# First Aid Policy

Policy · US · Updated 2026-07-13 · Square brackets are placeholders to replace with your own details.

A first aid policy is the written statement of how an employer makes sure an injured or suddenly ill person gets prompt help: the kits and supplies on site, the trained responders and how to reach them, the response sequence from injury to handover, and the precautions that protect responders themselves. It turns "somebody grab the kit" into a system with names on it.

The first minutes after an injury are decided by preparation, not improvisation — whether a kit is stocked and findable, whether anyone on shift can actually help, whether someone knows the address to give the 911 dispatcher. All of that is decided the week you write this policy, not the day you need it.

This template gives you the complete policy: responsibilities, kit contents and checks, trained responders and coverage, the response procedure, bloodborne pathogens precautions, and how first aid connects to your OSHA recording and reporting duties.

## Purpose and scope

This policy sets out how [Your company] provides first aid at [site(s)]: supplies, trained responders, the response procedure, and responder protection. It applies to all employees, contractors, and visitors on our premises, on every shift we operate.

First aid here means the immediate care given for injuries and sudden illness until professional medical help takes over — it does not replace 911, [the occupational clinic], or an employee's own doctor, and nothing in this policy delays calling 911 when the situation is serious. When the two conflict, the phone call wins.

## Responsibilities

- First aid coordinator ([name/role]): owns this policy, maintains kits and equipment, schedules responder training and certification renewals, and reviews every use of first aid for lessons.
- Trained responders ([names/roles]): hold current certification from [provider, e.g. a nationally recognized program], respond when called, and record every treatment they give.
- Supervisors: know who the on-shift responders are, make sure their shift is never without coverage, and get injuries reported and recorded the same shift.
- All employees: know where the nearest kit is and how to summon a responder ([method]), and report every injury — a bandaged cut still gets reported.

## First aid kits and equipment

Kits are located at [locations — one per floor/area/vehicle], marked with signage, and never locked during working hours. Contents follow [ANSI/ISEA Z308.1, class and type per your hazards] as the benchmark, adjusted for [Your company]'s specific risks: [additions — e.g. burn dressings near hot work, eyewash by chemical use per the applicable standard, trauma dressings near machinery].

- The coordinator checks every kit [monthly]: contents against the checklist inside the lid, expiration dates, and condition — and logs the check.
- Anything used is reported by the user and replaced within [timeframe]; responders note kit usage on the treatment record so restocking is not memory-dependent.
- [If applicable:] An AED is located at [location], checked [frequency] per the manufacturer, and responders are trained in its use.
- Kits contain no oral medications beyond what [Your company] has decided to stock per [policy] — responders do not dispense or recommend medication.

## Trained responders and coverage

[Your company] maintains at least [number] certified responder(s) on every shift at every site, sized so that cover survives vacations and turnover. Because [the nearest clinic/hospital is not in near proximity for our hazards / we choose to exceed the baseline], trained responders are how [Your company] meets the federal requirement for someone adequately trained to render first aid.

Coverage is checked at the roster, not assumed: when a schedule change, resignation, or lapsed certification would leave a shift without a responder, the supervisor escalates to the coordinator before the shift runs, and the gap is filled by [swap/cover arrangement] rather than discovered by the next casualty.

- Responders are certified through [provider/program] in first aid [and CPR/AED], and recertify before expiration — the coordinator tracks dates at [system].
- The current on-shift responder list is posted at [locations] and kept accurate; "ask around" is not a summoning method.
- Responding is voluntary at the point of recruitment, trained and equipped once accepted, and treated as working time.

## Responding to an injury or sudden illness

1. Make the scene safe before helping — isolate the machine, the traffic, the spill, the power. A second casualty doubles the emergency.
2. Summon the on-shift responder via [method] and, for anything beyond clearly minor, call 911 — give the site address as posted by each phone ([address/what3words/gate number]), the location on site, and what happened. When in doubt, call.
3. The responder gives care within their training, using the kit and [AED if applicable], and does not go beyond it.
4. Send [name/role] to meet EMS at [entrance] and clear the route to the casualty.
5. The responder stays with the casualty until handover to EMS, [the clinic], or recovery, and briefs whoever takes over.
6. Afterward: the responder completes the treatment record at [location/system], the supervisor starts the incident report the same shift, and used supplies are replaced and sharps or soiled items disposed of per the precautions below.

## Bloodborne pathogens precautions

Responders designated to give first aid can be occupationally exposed to blood, which brings OSHA's bloodborne pathogens standard into play — [Your company]'s arrangements are in [the exposure control plan at location], and this section is the working summary.

- Treat all blood and body fluids as infectious — every casualty, every time.
- Gloves from the kit go on before contact with blood or broken skin; use [CPR barrier/face shield] for rescue breaths; wash hands thoroughly after every treatment, gloves or not.
- Clean and disinfect contaminated surfaces per [procedure], and dispose of sharps and soiled dressings in [sharps container/biohazard bag at location] — never in general trash.
- Any exposure — a splash to eyes or mouth, blood on broken skin, a needlestick — is reported immediately to [name/role] for evaluation and follow-up per the exposure control plan, including the hepatitis B vaccination arrangements it describes.

## Recording, reporting, and review

Every first aid treatment is recorded — casualty, date, time, injury, care given, responder — at [location/system], and feeds the incident report for the same event. [Name/role] determines under the OSHA injury and illness reporting procedure whether the case is recordable or reportable to OSHA; first-aid-only cases stay off the 300 log but never off our internal log. Treatment records contain health information and are stored with access limited to [roles].

The coordinator reviews this policy [frequency, e.g. annually], after any serious incident or any response that went badly, and when staffing, layout, or hazards change. Kit locations, responder numbers, and training levels are re-checked against the hazards each review. Owner: [name/role]. Next review due: [date].

## How to use this template

1. Assess your hazards and your distance from real medical help first — response time for your worst plausible injury decides how many trained responders you need, and the federal standard turns on that "near proximity" judgment.
2. Recruit responders across shifts and book certification training before circulating the policy — a policy that names zero responders is a to-do list.
3. Stock kits against a recognized benchmark like ANSI/ISEA Z308.1, add your hazard-specific items, and put the checklist inside each lid.
4. Post the address for 911 callers at every phone and the responder list at every kit today — they are the two cheapest lines in this policy and the two used first.
5. Stand up the bloodborne pathogens arrangements for your designated responders through your exposure control plan.
6. Walk a drill: fake casualty, real summoning method, real kit, timed — then fix what the drill exposes.

## Official guidance

- OSHA — Medical and first aid
- OSHA — First aid standard (29 CFR 1910.151)
- OSHA — Bloodborne pathogens and needlestick prevention
- CDC — Centers for Disease Control and Prevention