



Infection Control: Employee Health First Aid Treatment

Policy Statement

Residents and employees who experience minor injuries shall be treated at the facility. If the injuries cannot be treated with basic Red Cross first aid intervention, the emergency medical system (EMS) will be activated.

Policy Interpretation and Implementation

1. As part of the initial orientation and training, all licensed staff will complete an American Red Cross basic life support and first aid training course (or similar program that has been approved by the Quality Assurance and Performance Improvement Committee).
 - a. Instructor-led, “hands-on” training will occur initially upon hire and periodically thereafter. Skills for basic first aid shall be reviewed as needed.
 - b. Training shall be up to date with current first aid techniques and knowledge.
 - c. Training and reference materials shall be replaced as necessary.
2. The goal of staff training is to enable employees to provide basic life support and/or first aid intervention to injured residents or employees. In the case of life-threatening injuries or situations, the goal is patient stabilization until the EMS arrives.
3. Basic first aid intervention includes (but is not limited to) interventions for the following situations:
 - a. Choking, breathing emergencies;
 - b. Burns (chemical, heat, electrical);
 - c. Cuts, lacerations;
 - d. Bleeding (mild and moderate);
 - e. Shock;
 - f. Joint, bone and musculoskeletal injuries;
 - g. Allergic reactions and anaphylaxis; and/or
 - h. Bites and stings.
4. The goal of emergency intervention is to stabilize the resident and the situation until further treatment is available.
5. In addition to providing basic first aid intervention, contact the emergency medical system (EMS) or advanced medical personnel immediately for the following situations:
 - i. Unconsciousness or altered consciousness;
 - j. Difficulty or absence of breathing;
 - k. Chest pain;
 - l. Persistent abdominal pain or pressure;
 - m. Severe bleeding;
 - n. Vomiting blood or blood in stool;
 - o. Severe burns;

- p. Suspected poisoning;
 - q. Seizures;
 - r. Suspected stroke (sudden unilateral weakness, slurred speech or severe headache);
 - s. Suspected head, neck or spine injury;
 - t. Suspected broken bone or open fracture; or
 - u. Condition is not clear or is worsening.
6. Procedures for basic first aid intervention are located in the facility First Aid Manual/Guide Book. A copy of this manual is kept at each nurse's station with the first aid kit.
 7. A first aid kit shall be maintained at each nurse's station for use in treating minor injuries. Each kit contains, as a minimum, the following supplies:
 - v. Assorted Bandages (50-75);
 - w. Fingertip Fabric Bandages (10);
 - x. Knuckle Fabric Bandages (10);
 - y. 2" x 2" Gauze Pads (5) – Packs of 2;
 - z. 3" x 3" Gauze Pads (5) – Packs of 2;
 - aa. 2" Gauze Roll Bandage (1) – 2" Roll;
 - bb. 3" Gauze Roll Bandage (1) – 3" Roll;
 - cc. Elastic Wrap Bandage (1) – 2" x 5 yd. Bandage;
 - dd. Triangular Sling/Bandage (1);
 - ee. 5" x 9" Trauma Pad (1);
 - ff. Butterfly Wound Closure Bandages (10);
 - gg. Alcohol Cleansing Pads (20);
 - hh. Antiseptic Cleansing Wipes (10);
 - ii. First Aid/Burn Cream Packs (10);
 - jj. First Aid Antibiotic Ointment Packs (10);
 - kk. Burn Relief Gel 3.5 gm. Packs (6);
 - ll. Eye Wash 1 oz. Bottle (1);
 - mm. Castile Soap Towelettes (10);
 - nn. Moleskin – 2" Square (10);
 - oo. CPR Face Shield and Vinyl Gloves (1) Shield, (1) Pair Gloves;
 - pp. Vinyl Gloves (2) Pairs;
 - qq. First Aid Tape (1) – 1/2" x 10 yd. Roll;
 - rr. Cloth First Aid Tape (1) – 1" x 5 yd. Roll;
 - ss. Bandage Protectant/Finger Cot (50);
 - tt. Nickel Plated Scissors (1) 4-1/2" Scissor;
 - uu. Stainless Steel Tweezers, Slanted (1) 3"; and
 - vv. First Aid Guide (1) Guidebook.
 8. The Director of Nursing Services, or his/her designee, shall be responsible for ensuring that first aid kits are inspected quarterly and that adequate supplies are on-hand at all times.
 9. First aid kits may not be removed from their assigned locations except for treatment of the injured, drill exercises, and/or the replenishment of supplies.
 10. Emergency first aid treatment will be provided to injured residents and employees. However, residents and employees have the right to refuse such medical treatment. Such information must be recorded in the resident's medical record or the employee's personnel file. For residents who refuse the treatment, the Charge Nurse and Attending Physician shall be notified of the refusal.

11. Regardless of the nature or severity, any resident's injury/situation shall be reported to the resident's Attending Physician and family, and documented in the resident's medical record. If the resident's Attending Physician is not available, follow the facility policy for Emergency Physician Care.
12. An injured employee may seek medical attention from his/her Personal Physician, the facility's Medical Director, or from a Medical Treatment Center.
13. Regardless of the nature or severity of an employee's injury, all on-the-job injuries must be reported to the employee's department director or supervisor.

References	
References	OSHA Standard 29 CFR 1910.1030(a) <i>2010 American Heart Association and American Red Cross Guidelines for First Aid</i>
Related Documents	Report of Incident/Accident
Generations Revision	June 2020
Version	1.3 (H5MAPL0329)