



Pannier Corporation

Health and Safety Handbook

Marking System Group



First Aid Plan

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Authority and Scope

Regulation: 29 CFR 1910.151

Scope: All employees, including all employees who are trained in first aid, are covered by this Plan.

Policy Statement

It is the policy of Pannier Corporation to provide prompt emergency medical services and first-aid support to all personnel at the workplace who are injured or become ill.

Plan Administration

Plan Administrator: John Visconti 412-492-1400 ext. 310

Medical consultant: Doctors Express 412-781-5600

Employee trainer: John Visconti 412-492-1400 ext. 310

The Plan Administrator is responsible for implementation of the first-aid plan, and will maintain, review, and update it whenever necessary to include new or modified tasks and procedures.

The medical consultant will advise the Plan Administrator concerning matters of health in the workplace.

The Plan Administrator will administer the training program for first-aid and CPR.

Plan Review and Update

The First Aid Plan will be reviewed periodically to determine if it continues to address the needs of the workplace. Training, supplies, equipment and first-aid policies will be modified to account for changes in workplace safety and health hazards, worksite locations and worker schedules since the last program review.

Definitions

Automated external defibrillator (AED) - A small, portable device attached to a person's chest with wires that checks the person's heart rhythm, and gives the heart an electric shock (called a defibrillating shock) if the rhythm is off. It is designed to restore the correct, natural rhythm.

Blood born pathogen - microorganisms that are present in human blood and 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) which causes acquired immune deficiency syndrome (AIDS).

Cardiopulmonary resuscitation (CPR) - a method of mouth-to-mouth breathing and external cardiac compression to keep oxygenated blood circulating after the heart has stopped.

First aid - one-time treatment using a non-prescription medication at nonprescription strength; ointments; salves; bandages (including elastic and butterfly); finger guards; hot and cold therapies; eye patches; antiseptics; wraps; dressings; temporary immobilization devices (splints, slings, neck collars, back boards) for transporting accident victims; removing foreign bodies from the eye using only irrigation or a cotton swab; cleaning, flushing, or soaking skin surface wounds; drilling of a fingernail or toenail to relieve pressure; and a tetanus immunization (but not other



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immunizations or vaccines). First aid is also emergency care, such as CPR, provided for an injury or sudden illness before emergency medical treatment is available.

Medical treatment - the response by professional medical personnel to serious injuries and illnesses such as puncture wounds, fractures, infections, second-and third-degree burns, and other injuries that require more than one-time first-aid treatment or observation.

Other potentially infectious material (OPIM) - body fluids visibly contaminated with blood, including saliva in dental procedures, semen, vaginal secretions, amniotic fluid, and other such material where it is difficult to differentiate between body fluids.

Personal protective equipment (PPE) - protective covering for the head, eyes, hands, feet, and body, such as gloves, face shield, face mask, eye protection, or an apron or gown.

First-Aid Plan Implementation

The Plan Administrator or designee ensures the ready availability of medical personnel for advice and consultation on matters of occupational health. See the Plan Administration section for available medical personnel.

Job Hazard Evaluation

Plan Administrator/ Health and Safety Team will evaluate and periodically re-evaluate information about job hazards, injuries, illnesses, and fatalities at the facility in order to keep this first-aid program up to date. The evaluation will include a review of the following information:

Job Hazard Analysis reports

- The annual Form 300 Illness and Injury Log and 301 Incidence Report
- Workers' Compensation insurance carrier reports
- Near-miss reports
- Reports and notes on observations of work activities
- Emergency Medical Services and First Aid

The facility or work site is located in close proximity to a medical treatment facility or service. Medical Treatment Facility or Service is located in close proximity to this work site and will respond to all emergencies or injuries sustained by employees. A communication system for contacting the emergency medical service is provided. Where the 911 emergency communication system is not available, The Plan Administrator will post the telephone numbers of physicians, hospitals, or ambulances at conspicuous locations. (By each telephone)

Any employee who has a valid certificate in first-aid training from the U.S. Bureau of Mines, the American Red Cross, or equivalent training that can be verified by documentary evidence is authorized to provide first aid before emergency medical services arrive.

Training

The primary source of first-aid and CPR training is through Pannier at 1130 Old Butler Plank Road. All employees with valid first-aid or CPR certificates are considered approved for administering first aid.



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First-aid and CPR training is provided to those personnel who require it due to the nature of their work and responsibility. First-aid training is required for:

- Emergency response teams
- Fire department personnel
- Blood borne Pathogens Training

Employees designated as responsible for rendering first aid or medical assistance will be instructed in the sources, hazards, and avoidance of blood borne pathogens, including universal precautions and the use of PPE.

First-Aid Supplies

First-aid supplies approved by the consulting physician are readily available. Each first-aid kit is inspected and restocked on a scheduled basis dependent on usage by a qualified subcontractor.

Pathogens

All employees administering first-aid will follow universal precautions to prevent contact with blood or OPIM and wear appropriate PPE. See below for the description of universal precautions and PPE requirements.

Protection against Blood borne Pathogens

Universal Precautions

All employees will use universal precautions in order to prevent contact with blood or OPIM during the administration of first-aid, the removal of materials and waste from the first aid station, cleanup of any blood or OPIM, and housekeeping of any areas recently (i.e., same day) contaminated with blood or OPIM. All blood and OPIM will be considered infectious regardless of the perceived status of the source.

Engineering Controls and Work Practices

Engineering controls and work practices will be implemented to prevent or minimize exposure to blood borne pathogens. The Quality Manager or designee is responsible for ensuring that the engineering controls and work practices are implemented and updated as necessary.

Engineering Controls/Work Practices/Housekeeping:

Wash hands immediately after contact with blood or OPIM.

If handwashing facilities are not immediately available after exposure, exposed employee(s) will be provided with an antiseptic cleanser with cloth or paper towels or antiseptic novelettes. Exposed employees will wash their hands with running water and soap as soon as possible after using the antiseptic alternatives.

When skin or mucous membranes are exposed to blood or OPIM, those areas of the body will be washed or flushed with running water as soon as possible after contact.

After removal of PPE used during exposure to blood or OPIM, the employee(s) will wash hands or other exposed skin areas with running water and soap as soon as possible.



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Wash hands immediately or as soon as feasible after removing gloves or other PPE.

Remove PPE after it becomes contaminated and before leaving the work area.

Place used PPE in [list appropriate containers for storage, laundering, decontamination, or disposal].

Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.

Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

Remove immediately or as soon as possible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

PPE

All PPE is provided to employees at no cost to them. PPE will be chosen based on the anticipated exposure to blood or OPIM. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which it will be used.

Provision of PPE to Employees

How Provided PPE Distributor
 Procedures

Requiring PPE
 Type of PPE

Required readily available at all times all supervisors and support staff
 Dependent on job

All PPE will be cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All PPE will be removed prior to leaving the work area. If visibly contaminated, PPE will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Blood-contaminated PPE

If PPE or personal clothing is splashed or soaked with blood or OPIM, the person wearing the PPE or clothing will remove the contaminated clothing as soon as possible. This clothing will be laundered at the employer's expense. The clothing would be identified as contaminated and any employee exposed to it would be notified and protected from exposure.

Gloves



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Gloves will be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Disposable gloves will not be washed or decontaminated for re-use and will be replaced when they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

PPE Training

All employees covered under the requirements of this Plan will be trained to properly use, put on, take off, decontaminate, maintain, and store PPE.

Emergency Showers and Eyewash Facilities

Emergency eyewash stations are available for employees exposed to hazardous chemical splashes or other contact. The areas are located throughout each building and are designated on the evacuation plan posted throughout all of the facilities.

Accident Reporting and Recordkeeping

All injuries and illnesses that require treatment by professional medical personnel will be recorded in the injury and illness log. Minor injuries that require only first aid will not be recorded in the log.

Daily records of all first-aid treatments not otherwise reportable as an injury or illness will be maintained on prescribed forms and furnished to the Plan Administrator upon request.

Copies of employee first-aid certificates are maintained at the office of the Plan Administrator.