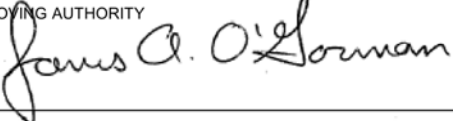
 DIRECTIVE	Corrections and Community Supervision		TITLE First Aid Kits	NO. 4069
				DATE 08/27/2019
SUPERSEDES DIR. #4069 Dtd. 10/05/17	DISTRIBUTION A B	PAGES PAGE 1 OF 3	DATE LAST REVISED	
REFERENCES (Include but are not limited to) OSHA 1910.151; 9 NYCRR 7651.12(g); ACA Expected Practices 4-4351, 4-4390, 4-4340: Directive #2932, #4066;			APPROVING AUTHORITY 	

- I. **POLICY:** Supplies and equipment for use in giving first aid, particularly in an emergency, to staff, inmates, volunteers, or visitors shall be stocked, maintained, and positioned in each facility in accordance with this directive.
- II. **CONTENTS:** First aid supplies and equipment shall be secured within a Corcraft red storage/carry bag. Each bag shall include: a First Aid Kit with bandages for controlling bleeding, personal protective equipment such as gloves and barriers for performing rescue breathing during cardiopulmonary resuscitation, a Bag Valve Mask (BVM) and, depending upon location, a Bag Valve Mask for use with a child or infant. Contents of the bag and the First Aid Kit shall not be altered. Refill products for this kit may be ordered through New York State Industry for the Disabled. One Narcan kit containing two doses of intranasal Narcan will be secured inside designated facility First Aid Kits. No Narcan will be secured in First Aid Kits which are subjected to freezing temperatures (i.e., facility vehicles).

The contents of the red storage/carry bag and the contents of the First Aid Kit will be clearly labeled on the outside of each. First Aid Kits will contain the following items:

- | | |
|---|--|
| (1) 32 sq." (no smaller than 4") Absorbent Compress | (4) 3" x 3" Sterile Pads |
| (1) 3/8" x 5 yd. Adhesive Tape | (1) 40" x 40" x 56" Triangular Bandage |
| (10) Antiseptic Towelettes/Wipes | (1) CPR Pocket Mask |
| (2 PAIR) Medical Exam Gloves | (1) Ice Pack |

First Aid Kits for the outside work crews and ranges will contain the following:

- | | |
|---|----------------------------------|
| (1) CPR Pocket Mask | (2) Urea-based Large Ice Packs |
| (2) 5" x 9" Dressing | (6 PAIR) Medical Exam Gloves |
| (1) 12"x30" Trauma Dressing | (1) Biohazard Bag |
| (20) 4"x 4" Dressings | (1) Bottle Eye Wash |
| (2) 2" x 10 yd. Adhesive Tape | (20) Antiseptic Towelettes/Wipes |
| (3) 40" x 40" x 56" Triangular Bandages | (1) Antiseptic Hand Cleaner 4oz. |

(1) Bottle Sterile Saline

(1) Quick Clot First Responder

III. PROCEDURE

- A. Placement: At a minimum, red storage/carry bags containing First Aid Kits with BVMs shall be placed in a highly visible area in the following locations to ensure their immediate availability to all:

Administrative Areas*	Power House
Arsenal	Program Areas
Commissary	QWL*
Family Reunion Area*	Range
Food Service Areas	Secure Posts (i.e., Towers, Consoles, etc.)
Garages/Maintenance Shops	Special Housing, OB/RCTP, PSU, RMHTU, and CAR Units
Gym/Recreation Areas	Store House
Health Care Areas*	Training Areas
Housing Areas	Vehicles (all that are used off facility grounds)
Industry Areas	Vehicle Gates
Laundry	Visiting Rooms and Processing Centers*
Nursery (Bedford Hills)*	Vocational Areas
Outside Work Crews	Water and Sewer Treatment
Perimeter Vehicle	

and other locations as determined by the Facility Health Services Director in collaboration with the Facility Superintendent.

***NOTE: A child/infant BVM shall also be placed in the designated red storage/carry bag in these locations.**

- B. Accountability: Each red storage/carry bag and each First Aid Kit shall be secured with a numbered witness wire type tamper seal. The facility Fire and Safety Officer will be responsible for the control, issuance, and tracking of all numbered tamper seals used to secure the first aid kits.

The Narcan kit will have a numbered witness wire type tamper seal securing the zipper. Whenever a Narcan kit is opened, the kit will be brought to the facility Health Services Unit to replace the Narcan, if necessary, and a new numbered tamper seal will be affixed to the zipper. The facility Nurse Administrator will be responsible for the control, issuance, and tracking of all numbered tamper seals used to secure the Narcan kits.

- C. Inspections: First Aid Kits, Narcan kits, and BVMs will be inspected for expired materials in accordance with Directive #4066, "Facility Safety and Environmental Services Inspections," Section VI, "Inspections," utilizing the following:
1. "Daily Safety Checklist," [Form #2095](#);
 2. "Weekly Health & Safety Inspection Report," [Form #2097](#);
 3. "Monthly Safety, Environmental Services and Workplace Violence Inspection Report," [Form #2098](#); and
 4. "Operator's Vehicle Inspection," [Form #1590](#) (shall be completed in accordance with Directive #2932, "Use of State-Owned Vehicles").

Daily inspections of the first aid kit bag will be performed to include ensuring the numbered tamper seal is intact. This inspection and the tamper seal number will be documented on [Form #2095](#). If broken, the first aid kit bag will be inspected to ensure the contents are intact and the Narcan kit is present with the appropriate tamper seal in place. If necessary, the Narcan kit will be replaced and a new numbered tamper seal will be utilized.

Monthly inspections of the Narcan kit will be performed and documented on [Form #2098](#) to ensure the Narcan is within the expiration date printed on the packaging and extends for a minimum of one month to the next inspection. Employees will document the printed expiration date of the Narcan and the tamper seal number on [Form #2098](#). Refer to Directive #4066, "Facility Safety and Environmental Services Inspections," for additional information.

- D. Quality Assurance: Each facility shall establish a system to either replace or replenish contents of First Aid Kits immediately after each use. The facility's Safety and Environmental Services Committee shall ensure that the requirement of this policy is enforced at their monthly meeting.

NOTE: All First Aid Kits should be inspected monthly for expired material.

- E. Master List: A master list of the location of all First Aid Kits shall be maintained in the facility's RED Book, Section 8.5.

DAILY SAFETY CHECKLIST

LOCATION AND BUILDING: _____

DATE: _____

# OF ITEMS	DESCRIPTION OF ITEM	VISUAL CONDITION OF ITEMS			PROBLEMS NOTED FOR EACH ITEM	
		SHIFTS				
		1	2	3		
	Extinguisher					
	Nozzle and Valve					
	Standpipe and Hose					
	SCBA					
	Fire Alarm System					
	Exit Signs					
	Posted Evacuation Signs					
	Dryer Lint Trap					
	First Aid Kit/BVM/Narcan Kit					
	Stretcher					
	AED					
	Kiosk Tablet Sync Cable Present and Intact					

FOR EACH OF THE FOLLOWING, CHECK THE APPROPRIATE ANSWER. IF "N/A" PLEASE NOTE.

	SHIFT #1	SHIFT #2	SHIFT #3
Exits and Passageways	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Emergency Lights	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Storage Spaces	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Waste Receptacles	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Rodent Pest Control	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Storage/Handling of Flammables	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Combustibles	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Toxics	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Caustics	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____
Safety Devices have been inspected and are operational	SAT ____ UNSAT ____	SAT ____ UNSAT ____	SAT ____ UNSAT ____

Report the presence of any machinery hazards, repairs to be made to same, and/or recommendations for correction of same. Use back of this form if more space is needed. _____

Was a Maintenance Repair Request prepared for any of these deficiencies? Yes ____ No ____

SIGNATURE AND TITLE OF INSPECTORS: _____ 1ST Shift

_____ 2nd Shift

_____ 3rd Shift*

*3rd SHIFT GOING OFF WILL FORWARD TO FIRE/SAFETY OFFICER

WEEKLY HEALTH & SAFETY INSPECTION REPORT

INSPECTED BY: _____ TITLE: _____

BUILDING # / AREA: _____ DATE: _____

Complete this form each week and return it to the Office of Fire Safety. Enter appropriate # as follows:

(0) Unsatisfactory (1) Satisfactory (2) N/A.

1. FIRE PROTECTION

Extinguishing equipment _____
 Stand-pipe; hose; sprinkler _____
 Head and valves _____
 Exits; Stairs; Signs _____
 Storage of Flammables _____
 Evacuation Plans _____

2. HOUSEKEEPING

Aisles; Stairs; Floors _____
 Storage and Piling _____
 Wash & Locker Room _____
 Light & Ventilation _____
 Disposal of Waste _____

3. TOOLS

Power tools; Wiring _____
 Hand tools _____
 Use and storage of tools _____

4. PERSONAL PROTECTIVE EQUIP.

Goggles or face shields _____
 Ear protectors _____
 Gloves _____
 Protective clothing _____

5. MATERIAL HANDLING EQUIP.

Power trucks; Hand trucks _____
 Elevators _____
 Cranes; Hoists _____
 Conveyors _____
 Cable; ropes; chains _____

6. ELECTRICAL

Bare or inadequate wiring _____
 Damaged wire _____
 Master Control Lock _____
 Extension cords _____
 Connections & plugs _____
 Lighting _____

7. MACHINERY

Point-of-operation guards _____
 Belts; pulleys; gears; shafts; etc. _____
 Oiling; Cleaning; Adjusting _____
 Maintenance & Oil Leakage _____
 Proper Maintenance _____

8. PRESSURE EQUIPMENT

Steam equipment _____
 Air receivers _____
 Compressors _____
 Gas cylinders; Hose _____
 Gas regulators _____

9. UNSAFE PRACTICES

Excessive speed of vehicles _____
 Improper lifting _____
 Smoking in Danger areas _____
 Horseplay _____
 Running _____
 Improper user of air hose _____
 Removing guards _____
 Working unguarded machinery _____

10. FIRST AID

First Aid Kits/BVMs _____
 Stretchers _____
 AEDs _____

11. MISCELLANEOUS

Storage, acids & caustics _____
 Storage, chemicals & solvents _____
 Storage, combustibles _____
 Dust; Vapors; Fumes _____
 Ladders; Scaffolds _____
 Eye wash stations operating _____
 Safety signs/rules posted _____

GENERAL COMMENTS: _____

MONTHLY SAFETY, ENVIRONMENTAL SERVICES AND WORKPLACE VIOLENCE INSPECTION REPORT

BUILDING # / AREA: _____ Inspection Date: _____

SAFETY FACTORS

A. ☐ Are Receptacles Overloaded
B. ☐ Emergency Equipment Available
C. ☐ Emergency Lights Working
D. ☐ Emergency Routes Posted
E. ☐ Emergency Exits Unobstructed
F. ☐ Fire Extinguisher Charged/Ready
G. ☐ Fire Hose Cabinets Clean-Hoses Empty
H. ☐ Fire or Safety Hazards Present
I. ☐ First Aid Kits/BVMs complete
J. ☐ Narcan Kits complete
K. ☐ Tool Control
L. ☐ Pipe/Duct Insulation
M. ☐ Safety Rules Posted
N. ☐ Safety Practices Observed
O. ☐ Water Leaks
P. ☐ No Smoking Areas Posted/Observed
Q. ☐ Hazardous Materials Present
R. ☐ Cabinets Locked
S. ☐ Form 2092 Maintained and Accurate
T. ☐ Inventory/Contents & Accuracy
U. ☐ AEDs
V. ☐ Eyewash Station
W. ☐ Lockout Tag/Out Program Reviewed
X. ☐ Wet Floor Signs Posted

Tamper Seal # / Expiration Date

ENVIRONMENTAL FACTORS

1. ☐ Baseboards Clean
2. ☐ Ceilings Clean
3. ☐ Floors Clean
4. ☐ Walls Clean
5. ☐ Windows Clean
6. ☐ Cells Clean (List Below if Not)
7. ☐ Shower Area Clean
8. ☐ Slop Sinks Clean
9. ☐ Pipe Chases Clean
10. ☐ Mops Clean and Hung
11. ☐ Garbage/Trash Cans Covered
12. ☐ Pests Controlled
13. ☐ Proper Supplies Used
14. ☐ Excess Supplies on Hand
15. ☐ Proper Heat/Ventilation
16. ☐ Repairs Required
17. ☐ Posted Housekeeping Plans

WORKPLACE VIOLENCE FACTORS*

I. ☐ Adequate Lighting
II. ☐ Locking Devices
III. ☐ Doors/Gates Operational
IV. ☐ Personal Alarm Device
V. ☐ Visibility/Sight Lines
VI. ☐ Other

ITEM	COMMENT DEFICIENCIES	CORRECTIVE ACTION, DATE, SIGNATURE

INSPECTOR NAME PRINTED

INSPECTOR NAME PRINTED

SIGNATURE OF INSPECTOR

SIGNATURE OF INSPECTOR

NOTE: Deficiencies are to be corrected. How they were corrected is to be noted in the column provided. This completed form is to be returned to the 1st Dep. Supt's (or Dep. for Admin. for facilities without a F.D.S.) office by:

C.O.B. _____.

* If any potential Workplace Violence factors are marked as "U" a copy of this report shall be forwarded to the DSS for evaluation and appropriate action if necessary.

Mark "S" if Satisfactory
"U" if Unsatisfactory
"N/A" if Non-Applicable

RECEIVED BY _____

OPERATOR'S VEHICLE INSPECTION

INSTRUCTIONS:

1. Inspection is to be performed according to Directive #2932.
2. Complete items #1-9; Inspect items checking boxes, Satisfactory or Unsatisfactory.
3. Forward form to Maintenance Supervisor when returning vehicle. (For vehicles assigned to Central Office, forward form to Support Operations.) (For Community Supervision Office, forward form to Vehicle Control Officer.)

1. Vehicle Type/Make		2. Vehicle No.	3. Starting Mileage	4. Ending Mileage	5 Date
6. Remarks:		7. Operator Signature			
8. Condition of Body of Vehicle					
9. Inspection Items:					
S <input type="checkbox"/> U <input type="checkbox"/> Brake Lights <input type="checkbox"/> <input type="checkbox"/> Signal Lights <input type="checkbox"/> <input type="checkbox"/> Head Lights <input type="checkbox"/> <input type="checkbox"/> Windshield and Wipers <input type="checkbox"/> <input type="checkbox"/> Condition of Tires <input type="checkbox"/> <input type="checkbox"/>		S <input type="checkbox"/> U <input type="checkbox"/> Oil Level <input type="checkbox"/> <input type="checkbox"/> Horn <input type="checkbox"/> <input type="checkbox"/> Emergency Flashers <input type="checkbox"/> <input type="checkbox"/> First Aid Kit & Bag Valve Mask (BVM) <input type="checkbox"/> <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> <input type="checkbox"/>		S <input type="checkbox"/> U <input type="checkbox"/> Rear View Mirror <input type="checkbox"/> <input type="checkbox"/> Jack and Spare Tire <input type="checkbox"/> <input type="checkbox"/> Locking System (i.e.; key, FOB) <input type="checkbox"/> <input type="checkbox"/> Safety Reflective Triangle <input type="checkbox"/> <input type="checkbox"/>	