
[Insert Company Name]
First Aid Program

Disclaimer

This is a sample draft policy provided only as a template to assist your company in complying with 29 CFR 1904.151, OSHA's Medical Services and First Aid standard. It is not intended to supersede the requirements detailed in the OSHA regulation. Each company must review the regulation for any applicable requirements. In addition, this draft policy should be reviewed for compliance with state and local regulations and contractual obligations. Employers may need to revise the draft policy to reflect information relevant to your particular circumstances in order to develop an effective and comprehensive first aid program.

Although every effort has been made to provide accurate information, the authors, organizations, and individuals that developed this draft policy template make no representation or warranty, express or implied, as to the completeness, correctness, or utility of the information and related materials.

The company should not rely exclusively on this program to address specific questions that apply to a particular set of facts or circumstances. Business practices and operations can vary significantly from company to company. Suggested practices included in this draft policy and related materials should be considered as potential options for achieving improved performance and should not be considered the only means to prepare a first aid program. Each company may have unique or additional circumstances based upon processes, practices, and materials.

It is intended that users of this draft policy will exercise appropriate judgment and responsibility when utilizing or applying any hazard abatement procedures and practices. The authors are not responsible for any misuse or incorrect application of the procedures or practices depicted in the draft policy and related materials.

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1.0 Purpose

_____ [Company Name], hereafter to be referred to as “Company”, is dedicated to the protection of its employees from on-the-job injuries and illnesses. However, when injuries or illnesses do occur, we are prepared to immediately respond to the needs of the injured or ill.

This written First Aid Program is intended to ensure that Company meets the requirements of 29 CFR 1910.151, Medical Services and First Aid.

2.0 Scope

This policy applies to any full-time, part-time, or temporary employee under direct supervision of a permanent full-time or part-time employee. Any affected employee must abide by the requirements as described in this policy.

3.0 Definitions

First aid: The immediate, initial attention to a person suffering a server or minor injury or illness before professional medical treatment be obtained. First aid is rendered to prevent the occurrence of further dangerous incidents, preservation of life, stabilization of the person's condition, promotion of recovery and protection and comfort of the person.

First aid responder: Any employee providing first aid.

Premises: The buildings, grounds, and vehicles owned or controlled by the company.

4.0 Responsibilities

4.1 Employer Responsibilities

- ☐ The _____ [Title of Person or Department] is responsible for establishing and implementing the written First Aid Program. This person has full authority to make necessary decisions to ensure the success of this program.
- ☐ The _____ [Title of Person or Department] is responsible for identifying first aid responders and ensuring that they receive and maintain the proper training at this location.
- ☐ The _____ [Title of Person or Department] is responsible for ensuring that the first aid kits are regularly inspected, properly stocked and maintained, and access is unobstructed.
- ☐ The _____ [Title of Person or Department] is responsible for ensuring that the emergency eyewash stations and showers are regularly inspected, properly working if plumbed or for portable units, the flushing solution is current and not expired, and access is unobstructed.
- ☐ The _____ [Title of Person or Department] is responsible for ensuring that the emergency phone numbers are posted, remain visible, and legible.
- ☐ The _____ [Title of Person(s) or Department] is/are responsible for enforcing the provisions of this policy.

4.2 Employee Responsibilities

- ☐ All employees are responsible for following this policy.
- ☐ All injuries, no matter how minor including those only requiring first aid, must be reported within the guidelines established in our Injury Reporting Policy.
- ☐ While on duty all staff have a duty of care to themselves and others to provide first aid assistance to the level of their competence, and to call on expert assistance if necessary.
- ☐ The designated First Aid Responder must be informed of the need for first aid and will respond immediately if available.
- ☐ Emergency medical care and/or an ambulance is to be called if required.
- ☐ Any first aid equipment or supplies that are used, damaged, expired, or missing must be reported to _____ [Title of Person or Department].
- ☐ Do not block access to first aid kits, eyewashes, or emergency showers with equipment, materials, pallets, boxes, work in progress, or other materials.

5.0 First Aid Supplies and Equipment

It is important that our first aid supplies and equipment meet the specific needs of our premises.

The _____ [Title of Person or Department] has ensured that first aid supplies are being provided in accordance with ANSI Z308.1-2015 and are not expired, accessible, and readily available.

The _____ [Title of Person or Department] has ensured that eyewashes and emergency showers are provided and installed in accordance with ANSI Z358.1-2014 and are properly functioning, accessible, and readily available.

6.0 Emergency Number Posting

Emergency contact numbers are required to be known in the areas where work is being performed. To help those responding to a medical emergency, we have posted emergency telephone numbers near common access telephones, on the bulletin board, and other conspicuous locations throughout the premises.

7.0 Training

Training is the heart of our First Aid Program. Employees who are qualified to render first aid have completed a training program provided by _____ [Name of Organization].

7.1 Training Certification

Upon completion of the training program, _____ [Title of Person or Department] is responsible for keeping records verifying certification of each employee who has successfully completed training. Each certificate (card) is a valid certificate in first-aid training, and includes the name of the employee, the date(s) of the training, and the signature of the person who performed the training and evaluation.

7.2 Retraining

Trained employees are retrained in accordance with established timelines to keep their knowledge and skills current.

8.0 Incident Reporting

After the immediate or emergency needs of an injury or illness have been met, we require our employees to report the event to their supervisor following the guidelines established in our Injury Reporting Policy. Even injuries that do not become apparent until after the cause must be reported.

9.0 Personal Protection

Because it is reasonably anticipated that employees will be exposed to blood or other potentially infectious materials while rendering first aid, personal protective equipment is provided as outlined in our written Exposure Control Plan: Bloodborne Pathogens. The PPE complies with relevant standards and includes:

- ☐ Disposable PVC, latex, and/or heavy-duty gloves
- ☐ Eye protection, such as goggles and safety glasses
- ☐ Resuscitation masks

First aid responders are to assume that all blood and other body fluids are infectious and are aware of standard precautions in relation to managing blood and other body fluids, including wearing gloves when administering first aid.

Cross infection is managed while providing first aid by wearing gloves and washing hands with soap and water:

- ☐ Before and after contact with an ill or injured person
- ☐ After contact with blood or and/or other body fluids or contaminated items
- ☐ When protective gloves are removed

When soap and water are not available, first aid responders will use an alcoholic based hand wash or equivalent.

10. First Aid Records

A First Aid Incident Report form is completed by the _____ [Title of Person or Department] and/or person providing first aid and includes:

- ☐ Date and time
- ☐ Name of person receiving first aid
- ☐ Description of symptoms
- ☐ Treatment provided
- ☐ Name of person providing first aid
- ☐ Referral arrangements (e.g. ambulance, hospital, medical service)

- ☐ Name of person completing First Aid Incident Report form.

If a person is transferred to a medical facility, a copy of the First Aid Incident Report form is to accompany them if circumstances allow for it to occur.

All persons receiving and providing first aid have access to relevant First Aid Incident Report form arising from first aid incident.

11.0 Program Evaluation

The _____ [Title of Person or Department] will periodically evaluate and, as necessary, revise our program. This will ensure our program's effectiveness and prevent or eliminate any problems. Program evaluation is performed at least annually.

12.0 Enforcement

Proper response to an incident requiring first aid and reporting it is a condition of employment. Failure to follow the policy will lead to disciplinary action up to and including termination. Employees who comply with this policy will avoid disciplinary actions.

I understand the above First Aid Program Policy. Failure to follow these may lead to disciplinary action up to and including termination.

Employee Name: _____ Date: _____

Employee Signature: _____

Attachment A: Company First Aid Incident Report

Name of Injured	Occupation
Date of injury or illness (yyyy-mm-dd)	Time of injury or illness (hh:mm) <input type="text"/> am <input type="text"/> pm
Initial reporting date and time (yyyy-mm-dd) (hh:mm) <input type="text"/> am <input type="text"/> pm	Follow-up report date and time (yyyy-mm-dd) (hh:mm) <input type="text"/> am <input type="text"/> pm

Description of how the injury, exposure, or illness occurred (what happened?)

Description of the nature of the injury, exposure, or illness (What did you see—signs and symptoms)

Description of the treatment given (What did you do in response?)

Name of witness

1.	2.
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Arrangement made relating to the worker (return to work/ medical aid/ ambulance/follow up)

First aid attendant's name (please print)	First aid attendant's signature
Patient's signature	