Handling medical emergencies and job site injuries

Key Points

- Workers in our industry face more than the average number of occupational hazards, a fact that is reflected in statistics. Landscapers and groundskeepers suffered 17,700 nonfatal occupational injuries and illnesses requiring days away from work in 2009, ranking 11th among all occupation groups, according to the U.S. Bureau of Labor Statistics. The incidence rate for these injuries and illnesses for landscapers and groundskeepers increased 10 percent from 2008 to 2009. From 2003 to 2008, 1,142 grounds maintenance workers were fatally injured at work, accounting for 3.4 percent of all occupational fatalities. Major events leading to those fatalities included transportation incidents (31 percent), contact with objects and equipment (25 percent), falls (23 percent), and traumatic acute exposures (i.e., electrocution and drowning) (16 percent).
- Landscaping crew members work with sharp tools and dangerous chemicals, and at heights and near electrical lines — risk factors that lead to accidents. Because landscapers, like all employees, spend a significant amount of time at work, medical emergencies also occur on the job, sometimes as a result of working in extreme temperatures. When a medical emergency or job site accident happens, the response of those on the scene can make a life-or-death difference or affect the victim’s long-term recovery. Wrapping a wound in a dirty cloth instead of a sterile one from a first aid kit, for instance, can lead to infection. Being prepared and knowing a plan of action can help crew members remain calm and handle these situations — which can be frightening and gruesome — in the most effective manner.

Employers’ and supervisors’ checklist

- Ensure workers are trained to recognize medical emergencies, notify emergency personnel in the case of medical emergencies and job site injuries, and care for victims until help arrives.
- According to federal OSHA regulations, provide easily accessible kits that contain “basic supplies necessary to address typical work site first aid needs.” The contents of the kits should be in sealed packages within weatherproof containers. Each kit must be checked weekly to ensure expended items are replaced. Your state occupational safety agency might have additional guidelines. Keeping a kit in each of your trucks, in your shop, and at your office is a good idea. Equip the kits with a list of urgent-care centers in your metro area.
- Ensure each crew that uses pesticides or herbicides has access to eye and skin wash.
- Train employees to follow the ABCs of dealing with head injuries, which often result from falls. (See employee section below.)
- Educate employees about the symptoms of cold-related stress (heavy shivering, severe fatigue, drowsiness, or euphoria) and heat-related illnesses (decreased perspiration, headache, dark-colored urine, dizziness, lightheadedness, fainting, irritability, confusion, vomiting, or seizures) and the appropriate responses.
✓ Provide first-aid training and annual refresher instruction. Federal OSHA recommends this, stating employers must satisfy themselves that training courses adequately cover the injuries/illnesses likely to be encountered. Classes are offered through local chapters of the American Red Cross and the American Heart Association, hospitals, ambulance services, and fire departments.

✓ If emergency care is not available within four minutes of a job site/workplace, having someone certified in first aid, including CPR, on-site might be necessary to satisfy OSHA standards. The medical services and first aid portion of regulation 29 CFR Part 1926 states: “In the absence of an infirmary, clinic, hospital, or physician that is reasonably accessible in terms of time and distance to the work site [clarified to no more than four minutes away], which is available for the treatment of injured employees, a person who has a valid certificate in first aid training from the U.S. Bureau of Mines, the American Red Cross or equivalent training that can be verified by documentary evidence, shall be available at the work site to render first aid.”

✓ Know the causes of cardiac arrest and the working conditions that might increase risk. Causes include heart attack, electrocution (a common risk when working near overhead or underground electrical lines and when using electrically powered tools), and asphyxiation (a risk when employees operate or repair/maintain equipment in enclosed spaces and when they work near pools or other bodies of water).

✓ Provide CPR training to at least one person per crew. Federal OSHA recommends CPR training and workplace availability of automated external defibrillators (AEDs). An AED is a compact, lightweight, portable medical device that delivers an electric shock to restore heart rhythm to normal. According to OSHA, studies of immediate defibrillation show up to a 60-percent survival rate one year after cardiac arrest, compared to 5 to 7 percent when EMS personnel treat the victim. If you provide AEDs, ensure employees are trained to use them.

✓ Check your state’s workplace CPR training requirements since they could be more stringent than federal OSHA standards.

✓ Ensure employees have access to Material Safety Data Sheets (MSDSs, soon to become “SDSs” under OSHA’s new Hazard Communication Standard) for all hazardous chemicals they might contact. First aid procedures are listed on the sheets and vary significantly depending on the chemical.

Employee dos and don’ts

Do:

- Call 911 immediately if someone collapses or is unconscious.
- Since you’ll likely be using a cell phone and the 911 system might not be able to trace your location, tell the operator the address before giving any other information.
- Follow the ABCs of treating head injuries. A: Ensure the person has an open airway. B: Make sure the person is breathing adequately. If not, pinch his/her nose and provide breaths. Because the brain regulates breathing, people with head injuries can have breathing problems. C: Begin cardiopulmonary resuscitation if the person doesn’t have a pulse. D: Check for disability. If your coworker can’t feel or move any part of his/her body, tell emergency personnel when they arrive. E: Consider exposure to a chemical that could have caused a fall and head injury. Follow the Material Safety Data Sheet (MSDS) instructions for removing such a chemical from the accident victim.
- If an accident victim is bleeding, put pressure on the wound using a sterile cloth that should be in your crew’s first aid kit (or the cleanest cloth available). Follow instructions in the kit’s pocket guide for wrapping wounds in a manner that slows or stops bleeding without cutting off circulation.
- Consult the appropriate MSDS if you or a coworker is exposed to a chemical. It will provide steps to follow in the event of eye or skin contact, inhalation, or ingestion.
- If an unconscious person’s chest is not rising and falling and air isn’t going in and out his or her nose, begin CPR or use an automated external defibrillator if you are trained to do so. If neither a person trained in CPR nor an AED is available, a 911 operator can talk you through CPR steps.
Don’t:

- Attempt to drive yourself to a hospital if you are experiencing pressure in your chest or discomfort in your left arm, neck, or jaw; are having trouble breathing; or are sweating disproportionate to the temperature and work you’re performing.
- Drive a coworker exhibiting these symptoms to the hospital. Instead, call 911.
- Move an accident victim unless the environment is unsafe. He could have a neck injury and movement might result in paralysis.
- Try to reach an accident victim if doing so would put you at risk. Wait for emergency personnel, since having two victims instead of one is the worst thing that could happen.
- Ignore signs of cold stress, hypothermia, or frostbite. Cold stress and hypothermia symptoms include shivering, blue lips, poor coordination, and confusion. If you experience shivering or blue lips, go to a warm place, drink something warm, and move your arms and legs to create muscle heat. If a coworker’s symptoms progress beyond shivering and blue lips, call 911. Tingling sensations, waxy-white skin color, and hard, numb skin are signs of frostbite. Seek medical attention since tissue needs to be warmed gradually.
- Pour warm water on or rub frostbitten skin. This will damage the tissue.
- Ignore signs/symptoms of heat-related illness. If you experience symptoms of dehydration (decreased perspiration, headache, and dark-colored urine), move to a cool or shaded area and drink water or a sports beverage. If you suspect a coworker is suffering from heat exhaustion (symptoms include headache, dizziness, lightheadedness, fainting, weakness, irritability, confusion, and vomiting) or heat stroke (symptoms include dry skin, confusion, bizarre behavior, combativeness, loss of vision or consciousness, and seizures), call 911. Move the person to a cool or shaded area and remove the outer layer of clothing, shoes, socks, and hat. Provide cool drinking water, and fan and mist the person with water.