

FIRST AID & MEDICAL SERVICES PROGRAM

PURPOSE / SCOPE

In emergency situations, employees may be exposed to a wide variety of hazardous circumstances. Time is a critical factor in minimizing injuries. Adherence to the following program can greatly affect the outcome to emergency situations involving OSHA recordable medical and first aid cases.

FIRST AID AND MEDICAL TREATMENT

- ✚ Whenever an infirmary, clinic, or hospital, which can be used for the treatment of injured employees, is not within close proximity to the workplace, at least one or more persons must be trained in providing first aid. First aid is defined as the IMMEDIATE and TEMPORARY care given to the victim of an accident or sudden illness until the services of a physician can be obtained.
- ✚ OSHA requires that first aid kits MUST be present at all work locations. To comply with this requirement, at least one company provided, fully stocked, first aid kit MUST be present at each work location. One or more first aid kits (standard 25-person construction type) will be provided at all locations including town fab shops, nested job sites, field offices, and job trailers. Smaller first aid kits will be maintained in company vehicles and job boxes.
- ✚ All Winger Contracting Company, herein referred to as Winger, jobsites shall have sufficient first aid supplies that are approved to care for the size of the workforce assigned to that location. First aid kits will be frequently inspected and stocked to ensure that expended items are replaced.
- ✚ Personal medications (prescription or over-the-counter) are prohibited in company supplied first aid kits. Employees are allowed to possess their own personal prescription and OTC medication with them on the jobsite. It is illegal for any employee to share their prescription medication with another person.
- ✚ Each jobsite is to have the name, number, and address of a doctor, clinic, hospital, and ambulance service posted near the jobsite telephone.
- ✚ Eye washes or suitable equipment for quick drenching and flushing must be provided in the work area for immediate emergency use wherever the eyes or body of an employee may be exposed to injurious corrosive materials. Employees must be trained to use this equipment.
- ✚ Medical personnel will be made available for advice and consultation on matters of employee health. This does not mean that health care personnel will be provided at the workplace, but will be available to help resolve health problems that develop in the workplace.
- ✚ ALL of our employees are encouraged to attend and be certified in CPR, First Aid and Bloodborne Pathogen training. Not only for at work, but for their families and friends as well.
- ✚ A valid certificate in first aid training must be obtained from the American Red Cross, the National Safety Council, American Safety Council or OSHA approved equivalent training that can be verified by documentary evidence.
- ✚ Winger employees that receive in-house training will receive hardhat stickers and wallet cards.
- ✚ Copies of training documentation such as certificates and wallet cards will be kept in the employee's safety training file.

EMPLOYEE RESPONSIBILITIES

- ✚ Know where the nearest first aid kit or station is located.
- ✚ Know who the people on your job site that are First Aid, CPR, and emergency response trained.

- ✚ Be aware of the nearest medical facility and the emergency procedures for your work location.
- ✚ Report all injuries immediately, no matter how minor to your Supervisor and safety personnel to receive proper medical care.
- ✚ DO NOT go to your own doctor. A Winger employee shall NOT go to their own doctor for any workplace injury. Failure to follow the steps and rules regarding medical treatment may result in employee disciplinary action, including discharge.
- ✚ DO NOT provide any first aid treatment to others beyond that for which you have been trained and certified to perform.
- ✚ Treating all blood and body fluids as hazardous and follow “universal precautions.” At minimum, this means ALWAYS wearing disposable gloves when assisting an injured person and preventing direct skin contact with any body fluids.
- ✚ Notify your supervisor or Safety personnel when first aid supplies have been used so that they may be replaced.

SUPERVISOR RESPONSIBILITIES

- ✚ Ensure that all employees are aware of the nearest medical facility and the emergency procedures for their work location.
- ✚ Verify that first aid kits are present at the work locations.
- ✚ Regularly check and frequently inspect the contents of first aid kits to assure that all necessary supplies are available and within their expiration date.
- ✚ Arrange for replacement and refill of kits as necessary to maintain compliance with this policy.

INCIDENT REPORTING

Winger works closely with local regional occupational health services to provide our employees with expert care who will refer them to any specialist(s) if necessary. Winger also works with company insurance and workers' compensation claims. For these reasons, it is very important for all employees to follow our policies pertaining to workplace incident reporting procedures.

- ✚ All near misses, injuries, or property damage, no matter how minor, must be reported immediately to your foreman or supervisor. The foreman/supervisor will then notify Jerelyn Merrill, Safety Director, (641-777-5717) of the accident.
- ✚ If an injured employee with minor injuries needs to be taken to Occupational Health Services for medical treatment, they shall be transported by a Winger employee (safety personnel, foreman, or co-worker).
- ✚ Serious injuries will be transported by ambulance or EMT service.
- ✚ Winger safety personnel or the employee's supervisor will call the local Occupational Health Services or emergency room and let them know of the employee's pending arrival and relay any injury information they have.
- ✚ Drug and alcohol screens will be performed on any injured employee for any doctor visit whether the injury is first aid, OSHA recordable or in the catastrophic event of a fatality.
- ✚ Employers must notify OSHA in person by reporting to the nearest OSHA area office, by calling (800) 321-OSHA or by electronic submission using the fatality/injury/illness reporting application located on OSHA's public website at www.osha.gov the following events:
 - Within 8 hours of any employee fatality within 30 days of a work-related incident;
 - Within 24 hours of an in-patient hospitalization, for all hospitalizations occurring within 24 hours of a work-related incident (hospitalizations that perform observation and/or diagnostic testing is exempt);

- Within 24 hours of an amputation, for all amputations occurring within 24 hours of a work-related incident
- Within 24 hours of a loss of an eye, for all losses of an eye occurring within 24 hours of the work-related incident.
- ✚ A Winger “First Report of Occupational of Injury or Illness Form” and a “Winger Incident Form” must be completed and emailed or delivered to Jerelyn Merrill (jerelyn@wingercompanies.com) within 24 hours of notification of injury. Forms are located at the Winger main office, established jobsites and foreman three-ring binders.
- ✚ Almost all Winger clients require an Incident Form be turned into them also within a 24-hour time period. This can be achieved as soon as our employee receives the prompt medical attention they deserve and initial incident investigation is completed.
- ✚ All employees related to the incident will participate in the incident investigation. Statements and photos will be taken for documentation purposes.
- ✚ For injuries that are OSHA recordable in nature, a Root Cause Analysis (RCA) will be performed. All affected personnel will be required to attend this meeting. Customer representatives are encouraged to participate.
- ✚ Failure to follow this policy may force Winger to take disciplinary action towards the employee.

FIRST AID GUIDELINES

- ✚ In emergency cases, always use an ambulance. Never use a car or truck to transport.
- ✚ **DO NOT** move an injured or seriously ill person unless it is necessary to prevent further injury from instances such as a fire or evacuation. Wait for Emergency Medical Technicians to arrive and prep the injured person for transportation.
- ✚ In cases of near drowning, gas poisoning, electric shock, heart failure or suffocation, attempt to restore artificial respiration (if trained in CPR). Have another person call for medical help and obtain an Automated Defibrillator Device if available.
- ✚ In cases of severe bleeding, attempt to control bleeding by putting a blood absorbing material over the wound and apply direct pressure. Make sure all bodily fluids are cleaned up according to our bloodborne pathogens procedure.
- ✚ Remember that the most important thing to do for an injured person is to keep them quiet, protected, and reassured that everything is being done for them as quickly as is possible.

BLOODBORNE PATHOGENS

Bloodborne pathogens are pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Universal precautions SHALL be used in all cases when there is potential exposure to Bloodborne Pathogens.

HBV and HIV are not transmitted by;

- ✚ Touching an infected person.
- ✚ Coughing or sneezing
- ✚ Using the same equipment, materials, toilets, water fountains or showers as an infected person.

You can contract either virus by;

- ✚ Sexual contact
- ✚ Shared hypodermic needles
- ✚ Accidental puncture from contaminated needles, broken glass, or other sharp objects
- ✚ Direct contact between broken or chaffed skin and infected body fluids

- ✚ Contact between mucous membranes and infected body fluids
 - Open sores
 - Cuts
 - Abrasions
 - Acne
 - Any sort of damaged or broken skin such as sunburn or blisters

Bloodborne pathogens may also be transmitted through the mucous membranes of the;

- ✚ Eyes
- ✚ Nose
- ✚ Mouth

For example, a splash of contaminated blood to your eye, nose or mouth could result in transmission. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.

Potentially Infectious Materials

- ✚ Blood
- ✚ Body fluids
- ✚ Open body tissues
- ✚ Potentially contaminated water such as sewage or industrial waste discharge systems.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Although the risk to bloodborne pathogens is very minimal to employees in our line of work, the following are some examples of the Universal Precautions that will help minimize occupational exposure to bloodborne pathogens among our workforce.

- ✚ Use the appropriate personal protective equipment (PPE) to prevent human blood and body fluids from contacting your eyes, nose, mouth, or open cuts, punctures or abrasions in the skin:
 - Safety glasses or goggles.
 - Medical exam gloves. Additionally, work gloves should be worn in areas where sharp edges are present to reduce the potential for cuts.
 - Surgical mask that covers your nose and mouth or a face shield.
 - Rescue breathers with a one-way valve SHALL be utilized whenever resuscitation and /or CPR is administered.
- ✚ If you do come in contact with another person's bodily fluids, wash your hands or any exposed areas of your body immediately (or as soon as feasible) with antibacterial soap. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores. If a garment is contaminated by blood or other potentially infectious material, the garment SHALL be removed as soon as possible.
- ✚ Good housekeeping practices are critical. Any spill of blood or body fluids MUST be immediately cleaned up with approved disinfecting agents. The area should be cleaned and rinsed thoroughly with a disinfectant solution.
- ✚ All contaminated clothing, PPE, first aid supplies, and contaminated waste materials SHALL be bagged and disposed of according to customer site-specific procedures for disposal of infectious materials.
- ✚ Hepatitis B shots are available for personnel working on or in waste or sewer systems where the exposure levels would be higher.

MINOR BURNS

For minor burns, including first-degree burns and second-degree burns limited to an area no larger than 3 inches (7.6 centimeters) in diameter, take the following action:

- ✚ Cool the burn. Hold the burned area under cool (not cold) running water for 10 or 15 minutes or until the pain subsides. If this is impractical, immerse the burn in cool water or cool it with cold compresses. Cooling the burn reduces swelling by conducting heat away from the skin. Don't put ice on the burn.
- ✚ Cover the burn with a sterile non-adherent bandage. Don't use fluffy cotton, or other material that may get lint in the wound. Wrap the bandage loosely to avoid putting pressure on burned skin. Bandaging keeps air off the burn, reduces pain and protects blistered skin.
- ✚ If an employee chose they can take an over-the-counter pain reliever. These include aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve) or acetaminophen (Tylenol, others).
- ✚ Minor burns usually heal without further treatment. They may heal with pigment changes, meaning the healed area may be a different color from the surrounding skin. Watch for signs of infection, such as increased pain, redness, fever, swelling or oozing. If infection develops, seek medical help.
- ✚ Get a tetanus shot. Burns are susceptible to tetanus. Doctors recommend you get a tetanus shot every 10 years. If your last shot was more than five years ago, your doctor may recommend a tetanus shot booster.

MAJOR BURNS

For major burns, call 911 or emergency medical help. Until an emergency unit arrives, follow these steps:

- ✚ Don't remove burned clothing. However, do make sure the victim is no longer in contact with smoldering materials or exposed to smoke or heat.
- ✚ Don't immerse large severe burns in cold water. Doing so could cause a drop-in body temperature (hypothermia) and deterioration of blood pressure and circulation (shock).
- ✚ Check for signs of circulation (breathing, coughing or movement). If there is no breathing or other sign of circulation, begin CPR.
- ✚ Elevate the burned body part or parts. Raise above heart level, when possible.
- ✚ Cover the area of the burn. Use a cool, moist, non-adhesive sterile bandage; clean, moist cloth; or moist cloth towels.

CHEMICAL BURNS

- ✚ BEFORE you start working, read the SDS for the hazardous substance you are working with. Make sure you wear the required PPE and know the first aid treatment.
- ✚ Know where the nearest safety shower and eye wash station is available. Test and flush these stations before starting work, to ensure they are working properly and to flush any impurities out of the system and to reduce contamination to your eyes and body.
- ✚ Make sure there are not obstructions or trip hazards in the path leading to these stations.
- ✚ Shower for a minimum of 15 minutes. Eye wash time may be 15 – 60 minutes depending on the chemical being exposed to.
- ✚ Notify your supervisor and safety personnel immediately.

EYE FIRST AID

- ✚ Do not wear contact lenses.
- ✚ If you get something in your eye, **DO NOT RUB YOUR EYE**. This could make the object embedded causing more damage. Try to keep your eyelid from closing in tight against your eyeball. Let tears or eyewash flush the particle out.
- ✚ Metal foreign bodies can quickly form a rust ring and significant scarring. Seek help immediately.
- ✚ Unexpectedly getting something splashed in your eye by substances other than harmless water can cause serious eye injuries. There are 2 different types of chemicals, Acid and Alkali. Acids can cause considerable redness and burning. Alkali substances or chemicals are much more serious, but may not seem to be so because they don't cause as much immediate eye pain or redness like acids. Before

- starting work, locate the nearest eye wash station and safety shower. Always flush the eye wash and shower stations to prevent using contaminated water in case you need it. Flush eyes immediately for a minimum of 15 to 20 minutes. Hold your eye open while flushing.
- ✚ Eye swelling and puffiness can occur from being struck in the eye. The immediate first aid for this type of eye injury is an ice pack.
 - ✚ Subconjunctival hemorrhages occur when a blood vessel breaks. This is usually painless. Over the course of several weeks the blood will clear and will return to normal appearance.
 - ✚ Hyphemia and orbital blowout fractures is bleeding in the anterior chamber of the eye between the cornea and the iris. This occurs from getting struck in the face/eye. These types of injuries need immediate attention by a medical professional.
 - ✚ For arc welding “flash burns” tell your foreman immediately.
 - Don’t rub the eye.
 - Apply Industrial Eye Drops, 1 to 2 drops, 4 times daily to eyes. Due to contamination and infection do not share eye drop bottles. Remove contact lenses before applying eye drops.
 - Cover the eye with cold iced compresses for 5 to 10 minutes; then repeat. Place a barrier between your skin and the ice to prevent skin damage.
 - Over the counter Ibuprofen can help reduce swelling and Tylenol can help reduce pain.
 - Welders that have been in the trade used sliced potatoes or moist tea bags to help reduce inflammation and soreness.
 - Eyelids and eyeballs can temporarily become swollen.
 - If condition worsens or persists more than 72 hours, inform your foreman and safety director to get proper medical attention.
 - ✚ Treat all injuries as potential emergencies. Don’t take risks with your eye sight.

EYE WASH STATIONS AND SAFETY SHOWERS

According to ANSI standard Z358.1-2014, emergency eyewash, eye/face wash, portable eyewash stations and safety showers states a minimum performance requirement of:

- ✚ 0 – the number or permissible stairs or obstructions along the route, must be located on the same level.
- ✚ A door is considered an obstruction. It must open in the same direction of travel as the person.
- ✚ A shower curtain is not an obstruction.
- ✚ Installers must allow access for adequate clearance to accommodate cabinets over a counter or faucet mounted emergency eyewash so as not to create an additional hazard.
- ✚ 10 seconds – the maximum travel time from the injury site to an eyewash station (roughly 55 feet)
- ✚ 15 – the minimum number of minutes both eyes must be flushed
- ✚ 0.4 gallons/minute – the flow rate required from every emergency eyewash station
- ✚ 60° F to 100° F – the required temperature range for safe flushing
- ✚ Showers must be designed and installed so that they may be used without requiring the use of the operator’s hands.
- ✚ Flow pattern may not be less than 33 inches and no greater than 53 inches from the surface on which the user stands and a minimum of 6 inches from the wall or nearest obstruction.
- ✚ Visually checked weekly to determine if flushing fluid needs to be changed or supplemented.

COLD STRESS

- ✚ Dress in layers.
- ✚ Keep clothes dry.
- ✚ Wear winter insulated composite toe work boots.
- ✚ Frostbite is localized frozen tissue. DO NOT rub the area, limit body motion and warm slowly.

- ✚ Hypothermia is lowered body temperature. Remove any wet clothing, use dry blankets and move to warmer area.

HEAT STRESS

- ✚ Drink at least 8 ounces of water or sports drinks every 15—20 minutes or half your body weight in ounces per day.
- ✚ Take electrolyte tablets to replace salt, potassium, calcium, and magnesium lost due to sweating.
- ✚ Take breaks to cool off.
- ✚ Wear light colors.
- ✚ Acclimate yourself to hotter work temperatures.
- ✚ Watch new employees that are not used to working in hot conditions for heat stress illnesses.
- ✚ Don't overexert yourself, only you can tell how hot you really are.
- ✚ Schedule work for cooler time periods.
- ✚ To prevent sunburn, use sunscreen and keep exposed skin covered.

Medical Care Providers

Our chosen medical care facilities provide industries and businesses with several occupational health services. We utilize the following Occupational Health Service Providers for workplace injuries and services at our permanent job sites:

CEDAR RAPIDS, IOWA AREA:

UNITY POINT HEALTH OCCUPATIONAL CLINIC
830 1st Avenue NE
Cedar Rapids, IA 52402 (319) 369-8153

EDDYVILLE, IOWA AREA:

EDDYVILLE HEALTH CLINIC
107 North 3rd Street
Eddyville, IA 52553 (641) 969-5212

OTTUMWA, IOWA AREA:

PELLA OCCUPATIONAL HEALTH CLINIC
920 North Quincy Avenue
Ottumwa, IA 52501
(641) 455-5200

After Hours On-the-Job Injuries Will Be Seen at the Ottumwa Regional Health Center (ORHC) Emergency Room

OTTUMWA REGIONAL HEALTH CENTER EMERGENCY ROOM
(24 Hour Emergency Service - 911)
1001 East Pennsylvania Avenue
Ottumwa, IA 52501
(641) 682-7511
(641) 682-8585 (Outside of the Ottumwa Area)

OTTUMWA CLINICS
1005 East Pennsylvania Avenue
Ottumwa, IA 52501

(641) 682-4594 (Internal Medicine)
(641) 682-5443 (Orthopedics) Dr. Donald D. Berg M.D.

HEARTLAND EYE CARE
1005 East Pennsylvania Avenue
Ottumwa, IA 52501
(641) 682-8571

OTTUMWA CHIROPRACTIC CLINIC
Dr. Bruce Lindberg
297 Richmond Avenue
Ottumwa, IA 52501
(641) 682-8301

BLAIR, NEBRASKA DIVISION:

MEMORIAL COMMUNITY HOSPITAL & HEALTH SYSTEM
Occupational Health Services
810 N. 22nd St.
Blair, NE 68008
(402) 426-1291

MEMORIAL COMMUNITY HOSPITAL EMERGENCY ROOM
(24 Hour Emergency Service - 911)
810 North 22nd Street
Blair, NE 68008
(402) 426-1159

Ft. DODGE, IOWA:

TRINITY CORPORATE HEALTH SERVICES
Trinity Regional Health Center
802 Kenyon Road
Ft. Dodge, IA 50501
(515) 573-3101

TRINITY CORPORATE HEALTH SERVICES
Occupational Medicine
2520 9th Avenue South
Ft Dodge, IA 50101
(515) 574-6810

SE IOWA DIVISION:

GREAT RIVER BUSINESS HEALTH
GREAT RIVER MEDICAL CENTER
1221 SOUTH GEAR AVENUE WEST
BURLINGTON, IA 52655
(319) 768-4151

7:00 A.M. TO 5:00 P.M.

AFTER HOURS, ON-THE-JOB INJURIES WILL BE SEEN AT THE GRMC EMERGENCY ROOM.

FT MADISON COMMUNITY HOSPITAL ANNEX
5445 Avenue O



Ft. Madison, IA 52627
Occupational Health Medicine Coordinator
(319) 372-6530
7:00 a.m. to 4:30 p.m.
After Hours, On-the-Job Injuries Will Be Seen at the FMCH Emergency Room

Other health care providers will be determined as our company expands. These occupational health centers will be posted at each job site.

SOURCE CREDITS

U.S. Department of Labor, Occupational Safety and Health Administration, www.osha.gov
Mechanical Contractors Association of America, www.mcaa.org
U.S. Department of Health and Human Services, CDC, NIOSH www.cdc.gov/niosh
WebMD, www.webmd.com
U.S. National Library of Medicine, National Institutes of Health (NIH), www.nlm.nih.gov
Family Doctor, www.familydoctor.org
The Well Workplace Health Letter, June 2009
American Safety and Health Institute
Ohio State University, www.ohioline.osu.edu
Sheet Metal Occupational Health Institute Trust
www.allaboutvision.com

DOCUMENT CONTROL

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