

First Aid, Medical Treatment and CPR

Prompt medical attention will be provided to anyone regardless of the extent of an injury or illness!

In the absence of an infirmary, clinic, hospital, or physician, that is reasonably accessible in terms of time and distance to the worksite (within 3-4 minutes of the worksite), which is available for the treatment of injured employees, a person who has a valid certificate in first-aid training from the American Red Cross, or equivalent as provided by the Local that can be verified by documentary evidence, shall be available at the worksite to render first aid.

Pagoda Electrical, Inc. provides a First Aid Kit on the premises. It is there for employee's use in the treatment of minor scratches, burns, headaches, nausea, etc. All employees shall know the location of the First Aid Kit and shall notify their supervisor if they need to use the First Aid Kit.

If an employee has a work related injury or illnesses that requires professional medical assistance, they shall notify their supervisor and let him/her know before they receive this assistance. If they fail to notify their supervisor, they may be ineligible for Worker's Compensation, benefits to pay for doctor's bills, and/or lost wages.

The Parts Clerk shall inspect First Aid Kits before the kits are sent out to each job, and on a weekly basis to ensure that they are filled and complete. The contents of the first aid kit shall be placed in a weatherproof container with individual sealed packages for each type of item. The job Foreman shall ensure that expended items are replaced and kits are inspected weekly. Each First Aid Kit shall have the minimum Fill Requirements:

Qty	Item	Size
1	Absorbent Compress	32 sq. in. (81.3 sq. cm)
1	Adhesive Bandages	1" x 3" (2.5 x 7.5 cm)
1	Adhesive Tape	5 yd. (457.2 cm)
10	Antiseptic	0.5 g (0.14 fl. oz)
6	Burn Treatment	0.5 g (0.14 fl. oz)
2	Medical Exam Gloves	Pair
4	Sterile Pad	3" x 3" (7.5 x 7.5 cm)
1	Triangular Bandage	40" x 40" x 56" (101 x 101 x 142 cm)

Note: In addition to the above minimum contents, a kit *should have optional items added, based upon specific workplace hazards.* The selection of additional supplies should be made by consulting with a health care professional or a person competent in first aid who is knowledgeable of the hazards found in that specific workplace. The optional items shall meet specifications stated in Section 5.3 of ANSI Z308.1-1998.

Minor First Aid Treatment

First aid kits are stored in job site gang boxes and company vehicles. If an employee sustains an injury or are involved in an accident requiring minor first aid treatment, they shall:

- Inform their supervisor.
- Administer first aid treatment to the injury or wound.
- If a first aid kit is used, indicate usage on the accident investigation report.
- Access to a first aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

Non-Emergency Medical Treatment

For non-emergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If an employee sustains an injury requiring treatment other than first aid, they shall :

- Inform their supervisor.
- Proceed to the posted medical facility. The supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

_____ shall be used in the event an employee (Quick Drenching/ Flushing Facility) accidentally spills or splashes injurious chemicals or liquids on their clothing or body. Employees shall notify their supervisor if they use the Quick Drenching/Flushing Facility.

Emergency Medical Treatment

Proper equipment for prompt transportation of the injured person to a physician or hospital, or a communication system for contacting necessary ambulance service, shall be provided.



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If an employee sustains a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted next to the telephone in your work area to request assistance and transportation to the local hospital emergency room.
- Provide details for the completion of the accident investigation report.

FIRST AID PROCEDURES AND INSTRUCTIONS – *Call 911*

In all cases requiring emergency medical treatment, immediately call, or have a co-worker call, to request emergency medical assistance. Where 911 is not available, call the below:

EMERGENCY PHONE NUMBERS

Bernie Wrobel: 610-476-1416

Barry Spayd: 610-587-0476

Kevin Ballas: 610-476-2079

Steve Wolszczenski: 484-599-0757

Fill out and POST the above in a conspicuous place

First Aid Training

Each employee will receive training and instructions from his or her supervisor on the following Company first aid procedures.

First Aid Procedures

MINOR CUTS, LACERATIONS, ABRASIONS OR PUNCTURE WOUNDS:

- Wash the wound using soap and water; rinse it well.
- Cover the wound using clean dressing.
Major: Large, deep and bleeding
- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
- Keep pressure on the wound until medical help arrives.

BROKEN BONES:

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard, or rolled newspaper as a splint.



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BURNS:

Thermal (Heat)

Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water.

Blot dry the area and cover it using sterile gauze or a clean cloth.

Chemical

Flush the exposed area with cool water immediately for 15 to 20 minutes.

EYE INJURY:

Small particles

Do not rub your eyes.

Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles

If a particle is stuck in the eye, do not attempt to remove it.

Cover both eyes with bandage.

Chemical

Immediately irrigate the eyes and under the eyelids, with water, for 30 minutes.

NECK AND SPINE INJURY:

If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

HEAT EXHAUSTION:

Loosen the victim's tight clothing.

Give the victim "sips" of cool water.

Make the victim lie down in a cooler place with the feet raised.

CORROSIVE MATERIALS:

Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use. This may vary from job to job so an appraisal of each site will be necessary. Pagoda Electrical will provide adequate drenching/flushing facilities where exposure to corrosive materials is possible.



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CPR (CardioPulmonary Resuscitation)

Alternative names: Rescue breathing, chest compressions - for adults; resuscitation, cardiopulmonary - for adults

Definition: CPR is a combination of rescue breathing (which provides oxygen to the victim's lungs) and chest compressions (which keep the victim's heart circulating oxygenated blood).

Considerations: CPR can be lifesaving, but it is best performed by those who have been trained in a CPR course. The procedures described here are not a substitute for CPR training.

Time is very important when dealing with an unconscious who is not breathing. Death can occur in 8 to 10 minutes and brain death begins after 4 to 6 minutes without oxygen.

Causes: Cardiopulmonary arrest is a combination of 2 life-threatening conditions: absence of breathing and no heartbeat.

Symptoms:

- No Breathing
- No pulse
- Unconsciousness

DO NOT:

- DO NOT give chest compressions if there is a heartbeat; doing so may cause the heart to stop beating.
- DO NOT move the victim's head or neck to check for breathing if a spinal injury is suspected.

Call immediately for emergency medical assistance if:

- you are not alone, have one person call the local emergency number while another person begins CPR.
- you are alone, shout for help and administer CPR.

FIRST AID:

1. Check for consciousness. Shake or tap the victim gently. See if the victim moves or makes a noise. Shout, "Are you OK?"
2. If there is no response, shout for help.
3. Position the victim on his or her back on a **hard surface** (not a soft bed, etc.),



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keeping the back in a straight line, supporting the head and neck. Unfasten the victim's clothing if necessary to gain access to the victim's chest.

4. Kneel next to the victim's chin. Tilt the head back and lift the jaw forward to move the tongue away from the windpipe. If a spinal injury suspected, pull the jaw forward without moving the head or neck. Don't let the victim's mouth close.

5. Place your ear close to the victim's mouth and watch for chest movement. For 5 seconds, look, listen, and feel for breathing.

6. If the victim is not breathing, begin rescue breathing. Maintain the head position, close the victim's nostrils by pinching them with your thumb and index finger, and cover the victim's mouth tightly with your mouth. Give 2 slow, full breaths, with a pause in between.

7. If the chest does not rise, reposition the head and give 2 more breaths. If the chest still doesn't rise, the victim's airway is blocked. Follow instructions for choking

Choking Symptoms:

- unconscious
- lack of breathing
- inability to move air into the lungs with mouth-to-mouth resuscitation

DO NOT:

- DO NOT try to grasp an object that is lodged in the victim's throat. This might push it farther down the airway. If the object is visible in the mouth, it may be removed.
- DO NOT begin the chest compressions of CPR (if heartbeat has stopped) until the airway is cleared.

FIRST AID:

1. Roll the victim onto their back on a hard surface, keeping their back in a straight line, firmly supporting their head and neck. Expose the victim's chest.

2. Open the victim's mouth with your thumb and index finger, placing your thumb over his tongue and your index finger under his chin. If the object is visible and loose, remove it.

3. Lift the victim's chin while tilting the head back to move the tongue away from the windpipe. If a spinal injury is suspected, pull the jaw forward without moving the head or neck. Don't let the mouth close.

4. If the victim is not breathing, begin rescue breathing. Maintain the head position, close the victim's nostrils by pinching them with your thumb and index finger, and cover the victim's mouth tightly with your mouth. Give 2 slow, full breaths, with a pause in between.

5. If the victim's chest does not rise, reposition the head and give 2 more breaths.

6. If the victim's chest still doesn't rise, begin abdominal thrusts, as follows. Kneel at the victim's feet or astride the thighs (or to the side if the victim is obese or pregnant). Place the heel of your hand in the middle of the abdomen just above the navel, well below the tip of their breastbone. (If the victim is obese or pregnant, place the heel of your hand in the middle of the victim's

breastbone. Do not place your hand on the ribs or on the tip of the breastbone.) Place your other hand on top of the first hand.

7. Give 6 to 10 quick thrusts compressing the victim's chest about 2 inches, pressing your hands inward and upward. Do not press to either side. Each thrust is a separate attempt to clear the victim's airway by forcing air out through the windpipe.
8. Open the victim's mouth with your thumb and index finger. If the object is visible and loose, remove it. Observe the victim's breathing. If the infant stops breathing, begin CPR.
9. If the object is not dislodged, give 2 breaths, 6 to 10 abdominal thrusts, and then check for the object. Repeat this sequence until the object is dislodged or help arrives.

8. If the victim's chest does rise, place 2 fingers on the victim's Adam's apple. Slide your fingers into the groove between the Adam's apple and the muscle on the side of their neck to feel for a pulse for 5 to 10 seconds.

9. If the victim has a pulse, give 1 breath every 5 seconds. Check the pulse after every 12 breaths.

10. Be sure the local emergency number has been called. Have someone else make the call if possible. Continue giving breaths and checking the pulse.

11. If the victim has no pulse, begin chest compressions. Maintain the head position and place the heel of your hand 2 finger-widths above the lowest notch of the victim's breastbone (where the lower edge of the ribcage meets in the middle). Place the heel of your other hand directly over the heel of the first hand. Interlock your fingers; don't let them touch the victim's chest. Lock your elbows straight. Lean your shoulders over your hands, and firmly press down about 2 inches into the victim's chest. Repeat the compressions 30 times. Give the compressions in a smooth, rhythmic manner, keeping your hands on the victim's chest. Don't rock back and forth - push straight down. Don't pause between compressions.

12. Give the victim 2 breaths, followed by 30 chest compressions. Repeat this sequence 4 times. Count aloud as you pump in a regular rhythm. You should pump at a rate of about 80 to 100 times a minute. Count 1 and 2 and 3 and 4 and...15 and (breathe, breathe).

13. Recheck the victim's pulse for 5 to 10 seconds.

14. Repeat steps 12 and 13 until the victim's pulse resumes or help arrives. If the pulse resumes, go to step 9.

15. Once pulse and respiration resume, roll the person onto his side taking care to move the body as a whole unit. This is called the recovery position, but it should

not be used if you suspect there might be a neck or spinal injury. Stay by the person until help arrives.

Prevention:

Be prepared and use good judgment.



1. Look, listen, and feel for breathing and pulse. If breathing or pulse is absent, open the airway.

2. Tilt the head back, close the nose, and give 2 full breaths. Check the pulse. If there is no pulse, or breathing, start CPR.



3. Start chest compressions:
If one person is performing CPR, do 30 chest compressions, then two full breaths. Repeat.
If two people are performing CPR, one person does 5 chest compressions, then the other gives one full breath. Repeat.