

- Does this topic relate to the work the crew is doing? If not, choose another topic.
- Did you read this Training Guide and fill in the blanks where the appears? (To find the information you need, look over the Safety Walkaround Checklist for this topic.)
- Did you bring a list of emergency phone numbers to display at the meeting?

Did you bring emergency equipment to demonstrate?

Begin: We all try to live injury-free, but sometimes things get beyond our control. Are you prepared for an emergency? Do you know what to do if someone gets hurt on the job? Or would you freeze in panic? Today we're going to talk about the equipment and skills you need to deal with job injuries and similar emergencies.

You or a crew member may want to add a personal story about job injuries.

ASK THE CREW THESE QUESTIONS:

After each question, give the crew time to suggest possible answers. Use the information following each question to add points that no one mentions.

1. Every job must have a trained first aid provider on the site, or a designated medical clinic within 4 minutes of the site. Do you know who the first aid provider is on this job?

Name and location of on-site first aid provider (or clinic):

2. Every job must also have at least one first aid kit, kept in good condition. Do you know where our kits are located?

Locations of first aid kits:



3. We are required to post emergency phone numbers on the site, including numbers for a local doctor, hospital, ambulance, and fire department. Do you know where the numbers are posted on this site?

Locations of posted emergency phone numbers (near job telephones or switchboards if any, otherwise in a prominent place):

v the crew the list of emergency phone numbers you brought to the meeting.
ergency equipment do we have on this job, and where?
inguishers, fire blankets, and sand for extinguishing fires
s and locations:
shes and emergency showers
tions:
nication devices
uding telephones, intercoms, megaphones, radios, alarms, etc.)
s and locations:
ers or baskets for moving injured people
tions:
example, special equipment for work in confined spaces, highrise buildings, over r, etc.)
s and locations:
r

5. Do you have any questions about how to use our emergency equipment?



Demonstrate the various types of emergency equipment you brought to the meeting, or have volunteers do so. For example, you could demonstrate a first aid kit, fire extinguisher, eye wash, and stretcher. Answer any questions the crew may have.

6. What steps should you take if someone gets injured?

- Call 911.
- Notify the first aid provider, clinic, or supervisor. Describe the extent of injuries.
- Give first aid or CPR if necessary, but only if you know what you're doing.
- Keep people out of the area.
- **Calm and reassure** the injured person. Don't move them until trained help arrives.
- Stop severe bleeding by applying hand pressure to the wound.

7. Are there times when you *shouldn't* try to help an injured person?

- Yes. If you will be putting yourself in danger, get help instead of rushing in!
- **Don't enter a confined space** to rescue someone unless you have proper training and equipment.
- Turn off the power before you approach a victim of electric shock.
- If there's been a major **chemical spill**, let a qualified Hazardous Materials (HAZMAT) team respond. *(Chemical Spills are covered in more detail in a separate Training Guide.)*

8. If you're injured on the job, can you be treated by your own doctor?

• Yes. According to California law, you can be treated by your own personal physician immediately after a work injury— **if** you gave the company your doctor's name **before** you were injured. To be sure that you'll be treated by your own doctor, always keep your doctor's name, address, and phone number on file with the company.

CAL/OSHA REGULATIONS

Explain: Most of the safety measures we've talked about are required by Cal/OSHA. We have to take these precautions—it's the law. I have a Checklist of the Cal/OSHA regulations on job injuries and first aid. If you'd like to know more, see me after the meeting.

Cal/OSHA also requires us to have a written Emergency Action Plan (EAP) if there are more than ten workers on the site. Everyone working on the site has a right to see a copy.

You can see a copy of our EAP anytime at-



Point out location:

(The Emergency Action Plan is covered in more detail in a separate Training Guide. See "Chemical Spills.")

COMPANY RULES

(Only if applicable.) Besides the Cal/OSHA regulations, we have some additional company rules about job injuries and first aid.

Discuss company rules:

Our company encourages you to get first aid and CPR training. For more information, see:

Give name and location:

COMMENTS FROM THE CREW

Ask: Do you have any other concerns about job injuries or first aid? Do you see any problems on our job? (Let the steward answer first, if there is one.)

What about other jobs you've worked on? Have you had any experience with injuries or first aid that might help us work safer on this job?

GENERAL SAFETY DISCUSSION

This is a time to discuss all safety concerns, not just today's topic. Keep your notes on this page before, during, and after the safety meeting.

Are you aware of any hazards from other crews? *Point out any hazards other crews are creating that this crew should know about. Tell the crew what you intend to do about those hazards.*

Do we have any old business? *Discuss past issues/problems. Report progress of investigations and action taken.*

Any new business? Any accidents/near misses/complaints? *Discuss accidents, near misses, and complaints that have happened since the last safety meeting. Also recognize the safety contributions made by members of the crew.*

Please remember, we want to hear from you about *any* health and safety issues that come up. If we don't know about problems, we can't take action to fix them.

To complete the training session:

- □ Circulate Sign-Off Form.
- □ Assign one or more crew member(s) to help with next safety meeting.
- □ Refer action items for follow-up. (Use the sample **Hazard Report Form** in the Reference Section of this binder, or your company's own form.)

SIGN-OFF FORM **JOB INJURIES & FIRST AID**

Date Presented: _____ By: _____

Project Name/No.: _____ Location: _____

NAMES OF THOSE WHO ATTENDED THIS SAFETY MEETING

Printed Name	Signature