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## FIRST AID, AUTOMATED EXTERNAL DEFIBRILLATOR (AED) AND NALOXONE (NARCAN)

### I. INTRODUCTION

First aid is emergency care provided for injury or sudden illness before emergency medical treatment is available. Prompt, knowledgeable treatment of injuries may prevent minor injuries from becoming major ones.

### II. FIRST AID PROVIDERS

All employees are responsible for immediately reporting all workplace injuries and illnesses to their supervisor (See Employee Incident/Injury Reporting and Workers' Compensation Regulation for additional details). When it is questionable as to whether onsite first-aid or professional medical attention is needed, call 911. No employee should attempt to rescue any other person unless properly trained and qualified or required to do so as a part of their job duties. Employees may administer first aid in an emergency situation on a voluntary basis. Anyone providing first aid shall follow the Communicable Disease Exposure Control regulation.

#### A. Required Certification

Anyone who is required to perform first aid as a part of their assigned job duties shall maintain a nationally recognized certification, e.g. American Heart Association, or American Red Cross.

#### B. Emergency Transport

In life-threatening conditions, when serious injuries are sustained, or if the victim is suffering chest pain, immediately call 911. Under no conditions should an employee in need of emergency medical treatment be permitted to drive themselves to the emergency room or preferred medical provider.

#### C. Non-Emergency Transport

There may be non-emergency cases in which an injured/ill employee needing professional medical attention could be transported to the hospital by another City employee in a City vehicle. Non-City employees shall NOT be transported in City vehicles for medical care other than by employees of the Police or Fire departments when it is the most efficient means of transport and the employee and/or public safety will not be compromised.

### III. FIRST AID SUPPLIES

Each department shall ensure that First Aid Kits are readily available for employees to use. Upon request, Risk and Safety Services is available to provide recommendations on the number and locations of kits that a department wishes to supply. All kits should have at a minimum the identified contents found in Exhibit 6.01jj. Kits may be augmented to provide supplies for the typical nature of injuries

which the employees may encounter for their department or division. Each City Vehicle should be supplied with a first aid kit.

First aid kits shall be restocked as necessary. Departments may choose to designate employees or a vendor to monitor and restock first aid kit supplies.

Where the eyes or body of any person may be exposed to injurious or 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.

#### IV. AUTOMATIC EXTERNAL DEFIBRILLATORS (AED)

Expected AED users, i.e. certified first aid providers, shall be trained to deploy AED. Departments shall arrange for inspection and maintenance of the AED unit(s) within their facilities. The department shall notify Risk and Safety Services in order to coordinate training on the AEDs and the City's AED database.

##### A. Inspection and Maintenance

Employees shall refer to the manufacturer's recommendations for inspection and maintenance and document inspections (Exhibit 6.01jjj).

##### B. Notifying EMS

Any person who renders emergency care or treatment to a person in cardiac arrest by using an AED must call 911 as soon as possible.

##### C. Post Use Protocol

Deployed AEDs shall be delivered to Risk and Safety Services immediately or as soon as possible so the unit can be promptly replaced. The employee who deployed the AED shall complete an AED Deployment Event Summary (Exhibit 6.01jjjj) with their supervisor. One copy of the form is to be sent to Risk and Safety Services, who will forward it to the oversight health care professional.

Risk and Safety Services will review post-event reports in consultation with the oversight health care professional, evaluate the effectiveness of the internal response procedures, and provide feedback to the rescuers. Areas to be evaluated will include response times and intervals for each activity done during the incident.

#### V. NALOXONE (Narcan)

In addition to first responders, other specified positions known as "naloxone-eligible positions" are eligible, but not required to carry naloxone. Risk & Safety shall maintain a list of all naloxone-eligible positions. Employees in naloxone-eligible positions may volunteer to be trained on how to recognize the symptoms of an opioid overdose and when and how to administer naloxone according to the product's instructions. Employees who obtain this training and volunteer to carry naloxone shall be referred to as "naloxone trained employees."

Nothing in this regulation is intended to create a duty for naloxone trained employees to administer naloxone in any circumstance. Rather, the purpose of the regulation is to establish criteria prerequisite to carrying and/or administering naloxone within naloxone-eligible positions. Departments with one or more naloxone-

eligible positions shall notify Risk & Safety Services to coordinate offering training for employees who wish to volunteer to become naloxone trained employees. Prior to equipping a naloxone administration device to a naloxone trained employee, the department shall first confirm completion of naloxone training, including how to correctly utilize the online device inspection database. Departments with any naloxone trained employee(s) shall arrange for inspection and storage of the prefilled naloxone nasal spray devices within their department, facilities, or vehicles according to manufacturer's recommendations.

A. Inspection and Storage

Employees shall refer to the manufacturer's recommendations for inspection and storage of naloxone administration devices and shall submit documentation of all inspections as directed by Risk & Safety Services. Expired naloxone administration devices shall be returned to Risk & Safety Services for disposal. Risk & Safety Services will provide a replacement naloxone kit for expired, damaged or utilized kits, if available.

B. Notifying EMS

Any naloxone trained employee who renders emergency care or treatment to a person displaying symptoms consistent with an opioid overdose will call 911 immediately after administering the first dose of naloxone. If another person, other than the naloxone trained employee and the person needing care, is present, that other person should be directed to call 911 before or while the first dose of naloxone is administered.

C. Post Use Protocol

The employee who administered naloxone shall properly dispose of all used or otherwise contaminated naloxone administration devices and PPE utilized during the incident in accordance with the City's Communicable Disease Exposure Control regulation (6.01d). The employee that administered the naloxone shall also complete a naloxone (Narcan) Deployment Event Summary (Exhibit 6.01jjjjj) with their supervisor. One copy of the form must be sent to Risk and Safety Services, who will forward it to the oversight health care professional.

Risk and Safety Services will review post-event reports in consultation with the oversight health care professional, evaluate the effectiveness of the internal response procedures, and provide feedback to the rescuers. Areas to be evaluated will include effectiveness of the protocols and procedures for naloxone administration by naloxone trained employees and related employee safety practices.