

## WELCOME – STEP 1

1. Welcome to the July Safety Toolkit – First Aid. You play an important role in the health and safety across the company, and we thank you for your contribution! Without your focus and dedication to making safety a priority, our people would suffer, our clients would suffer, and our families would suffer. We hope you find the safety tools provided in this Toolkit and in Toolkits like this in the coming months as just some of the many resources afforded to you to communicate First Aid. As always, the work you do matters, and we are so grateful to have you on the team!

## HOW TO USE THIS SAFETY TOOLKIT

1. Supervisor/Lead Script – Start Here! Way to go! Now keep reading and you'll be all set. This script sets you up for success.
2. Supervisor/Lead PowerPoint – Use this as a training moment for your team. Everything you need to know and communicate for each slide is contained in this script! Skip ahead if you are ready to give this training to your team. It's always a good time to learn about First Aid. The presentation should last about 1 hour & 6 minutes depending on group participation.
3. Teaching Tool – We have included a First Aid Quiz and Answer Key to test your knowledge.
4. Site Communication Poster – A PDF version of the monthly infographic if you would like to display it at your workplace.
5. Sign-In Sheets – Please complete this form when completing First Aid training and turn in to the appropriate point of contact as a record of training.
6. What's next? – Use this QR code for yourself AND share it amongst everyone on your team for additional safety resources based on the theme of First Aid. Look for Interactive resources, recommendations for phone apps, checklists, handouts, and more. Check it out!



## SUPERVISOR/LEAD POWERPOINT SCRIPT – STEP 2

NOTES ON THESE SLIDES:

- KLP: Key Learning Point (objective of the slide)
- F: Facilitator

## Slide 1: Title Page (30 Seconds)

**KLP:** You set the tone. If you believe safety is important, the audience will believe safety is important.

The facilitator opens the session by welcoming everybody to the training and noting the monthly focus – First Aid.

**F:** Today's task is to attend training on First Aid. Cell phones should be turned off or silenced during this training. If you need to take a call, please go to (designated area), take the call, and return as soon as possible. {Address any other important announcements or business now.}

## Slide 2: Housekeeping (1 Minutes)

**KLP:** Opportunity for a HSE (Health Safety and Environmental) Moment

**F:** Prior to training, determine if any fire drills are planned and the response expected from the facility and muster points if alarms should go off. It is important to remind employees that should they need to leave the location at any time, they should inform the Facilitator because, in the event of a fire incident, we need to know their whereabouts. This is an opportunity right at the start of the day to brief the employees on HSE procedures in general for the running of the training course. [If your job site is outdoors, do not overlook this safety moment. Adjust the plan in the event of a job site fire.]

**F:** Hello Team, I have verified with the HSE department and have confirmed that there are no Fire Drills or Emergency Drills scheduled for today. If we hear an alarm, we will follow site protocol for emergency response.

**F:** {Point out the fire exits and muster point}

**F:** Once we are at the muster points, we will do a role call to account for all attendees.

## Slide 3: Presenter (2 Minutes) & Introductions (5 Minutes)

**F:** {This is your moment! This is a chance to visibly “Walk the Talk”}

Share:

- Your personal experience of safety and impact on the company
- Importance of making the most of this opportunity to think about the importance of HSE and discuss with employees.
- Appreciate that you are a leader and that you make an impact.
- Importance of taking personal responsibility to make a positive impact.
- You get out of this training what you put into it.
- HSE matters to our company.
- The safety program is going to help people feel empowered and take the initiative to improve their own HSE performance through proactive attitudes and behaviors.

You may wish to share:

- A story of your experience in the safety program and how it has changed the way in which you behave.
- Some lessons learned from an incident when you have been involved in the investigation, highlighting the devastating impact that accidents have on people’s lives, or you can describe your experience of being involved in an environmental incident. How did this affect the company, and more importantly, affect the lives of others not working for the company.

**F:** Go around the room and ask everyone to give their name and what their position is. {Wait for their responses, smile, and nod as they participate. Be careful about timing here---if you ask an additional intro question of the participants and give a long-winded answer yourself, your participants will follow with long stories/explanations, and you can accidentally take up a lot of time.}

#### Slide 4: Why am I here? (1 Minute)

**F:** Each one of us is the last line of defense to protect workers from injury or the environment from damage, should management systems and collective protections fail. Supervisors and workers are the KEY to HSE. We can promote or destroy the HSE climate through our own behavior and how other workers perceive it.

**F:** Supervisors and workers are responsible for enforcing safety rules. Regardless of our position, employment status, or background, everyone is responsible for HSE, and everyone can be a HSE leader by demonstrating positive attitudes and behavior.

## Slide 5: Defining First Aid (2 Minutes)

**F:** First things first, let's define first aid.

**F:** First aid refers to the first and immediate assistance given to any person with either a minor or serious illness or injury, with care provided to preserve life, prevent the condition from worsening, or to promote recovery until medical services arrive. First aid is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer. First aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; the use of non-prescription medicine; draining blisters; removing debris from the eyes; massage; and drinking fluids to relieve heat stress.

## Slide 6: First Aid Kits & Supplies (2 Minutes)

**F:** A first aid kit or medical kit is a collection of supplies and equipment used to give immediate medical treatment, primarily to treat injuries and other mild or moderate medical conditions.

**F:** First kits must be readily available and easy to access for all employees. They should be stored in containers that are protected from damage, deterioration, or contamination and can be moved to the location of injured employee. Containers must be clearly marked, unlocked, and sealed.

**F:** According to the OSHA Code of Federal Regulations (CFR) 1910.266 Appendix A, the mandatory items in a workplace first aid kit must include:

- gauze pads (at least 4 x 4 inches);
- two large gauze pads (at least 8 x 10 inches);
- one box of adhesive bandages;
- one package of gauze roller bandage at least 2 inches wide;
- two triangular bandages;
- wound cleaning agent such as sealed moistened towelettes;
- scissors;
- at least one blanket;
- tweezers;

- adhesive tape;
- latex gloves;
- resuscitation equipment such as a resuscitation bag, airway, or pocket mask;
- two elastic wraps;
- splint; and
- directions for requesting emergency assistance.

## Slide 7: Chemical Exposure & Poisoning (4 Minutes)

**F:** Chemical exposure can happen several different ways. Exposure can be from a chemical being swallowed, inhaled, or absorbed through the skin or eyes. Depending on what the individual was exposed to, as well as how the individual was exposed with effect the first aid treatment. Refer to the chemical's Safety Data Sheet for specific first aid instructions. You can call Poison Control at 800-222-1222.

**F:** If an individual has been poisoned by swallowing something, try to get them to spit out anything that is remaining in their mouth. If you think someone has swallowed poison and they appear to be unconscious, try to wake them and encourage them to spit out anything left in their mouth. Do not put your hand into their mouth and do not try to make them sick. While you're waiting for medical help to arrive, lie the person on their side with a cushion behind their back and their upper leg pulled slightly forward, so they do not fall on their face or roll backwards. This is known as the recovery position. Wipe any vomit away from their mouth and keep their head pointing down, to allow any vomit to escape without them breathing it in or swallowing it. Do not give them anything to eat or drink.

**F:** If an individual breathes toxic chemicals, you should first get them out of the area and into an environment with fresh air. You can either move to a different area, different room, or leave the building altogether. Then, remove any tight or restricting clothing to allow the individual to breathe more easily.

**F:** If a chemical touches the skin, remove all affected clothing items and flush the skin with cool water for at least 15 minutes. The water stream should be gentle enough that it doesn't cause further pain or break any blisters. For water-activated chemicals like sodium, potassium and aluminum alkyls, brush the substance from the skin instead of using water. Make sure to wear gloves to prevent the chemical from transferring to the hands.

**F:** When someone comes into contact with chemicals through the eyes, it's crucial to immediately flush the eyes with cool water. To avoid transferring chemicals into the unaffected eye, position the head so the exposed eye tilts downward.

### Slide 8: Eye Injuries (3 Minutes)

**F:** Eye injuries are a common workplace medical emergency. Eye protection can prevent most injuries, but you should be familiar with first aid for different kinds of eye injuries.

**F:** For chemical splashes, flush eyes for at least 15 minutes with water, and then close the eyes and cover them with a clean cloth. Get immediate medical attention.

**F:** For solids (particles, dust, powders, etc.) in the eye, flush with water until particle comes out. If it won't come out, cover the eye and seek medical attention. Don't let the victim rub the eye.

**F:** For a blow to the eye, apply cold compresses for 15 minutes to reduce pain and swelling. Get medical attention.

**F:** For cuts near the eye, bandage loosely and get medical attention. Don't let the victim rub the eye.

**F:** For objects that penetrate the eye, don't try to remove, move, or put any pressure on the object. Immobilize it by placing a paper cup or soft, bulky dressing around it, secured with tape. Bandage the other eye so that the victim will keep the injured eye still. Get immediate medical attention.

### Slide 9: Eye Wash Stations – Video (1:53 Minutes)

VIDEO – 1:53 Min

(Click play to play clip)

### Slide 10: Choking (3 Minutes)

**F:** Choking happens when an object lodges in the throat or windpipe blocking the flow of air. Choking is life-threatening. It cuts off oxygen to the brain. Give first aid as quickly as possible if you or someone else is choking.

**F:** If you suspect someone is choking, you should ask them directly, “Are you choking?” If the person can cough or talk, he or she is not choking. They are likely experiencing a partial obstruction. Do not interfere and encourage them to continue coughing and breathing effort.

**F:** If the person can’t talk or cough, first deliver 5 back blows between the person’s shoulder blades with the heel of your hand.

**F:** If the back blows don’t clear the object from the throat, perform abdominal thrusts:

- Stand behind the victim and wrap your arms around the waist.
- Make a fist with one hand. Place your fist, thumb-side in, against the victim’s stomach—above the navel but below the ribs. Grab your fist with your other hand.
- Pull in and up sharply and repeat if necessary to dislodge whatever is stuck in the throat.
- Repeat the sequence of 5 back blows and 5 abdominal thrusts until the object is cleared.

## Slide 11: Heat Exhaustion & Heatstroke (3 Minutes)

**F:** Working in a hot environment or on a hot day can be very stressful for your body, especially if you’re not used to the heat.

**F:** Heat exhaustion may start out as discomfort and fatigue but can quickly develop into something more serious. Symptoms of heat exhaustion include pale or flushed appearance, weakness, heavy sweating, headache, moist and clammy skin, dizziness, and sometimes, nausea or a slight fever.

**F:** If you suspect a coworker is experiencing heat exhaustion, you should:

- Move the victim to a cool place;
- Have the person lie down;
- Elevate feet 8 to 10 inches;
- Loosen clothing;
- Give the victim water and encourage him or her to drink slowly; *and*
- Apply cool compresses to the head and body.

**F:** If a person suffering from heat exhaustion is not treated promptly, it can turn into heatstroke. Heatstroke is a life-threatening condition in which the body gets so hot that it can’t cool down. Signs of heatstroke include very hot and dry skin, extreme tiredness, and confusion. You have to act fast in cases of heatstroke. Immediately call 911.

**F:** While you’re waiting for help to arrive, cool the person down by hosing his or her body with cool water or by fanning the body. Monitor the victim to make sure the airway remains open, the person is breathing, and the person has a pulse.

## Slide 12: Bleeding (2 Minutes)

**F:** If a co-worker is bleeding heavily, you should stop the flow of blood while you wait for EMS personnel to arrive.

**F:** Because of the risk of bloodborne diseases, you must wear gloves (from the first-aid kit, if possible) when administering first aid for bleeding.

- Cover the wound with a clean cloth or gauze from the first-aid kit.
- Then apply pressure with your hand directly over the wound.
- Clean the wound with antiseptic solution.
- Elevate the area.
- Apply a pressure bandage.

**F:** If there is an amputation, while you are applying pressure to the wound, have someone else place the amputated part in a plastic bag with ice. Make sure to wrap the severed part so that it doesn't directly touch the ice. Give the package to EMS personnel or rush it to the hospital. In many cases, severed limbs can be reattached.

### Slide 13: Broken Bones (2 Minutes)

**F:** The rule for treating people who may have broken bones is never to move them unless it's necessary for their safety. Neck and back injuries are especially risky. The wrong move could cause paralysis or death.

**F:** If you suspect broken bones, call for emergency medical assistance, and instruct the victim not to move. Then look for swelling and deformity. Ask the victim to rate the pain, explain how the injury happened, and if he or she can move the injured limb.

**F:** Treat for shock if the person shows symptoms. Shock is the body's way of reacting to severe injury. A person in shock may appear stunned or confused. To treat shock:

- Lay the victim down,
- Cover the victim to keep him or her warm, *and*
- Raise their feet slightly above heart level.

**F:** If it seems that a person might have a broken bone, apply ice wrapped in a towel or cloth to the area, and keep the victim comfortable until help arrives.

### Slide 14: Burns (2 Minutes)



**F:** You can be burned by hot surfaces, hot materials, or by the properties of certain materials. First aid for burns depends on the degree of the burn.

**F:** First-degree burns are the least severe. They just involve the top layer of skin, which becomes reddened and painful.

**F:** Second-degree burns are more serious and include blistering in addition to reddened skin and pain. First- and second-degree burns may be treated with cold, running water for relief of pain. Then cover the burned area with a moist, sterile dressing. Don't break blisters on second-degree burns.

**F:** Third-degree burns are the most serious and can even be life threatening. With third-degree burns the skin is destroyed, you see charring and deep tissue damage. You may even see exposed bones. For third-degree burns, call 911 immediately, and keep the victim comfortable until help arrives.

### Slide 15: Electric Shock (2 Minutes)

**F:** The first rule of dealing with electrical shock is not to touch a person who is in contact with a live electrical current. If you do, the current can pass right through the person to you and cause the same injury.

**F:** The first thing you should do is to turn off the power to the electrical equipment involved.

**F:** Then call 911. Electrical shocks can be life threatening. You want to get EMS personnel on the scene quickly in case the victim has stopped breathing.

**F:** If you have to remove a person from a live wire, be very careful so you don't get a shock, too. Stand on something that's an insulator, like a rubber mat; wear rubber gloves; and use a dry stick, wooden broom handle, or board to push the person away from the wire. Don't use anything metal, wet, or damp.

**F:** Once the victim is safe, check for breathing. Begin CPR if the person is not breathing.

### Slide 16: Cardiopulmonary Resuscitation (5 Minutes)

**F:** Cardiopulmonary resuscitation (CPR) is an emergency procedure consisting of chest compressions often combined with artificial ventilation, or mouth to mouth in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

**F:** A common misconception is that cardiac arrest is the same thing as a heart attack. That is not true. Cardiac arrest occurs when the heart malfunctions and stops beating unexpectedly. Cardiac arrest is an “electrical” problem. A heart attack occurs when blood flow to the heart is blocked. A heart attack is a “circulation” problem. If the patient is having a heart attack they will be breathing and conscious. Victims of cardiac arrest, however, will suddenly become unconscious and collapse.

**F:** The American Red Cross has outlined the step-by-step CPR process as follows:

- Check the scene for safety, form an initial impression and use personal protective equipment (PPE)
- If the person appears unresponsive, check for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions by tapping their shoulders and shouting at them asking “ARE YOU OKAY?”
- If the person does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.
- Kneel beside the person. Place the person on their back on a firm, flat surface.
- Give 30 chest compressions.
- Hand position: Two hands centered on the chest.
- Body position: Shoulders directly over hands; elbows locked.
- Depth: At least 2 inches
- Rate: 100 to 120 per minute
- Allow chest to return to normal position after each compression.
- Give 2 breaths.
- Open the airway to a past-neutral position using the head-tilt/chin-lift technique.
- Pinch the nose shut, take a normal breath, and make complete seal over the person’s mouth with your mouth.
- Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath.
- Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available! Minimize interruptions to chest compressions to less than 10 seconds.

## Slide 17: Automated External Defibrillator (AED) (2 Minutes)

**F:** An AED, or automated external defibrillator, is used to help those experiencing sudden cardiac arrest. It's a sophisticated, yet easy-to-use, medical device that can analyze the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm. Audible or visual prompts guide the user through the process.

**F:** Using an AED does not replace the use of CPR. When a person experiences cardiac arrest, an AED will improve the chances of restarting the heart, but CPR will help keep oxygen flowing to the brain. With AEDs, CPR is still needed, starting with determining whether a person is unconscious, not breathing, or without a pulse.

**F:** Using an AED within 3-4 minutes of cardiac arrest can lead to a 60% survival rate.

## Slide 18: How to use an AED – Video (1:53 Minute)

VIDEO – 1:53 Min

(Click play to play clip)

## Slide 19: Preventing Injuries (3 Minutes)

**F:** Several injuries can be prevented simply by ensuring you are wearing the appropriate personal protective equipment (PPE) for the task at hand, including eye and face, head, and foot protection when needed. If you are required to wear fall protection or respiratory protection, ensure you and your employees are trained on the proper use of the equipment. Keeping your PPE in good condition ensures that it works the way it is supposed to when it is supposed to.

**F:** Conduct a Job Hazard Analysis prior to starting work to determine what hazards your crew is likely to encounter. This will help you pick the appropriate PPE for the task and make note of other hazardous conditions, such as high temperatures or elevated work surfaces requiring fall protection.

**F:** When working in the heat, take frequent breaks and stay hydrated to prevent heat exhaustion.

**F:** Ensure you and your employees have been properly trained to complete the job at hand safely.

**F:** Many injuries can also be prevented by slowing down and paying close attention to the task at hand. Rushing or working hastily significantly increases the likelihood of an accident. Always be aware of your environment, pay attention to signage in the workplace, and others working around you.

## Slide 20: Questions?