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Section 38.0
FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR)

A. Purpose

1. The purpose of this procedure is to provide **JAGUAR ENERGY SERVICES, LLC**'s employees with information on providing basic first aid treatments.
2. The implementation of this procedure will enable **JAGUAR ENERGY SERVICES, LLC** to follow OSHA 29 CFR 1910.20.

B. Scope

1. **JAGUAR ENERGY SERVICES, LLC** personnel may be assigned to customer locations where there are no medical facilities but are expected to be able to render basic first aid and CPR if necessary.
 - (a) For this reason, all field personnel will be trained/certified in First Aid equivalent to the American Red Cross program.
2. This procedure applies to all **JAGUAR ENERGY SERVICES, LLC** and customer work sites.
 - (a) These measures are of extreme importance since, in some cases, the actions taken during the first few minutes may determine the severity of the injury.
 - (b) Good intention but inept assistance may be worse than no assistance at all.

C. Responsibilities

1. The Safety Coordinator or his/her designee is responsible for implementation of this Policy.
 - (a) Additional responsibilities include:
 - (i) Ensuring that employees have completed the training required by this procedure
 - (ii) Documentation of this process
2. The Safety Director is responsible for providing properly stocked first aid kits to **JAGUAR ENERGY SERVICES, LLC** personnel.
 - (a) Additional responsibilities include:

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- (i) That a Bloodborne Pathogens and Eye Wash Kit are kept with each First Aid Kit.
- (ii) Making sure all First Aid kits consist of items approved by the consulting physician and stored in weatherproof containers with individually sealed packages for each type of item.
- (iii) Before the start of each job, make sure that proper equipment for transportation of any injured person is available.
- (iv) Making sure that physicians/hospitals have been designated for each work location.
- (v) Making sure that a communication system is available for contacting the necessary ambulance service.

3. The Supervisor is responsible for aiding with the implementation of this policy.

- (a) Additional responsibilities include:
 - (i) Aiding the Safety Director in ensuring that they have a properly stocked first aid kit at their disposal.
 - (i) Helping checks the contents and replacing any shortages of any items before going on each job.
 - (ii) Weekly checking and replacing any expended items in their First Aid kits.
 - (ii) Making sure that Emergency phone numbers, names of **JAGUAR ENERGY SERVICES, LLC** contact personnel, ambulance and medical facility are conspicuously posted at each job site.
 - (iii) Providing First Aid/CPR for anyone under his/her supervision while on the job site.

4. The employees are responsible for obtaining the initial training on basic first aid and CPR and to render basic first aid or CPR if necessary.

- (a) Additional responsibilities include:
 - (i) Ensuring that his/her co-workers know that he is wearing a Medic-Alert bracelet.
 - (ii) Ensuring that his/her co-workers know his/her/her problem and the exact treatment that should be provided in an emergency.

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- (iii) Inform the Safety Coordinator of his/her condition.
- (iv) Making sure that their company vehicle will be equipped with an approved First Aid Kit.
- (v) Making sure that they know the location of all First Aid kits and eyewash stations when working on a client's location.
 - (i) If the job site is in a place where this is not possible, bottle eyewash and First Aid kits shall be made available.

D. Procedure

This written program regarding First Aid will help **JAGUAR ENERGY SERVICES, LLC** personnel in handling on the job accidents/incidents.

1. Provisions shall be made prior to the commencement of each project for prompt medical attention in case of a serious injury to personnel.
2. Even when proper safety practices are used, there is the possibility that accidents may happen in which people could be injured, or a worker may have a physical condition or illness which incapacitates him during working hours. The company will ensure that first-aid providers will be made available and trained to render first aid when an infirmary, clinic, or hospital is not in near proximity.
3. Preplanning and training for such emergencies will not only be invaluable for the disabled person but minimize indecisions that would be costly in time and suffering and give caregivers confidence in their ability to help.
4. The first aid measures indicated here should be given prior to the arrival of medical personnel or taking a patient to a medical facility.
 - (a) All personnel should know whether any of his/her/her co-workers have a medical problem for which special care must be provided should an emergency arise.
5. When faced with having to provide first aid, the employee should assess the situation and give immediate and appropriate care.

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6. In the case of an accident in which a serious, incapacitating injury has occurred, the injured person should be moved as little as possible.

7. The goals of first-aid treatment in an emergency are to:
 - (a) Preserve life.
 - (b) Prevent the condition from worsening.
 - (c) Protect the victim from any further harm.
 - (d) Aid recovery.
 - (e) Provide reassurance.
 - (f) Make the victim as comfortable as possible.

8. **First Aid Kits**
 - (a) **JAGUAR ENERGY SERVICES, LLC** personnel will have a first aid kit easily accessible, in a weatherproof container in their toolbox or company vehicle.
 - (b) Each item in the kit will be in an individual sealed package as per ANSI Z308-1998 or Appendix of CPR in CFR 1910.151.
 - (c) The company will provide first aid kits that are adequately supplied and periodically inspected to reassess the demand for supplies and adjust inventories as needed. The first aid kits must be inspected at least on a weekly basis and before being sent to job sites.
 - (d) As a minimum, first aid kits should include:
 - (i) First aid booklet
 - (ii) Plastic strips
 - (iii) Antiseptic (hydrogen peroxide or Neosporin)
 - (iv) Gauze pads sterile 7.5 cm x 7.5 cm (3"x 3")
 - (v) Gauze bandages 5 cm x 5.5 m (2"x 5 yards)
 - (vi) Pressure dressings #14
 - (vii) Paper triangular bandage
 - (viii) Adhesive tape 1.25cm x 2.4m
 - (ix) Safety pins
 - (x) Latex gloves
 - (xi) CPR Shield
 - (xii) Drugs/Lotions (aspirin, antiseptic, antacid tablets)
 - (xiii) Basic First Aid Tools (scissors, tweezers, small mirror, razor blade)
 - (xiv) Ace bandages
 - (xv) Butterfly bandages
 - (xvi) Drugs/Lotions (burn ointment, skin lotion, Caladryl)

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- (xvii) First Aid Tools (sling, basic splint, instant ice pack)
 - (xviii) Biomedical waste disposal bags
9. All work areas will be equipped with eye/body wash stations and be properly marked.
- (a) In the event that an employee's eyes or body are exposed to injurious corrosive materials they will be thoroughly flushed/washed by using these wash stations.
10. **Handling an Emergency Situation**
- (a) **Keep Calm**
 - (i) Remaining calm while helping the victim will help he/she to keep calm and cooperative.
 - (i) If the victim becomes anxious or excited the extent of the damage from the injury could be increased.
 - (b) **Plan Quickly What You Need To Do**
 - (i) Learn basic procedures, or have your first aid manual available, so you can care for the victim.
 - (c) **Send For Professional Help**
 - (i) Reaching help quickly could save a life.
 - (ii) Know your local emergency telephone numbers.
 - (d) **Be An Encouragement to the Injured Person**
 - (i) Let the victim know that help is on the way and try to make them as comfortable as possible.
 - (ii) Showing care and concern for the victim can give them hope.
11. **First Aid Treatments for Common Injuries**
- (a) **Small Cut**
 - (i) Cleanse area thoroughly with soap and warm water, carefully washing away any dirt.
 - (ii) Apply direct pressure to wound until bleeding stops.
 - (iii) Put sterile bandage on wound.
 - (iv) If cut is deep, get to a doctor as quickly as possible.
 - (b) **Puncture Wound or Large Gash or Animal Bite**
 - (i) Cleanse area thoroughly with soap and warm water, carefully washing away any dirt.

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- (ii) Apply direct pressure to wound until bleeding stops.
- (iii) Put sterile bandage on wound.
- (iv) Victim should be treated by a doctor.
- (v) Whether the cut or bite is large or small, a doctor should be contacted if swelling, increased redness, or drainage occurs, or if there are flu-like symptoms, fever, or swollen glands.

(c) Bee Sting

- (i) Remove the stinger by scraping with your fingernail or the blade of a knife.
- (ii) Wash the area thoroughly with soap and water.
- (iii) Apply ice, calamine lotion, or baking soda-and-water mixture to relieve the swelling and pain.
- (iv) A stinger that is not removed continues to release venom into the body for as long as 20 minutes.
- (v) Do not remove a stinger with tweezers.
- (vi) Squeezing releases more of the poison into your body.
- (vii) The swelling should be gone within 24 hours.
- (viii) Immediate medical attention is needed if the patient:
 - (i) Has an allergic reaction.
 - (ii) Has difficulty breathing.
 - (iii) Begins to cough.
 - (iv) Complains of headache.
 - (v) Becomes unconscious.

(d) Spider Bites

- (i) Follow the procedure for a small cut.
 - (i) If severe symptoms develop, such as difficulty breathing or shock, seek immediate medical attention.

12. Burns

(a) First Degree Burns

- (i) First degree burns damage the outer layer of skin.
- (ii) Characteristics include:
 - (i) Redness
 - (ii) Mild pain
 - (iii) Swelling

(b) Treatment of First Degree Burns

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- (i) Immediately submerge the affected part in cold water.
- (ii) Hold the burn under cold running water, or place cold, wet cloths on the affected area until the pain decreases.
- (iii) Cover with a clean, dry gauze dressing for protection.
- (c) Second Degree Burns**
 - (i) Second-degree burns affect the second layer of skin.
 - (ii) Characteristics include:
 - (i) Blisters
 - (ii) Rough, red skin
 - (iii) Swelling
 - (iv) Extreme pain
- (d) Treatment for Second Degree Burns**
 - (i) Immerse in cold water or have cold, wet cloths applied to it immediately.
 - (ii) Gently blot area dry.
 - (iii) Do not rub.
 - (i) Rubbing may break the blister, opening it to infection.
 - (iv) Cover wound with dry, sterile bandage.
 - (v) If the burn is located on arm or leg, keep limb elevated as much as possible.
 - (vi) Second degree burns should heal within a few weeks.
- (e) Third Degree Burns**
 - (i) Third degree burns affect to the third layer of skin.
 - (ii) Characteristics include:
 - (i) Whitish or charred appearance.
 - (ii) Clothing adhered to the burn.
 - (iii) Severe damage to skin and flesh.
- (f) Treatment for Third Degree Burns**
 - (i) Do not remove any clothing near or at the site of the burn.
 - (ii) Do not apply cold water or medication to the burn.
 - (iii) Place clean, dry cloths (such as strips of a clean sheet) over the damaged area.
 - (iv) If burns are on arms or legs, keep the limbs elevated above the level of the heart.
 - (v) If victim has burns on face, check frequently to make sure he is not having difficulty breathing.
 - (vi) Get victim to a hospital at once.

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(g) Chemical Burns (Corrosive Materials)

- (i) Chemical burns may be first, second or third degree.
 - (ii) Where the eyes or body may be exposed to corrosive materials, suitable facilities for a quick drenching or flushing of the eyes and body shall be provided within the work area.
- (h) Treatment for chemical burns**
- (i) Remove clothing on or near the burn area.
 - (i) Never pull clothing over the head with a chemical burn.
 - (ii) You may need to cut the clothing.
 - (ii) Wash the area thoroughly with low pressure water for at least 20 minutes.
 - (iii) Apply a clean dressing to the area.
 - (iv) Get medical attention as soon as possible.
 - (v) Never put butter or grease on a burn.
 - (vi) Seek medical attention if:
 - (i) Victim is a child or elderly.
 - (ii) Burn covers more than one body part.
 - (iii) Burn is located on any sensitive area of the body (hands, face, feet, etc.).
 - (iv) Burn is third degree.
 - (v) Burn is caused by chemicals.

13. Abrasions (Scratches)

- (a) Wash thoroughly with soap and warm water.
- (b) If the wound bleeds or oozes, bandage it to protect it from infection.

14. Signs of an Infected Wound

- (a) Swelling
- (b) Redness
- (c) Pain
- (d) Fever
- (e) Presence of pus

15. Dislocations

- (a) The most common dislocations occur in the shoulder, elbow, finger, or thumb.

(i) Symptoms of a Dislocation

- (i) Swelling
- (ii) Deformed look

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- (iii) Pain and tenderness
- (iv) Discoloration of the affected area
- (ii) Treatment of a Dislocation**
 - (i) Apply a splint to the joint to keep it from moving.
 - (ii) Try to keep joint elevated to slow blood flow to the area.
 - (iii) A doctor should be contacted to have the bone set back into its socket.

16. Fainting

- (a) Before losing consciousness, the victim may complain of:
 - (i) Light headedness
 - (ii) Weakness
 - (iii) Nausea
 - (iv) The skin may be pale and clammy.
- (b) If a person begins to feel faint, he should lean forward and lower the head toward the knees.
 - (i) As the head is lowered below the heart, blood will flow to the brain.
- (c) Treatment for Fainting**
 - (i) Keep the victim lying down with head lowered and legs elevated (recovery position)
 - (ii) Loosen any tight clothing.
 - (iii) Apply cool, damp cloths to face and neck.
 - (iv) In most cases, the victim will regain consciousness shortly after being placed in this position.
 - (v) After the victim regains consciousness, do not let him get up until you have questioned him on the following items to be sure he has completely recovered:
 - (i) Who are you?
 - (ii) Where are you?
 - (iii) Do you know what day it is?

17. Fractures

- (a) A simple fracture does not pierce through the skin.
- (b) If not cared for properly, it could become a compound fracture.
- (c) If a simple fracture is suspected:
 - (i) Check for swelling around the affected area.
 - (ii) There may be discoloration of the skin.

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- (d) If the victim complains of tenderness and pain in the area or says that he felt or heard a bone snap, see a doctor immediately.
- (e) A compound fracture pierces through the skin.
 - (i) Serious bleeding may occur with this kind of wound.
 - (ii) Do not apply pressure to a compound fracture to stop the bleeding.
- (f) **Treatment for a Compound Fracture**
 - (i) Cover the injured part with a sterile pad.
 - (ii) Apply a splint to keep the bone from causing further injury to the surrounding tissues.
 - (iii) Wait for medical help.
 - (iv) Avoid moving the victim, but keep him warm, comfortable, and reassured.

18. Applying a splint

- (a) A splint can be corrugated cardboard, folded newspapers, boards, straight sticks, or a rolled-up blanket.
 - (i) A splint helps protect the injury until help arrives.
 - (ii) The splint should be long enough to extend beyond the joints on both sides of the fracture.
- (b) **How to apply a splint**
 - (i) Use strips of cloth, handkerchiefs, ties, or belts to hold the splint in place.
 - (ii) Be sure not to secure the splint so tightly that it causes poor circulation below the wound.
 - (iii) Use a large, triangular bandage to make a sling to prevent the arm from moving (arm fracture).
 - (iv) Once a splint has been applied to a fracture, carefully elevate the wounded area to slow blood flow to the wound.
 - (v) For a compound fracture, control bleeding by holding a clean cloth on the wound before applying a splint.
 - (vi) Pressure should be avoided to prevent the bone from splintering and causing more damage to surrounding tissues.

19. Frostbite

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- (a) Frostbite symptoms include a loss of feeling and a white or pale appearance to extremities, such as fingers, toes, ear lobes or the tip of the nose.
- (b) **Treatment of Frost Bite**
 - (i) Take the victim indoors if possible.
 - (ii) Remove any wet clothing he/she may have on.
 - (iii) Immerse the frostbitten parts in warm (not hot) water until they regain their pink color.
 - (i) If warm water is not available, wrap the affected parts gently in a sheet and warm blankets and keep the parts elevated.
 - (iv) Do not rub or massage the frostbitten area.
 - (i) Rubbing could cause gangrene (decay of body tissue when the oxygen supply is obstructed) to set in.
 - (v) Do not try to warm the victim with a heat lamp or hot water bottle or place him near a hot stove.
 - (i) This could also cause gangrene.
 - (vi) Do not break any blisters the victim may have because the blisters may become infected.
 - (vii) If the victim is conscious and is not vomiting, give him warm liquids to drink to help the warming process.
 - (viii) After the frostbitten parts are warmed, have the victim exercise them to maintain good circulation in those areas.
 - (ix) If the victim's toes or feet are frostbitten, do not let them walk until they are warm.
 - (i) Walking could cause gangrene just as rubbing can.
 - (x) A doctor should be seen as soon as possible.

20. Hypothermia

- (a) Symptoms of hypothermia include vigorous, uncontrollable shivering.
- (b) As hypothermia progresses a victim can experience:
 - (i) Dizziness
 - (ii) Light headedness
 - (iii) Muscular stiffness.
- (c) **Treatment of Hypothermia**
 - (i) The body temperature must be raised slowly.

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- (ii) Warming the victim's body too quickly could cause tissue damage.
- (iii) Take the victim indoors or to an area of shelter.
- (iv) If the victim's clothes are wet, remove them and replace them with warm, dry clothes as soon as possible.
- (v) The victim may want to wrap up in a blanket and sit near a heater or fireplace until he is warm.
- (vi) If the victim is fully conscious, give him/her a warm liquid such as:
 - (i) Hot apple cider
 - (ii) Soup
- (vii) The victim should not drink liquids that contain caffeine.
- (viii) Make sure the victim gets medical attention as soon as possible.

21. Nosebleeds

- (a) Nosebleeds can be caused by:
 - (i) Nose injury
 - (ii) Strenuous activity
 - (iii) High blood pressure
 - (iv) Exposure to high altitudes
 - (v) Blowing your nose too hard
- (b) **Treatment of Nosebleed**
 - (i) Sit down
 - (ii) Lean slightly forward to prevent blood from running into your throat.
 - (iii) Place cold, wet cloths on your nose to constrict the blood vessels in your nose and stop the bleeding.
 - (iv) If blood is coming from only one nostril, press firmly at the top of that nostril.
 - (v) If both nostrils are bleeding, pinch your nostrils together for at least 10 minutes.
 - (vi) If bleeding continues, apply pressure for another 10 minutes.
 - (vii) If the bleeding is the result of direct injury to the nose, only gentle pressure should be applied.
 - (viii) If heavy bleeding persists or if nosebleeds recur frequently, consult a physician.

22. Poison Ivy, Poison Oak, and Poison Sumac

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- (a) Symptoms:
 - (i) Rash
 - (ii) Blistering
 - (iii) Swelling
 - (iv) Burning
 - (v) Itching
- (b) **Treatment Poison Ivy, Poison Oak, and Poison Sumac**
 - (i) Remove any contaminated clothing.
 - (ii) Wash the affected area of skin thoroughly with soap and cool water to remove any poisonous residue.
 - (iii) Be sure the water used to clean the area does not spread poison by running over other parts of your body.
 - (iv) Using a washcloth could also spread the poison.
 - (v) Rinse the area with rubbing alcohol.
 - (vi) Apply calamine lotion to the area to relieve itching and burning.
 - (vii) If the victim develops a fever for several days or experiences an excessive amount of inflammation, irritation, oozing, or itching, he/she should be treated by a doctor.

23. Sprains

- (a) **Symptoms of a Sprain**
 - (i) Affected joint begins to swell immediately.
 - (ii) Joint may also turn black and blue due to the escaped blood from torn blood vessels.
 - (iii) Victim will experience excruciating shooting pains at the time of the injury because many nerves are injured in a sprain.
- (b) **Treatment of a Sprain (RICE Treatment)**
 - (i) **Rest:**
 - (i) Avoid using the affected part to avoid further discomfort or injury.
 - (ii) Gradually rebuild your exercise program once the injury has healed.
 - (ii) **ICE:**
 - (i) Apply ice (bags with crushed ice, cold packs, etc.) to the injured area for the first 24 to 48 hours to prevent or reduce swelling.

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- (ii) Ice may be reapplied for 15-20 minutes every one or two hours for the first six hours after the injury.
- (iii) As long as the injury is swelling, continue to apply ice 3-4 times a day.
- (iii) Compression:**
 - (i) Wrap an elastic bandage around the injured area to secure the ice in place.
 - (ii) Do not wrap it so tightly that the circulation is cut off.
 - (iii) After 10-15 minutes, loosen the bandage and remove the ice.
- (iv) Elevation:**
 - (i) Elevate the injured area above the level of the heart to slow the blood flow to the injury.
- (c) Thermotherapy (applying moist heat) promotes healing but should not be applied to a muscle or ligament injury for at least 24 hours because heat will increase the swelling.
 - (i) After the swelling has gone, you should alternate applying cold compresses and moist heat to the injury.
 - (ii) To treat the injury with warm, wet packs, place a water-dampened towel in a microwave oven for about 30 seconds.
 - (i) Check to make sure the towel is not too hot before placing it on the skin.
 - (ii) If a microwave oven is not available, run a towel under very hot tap water, wring it out, and apply it to the injury.
 - (iii) A sprained arm should be placed in a sling.
 - (iv) Most sprains take at least 6-8 weeks to heal.

24. Strains

- (a) Difference in Sprains and Strains**
 - (i) A sprain involves injury to the ligaments around a joint. A strain involves injury to a muscle or tendon.
- (b) Treatment of a Strain**
 - (i) At the time of the injury, begin the RICE treatment.

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- (ii) For lower back strain, rest will often bring relief to the strained muscle.
 - (i) If not, alternate cold compresses with moist heat, allowing a time of rest between the treatments.

25. Asphyxiation

- (a) Asphyxiation is a loss of consciousness from too little oxygen or too much carbon dioxide in the blood.
 - (i) The victim may stop breathing for a number of reasons including drowning, electric shock, heart failure, poisoning, or suffocation.
 - (ii) The flow of oxygen throughout the body stops within a matter of minutes if a person's respiratory system fails.
 - (iii) Heart failure, brain damage, and eventual death will result if the victim's breathing cannot be restarted.

26. Rescue Breathing / Respiratory Restoration

- (a) A person suffering from asphyxiation should be given rescue breathing.
 - (i) Before you begin rescue breathing, be certain that the victim has actually stopped breathing.
 - (i) Do this by kneeling beside the victim, placing your ear near his/her nose and mouth, and watching his/her chest carefully.
 - (ii) You should feel and hear the breaths and see his/her chest rise and fall if he is breathing.
- (b) **Treatment for Asphyxiation (Rescue Breathing)**
 - (i) Provide an open airway.
 - (i) Carefully place the victim on his/her back and open his/her mouth.
 - (ii) If any material is blocking the airway, it must be cleared out.
 - (ii) Tilt the victim's head back by placing the heel of one hand on his/her forehead and the other hand under the bony part of his/her chin to lift it slightly.
 - (iii) Straddle his/her thighs, placing one palm slightly above the navel but well below the breastbone.

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- (iv) Cover this hand with the other and interlace the fingers.
- (v) Without bending your elbows, press sharply on the victim's abdomen 6-10 times.
- (vi) Turn the victim's head to one side and sweep out any contents in his/her mouth with your fingers.
- (vii) If the victim's breathing is not restored after removing the object, reposition his/her head in the head-tilt/chin-lift position and continue breathing for him as long as is necessary or until help arrives.
- (viii) If there are no signs of breathing, pinch the victim's nostrils closed.
- (ix) Seal your mouth over the victim's mouth and blow two full breaths.
- (x) A rising chest indicates that air is reaching the lungs.
- (xi) If the stomach is expanding instead, the victim's neck and jaw are positioned improperly.
- (xii) Gently push on the victim's abdomen with the palm of your hand until the air is expelled, because the extra air in the stomach may cause vomiting.
- (xiii) Look, listen, and feel again for signs of breathing.
 - (i) If the victim is still not breathing on his/her own, continue blowing into his/her mouth one breath every five seconds until help arrives

27. Bleeding Treatment for External Bleeding

- (a) Apply direct pressure.
- (b) Place a clean, folded cloth over the injured area and firmly apply pressure.
- (c) If blood soaks through, do not remove the cloth.
- (d) Instead, cover that cloth with another one and continue to apply pressure to the wound for 7-10 minutes.
- (e) If the bleeding is from the ear, place a clean bandage over the ear, lay the victim on his/her side, and allow the blood to drain out through the bandage.
- (f) Elevate the injury.
- (g) Position the wounded part of the body above the level of the heart if possible while you apply direct pressure.

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- (h) Know the pressure points.
- (i) If direct pressure and elevation do not sufficiently slow the blood flow, find a pressure point.
 - (i) Large arteries found close to the skin's surface, supply blood to the head and to each arm and leg.
 - (ii) The most common pressure points used during first aid are located in the upper arms and in the creases above the upper legs.
 - (iii) Apply pressure to the closest pressure point to the wound so that the artery is pressed between your fingers and the bone directly behind the artery.
 - (iv) If using the pressure point on a leg, you may need to use the heel of your hand instead of your finger.
- (j) Resort to a tourniquet.
 - (i) On very rare occasions everything listed above may fail.
 - (ii) To prevent the victim from dying, you should apply a tourniquet.
 - (iii) Once a tourniquet is applied, it should not be loosened or removed until the victim has reached medical help.
 - (iv) Use a tourniquet only if everything listed above has failed.
 - (v) If you use a tourniquet, write down somewhere on the victim the time it was applied, so medical personnel will know how long it has been in place.

28. Internal Bleeding

- (a) Internal bleeding results when blood vessels rupture, allowing blood to leak into body cavities.
- (b) Internal bleeding could be a result of a direct blow to the body, a fracture, a sprain, or a bleeding ulcer.
- (c) If a victim receives an injury to the chest or abdomen, internal bleeding should be suspected.
 - (i) He will probably feel pain and tenderness in the affected area.
 - (ii) Other symptoms include:
 - (i) Cold, clammy skin
 - (ii) Pale face and lips
 - (iii) Weakness or fainting
 - (iv) Dizziness

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- (v) Nausea
- (vi) Thirst
- (vii) Rapid, weak, irregular pulse
- (viii) Shortness of breath
- (ix) Dilated pupils
- (x) Swelling or bruising at the site of injury
- (xi) Blood in vomit
- (xii) Bleeding from the rectum or vagina
- (iii) The more symptoms that are experienced, the more extensive the internal bleeding.
- (d) Treatment for Internal Bleeding**
 - (i) Check for an open airway and begin rescue breathing if necessary (see Asphyxiation)
 - (ii) Call for medical help as soon as possible and keep the victim comfortable until help arrives.
 - (iii) The victim may rinse his/her mouth with water, but DO NOT give a victim of internal bleeding anything to drink.

29. Choking

- (a) If a person is choking, you should not interfere as long as he is coughing.
- (b) If coughing does not dislodge the object from the trachea and the victim is breathing with extreme difficulty, or if he turns a bluish color and appears to be choking but is unable to cough or speak, quickly ask, "Are you choking?"
- (c) A choking victim can nod his/her head "yes," but will be unable to talk.
 - (i) It is important to ask this question because a person suffering from a heart attack will have similar symptoms, but he will be able to talk.
- (d) Treatment for Choking (Abdominal Thrust)
 - (i) Stand behind the victim with your arms around his/her waist.
 - (ii) Place one fist, with the knuckle of the thumb against the victim's midsection, slightly above the navel but well below the breastbone.
 - (iii) Hold your fist firmly with the other hand and pull both hands sharply toward you with an upward-and-inward jab.
 - (iv) This procedure should be administered continually until either the object is forced out or the victim becomes unconscious.

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- (v) Due to the force with which the abdominal thrust is given, it should be used only in an actual emergency.

30. Concussions and Contusions

- (a) A sharp blow to the head could result in a concussion, a jostling of the brain inside its protective, bony covering.
- (b) A more serious head injury may include contusions, or bruises to the brain.
- (c) A period of unconsciousness accompanies many head injuries and may indicate brain damage.
- (d) Symptoms
 - (i) Clear or reddish fluid draining from the ears, nose, or mouth.
 - (ii) Difficulty speaking.
 - (iii) Headache. Unequal size of pupils.
 - (iv) Pale skin.
 - (v) Paralysis of an arm or leg (opposite side of the injury) or face (same side of the injury)
- (e) **Treatment of Concussions and Contusions**
 - (i) While waiting on help to arrive, keep the victim lying down in the recovery position.
 - (ii) Control any bleeding, and be sure that he is breathing properly.
 - (iii) Do not give the victim any liquids to drink.
 - (iv) If the victim becomes unconscious for any amount of time, keep track of this information so that you can report it when medical help arrives.

31. Convulsions

- (a) A convulsion (violent, involuntary contraction or muscle spasm) can be caused by epilepsy or sudden illness.
 - (i) Convulsions, or seizures, are not likely to cause death unless the victim stops breathing.
 - (ii) The victim should be checked by medical personnel.
- (b) Symptoms
 - (i) Victim's muscles become stiff and hard, followed by jerking movements.
 - (ii) Bitten tongue or stop breathing.
 - (iii) Face and lips may turn a bluish color.
 - (iv) Drooling excessively or foam at the mouth.
- (c) **Treatment for Convulsions**

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- (i) Clear all objects away from the victim and place something soft under his/her head. Do not place anything between his/her teeth or in his/her mouth. Do not give the victim any liquids. If the victim stops breathing, check to see that the airway is open and begin rescue breathing. Stay calm and keep the victim comfortable until help arrives. Most convulsions are followed by a period of unconsciousness or another convulsion.

32. Electrical Shock

- (a) Symptoms of electric shock in unconsciousness:
 - (i) Breathing difficulty
 - (ii) Burns at contact points
 - (iii) Muscle spasms
- (b) **Treatment of Electrical Shock**
 - (i) Remove the victim from the source of electricity before you touch him.
 - (ii) Either turn off the master switch to disconnect the power, or use a nonmetal, dry object such as a stick to pull the wire or electrical source away from the victim's body.
 - (iii) If he is not breathing, begin rescue breathing immediately.
 - (iv) A victim whose heart has stopped beating needs CPR (See CPR).
 - (v) The person should be treated for shock and medical assistance obtained.
 - (vi) If the person is unconscious, but is breathing and has a heartbeat, you should place him in the recovery position and monitor his/her breathing and heart rate until medical help arrives.

33. Heatstroke

- (a) Heatstroke is a profound disturbance of the heat-regulating mechanism of the body, also known as sunstroke.
 - (i) It is characterized by extremely high body temperatures and sometimes by convulsions and coma.
 - (ii) The skin is usually hot and dry because the body-cooling process of sweating has ceased.

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- (iii) However, in some cases the skin may feel relatively cool because blood vessels just below the skin have constricted and the overheated blood is not being carried to the surface.
- (b) Heatstroke is a rare disorder and is more common among elderly and obese people and those with debilitating diseases.
- (c) Heatstroke, unlike heat exhaustion, is considered a serious threat to life; treatment must be swift to prevent death or serious brain damage from high body temperature.
- (d) The body should be cooled as quickly as possible by removing the patient to a cool shady place and applying cold water or ice water to the skin.
- (e) **Treatment of Heatstroke**
 - (i) Cool the body of a heatstroke victim immediately.
 - (ii) If possible, put him in cool water; wrap him in cool wet clothes; or sponge his/her skin with cool water, rubbing alcohol, ice, or cold packs.
 - (iii) Once the victim's temperature drops to about 101 °F (38 °C), you may lay him in the recovery position in a cool room.
 - (iv) If the temperature begins to rise again, you will need to repeat the cooling process.
 - (v) If he/she is able to drink, you may give him some water.
 - (vi) Do not give a heatstroke victim any kind of medication.
 - (vii) Watch for signs of shock while waiting for medical attention.

34. Heat Exhaustion

- (a) Heat Exhaustion is a condition caused by overexposure to sunlight or another heat source and resulting in dehydration and salt depletion, also known as heat prostration.
- (b) The symptoms are:
 - (i) Severe headaches
 - (ii) Weakness
 - (iii) Dizziness
 - (iv) Blurred vision
 - (v) Sometimes unconsciousness.

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- (c) However, the body temperature is not elevated as in heatstroke.
- (d) The condition is usually temporary and rarely fatal.
- (e) Water, mineral, and ion depletion may be so severe that painful spasms of the muscles, commonly called heat cramps, occur.
- (f) Treatment includes administering a supplemental solution to replace the water, minerals, and ions that have been depleted from the body.

35. CPR Basic

(a) Steps in CPR

- (i) When the heart stops beating, a person is in cardiac arrest.
- (ii) When respiration ceases, the person is in respiratory or pulmonary arrest.
- (iii) The cardiac and the respiratory systems are dependent on each other such that when one fails, the other also quickly fails.
- (iv) Nerve tissue is so susceptible to hypoxia (low levels of oxygen) that in most circumstances the brain begins to die after four minutes without oxygen.
- (v) Unless circulation and oxygenation are restored quickly after cardiopulmonary arrest, permanent brain damage results.
- (vi) Prompt recognition and treatment of cardiopulmonary arrest can maintain the oxygen supply to the brain until circulation and respiration are restored.
 - (i) Cardiopulmonary arrest is the absence of a heartbeat.
 - (ii) Causes of cardiopulmonary arrest include heart failure, electrocution, drowning, drug overdose, and asphyxiation.

(b) Symptoms

- (i) Victims of cardiopulmonary arrest collapse and quickly lose consciousness.
- (ii) There is no pulse or respiration.

(c) Treatment of Cardiopulmonary Arrest

- (i) When cardiopulmonary arrest is suspected, tap the victim urgently and asked "Are you OK?"
- (ii) If there is no response, call for someone to contact emergency medical service.

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- (iii) Place the victim on a firm, flat surface.
- (iv) If no neck injury is suspected, open the airway by applying pressure to the forehead with one hand and using the other hand to lift the chin forward.
- (v) If a neck injury is suspected, use the jaw-thrust method of opening the airway.
- (vi) The jaw-thrust is done by lifting the lower jaw with both hands.
- (vii) Put your ear to the victim's nose and mouth to listen for breathing for 3 to 5 seconds.
- (viii) Watch to see if the chest rises and falls.
- (ix) If the victim is not breathing, give 2 slow breaths at a rate of 1.5 to 2 seconds per breath.
- (x) To do this:
 - (i) First pinch the nostrils shut
 - (ii) Take a deep breath
 - (iii) Seal your mouth around the victim's mouth
 - (iv) Breathe into the victim's mouth (Use CPR shield).
- (xi) Watch the victim's chest.
 - (i) If it rises, ventilation is effective.
- (d) Check for cardiac arrest by feeling the carotid artery on the side of the neck nearest you.
- (e) If there is no pulse, begin cardiac compressions to restore circulation.
 - (i) Locate the proper place to compress.
 - (i) Run the middle fingers along the rib margin to the notch where the rib meets the sternum.
 - (ii) Place the index finger next to the middle finger on the lower part of the sternum.
 - (iii) Place the heel of the other hand next to the index finger.
 - (iv) Place the hand used to locate the tip of the sternum over the hand and keep fingers off the victim's chest
 - (v) Lean over the victim so that your shoulders are above your hands and your arms are straight.
 - (vi) Apply pressure to depress the sternum 1 ½ to 2 inches counting "one and two and three and four" for 15 compressions.
 - (vii) Keep your hands in contact with the chest at all times.

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- (viii) At the completion of 15 compressions, ventilate the victim twice.
- (ix) Perform four cycles of 15 compressions and two ventilations and then reassess circulation at the carotid artery for 5 seconds.
- (x) If no carotid pulse, resume CPR with 15 compressions followed by two ventilations until help arrives.

36. Medical Facilities

A medical facility may be staffed and operated by the client or a nearby industrial clinic or physician may be used.

- (a) In any case, the Safety Director shall ensure that qualified medical personnel are contacted and made aware of any problems that could arise at his/her/his job site before any work is done.
- (b) The medical personnel selected shall be informed of any hazardous materials that **JAGUAR ENERGY SERVICES, LLC**, the client and other contractors use, store or produce.
- (c) The medical personnel should be aware of any especially hazardous activity or process so that suitable and ample emergency capabilities are available.
- (d) The medical personnel should have a "Hot-line" available by which they can be reached immediately in the event of an emergency.
- (e) The "Hot-line" number should be made available to all **JAGUAR ENERGY SERVICES, LLC** personnel and posted conspicuously throughout the job site.

2. Medical Assistance

- (a) Medical assistance should be requested as soon as possible.
- (b) Emergency measures previously mentioned should not be neglected in order to summon medical personnel.
- (c) Calling for assistance should be done by someone other than the person helping the victim.
- (d) After medical personnel arrive they should take charge, with workers and **JAGUAR ENERGY SERVICES, LLC** personnel providing any additional help they request.
- (e) No **JAGUAR ENERGY SERVICES, LLC** personnel should condone treatment by anyone other than a doctor, nurse, or other medically trained person.
- (f) **JAGUAR ENERGY SERVICES, LLC** personnel should also ensure that any person who has been injured, or is ill

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to such a degree that he/she may have trouble reaching a medical station, should be assisted on location.

- (i) **JAGUAR ENERGY SERVICES, LLC** personnel may designate someone to help the person affected or to render help himself/herself.

3. Emergency Rescue

- (a) Do not move victims unless there is a danger in the area.
- (b) In case of danger from collapsing structures, fire, explosion, spill or release of gas the victim should be moved to a safe location.
- (c) On these occasions the person providing the assistance should use proper personal protective equipment such as respirator, harness and life line, with personnel on stand by with the same equipment for their protection.
 - (i) If the rescuer were to be injured it would only compound the problem and he/she would be of no help to the victim.
- (d) If the victim must be moved, it must be done carefully.
- (e) If there is any time available, a check should be made for injuries to determine where special care is required.
- (f) A victim can be pulled to safety by one man on a blanket, tarpaulin, or even a sheet of heavy plastic, if approved stretchers are not available.
- (g) The victim should be pulled in the direction of his/her body's axis, not sideways.
- (h) If an adequate number of men are available to help and the victim must be moved, he/she should be lifted so that no strain is on any part of his/her body. This will prevent further injury.
- (i) The head, back, legs, and arms should not be moved when incapacitated unless there is an imminent danger where the victim lies or he/she is in such a position that the extremities must be moved in order to free or move him/her.
- (j) The victim's breathing should be checked.
- (k) If he/she is not breathing then artificial respiration should be given immediately.
- (l) Mouth to mouth or other means of resuscitation with heart massage should be kept up until breathing is restored or until medical personnel can take over.
- (m) Oxygen may be given, if available, after a person is breathing in order to reduce shock.

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- (n) An inhalator that will induce lung action is the only adequate substitute for artificial respiration.
 - (i) Ordinary respiratory protective equipment, such as an oxygen generator, is not suitable for inducing lung action.

B. Training Requirements

1. **JAGUAR ENERGY SERVICES, LLC** personnel will be trained on the following topics:
 - (1) Basic symptom recognition.
 - (2) Basic first aid techniques.
 - (3) Administering CPR.
 - (4) The contents of this procedure.
 - (5) Shock.
 - (6) First Aid Kits.
 - (7) Triangular and Cravat Bandages.
 - (8) Open and Closed Spiral Bandages.
 - (9) Figure Eight and Finger Tip Bandages.
 - (10) Eye Injuries.
 - (11) Open wounds.
 - (12) Prevention of Contamination and Infection.
 - (13) Snake Bite.
 - (14) Bites.
 - (15) Closed wounds.
 - (16) Chest wounds.
 - (17) Back injuries.
 - (18) Abdominal injuries.
 - (19) Injuries to genital organs.
 - (20) Neck injuries.
 - (21) Face and jaw injuries.
 - (22) Brain damage.
 - (23) Hand and arm injuries.
 - (24) Leg and foot injuries.
 - (25) Poisoning by mouth, inhalation and absorbing.
 - (26) Poison by plants and insects.
 - (27) Drug abuse.
 - (28) Burns.
 - (29) Chemical burns.
 - (30) Blisters.
 - (31) Frostbite and cold exposure.
 - (32) Splints.
 - (33) Arm splints.
 - (34) Bone and joint fractures.
 - (35) Dislocation, sprains and strains.

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- (36) Shoulder and collar bone fractures.
- (37) Arm fractures.
- (38) Leg fractures.
- (39) Neck and back fractures.
- (40) Stroke.
- (41) Fainting.
- (42) Convulsions and epilepsy.
- (43) Heat stroke.
- (44) Heat cramps.
- (45) Stretcher.
- (46) Transferring a victim up and down stairs.
- (47) Emergency rescue and short distance transfer.
- (48) Transfer via an improvised stretcher.
- (49) Transfer with and without assistance.
- (50) Transfer via basket.
- (51) Transfer with three or more people.

C. Training Frequency

- 1. **JAGUAR ENERGY SERVICES, LLC** personnel will be trained to the following schedule:
 - (a) Initially upon hire.
 - (b) Refresher every 24 months.

D. Definitions

- 1. **Fracture** is a break or crack in a bone.
- 2. **Heat Exhaustion** is a condition where the body temperature rises above normal and the person feels sick and dizzy.
- 3. **Heat Stroke** is a condition where the body loses its ability to regulate temperature and internal temperature rises to a dangerous level (104 F and above).
- 4. **Hypothermia** is a condition where the body becomes too cold (below 95 F).
- 5. **Hypoxia** is low levels of oxygen.
- 6. **Laceration** is a rough, ripped wound.

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- 7. Unconsciousness** is the interruption of brain's normal activity such that a person is no longer aware of their surroundings.