shivering will stop.
 - The person may lose coordination and fumble with items in the hand, become confused and disoriented.
 - The person may be unable to walk or stand, pupils become dilated, the pulse and breathing become slowed.
 - Loss of consciousness can occur.
 - Death may result if help is not received immediately.

What to Do for Hypothermia victims:

- Call 911 immediately in an emergency, otherwise seek medical assistance as soon as possible.
- Move the person to a warm, dry area.
- Remove wet clothes and replace with dry clothes.
- Cover the body (including the head and neck) with layers of blankets; and with a vapor barrier (i.e. tarp, garbage bag). Do **not** cover the face.
- If medical help is more than 30 minutes away
 - Give warm sweetened drinks if alert – no alcohol – to help increase the body temperature.
 - NEVER try to give a drink to an unconscious person.
 - Place warm bottles or hot packs in armpits, sides of chest, and groin.
 - Call 911 for additional rewarming instructions.
- If the person is not breathing or has no pulse:
 - Call 911 for emergency medical assistance immediately!
 - Treat the person as per instructions for hypothermia, but be very careful and do not try to give an unconscious person fluids.
 - Check the person for signs of breathing and a pulse. Check for 60 seconds.
 - If after 60 seconds the person is not breathing and does not have a pulse, you may start rescue breaths for 3 minutes if you have been trained in First Aid/CPR.
 - Recheck for breathing and a pulse – check for 60 seconds.
 - If the person is not breathing and has no pulse, continue rescue breathing.
 - Only start chest compressions per the direction of the 911 operator or emergency medical services.
 - Reassess the person's physical status periodically.

Factors Leading to Frostbite:

- An injury to the body caused by freezing of the skin and underlying tissues
- The lower the temperature, the more quickly frostbite will occur.
- Frostbite typically affects the extremities, particularly the feet and hands, with amputation required in severe cases.

Symptoms of Frostbite:

- Reddened skin develops with gray/white patches.
- Numbness occurs in the affected body part.
- The skin/flesh feels firm or hard.
- In severe cases blisters may occur in the affected body part.

What to Do for Frostbite:

- Follow the recommendations for Hypothermia.
- Do not rub the affected area to warm it as this can cause more damage.
- Do not apply snow or water.
- Do not break blisters.
- Loosely cover and protect the area from contact.
- Do not try to rewarm the frostbitten area before getting medical help!
- Do not place in warm water. If a frostbitten area is rewarmed and gets frozen again, more tissue damage will occur. It is safer for the frostbitten area to be rewarmed by medical professionals.
- Given warm unsweetened drinks if the person is alert. Avoid drinks with alcohol.

2. Bloodborne Pathogen Program

The purpose of this program is to educate VSC employees that Bloodborne Pathogens are infectious micro-organisms present in blood, or other potentially infectious materials (OPIM) that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV), the virus that causes AIDS. Employees exposed to Bloodborne Pathogens are at risk for serious or life-threatening illnesses. This program complies with OSHA standard 29 CFR 1910.1030.

An infection can occur when infectious microorganism come in contact with a person's (broken) skin, eyes, or mucous membrane.

Contact with Bloodborne Pathogens can be made through person to person contact, but also from contact with blood or other potentially infectious materials that exist on an item or any surface.

Communicable Diseases

- AIDS is the name for a set of conditions that result when the immune system has been attacked by HIV (human immunodeficiency virus) and rendered unable to combat infections adequately. The HIV/AIDS virus does not survive well outside the human body. Therefore this limits the route of exposure to direct contact through open wounds, intravenous drug use, blood transfusions and unprotected sex.
- Hepatitis is an infection that causes an inflammation of the liver. It comes in at least 4 forms: Hepatitis A, B, C and Delta. The disease is spread through contact with infected blood, stool, or other bodily fluids. Hepatitis B has been found to live for extended periods in dried blood. For this reason, it is critical that a person assume that any bodily fluid, in dried form or otherwise, is infectious.

Although VSC employees are not expected to be occupationally exposed in the course and performance of typical duties, such exposure can occur at any jobsite. Exposure to such hazards is elevated when performing job duties within an active medical facility, and/or providing First Aid/CPR*.

**If an employee is certified in First Aid/CPR, they are under no obligation to provide such care in the workplace. The decision to apply these skills is the individual employees to make, and should only be made after a careful assessment to determine the safety of the environment and if protective equipment (i.e. medically approved latex gloves, mouth barriers, etc.) is readily available. It is expected by VSC that any and all emergency medical assistance should be performed by properly trained outside emergency medical personnel.*

Should an employee be assigned to a job where occupational exposure exists the employee will be provided the following, at no cost to the employee:

- Training* at the time of initial assignment to the job. Training will be provided during working hours.
- Retraining* will be conducted on an annual basis should the employee's occupational exposure to Bloodborne Pathogens continue.

*all training records will be retained by VSC for a minimum of 3 years!

- A copy of the Exposure Control Plan designed to eliminate or minimize occupational exposures presented by Bloodborne Pathogens.
- Opportunity to take the hepatitis B vaccination, post Bloodborne Pathogen training, and within 10 days of initial assignment to a jobsite where occupational exposure exists.
- Antiseptic hand-wash solutions and/or towels for immediate use.
- PPE such as Nitrile Gloves or CPR face shields/barriers.

When faced with clean-up of any Bloodborne Pathogens, VSC employees are NOT to attempt cleanup of any pathogens and should immediately call SERVPRO at 1-800-SERVPRO and request a Biohazard Site Cleanup!

Should an employee become occupationally exposed to a Bloodborne Pathogen VSC will:

- Make available, at no cost to the employee, post-exposure evaluation and the hepatitis B vaccine and vaccination series.
- Provide a post-exposure evaluation and follow-up to any employee who experiences an exposure incident in the course and scope of employment.
- Retain, confidentially, medical records for at least the duration of employment plus 30 years, unless this conflicts with other Federal law, such as the Health Insurance Portability and Accountability Act.

Employees are to report all accidental exposure cases to his/her supervisor in writing for recordkeeping and post-exposure evaluation.

Preventive Measures

The human skin is a particularly effective barrier when it is not broken. Pathogens cannot cross intact skin. However they can enter through cuts, abrasions, mucous membranes (tissues that line the eyes, nose and mouth) quite easily.

- To prevent pathogens from entering the body a barrier must be used for protection such as eye wear, disposable gloves, or mouth to mouth masks designed to prevent cross infection.
- Hand washing is still the oldest recognized method of reducing or preventing cross infection and should be performed immediately after any possible contact.
- Treat all blood and bodily fluids as potentially infectious.
 - If you are assisting a bleeding person with first aid wear latex gloves!
 - If you are performing CPR, wear latex gloves and a mouth to mouth barrier if you perform mouth to mouth breathing.
 - If you get blood or other bodily fluids on your skin, immediately wash the affected area with soap and water.
 - For any occupational exposure, or suspected exposure, immediately report the exposure to your supervisor. Written notification to Risk-Safety will be required for recordkeeping and post-exposure evaluation.

