



## ***SAFETY & TECHNOLOGY ORGANIZER***

**JULY 2014**

### ***ENCLOSED***

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**Safety Topic: *Do I have to train employees in first aid?***

Please contact GAWDA's OSHA and EPA Consultant, Mike Dodd for more information.

**Traffic Bulletin: *LPG Filling and Storage***

Please contact GAWDA's DOT and Security Consultant, Mike Dodd for more information.

**Medical Gas Bulletin: *FAQ, Medical Gas Roundtable and Micro-audit***

Please contact GAWDA Medical Gas Consultant, Tom Badstubner for more information.

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*GAWDA is pleased to distribute this information to: Distributor and Supplier Key Contacts and all Compliance Manual Owners. Please carefully review this mailing and be sure the information is passed to the appropriate person within your organization. Timely Safety data is a benefit of Membership in GAWDA*



## **Do I have to train employees in first aid?**

From time to time, I get questioned by the membership on whether or not they must have employees trained in first aid and if they fall under the bloodborne pathogens regulations. The following is an OSHA Standard Interpretation on the issue.

January 16, 2007

Mr. Charles F. Brogan  
Pro Med Training Center, LLC  
P.O. Box 374  
Front Royal, VA 22630

Dear Mr. Brogan:

Thank you for your August 16, 2005, letter to the Occupational Safety and Health Administration (OSHA). We apologize for the delay in our response. You sent some questions regarding OSHA's standards on first aid, including CPR and bloodborne pathogens. This reply letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any question not detailed in your original correspondence. Your paraphrased questions and our replies are below.

**Questions:** You wrote that you teach first aid, including CPR, in the Winchester, VA, area. You have been asked by several employers what OSHA's standards are for first aid, including CPR and bloodborne pathogens. Your clients are employed at various workplaces, including, but not limited to, doctors' offices, construction companies, daycare facilities, and retirement homes. Does everyone have to be trained in first aid, including CPR and bloodborne pathogens? What if there is a career rescue squad within five miles of the workplace?

**Replies:** OSHA's standard for first aid training in general industry, 29 CFR 1910.151(b), provides:

*In the absence of an infirmary, clinic, or hospital in near proximity to the workplace which is used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid. Adequate first aid supplies shall be readily available.*

In the construction industry, 29 CFR 1926.50(c) provides:

*In the absence of an infirmary clinic, hospital, or physician, that is reasonably accessible in terms of time and distance to the worksite, 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 worksite to render first aid.*

The primary requirement addressed by these standards is that an employer must ensure prompt first aid treatment for injured employees, either by providing for the availability of a trained first aid provider at the worksite, or by ensuring that emergency treatment services are within reasonable proximity of the worksite. The basic purpose of these standards is to assure that adequate first aid is available in the critical minutes between the occurrence of an injury and the availability of physician or hospital care for the injured employee.

One option these standards provide employers is to ensure that a member of the workforce has been trained in first aid. This option is, for most employers, a feasible and low-cost way to protect employees, as well putting the employer clearly in compliance with the standards. OSHA recommends, but does not require, that every workplace include one or more employees who are trained and certified in first aid,



including CPR.

The other option for employers is to rely upon the reasonable proximity of an infirmary, clinic or hospital. OSHA has consistently taken the view that the reasonable availability of a trained emergency service provider, such as fire department paramedics or EMS responders, would be equivalent to the "infirmary, clinic, or hospital" specified by the literal wording of the standards. Emergency medical services can be provided either on-site or by evacuating the employee to an off-site facility in cases where that can be done safely.

However, the requirements that emergency medical services must be "reasonably accessible" or "in near proximity to the workplace" are stated only in general terms. An employer who contemplates relying on assistance from outside emergency responders as an alternative to providing a first-aid-trained employee must take a number of factors into account. The employer must take appropriate steps prior to any accident (such as making arrangements with the service provider) to ascertain that emergency medical assistance will be promptly available when an injury occurs. While the standards do not prescribe a number of minutes, OSHA has long interpreted the term "near proximity" to mean that emergency care must be available within no more than 3-4 minutes from the workplace, an interpretation that has been upheld by the Occupational Safety and Health Review Commission and by federal courts.

Medical literature establishes that, for serious injuries such as those involving stopped breathing, cardiac arrest, or uncontrolled bleeding, first aid treatment must be provided within the first few minutes to avoid permanent medical impairment or death. Accordingly, in workplaces where serious accidents such as those involving falls, suffocation, electrocution, or amputation are possible, emergency medical services must be available within 3-4 minutes, if there is no employee on the site who is trained to render first aid. OSHA exercises discretion in enforcing the first aid requirements in particular cases. OSHA recognizes that a somewhat longer response time of up to 15 minutes may be reasonable in workplaces, such as offices, where the possibility of such serious work-related injuries is more remote.

The first aid training standards at 29 CFR 1910.151 and 1926.50(c) generally apply throughout the industries that they cover. Other standards which apply to certain specific hazards or industries make employee first aid training mandatory, and reliance on outside emergency responders is not an allowable alternative. For example, see 29 CFR 1910.266(i)(7) (mandatory first aid training for logging employees), and 29 CFR 1910.269(b) (requiring persons trained in first aid at work locations in the electric power industry).

The bloodborne pathogens standard at 29 CFR 1910.1030(g)(2) requires employers to provide training to any employees who have occupational exposure to blood or other potentially infectious materials, such as employees assigned medical or first aid duties by their employers. The standard at 29 CFR 1910.1030(b) defines "occupational exposure" as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties." If an employee is trained in first aid and identified by the employer as responsible for rendering medical assistance as part of his/her job duties, that employee is covered by the bloodborne pathogens standard.

You may find these standards on OSHA's website, <http://www.osha.gov> by following the link to "standards" and searching for "first aid," "bloodborne pathogens," "logging," etc. In addition, because you serve clients in Virginia, we should refer you to the standards of the Virginia Department of Labor and Industry (DOLI), which administers an OSHA-approved occupational safety and health plan. Virginia's general industry and construction first aid standards are the same as those of federal OSHA. However, Virginia may interpret its first aid standards more stringently than federal OSHA interprets its standards. Thus, we recommend that you also contact that agency. You may contact the Virginia DOLI at the following address:



Virginia Department of Labor and Industry  
Powers-Taylor Building  
13 South 13<sup>th</sup> Street  
Richmond, VA 23219-4101  
Phone: (804) 371-2327

Thank you for your interest in occupational safety and health. We hope you find this information helpful. OSHA requirements are set by statute, standards, and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at <http://www.osha.gov>.

if you have any further questions, please feel free to contact the Office of General Industry Enforcement at (202) 693-1850.

Sincerely,

Richard E. Fairfax, Director  
Directorate of Enforcement Programs

If you have any questions on these programs, please contact me at:

Michael Dodd

GAWDA DOT, Security, OSHA, & EPA Consultant  
MLD Safety Associates, LLC  
P.O. Box 93  
Poplar Bluff, MO 63902  
(573) 718-2887  
Email: [MLDSafety@hotmail.com](mailto:MLDSafety@hotmail.com)





# TRAFFIC BULLETIN

July 2014

## LPG Filling and Storage

The primary purpose of this Bulletin is to remind people of the upcoming hot months of summer and the problems of overfilling LPG cylinders. This Bulletin is not meant to provide all the details of proper filling and storage of LPG cylinders. See **Filling and Storage** later in this Bulletin.

### Hot Summer Days

The extreme heat of the summer months will cause overfilled cylinders to begin venting product and this venting product can be liquid which expands 270 times the volume when going from a liquid to a gas. Provide an ignition source and you have the equation for big trouble.

### Key Mistakes

A very common mistake that I find is an employee putting a cylinder on the scale and then sliding the weight on the beam or adding weight to the electronic scale to add the weight of the product to the weight indicated on the scale. This doesn't take into consideration any residual in the cylinder. If product or any foreign substance is inside the cylinder, the result is an overfilled cylinder.

You should be taking every opportunity to check the weight of the cylinder prior to filling. There are times that residual product will still be in the cylinder, but many times the cylinder is empty and this lets you check the tare weight.

Another common mistake I find is the employee not taking into consideration the weight of the filling valve and hose assembly. This results in under filling the cylinder. Not a safety issue but certainly a weights and measures issue and a customer satisfaction issue.

### Filling and Storage

There are many sources of information available on the proper procedures for filling and storage of LPG cylinders. Some of these sources are:

- NFPA 58, Liquefied Petroleum Gas Code; [www.nfpa.org](http://www.nfpa.org)
- National Propane Gas Association; [www.npga.org](http://www.npga.org)
- Your supplier





# TRAFFIC BULLETIN

Some other storage issues to consider are:

**Empties upside down on trucks and docks:** The regulations require that the safety relief valve must be in contact with the gas vapor and not the liquid. Placing forklift style cylinders upside down on the truck or dock to denote they are “empties” is violating the regulations. If the safety would start to vent, you could be releasing liquid which expands about 270 times from liquid to gas.

**Cylinders in racks at customers (not pin indexed):** You should consider training your drivers and customers to place full or “empty” forklift cylinders into a storage rack with the safety relief valve pointed up. The index pins take care of this orientation while on the forklift, but many storage racks do not have the pins.

**Too many together in one place:** You should consider not storing too many flammable gas cylinders in one place or large groups. If you would ever have a problem, you will have a very big problem fast. Smaller groups and spread out between the groups will let you deal with smaller problems should you ever have a leaking / venting cylinders or a fire.

## Training

OSHA requires employees to be trained in the jobs they perform.

DOT requires employees filling cylinders to be trained, tested and certified every 3 years. This falls under the “Function Specific” training requirements in 172.704.

There is an excellent DVD training program, “Dispensing Propane Safely”, available from the Propane Education & Research Council, that includes a test that along with an employer certification will satisfy the DOT requirements.

## Final Thoughts

One of the most important items is the correct filling limit.

Tare Weight + Product Weight + Filling Assembly = Full Cylinder Scale Weight. Check the full cylinder weight prior to removing the filled cylinder from the scale.

Another important item is proper storage. Keep the required distances in mind and think about your cylinder storage. Think about the worst scenario and ask yourself if the way you are storing your cylinders would be a problem if you had a fire situation.

Finally, are your employees properly trained on cylinder inspection, cylinder selection, filling procedures, proper marking and labeling, handling and storage, and what they should do in emergency situations?





# TRAFFIC BULLETIN

If there are any questions regarding this Bulletin, please contact:

Michael Dodd

GAWDA DOT, Security, OSHA & EPA Consultant

P.O. Box 93

Poplar Bluff, MO 63902

(573) 718-2887

Email: [MLDSafety@hotmail.com](mailto:MLDSafety@hotmail.com)





# MEDICAL GAS BULLETIN

**Medical Gas Bulletin**  
**07/01/2014**

## **Frequently Asked Questions**

Q – What is the latest information about filling liquid nitrogen in open topped dewars for dermatologists?

A – This issue has been interpreted in contradictory ways in the past. Recently, the CGA Medical Gases Committee published a position statement about open topped dewars (PS-38-2014, Registration of Facilities Filling Open Topped Medical Nitrogen Dewars For Device Use).

The small open topped container should not contain a medical label but should include a product identification label. The position statement includes other clarifying information about container filling, personnel training and written procedures. The conditions under which you may fill these open topped containers without FDA registration are detailed in the position statement.

If you fill open topped dewars with medical liquid nitrogen, we recommend that you download the position statement from CGANet.com. Of course, this is available at no cost for participating GAWDA members. The GAWDA Medical Gas SOP's are being revised to recognize this new industry position.



Samples of Open Topped Dewars

## **July Medical Gas Roundtable (07/25/2014)**

### **CGMP - Subpart F – Production and Process Controls**

These GAWDA Medical Gas roundtables are excellent sources of CGMP training and the latest industry compliance news. In June we covered how to survive an FDA audit.

In July, we will cover Subpart F – Production and Process Controls --- SOPs, filling cylinders, equipment identification, reprocessing, etc.

For your information, we are also conducting the following webinars in July:

- Medical Device Gases - QSR Subparts K, L & M - Handling, Storage, Distribution, Installation, Packaging and Labeling Control, Records
- Specialty Gas - Making Highly Reliable Gravimetric Mixtures

These and other webinars are available as a streaming recording at a time convenient to you. If you are unable to view the webinar live, just let us know and we will send you the link to the recording. If you would like to receive invitations to the training webinars, just send an email to [amy@asteriskllc.com](mailto:amy@asteriskllc.com)







# MEDICAL GAS BULLETIN

## Micro-audit

This section of the Medical Gas Bulletin lists small steps you can take each month to improve your medical gas management system. These steps are not designed to be a full audit, but rather small steps to sample your compliance.

For this month, simply do these items:

1. Authorized Procedures – Verify that your SOPs have been authorized in writing by your Quality Control Unit.
2. Following SOPs – Be sure that your cylinder filling personnel are strictly following the authorized procedures. This is easily accomplished by taking a copy of the cylinder fill procedure to the manifold and watching the operator fill the cylinders.

Tom Badstubner  
GAWDA Medical Gas Consultant  
Telephone: 508-883-0927  
Email: [tom@asteriskllc.com](mailto:tom@asteriskllc.com)

