

# First Aid Response Plan

The Department of Labor and Industries requires every employer in Washington state, regardless of number of employees, to have at least one employee per shift trained in both first aid and CPR or be able to demonstrate that first aid response can be obtained quickly. Completion of this form will help you comply with the first aid requirements. Some businesses may discover that their answers will warrant the need to have a first aid trained staff on the premises in order to comply with L&I regulations. If in doubt, request a no cost, confidential visit from the L&I Safety consultant by calling your local L&I field office. A consultation will not place you at risk for violation citations. For additional information, call WRA at 800.225.7166 or visit [www.lni.wa.gov/Safety/Consultation](http://www.lni.wa.gov/Safety/Consultation).

Date of Review \_\_\_\_\_  
Reviewed By \_\_\_\_\_

When completing this form, WRA recommends you take into consideration some of the following points:

- The intent of this document is to act as part of the business safety plan for management and employees. Keep the plan accessible, and review on a regular schedule both internally and with staff.
- Walk through your business as a safety inspector might. It is critical that you, as the employer, don't leave out anything that could be potentially hazardous—from equipment to chemicals to physical aspects of the business.
- Access to emergency medical services must be close and timely. Your plan must provide the address and distance to the service site to be in compliance. Make sure that if you rely on an outside provider, services are available at all times the restaurant is open. This is especially important to businesses that operate late night or 24-hour restaurants.

## Section 1 - Business

1-1. Business Name and Address.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/ Zip \_\_\_\_\_

1-2. Location for this plan, if different than above.

Address \_\_\_\_\_  
City/ Zip \_\_\_\_\_

1-3. Person or job title responsible for updating this plan annually.

## Section 2 - Job Site

2-1. Describe the type of work at your restaurant, i.e., service style, number of seats, etc.

2-2. List the major hazards in your restaurant. Make sure to list all potential hazards. Consider equipment, prep tools, lifting, floor surfaces, dangerous chemicals, etc.

2-3. How many employees work during each shift?  
 Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_  
 Dinner \_\_\_\_\_ Night (10 p.m. -6 a.m.) \_\_\_\_\_

**Section 3 - Workplace History**

3-1. What type of injuries have occurred in the past 12 months at this work site? Review your workers' compensation claims, safety committee meeting minutes, and/or injury records.

Type of accident	Number in last 12 months
Slips and falls	
Knife injuries	
Power machinery injuries	
Back injuries	
Chemical burns	
Other (list)	

**Section 4 - First Aid Kit**

All business are required to have a first aid kit easily located by all employees and portable to an injury site within the building.

4-1. Location of business first aid kit. Be specific.

4-2. Is the first aid kit accessible to all employees at all times?

- Yes  No

4-3. Does your first aid kit contain, at a minimum, the recommended following items? Note: Supplies should be appropriate for your occupational setting.

- 1 absorbent compress (4x8 inches)
- 16 adhesive bandages (1x3 inches)
- 1 adhesive tape (5 yards long)
- 10 antiseptic single-use packages (.5 gram application)
- 6 burn treatment single-use pkgs.
- 1 eye covering (for two eyes)
- 1 eye wash (1 ounce)
- 4 sterile pads (3x3 inches)
- 2 pair of medical exam gloves
- 1 triangular bandage (39x39x55 inches)

4-4. Person or job title responsible for ensuring the first aid kit has adequate supplies are available.

4-5. Date last inspected.

4-6. How often is the first aid kit inspected?

**Section 5 - Emergency Services**

5-1. Are emergency medical services available during all hours of operation?

Yes  No

5-2. What is the address of the nearest emergency medical services? The nearest service to your business may be your mall or building medical services or security; medical clinic; hospital, fire department, etc.


5-3. What would be the response time of emergency medical services to reach your restaurant? For outside services, check with your insurance agent; they will likely already have this information.

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5-4. Is the response time of emergency medical services sufficient to warrant not having first aid trained staff on site?

Yes  No

Detail how this response time can address your business emergency response needs.

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5-5. List local emergency service phone numbers. This is not a 911 phone number, but rather, the local number of the emergency medical service.

Medical	
Police	
Fire	

This Information is posted for employees at:

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**Section 6- Waiver of First Aid Trained Staff**

CAUTION: If you answer “yes” to the following questions, you need to document why you’ve decided not to have first aid trained staff on site. Employers with a high incidence of injury/illness or who are located in remote areas or who work with dangerous equipment should reconsider their decision not to have first aid trained staff on site. The burden of proof rests on the employer to show why first aid trained staff is unnecessary. Justify why you’ve decided not to have staff trained in first aid by answering the following:

6-1 a. Is your Workers’ Compensation Experience Rating for this location 1.00 or higher?

Yes  No

b. Actual Worker’s Compensation rating:

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- c. A rating of 1.00 or higher indicates a higher than normal incidence of injury or illness at this site. If higher than 1.00, describe why you believe you do not require first aid trained staff on site.

6-2. Do you have dangerous equipment – meat slicers, meat grinders, heavy dough mixers (typically, machinery that you would not have at home)?

- Yes  No      If no, skip to question 6-3.

a. How many employees use this equipment? \_\_\_\_\_

b. Do you have a training program to demonstrate how to use this equipment?

- Yes  No

c. Time of day when is the equipment used \_\_\_\_\_

Is medical service available during these hours?

- Yes  No

d. How many hours a day is this equipment used? The higher the number, the more you will need to justify why you don't have first-aid trained staff. \_\_\_\_\_

e. Are these appliances equipped with guards and/or emergency off switches?

- Yes  No

f. Describe why you believe the use of dangerous equipment does not warrant first aid trained staff on site.

6-3. Do you have any of the following hazardous exposures: chemicals, flammable liquids, temperature extremes, moving machinery, powered tools, high voltage electricity, confined spaces?

- Yes  No      If no, skip to section 7.

a. How many employees are exposed to these hazards? \_\_\_\_\_

b. Do you have a training program to demonstrate how to prevent these hazards?

- Yes  No

c. What time of day are these hazards present? \_\_\_\_\_

d. Is medical service available during these hours?

- Yes  No

e. How many hours a day are employees exposed to these hazards? The higher the number, the more you will need to justify why you don't have first-aid trained staff. \_\_\_\_\_

f. Describe why you believe the use of hazardous chemicals does not warrant first aid trained staff on site? \_\_\_\_\_

\_\_\_\_\_

**Section 7- Implementation of Plan**

7-1. How is the first aid plan communicated to employees?

7-2. How often is the plan reviewed with employees?

**Other Comments**

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

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