

# Management Guide to Emergency Medical Response

## Risk Control from Liberty Mutual Insurance



### Highlights:

- What to evaluate and how
- Personnel and services
- Community emergency facilities
- Recordkeeping
- Resources and websites

Management is ultimately responsible for adequate emergency medical care for those injured. This responsibility is dictated by both government regulations and good business practice.

Planning for adequate emergency medical services can begin by evaluating the type and severity of job hazards, the number of employees, and available community medical services.

From these facts, you can determine the following:

- Type of health services personnel needed
- Facilities, equipment, and supplies needed
- Community health facilities to be used

### Personnel and Services

#### Physician Services

The first step is to locate a physician or healthcare clinic near your facility who can provide emergency medical care and who is competent in occupational health/medicine and is acquainted with the materials and processes used in your operations. Personal contact with the physician will help you better understand their services and build their understanding of your workers risk of injury or illness.

Through this discussion, the physician will be more able to:

- Determine the types of cases they are likely to encounter
- Determine which cases should be referred to medical specialists
- Understand their capabilities that match the likely types of occupational incidents
- Provide you with names of appropriate specialists, the hospital to be used, and who to call when the physician is not available

Regardless of the size and diversity of your operations, you will benefit from the professional guidance of an emergency care physician when developing emergency medical policies and obtaining health services. The physician should be able to provide medical direction to the first aid responders for the treatment of employee illnesses and injuries, advise on other health policies and problems, and assist with rehabilitation and return-to-work modifications. It is critical that the physician fully understands the common and unique risks to your workforce to be sure that they are capable of responding with appropriate medical intervention and treatment.

To promote a clear understanding of responsibilities, it is best to have a contractual agreement with the physician that describes the services expected and the terms and conditions under which the physician will provide these services. In the absence of a contract, consider a Preferred Provider Organization (PPO) network of occupational providers with whom quality care and competitive rates have been contracted.

Good communication with the physician and the employee involved in lost time cases is essential to controlling your costs. Early return to work and effective disability management is often related to the physician's understanding of what the injured employee's job entails. Often the physician or provider can help with an early return-to-work plan when the employer demonstrates an interest. They can also help accommodate the employee back to work in a job that the employee can safely handle within their prescribed capabilities.

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## Occupational Nurse Services

An occupational nurse can help reduce the number of cases requiring off-site medical attention as well as reduce work time lost for medical cases. The major cases will be assured of receiving appropriate care and closer follow up can be maintained with injured workers and their physicians to expedite an early and productive return to work.

## First Aid Responders

For many companies, the first aid responders will be the only “health” personnel on the premises. The training of the first responder in emergency care planning, techniques, and transportation is the single most important factor in providing emergency care. Emergency care training can be obtained through the local chapter of the American Red Cross or through vocational technical schools.

A minimum of two workers on each shift should be trained and assigned the responsibility for emergency care and maintaining medical equipment and supplies. Training should include up-to-date methods of cardio-pulmonary resuscitation (CPR).

Consider training all supervisory personnel or a number of employees in emergency care, especially CPR, to help first responders in life saving techniques, transportation, and the planning and direction of activities at the scene of the accident. You may even consider training designated employees as certified instructors in emergency care. This would help ensure availability and continuity of first aid services and qualified first aid responders, and avoid compromising the safety of untrained persons attempting to perform first aid.

## Community Emergency Facilities

Community facilities include the hospital, ambulance services, the rescue squad, burn center, fire department, hazardous materials response, and medical specialists. Establish company policies and procedures for when and how these services are to be utilized. Keep your first aid responders informed of your protocol for contacting and using these services.

Post telephone numbers of trained first aid responders, key company personnel, physicians and healthcare providers, and community emergency facilities in strategic locations such as near the first aid facility, the switchboard, certain identified telephones, etc.

## The Hospital

Become familiar with your hospital's emergency capabilities and admitting procedures. Is the hospital emergency room open 24 hours a day? If not, know the alternatives. Know what specific information needs to accompany an injured worker to the hospital. Consider holding meetings or “drills” to familiarize your emergency responders with the route to the hospital, the hospital itself, and the admitting procedures. Identify roles and functions and be prepared for potential emergencies.

## Ambulance and “LifeFlight”

Because handling and transporting the injured is so important, you will need to thoroughly investigate how, when, and where qualified ambulance services can be obtained. Selecting an ambulance service should be based on the qualifications of the ambulance drivers, the training of ambulance attendants, and the condition of the vehicle and the emergency care equipment. These services must meet minimum standards, ordinances, or statutes regulating ambulance services. In many communities, emergency ambulance services are provided by the local fire department. Be sure they, too, are well aware of trauma potential and sources at your business, to ensure they are ready to respond appropriately when called.

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## Other Emergency Help Sources

Awareness of other community emergency services such as the fire department, trauma center, rescue squad, and burn center should be considered in your emergency planning. Set your procedures for when and how these services should be obtained. If you deal with special materials (i.e., picric acid, hydrofluoric acid, etc.), be sure that local responders are prepared to respond to and contain this type of emergency.

## Communications

Be certain that you have adequate communication means to summon emergency services or responding parties, even when staffing is at its lowest points; whether it be second or third shift or during slow seasons of service or production when some workers are alone or isolated from the rest of the workforce. Ensure adequate communications are available for “incidental operations” or tasks that may become the source of a fatality or catastrophe.

## Basic First Aid Supplies

The following supplies are considered basic to an industrial first aid inventory:

- Ace bandage, 3-inch
- Splinter forceps
- “Band-Aid” strips or adhesive bandages
- Splints of varying size
- Eye dressing pack
- Triangular bandages
- Adhesive tape
- Sterile surgical gauze rolls, 3-yard roll
- Anti-bacterial soap
- Chemical cold packs
- Self-adhering gauze roll, 1-inch and 1 1/2-inch
- Pillow and blanket
- Sterile gauze squares, 4-inch by 4-inch
- Disposable mouthpiece for mouth to mouth resuscitation (CPR)
- Compress bandages, 4-inch
- Disposable plastic gloves
- Eye wash solution
- Splash protective eyewear
- Scissor

Any additions should be discussed with your consulting physician. Obtain written authorization and instructions for other prescribed supplies.

## Portable First Aid Kit

In addition to the supplies used for routine first aid, a separate emergency kit should be maintained for situations where it is best for first responders to go to the injured worker. The kit should be portable, readily available and used only for major emergencies. This kit should be replenished after each use.

The recommended contents should include at least the following:

- Ace bandage, 3-inch
- Pencil, paper, and plastic bag
- Triangular bandage
- Disposable mouthpiece for CPR
- Sterile gauze squares, 4-inch by 4-inch
- Disposable plastic gloves
- Sterile pressure dressings
- Plastic bag (red colored for potential infectious waste disposal)
- Surgical gauze rolls, 3-yard roll
- Personal protective equipment for bloodborne protection
- Chemical cold packs

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## First Aid Equipment and First Aid Room

As a rule, if your company employs less than 100 people, consider providing a plywood spine board and a cabinet or container for first aid supplies. A cabinet is preferable and should be sturdy, air-tight, and the size dependent on the amount of first aid supplies maintained. Locate this cabinet near a sink with hot and cold running water.

For companies employing 100 or more employees, a room of sufficient size to accommodate the following list of equipment should be designated as a first aid room.

Use this list as a guide. Minimum equipment should include the following:

- A bed or cot
- One or more basins
- Blankets, pillows, and sheets (preferably disposable)
- A covered waste container
- Sink with hot and cold running water
- Paper towels with dispenser
- A minimum of two chairs
- Paper cups with dispenser
- A small table or countertop
- A long spine board
- An adjustable light, preferably a magnifying lamp
- Portable stretcher or wheel chair/stretchers combination
- A cabinet or cupboard
- Outside telephone access with emergency numbers posted

Many other factors may influence your selections and provisions. For example, a labor-intensive industry with less than 100 employees located a considerable distance from a physician or hospital, would need to improve the supplies, equipment, and response capability.

## Recordkeeping

Be sure to keep a record of all injuries reported, treatment given, and the disposition of cases. This record is to provide for adequate follow up and for legal purposes.

In addition, prepare a monthly summary of all injuries requiring medical care. You will find this information from the first report of injury record or from your daily log. First aid records are a supplement to injury reporting required by the state. They will help you identify areas of injury trends or patterns. This report plus your internal incident investigation will help you pinpoint loss causes and determine where improvement efforts are needed.

Finally, review your financial records of any/all injuries and illnesses with in-house treatment that you may have expensed without submitting a formal insurance claim. While in-house treatment may be sound financial advice for some facilities, it can also mean a substantial sum of money or indicate a pattern of injuries that may otherwise go undetected. Arrange your records and periodically review the extent of in-house treatment to locate trends and loss sources. You may be surprised what you find.

## Special Note

Review any applicable federal, state, and local laws, regulations, or ordinances during your emergency care planning. Include waste disposal and special reporting or recordkeeping requirements.

## Resources

Occupational Safety and Health Administration (OSHA), 1910.1030 Standard on Bloodborne Pathogens.

The American Red Cross: [www.redcross.org](http://www.redcross.org)

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