Minnesota Electrical Association

Electrical Toolbox Talks

Injuries and Emergency Situations

1. Employer will post local emergency numbers near the phone at each job site.

   Medical facilities near the main office are: _____

   Phone: _____

   Contact: _____

   Ambulance: _____ Phone: _____

2. Employees must report all injuries **IMMEDIATELY** to the job supervisor. The supervisor is then responsible to report the injury to the office and to complete appropriate forms. Employer must report to OSHA within 8 hours of occurrence.* (*As of January 1, 2015, requirement for reporting all fatal accidents and all accidents involving 3 or more people be reported to OSHA within 8 hours of incident; all accidents that result in patient hospitalization, amputations, or loss of an eye must be reported to OSHA with 24 hours of incident.)

3. If job site is more than 3-4 minutes from an appropriate medical facility, employer will make sure one person on each crew will be trained in first aid. The courts have ruled on some aspects of OSHA's first-aid requirements: the requirement that there be a clinic, infirmary, or hospital in "near proximity" has been interpreted to include a response by a competent emergency assistance. However, whether the person is taken to aid, or aid comes to the person, the courts have held that a response time of 3-4 minutes is necessary for suffocation, severe bleeding, or other life-threatening injury or illness. Where the injury is not life threatening, a 15-minute response time is acceptable.

   The names of trained first-aid people are:

   _____ _____

   _____

4. Employees working alone on a job site, will do one of the following:
   - Carry a cellular phone at all times.
   - Call in every two hours to let the office know they are safe.

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5. Employer will make sure first-aid kits are located in each company vehicle and in the main office. OSHA also requires that first aid supplies be sanitary and readily available for use by the trained personnel. If people are working with CHEMICALS or the potential for burns exists, then safety showers and eye baths are required near the areas of potential exposure. Everyone in the work area should be trained to use, or assist with, the emergency shower or eye bath. They should also be aware of the need for periodic testing of the equipment and the need to maintain clear access.

   First-aid kits can be found in this location:

   _____

   _____

Minnesota's AWAIR program has specific requirements for safety on the job.

Basic First Aid

Bloody Nose

What to do immediately:
Lean slightly forward and pinch your nose just below the bridge, where the cartilage and the bone come together. Maintain the pressure for 5-15 minutes. Press an ice pack against the bridge.

What not to do:
Tilt your head back. You could swallow blood, and potentially some could go in your lungs.

An Object in the Eye:

Anything that gets in your eye, whether it's a speck of sand or a chemical, can cause pain and could damage the cornea.

What to do immediately:
Try to dislodge a small particle by blinking several times. If it's not budging, rinse the eye by holding the lid open under a running tap (if possible, remove contact lenses first).

What not to do:
Never rub your eyes. Even a tiny piece of dirt can scratch the cornea and cause an infection. Never try to remove an object that's deeply embedded—leave that to the professionals.

A Sprain:

Sprains occur when the ligaments surrounding a joint are pulled beyond their normal range. Sprains are often accompanied by bruising and swelling.

What to do immediately:
Alternately apply and remove ice every 20 minutes throughout the first day. Wrapping the joint with an elastic compression bandage and elevating the limb may also help. Stay off the injury for at least 24 hours. After that, apply heat to promote blood flow to the area.

What not to do:
Work through the pain

Injuries and Emergency Situations

(continued)

Burns

First-degree burns produce redness; second-degree burns cause blisters; third-degree burns result in broken or blackened skin.

What to do immediately: Place the burn under cool running water, submerge it in a bath, or apply wet towels. Loosely bandage a first- or second-degree burn for protection.

What not to do: Put an ice pack on major burns. Ice can damage the skin and worsen the injury. Don't pop blisters. Don't apply an antibiotic or butter to burns; doing so can breed infection.

A Blow to the Head

The skull is very protective, so hitting it rarely results in injuries to the skull itself. But if the force is great, the neck, the back, and soft tissues inside the head can be injured.

What to do immediately: If the person is unconscious, call 911. If the struck area is bleeding, treat it as you would any other cut, but follow up with your doctor, as there may be internal injuries. Icing a small bump can help reduce the swelling.

What not to do: Leave the victim alone, especially when he's sleeping. You should wake him up every three to four hours and have him answer simple questions to make sure there's no brain injury, such as a concussion.

Choking

True choking is rare. When a person is really choking, he can't cough strongly, speak, or breathe, and his face may turn red or blue.

What to do immediately: Call 911. For a victim age one or older: Have the person lean forward and, using the palm of your hand, strike his back between the shoulder blades five times. If that doesn't work, stand behind the victim, place one fist above the belly button, cup the fist with your other hand, and push in and up toward the ribs five times, as in the Heimlich. If you're alone: Press your abdomen against something firm, like a kitchen counter, or use your hands.

What not to do: Give water or anything else to someone who is coughing.

Poisoning

Potential household hazards include cleaning supplies, carbon monoxide, and pesticides. Bites and stings can also be poisonous to some people.

What to do immediately: If a person is unconscious or having trouble breathing, calls 911. In other cases, call the Poison Control Centers' national hotline (800-222-1222). Be prepared to tell what substance was involved, how much was taken and when, and the age and the weight of the victim.

What not to do: Wait until symptoms appear before calling for help. Do not give ipecac syrup or try to induce vomiting. The poison could cause additional damage when it comes back up. The victim shouldn't eat or drink anything, unless the hotline operator tells you otherwise.

An Open Wound

Breaks in the skin that bleed (such as a cut, a scrape, or a puncture) need to be treated promptly to avoid infection.

What to do immediately: Place a piece of sterile gauze (or a clean cloth) on the injury and apply direct pressure to stop the bleeding. For minor cuts and scrapes, wash with soap and water; follow with a thin layer of Vaseline or an antibiotic ointment and cover with a bandage.

What not to do: Wash or apply ointment to a wound that's large, deep, or profusely bleeding. Instead, seek medical help. If there's an object protruding from the injury, don't try to remove it.

Broken Bones or Fractures

There are several types of injury that affect extremities (arms and legs): broken bones (fractures), dislocations, sprains and strains. Persistent pain and swelling following an injury warrants a trip to the doctor. All extremity injuries need to be treated as broken bones until an X-ray can be obtained.

What to do immediately: If the foot or hand at the end of the injured extremity is cold or blue, call 911 immediately. Stabilize the extremity. Use padding to keep it immobile. Specific broken bones need specific treatment.

What not to do: Do NOT straighten the extremity if it is deformed--keep it in the position found