

First Aid 29 CFR 1910.151 and Summary of Z308.1-2003

In 1998 the Medical Services and First Aid regulation, [29 CFR 1910.151](#), was revised. The revision states, *"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."* The revised regulation eliminated the statement, *". . . first aid supplies approved by the consulting physician shall be readily available."* In addition to the regulation was Appendix A--a non-mandatory guideline. This appendix demonstrates an example of the minimal contents of generic first aid kits according to the American National Standards Institute (ANSI) Z308.1-1978, Minimum Requirements for Industrial Unit-Type First Aid Kits. * The contents listed in Z308.1-1978 should be adequate for small worksites. The employer is responsible for determining the need for additional first-aid kits, quantities, and the types of supplies at the worksite for large/larger worksites.

*Note: The new non-mandatory Appendix A refers to ANSI Z308.1-1978 "Minimum Requirements for Industrial Unit-type First-aid Kits". Since Appendix A was added, ANSI has updated Z308.1-1978 to the 2003 standard. OSHA has yet to revise Appendix A to reference the updated ANSI Z308.1-2003 standard.

Classification of First Aid Kits

Under the new ANSI standard, Z308.1-2003, kits are divided into three different categories or classifications. Kits must also meet the performance and testing requirements set by the standard.

Type I: Intended for use in stationary, indoor applications where kit contents have minimal potential for damage. These kits are not intended to be portable and should have a means for mounting in a fixed position. Some applications for Type I first-aid kits are: general indoor use, office use or in a light manufacturing facility. First aid cabinets would fall in this classification.

Type II: Intended for use in portable indoor applications. Kit contents should have minimal potential for damage. These kits should be equipped with carrying handle(s). Some applications for Type II first-aid kits are general indoor use, office, or manufacturing environments.

Type III: Intended for portable use in mobile industries and/or outdoor applications. Kits should be moisture resistant, equipped with a carrying handle, have the means for being mounted in a fixed position, and should also be corrosion resistant. Type III kits must meet specific performance requirements. (*Please see Section 4.4.1 of ANSI Z308.1-2003 for testing requirements*). Typical applications for Type III first aid kits would be the transportation industry or construction jobs.

Basic Fill Contents for Type I, II and III Kits

All first aid kits meeting the requirements of ANSI Z308.1-2003 should contain the first aid items listed in Section 5.1, Table 1 of the standard. The quantity and size specifications of these components are the minimum necessary to comply with the standard. The components list includes such items as compresses, bandages, tape, gloves, antiseptic and burn treatments. Additional quantities or components can be added to meet the requirements of a specific workplace or hazard.

In addition to the minimum contents listed in the standard, a kit should have optional items added, based upon specific workplace hazards. The selection of additional supplies should be made by consulting with a health care professional or a person competent in first aid who is knowledgeable of the hazards found in that specific workplace. The optional items shall meet specifications stated in Section 5.2 of ANSI Z308.1-2003. Items not addressed by the standard should be in compliance with U.S. Food & Drug Administration (FDA) or any other governing body or regulation. Additional supplies include oral analgesics, antibiotic treatments, compress bandages, CPR barriers, burn dressings, cold packs, eye covers, eyewash, and a roller bandage.

Marking and Labeling

All first aid contents meeting the "Minimum Requirements of Basic Fill Contents" shall be marked with, at the least, ANSI Z308.1-2003 designation. Each complete first-aid kit meeting the requirements of ANSI Z308.1-2003 must have a permanent label on the back or outside of the kit with the information listed in the box below. All labeling should be legible and permanent. Recommended first aid contents meeting the criteria of Section of 5.2.1, Minimum Performance Criteria for Recommended Contents may be marked as "ANSI A308.1-2003R". Minimum Requirements for Unit First Aid Kits Section 6 of the ANSI Z308.1-2003 standard discusses minimum requirements of unit first aid kits. Unit first-aid kits are kits in which the contents are packaged in uniform-size boxes that contain one or more applications of first-aid supplies. In unitized First Aid Kits, packaging must meet the specific requirements for dimensions, physical stability, marking and labeling. Please see ANSI Z308.1-2003 for packaging requirements. Packages must also be color coded, using the follow guidelines:

Blue: Antiseptic;
Yellow: Bandages;
Red: Burn Treatment;
Orange: Personal Protective Equipment.

Recommended Components

OSHA states that [first aid supplies](#) should be readily available. An example of the minimum contents of a generic first aid kit can be found in the American National Standards Institute (ANSI) Z308.1-2003. The contents listed in the ANSI standard should be adequate for small worksites.

Kits should provide a basic range of products to deal with most types of injuries encountered in the workplace. Components should include what is needed to treat the following injuries: major wounds, minor wounds (cuts and abrasions) minor burns and eye injuries. Since each workplace is unique, additional first aid products should be selected in addition to the basic components to address these hazards.

Employers who have larger or multiple operations and unique or changing first-aid needs in their workplace may need to add to their first aid kits. The employer can use the OSHA 200 and OSHA 101, accident reports and job safety analysis information to identify these problems. Local fire/rescue departments, medical professionals or local emergency room may be helpful in determining the necessary supplies. By assessing the needs of their worksite, employers can ensure that reasonable first aid supplies are available. Employers should review this information on an annual basis.

Bloodborne pathogen related personal protective equipment is not required in a first aid kit but is recommended. 29 CFR 1910.151 Non-Mandatory Appendix A states If it is reasonably anticipated that employees will be exposed to blood or other potentially infectious materials while using first aid supplies, employers are required to provide appropriate personal protective equipment (PPE) in compliance with the provisions of the Occupational Exposure to Bloodborne Pathogens standard, 1910.1030(d)(3) (26 FR 64175). This standard lists the appropriate PPE for the type of exposure, such as gloves, gowns, face shields, mask or eye protection.

Over-the-counter medicine can be put in first aid kits if packaged in single-dose, tamper-evident packaging and labeled as required by FDA regulations. Over-the-counter drug products should not contain ingredients that are known to cause drowsiness.

Tourniquets are not recommended for general first aid kits. A tourniquet typically is a last resort in the event of life-threatening injuries and should be administered only by a trained person.

Items other than the minimum fill and those recommended by a person competent in first aid and cognizant of the hazards in the specific workplace environment should not be stored in a first aid kit.

Placement

There are no specific requirements that outline where a first aid kit should be located or how it should be identified. As a general rule, a first aid kit should be unlocked, accessible and placed in a highly visible area. Kits should be easily identifiable by either a sign or other easily recognized markings that designate it as a first aid kit.

Maintenance/Inspection

First aid kits should be regularly inspected to ensure that they are full, in good condition and the contents have not expired. The contents list for the first aid kits should be periodically reviewed to ensure that it meets the needs of the workplace hazards at all times.

Commonly Asked Questions

- Q. ***Is a consulting physician required to approve first-aid supplies on site?***
A. No. According to 29 CFR 1910.151, first aid supplies do not need to be approved by a consulting physician. They should, however, be selected by a person competent in first aid and knowledgeable of the hazards found in the specific workplace.
- Q. ***Is it required that first-aid kits be regularly inspected to ensure that contents are complete and up-to-date?***
A. No, but first aid kits should be regularly inspected to ensure that they are full, in good condition and have not expired. The contents list for the first aid kits should be periodically reviewed to ensure that it meets the needs of the workplace hazards at all times.
- Q. ***Can over-the-counter medicine be put in first aid kits?***
A. Over-the-counter medicine can be put in first aid kits if packaged in single dose, tamper-

evident packaging and labeled as required by FDA regulations. Over-the-counter drug products should not contain ingredients which are known to cause drowsiness.

Q. ***How does the new ANSI Z308.1-2003 standard, "Minimum Requirements for Workplace First-Aid Kits" differ from the 1998 version?***

A. The 2003 ANSI standard has expanded the list of recommended first aid kit contents to include items such as analgesics, burn dressings, cold packs, antibiotic treatments and CPR barriers. It also takes into account all types of packaging of first aid products and containers for use indoors and outdoors in both mobile and stationary settings. The kits that comply with this standard are meant to provide a basic range of products that deal with the majority of injuries encountered in the workplace including major wounds, minor burns, and eye injuries.