

EMERGENCY CARE AND HEALTH SERVICES
for the
CONSTRUCTION INDUSTRY

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In planning for guide lines regarding the safety and health of construction workers, one must consider the changing concepts of health services for people who work. With increased costs and the shortage of labor, management is placing more emphasis on the preservation of manpower in planning emergency care and health maintenance programs.

Industrial physicians and nurses have expanded their functions from mere emergency care and first aid procedures to those of a more preventative type. The training of first aid attendants to serve as auxiliary workers to professional personnel as well as to accept responsibility for giving attention to the injured in the absence of medical and nursing personnel has become an accepted part of occupational health programs.

Under the Workmen's Compensation laws of the majority of states, the employer is obligated to provide necessary first aid, medical, surgical, and hospital services in case of occupational injury or disease. Although health maintenance is primarily the individual's responsibility, the employer has a moral responsibility to provide a safe working environment. Reduced absenteeism, labor turnover, insurance costs, and material spoilage are obvious benefits to industry from a good occupational health program.

Construction management and labor unions are becoming increasingly aware of the value of sound emergency care and health services in their industry. The construction industry, with its greater exposure to serious accidents, has a great need to establish policies to ensure that adequate first aid and other health facilities are available at each job site. Many times the hazards of a small project are as great as those on the larger project. But, because of size, much less attention is given to accident prevention and to systematic caring for injuries when they occur. This should not be.

The following general considerations are submitted for planning an accident prevention and health maintenance program:

1. Develop a basic management policy, stating the company's philosophy toward the health and safety of its workers.
2. Define administrative policies to provide a framework for operation of a health services program.

3. Develop policies and methods for controlling hazardous exposures.
4. Establish a uniform reporting and record system in order to provide useful information on occupational injury and disease experience.
5. Secure the services of a physician (part time, on call, or consultative) to give overall direction to the health services program.
6. Assign responsibility for care of the injured to trained first-aiders, if job is not large enough for professional nursing and medical services on the site.
7. Expand health services to include physical examinations and other health maintenance measures, such as tetanus immunization, hearing conservation, respiratory protective devices, protective clothing, according to the hazards and need for their control.

How can construction companies prepare to meet the needs for first aid and other health services on the job site?

1. Assign responsibility in the main office to evaluate needs on each job site. Basic considerations: How large is the workforce? Where is the site located? What will be the exposures? What medical services may be available in the community?
2. Develop a procedure manual on the handling of injury and disease cases of occupational origin. It should also contain procedure for handling and disposition of non-occupational illness cases which may occur on the job. Be sure that these instructions are issued to responsible personnel on each job site.
3. Plan in advance for the following:
 - a. Personnel—physician, registered nurse, first aid attendants.
 - b. Community facilities—physicians, medical specialists, medical specialists, medical clinics, hospitals, ambulance service.
 - c. Job site facilities—first aid kits, first aid room, mobile first aid unit, medical department.
4. Implementation of the program:
 - a. Facilities, personnel, and scope of a health services program on the larger and long-term projects with physician, nurses, and full-time attendants on the job.
 - b. Facilities and personnel on the small projects without professional personnel on the job site.