

DEALER ALERT

TO: Environmental Health and Safety (EHS) Coordinator
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SUBJECT: First-Aid, CPR & AED: Regulation & Good Practice

Background: Dealers have recently been looking at providing Automatic External Defibrillators (AED) in their showrooms and debating whether to provide training to employees to render first-aid and CPR. In this newsletter, we discuss the regulatory requirements for first-aid kits, training for employees on first-aid & CPR, and AED.

FIRST-AID KITS

California and Federal regulations mandate that employers ensure ready availability of medical personnel for advice on matters of industrial health or injury. In response, most dealerships have contracted with a clinic for the treatment of injuries at the workplace, making them compliant.

Cal/OSHA: Regulations mandate that a first-aid kit approved by a consulting physician be available on the premises for every work person on the job. A consulting physician is a medical doctor who is well versed with dealership operations and has knowledge of typical hazards and accidents on the job (*Ref: T8CCR3400 (a) and (b)*).

Fed-OSHA: Regulations state that an employer must have “adequate first-aid supplies...readily available,” although specific first-aid supplies are not listed. There is no minimum requirement, but the statute does make a reference to ANSI Z308.1-2003 *Minimum Requirements for Workplace First Aid Kits*. Employers can safely adopt the ANSI standard or request their local occupational injury clinic to provide a list of items for the first-aid kit. We note that the regulation does not stipulate that the first-aid supplies be approved by a consulting physician. They should, however, be selected by a person competent in first-aid and knowledgeable of the hazards specific to that workplace (*Ref: 29CFR1910.151(b)*).

Commentary: The dealership management should make a prudent decision as to the number and location of the first-aid kits. First, keep in mind that all areas of employment should have access. For example, if only the sales department is open on a Saturday, then a kit must be made available to employees in that area. Secondly, these kits are subject to pilferage and abuse. To avoid pilferage, the first-aid kit may be placed in the office or open view of the manager. Make sure that accessibility is not compromised, i.e., it must remain completely accessible when employees are present. Another advantage of the kit being in the managers' view is that if one employee is observed using multiple bandages more often than others, the employee can be counseled on safety and proper work procedure to avoid slicing his/her hand multiple times a day! Employers who choose not to have first-aid kits not only violate the law, but also risk loss of productive time when employees have to rush to the local drug store for a bandage every time they incur an injury.

FIRST-AID & CPR TRAINING

Cal/OSHA: The regulation require that in the absence of an occupational injury clinic or hospital close to the workplace, a person or persons shall be adequately trained to render first-aid. The training provided to staff must be equal to or better than that provided by the American Red Cross.

Federal-OSHA: The standard for first-aid training in general industry, 29 CFR 1910.151(b), states: *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.*

Commentary: The primary requirement addressed by these standards is that an employer must ensure prompt first-aid treatment for injured employees, either by providing a trained first-aid provider at the workplace or by ensuring that emergency treatment services are within reasonable proximity of the workplace. The basic purpose of these standards is to assure that adequate first-aid is available in the critical minutes between the occurrence of an injury and the availability of a physician or hospital care for the injured employee.

One option these standards provide employers with is to ensure that an employee is trained in first-aid. This option is, for most employers, a feasible and low-cost way to protect employees, as well as ensuring that the employer is clearly in compliance with the standards. OSHA recommends, but does not require, that every workplace include one or more employees are trained and certified in first aid, including CPR.

The other option for employers is to rely upon the reasonable proximity of an infirmary, clinic, or hospital. OSHA has consistently taken the view that the reasonable availability of a trained emergency service provider, such as fire department paramedics or EMS responders, would be equivalent to the "infirmary, clinic, or hospital" specified by the literal wording of the standards. Emergency medical services can be provided either on-site or by evacuating the employee to an off-site facility in cases where that can be done safely.

However, the requirements that emergency medical services must be "reasonably accessible" or "in near proximity to the workplace" are stated only in general terms. An employer who contemplates relying on assistance from outside emergency responders as an alternative to providing a first-aid-trained employee must take a number of factors into account. The employer must take appropriate steps prior to any accident (such as making arrangements with the service provider) to ascertain that emergency medical assistance will be promptly available when injuries occur. While the standards do not prescribe a number of minutes, OSHA has long interpreted the term "near proximity" to mean that emergency care must be available within 3-4 minutes of the workplace, an interpretation that has been upheld by the Occupational Safety and Health Review Commission and by federal courts.

The blood borne pathogens standard at 29 CFR 1910.1030(g)(2) requires employers to provide training to any employees who have occupational exposure to blood or other potentially infectious materials, such as employees assigned medical or first-aid duties by their employers. The standard at 29 CFR 1910.1030(b) defines "occupational exposure" as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." If an employee is trained in first-aid and identified by the employer as responsible for rendering medical assistance as part of his/her job duties, that employee is covered by the blood borne pathogens standard.

Summary: Cal-OSHA has defined "near proximity" in the code to be that employees be able to receive CPR or first-aid within 4 minutes. This is based on data from medical literature that suggests that following the occurrence of a cardiopulmonary arrest from any precipitating cause, those who receive CPR within the first 4 minutes do far better than others who do not receive care within that time frame. In urban areas, most of the paramedic facilities are located/planned to meet the 4 minute deadline. If the dealership is beyond the 4 minute distance from the paramedics, first-aid and CPR training is required for facility personnel.

AUTOMATED EXTERNAL DEFRIBILLATOR (AED)

AEDs are getting installed in locations like airport, gymnasiums, and physician offices. Is it a good idea for dealers to install an AED in their showrooms? We discuss the pros and cons of an AED at automobile dealerships here.

Legal Requirement: No state or federal agency mandates the installation of an AED at an automobile dealership.

What Does An AED Do: An AED is a portable device that checks heart rhythms. If needed, it can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest (SCA). SCA is a condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs. SCA usually causes death if it's not treated within minutes. In fact, each minute of SCA results in a 10 percent reduction in survival. Using an AED on a person who is having SCA may save the person's life.

The most common cause of SCA is an arrhythmia called ventricular fibrillation (v-fib). In v-fib, the ventricles (the heart's lower chambers) don't beat normally. Instead, they quiver very rapidly and irregularly. Another arrhythmia that can lead to SCA is ventricular tachycardia. This is a fast, regular beating of the ventricles that may last for a few seconds or much longer. In people who have either of these arrhythmias, an electric shock from an AED may restore the heart's normal rhythm (if done within minutes of the onset of SCA).

PROS: The American Heart Association (AHA) states that over 300,000 people in the USA die from cardiac arrest every year. AHA claims that every minute following the cardiac arrest, survival rate is reduced by 10%. If the local county/city paramedics are likely to take more than 10 minutes, intervention by the use of an AED and CPR before their arrival can significantly increase the chance of survival. The Good Samaritan law in each of the States and the Federal Cardiac Arrest Survival Act (CASA) provide some protection to bystanders who are not being compensated as a rescue professional and who provide help in good faith by using an AED.

CONS: AED use requires training. Certified instructors are needed to conduct training on AED maintenance and use. Additionally, training takes about two hours and a refresher course is needed every two years. With high turnover, keeping a tab on training can be a nuisance. Usage by untrained staff is risky business as we will explain below.

A razor has to be used to shave hairy chests to install the AED electrodes properly. Victims with pacemakers require the electrode be placed away from the pacemaker lump. AEDs cannot be used when the victim and user are in a puddle of water as the AED shock to the person being treated can be transmitted to the user. Moisture on the victim's chest has to be wiped off as the electrodes do not stick on wet surfaces. Women with large breasts require that the breast be lifted so as to place the pads below the breast. Often, clothing may need to be cut open (removed) prior to using an AED. Therefore, you definitely need regular and updated training on AED use for employees.

Even though Good Samaritan laws provide some protection for untrained staff using AEDs, dealers know that lawsuits, many of which are without merit and for sheer nuisance, abound. Many sales staff we interviewed do not know the difference between a person having a heart attack, a stroke, or a seizure! All of these suggest that an AED is an added responsibility, if not liability, for the dealership. Lastly, many dealers have problems keeping a \$20 DVD safe in their lunch room, what do you think may happen to a \$1000 AED?

Summary: The AED is a wonderful device that can save lives. The equipment needs maintenance; its use requires training. And has its own share of liability!

Information from www.osha.gov and www.nih.gov was used to prepare part of this newsletter. Employers must consult their lawyer for legal matters and safety consultants for matters related to safety. The article was authored by Sam Celly of Celly Services, Inc. who has been helping automobile dealers comply with EPA & OSHA regulations since 1987. Sam received his BE (1984) and MS (1986) in Chemical Engineering followed by a J.D. from Southwestern University School of Law (1997). Our newsletters can be accessed at www.epaoshablog.com. Your comments/questions are always welcome. Please send them to sam@cellyservices.com.