Policy Name: OCCUPATIONAL FIRST AID POLICY

Policy Applies to: All Associates, contractors, temporary associates, and vendors

Prepared by	**Effective Date**
Risk Management Department	August 24, 2026

Introduction

Purpose:

This document is designed to define and establish a policy for providing prompt first aid to associates, contractors, temporary associates, and vendors (hereinafter referred to as associate) that may sustain work-related injuries, in compliance with OSHA standard 29 CFR 1910.151.

Where required, PODS will provide and maintain first aid supplies and equipment as specified by the OHSA Regulation.

- First aid supplies and equipment will be made available to all Associates during working hours.
- PODS will provide and maintain appropriate first aid supplies and equipment suitable to the degree of hazards of the job, travel time to a hospital and number of Associates as required by OHSA Regulation.

Responsibilities

Locations' Manager, Territory Manager, Production Manager, or another authorized associate:

- Ensure only Associates who are sufficiently trained to perform first aid tasks, do so
- Ensure workers receive prompt first aid service and follow-up
- Objectively record observed signs and symptoms of injuries and illnesses
- Refer to medical attention any injuries and illnesses recognized as being serious
- Allow any Associate requesting medical attention to seek the required attention
- Inform the Territory HRBP if a worker is sent to medical treatment
- Inform the Territory HRBP when an injured worker requires a job or task accommodation to maintain attendance at work
- Submit appropriate notification to Risk Management (per claim reporting instructions) immediately
- Perform annual first aid assessments. First aid coverage will be assigned based on the results of these assessments.

Associates who sustain a job-related injury or illness, regardless of seriousness, are required to immediately report it to the Manager for treatment and recording.

Procedures

If medical treatment is required, Manager should direct the associates to the nearest medical facility. If the injury is work related, the Manager should refer to the posting notice provided by the carrier.

Compliance. (See PODS OSHA Injury and Illness Recordkeeping Procedure)
According to OSHA Standard 29 CFR 1904, **all employers must record information about work related injuries and illnesses** in the 300 log and transfer the information to summary Form 300A for reporting purposes. We are also required to maintain these documents on site for a minimum of five years. Each location must print and post the log, for the prior year, in a publicly visible place from **February 1 to April 30** of the current year.

Reporting Requirements. We are required to promptly report the following to OSHA

- ***Work fatalities within eight (8) hours of first knowledge***
- ***Work-related in-patient hospitalizations within 24 hours of first knowledge***
- ***Work-related loss of an eye or full/partial amputation of any body part within 24 hours of first knowledge***
- All work-related injuries and illnesses resulting in days away from work, restricted duty, loss of consciousness or medical treatment beyond first aid
- Work-related significant injuries and illnesses diagnosed by a licensed health-care provider even if it does not result on lost time

First Aid: The following practices are considered by OSHA to be First Aid

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes)
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment)
- Using hot or cold therapy
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes)
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.). Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes)
- Drinking fluids for relief of heat stress

Oversight and Monitoring

Requirements and performance under this policy are closely monitored by the Human Resources Department, Business Unit Leaders, Safety Manager or the Risk Management. Additionally, policy compliance audits will be performed by the Internal Audit Department.

Non-compliance or abuse of this policy may be grounds for associate counseling action, up to and including termination of employment.

Safety Department will review and evaluate this procedure periodically or when changes occur to regulations that prompt revision, or when operational changes occur.

Questions/ Comments

Any questions or comments surrounding this policy should be forwarded to your Supervisor or the Safety Department.