

Minutes of Cal/OSHA First Aid Advisory Committee  
Oakland, CA  
November 3, 2006

Chair: Mike Horowitz, 510-286-7009

Attendees:

<u>NAME</u>	<u>AFFILIATION</u>
Bland, Kevin	Granado Bland Law Corporation
Blom, Jodi	CA Framing Contr. Assoc.
Borden, Carl	CA Farm Bureau
Bradley, Bo	AGC of California
Curci, Anthony	Safety Mate
Fairburn, Ham	ORC Worldwide
Fisher, Marti	CA Chamber of Commerce
Gillis, Sean	Oakland Fire Dept.
Iler, Sam	Safecon for AGC San Diego
Johnson, Steve	Assoc. Roofing Contractors
Lamaestra, Vince	Pacific Maritime Association
Lapsley, Rob	RCL Consultants
Lipscomb, Tim	Carpenters LU 713
Lohne, Ingrid	AMPPP/CSAKYE
Mitchell, Tom	CA Occ. Safety & Health Bd
Prescott, Guy	Operating Engineers Local #3
Prudhomme, Dr. Janice	CA Dept. Health Svcs
Schuman, Alan J.	Petitioner, Petition 481
Trask, Sean	CA Emergency Medical Agcy
Treanor, Elizabeth	Phylmar Regulatory Roundtable
Weir, Jay A.	AT&T
Welling, Rich	Pile Drivers LU 34

Cal/OSHA staff

Bob Barish	Senior Industrial Hygienist, Research and Standards
Mike Horowitz	Senior Industrial Hygienist, Research and Standards
Steve Smith	Supervising Industrial Hygienist, Research and Standards
Mary Kochie	Nurse, Medical Unit
Tom Mitchell	Senior Industrial Hygienist, Standards Board
George Hauptmann	Senior Safety Engineer, Standards Board

**Summary of the Meeting**

Three petitions seeking changes to first aid regulations were discussed at this advisory meeting. Petition 481 sought to add a requirement mandating the inclusion of instructional materials in first aid kits. There was little support at the meeting for this proposed change. Petition 482 sought to create a mandatory requirement for workplace access to 911 emergency lines. The meeting rejected the idea of a mandatory

requirement, finding there were many situations in which such access was impractical or unwise. However, there was agreement that the regulations should include a requirement that all employers must implement effective plans for contacting emergency services from their workplaces. Petition 483 called for certain word changes and structural reorganization of the standards; many, but not all, of these suggestions were supported by the meeting. Petition 483 also sought to allow use of ANSI-Z308.1 compliant first aid kits as an alternative to the approval of first aid kit contents by a consulting physician. While agreement on this point was not reached, there was discussion about the need for and appropriateness of other possible alternatives to consulting physician approval of kit content. There was general agreement that some of the items listed on the first aid kit content in 8CCR 1512 is outdated. However, no agreement was reached on how to update the list.

### **Discussion of Petition 481**

Mike Horowitz summarized Petition 481 and then gave its author, Alan Schuman the opportunity to speak.

Alan Schuman stated his real reason for filing the Petition was the need to remind first aid responders of first aid and CPR skills. He stated it was well established that skill retention is low during times of crisis. He noted that all of us are protected by the Good Samaritan law from any liability for providing help during medical emergencies.

Ham Fairburn asked Alan Schuman if the language proposed by DOSH satisfied him.

Alan Schuman said he could see that DOSH was trying to be consistent with 8CCR 1512, but that a textbook type of instructional aid might not be quite right for crisis or emergency work.

Vince Lamaestra asked who would be telling responders to go through a book. Who uses a book even in the first aid class, he wondered.

Alan Schuman stated that the resource material should be “equivalent to the training.”

Elizabeth Treanor stated that the members of her organization were concerned with the notion that someone who wasn't prepared for the emergency and wasn't trained would attempt to use the book. Such an untrained person shouldn't be flipping through the pages of a book during an emergency. Her members have drills and frequent training of their trained individuals to keep those individuals sharp.

Alan Schuman responded the Good Samaritan law protected individuals and companies from any liability for attempting to assist injured persons.

Elizabeth Treanor replied that they were not concerned with liability but with the competence of the care of the victim if the responder was so lacking in training that it was necessary to page through a resource.

Anthony Curci stated that some materials tell responders what not to do.

Elizabeth Treanor stated that if a responder had to refer to material then they were not prepared and her members don't want such persons to respond.

Bo Bradley stated she was a CPR instructor. People who had been trained as CPR or first aid responders are the people who are trained and expected to give the help in the construction industry, she said. Other people are trained only to get help and to not touch the injured person. "I am not concerned with the Good Samaritan law, just good first aid response.

Marti Fisher was concerned about the implication of requiring help materials with first aid supplies. Such materials might encourage the notion that even untrained persons could render first aid.

Mike Horowitz pointed out that Tom Mitchell in his Board report had found that research suggests that there is a decline in skills over time if they are not used in an actual response.

Guy Prescott asked if the intent was that the book or materials be kept with supplies.

Mike Horowitz stated the intent was that they be an aid to skills retention.

Kevin Bland asked if Tom Mitchell had found any research regarding the effectiveness of retraining and retention.

Tom Mitchell answered that the International Consortium for CPR and Emergency Cardiac Care concluded that CPR skill retention is poor and retraining is necessary frequently.

Ingrid Lohne asked Tom Mitchell if he had any information on the time frame for skills decline.

Tom Mitchell answered, "No."

Alan Schuman said that research showed that, for highly motivated CPR-trained people, recall declined as soon as one to six months.

Kevin Bland asked if there was data to show that greater CPR competence will improve victim outcome.

Sean Gillis stated that one of the biggest concerns is distinguishing serious versus non-serious injuries. He gave a hypothetical example of a liquid nitrogen burn that was not treated as a serious injury. He noted that the 911 system is moving toward dispatchers

being able to advise bystanders of non-harmful interventions. Therefore, he noted, it seems that flipchart type reminders could be helpful.

Marti Fisher expressed the concern that looking in a book might delay calling 911

Alan Schuman responded that a similar logic would conclude that having first aid kits in the first place would discourage 911 calls and a poor response.

Kevin Bland noted that for the employer the purpose of its first aid kit is not major injury or illness assistance.

Vince Lamaestra stated he was a CPR instructor. He said that while he knows people forget the skills, he also knows that on the docks, they won't go looking for a book to supplement their knowledge.

Marti Fisher felt that someone with a medical problem wouldn't necessarily be near the first aid kit and the reminder book.

Mike Horowitz asked if the first aid book currently required to be in the first aid kit by 8CCR 1512 is used in first aid training classes.

Bo Bradley, who is a CPR trainer in the construction industry, stated they usually don't take out the book since they get first aid refreshers.

Guy Prescott stated he did 300 medical responses during 6 years he worked with a fire department but doesn't recall ever seeing harm done by bystanders. But he wondered if a victim would be made comfortable if the responder is looking at a book. "If skill retention is a problem," GUY PRESCOTT stated, "then we should look at retraining requirements."

Mike Horowitz asked how often first aid/CPR training is renewed

Bo Bradley reported that Red Cross standard for first aid is every three years with CPR is reviewed on an annual basis. However the National Safety Council allows two year intervals for CPR but has the same recommendation for a three year interval for first aid training.

Marti Fisher stated that if you are going to talk about CPR training, other people need to be included at the advisory meeting.

Anthony Curci pointed out that the flip chart costs only \$12.

Carl Borden asked Tom Mitchell if the Standards Board has been any recommendations on the problem of skills retention. Tom Mitchell replied there were no recommendations because there weren't good statistics. Carl Borden asked if the Red Cross or American

Heart Association had any recommendations. Tom Mitchell again replied in the negative.

Tom Mitchell asked Bo Bradley if a class is usually given the book and Bo Bradley replied that the National Safety Council did but the Red Cross didn't.

Steve Johnson stated he was a Red Cross instructor. The Red Cross gives out an instructional sheet, but it is too big to fit in a first aid kit—its training material with big pictures. He stressed that proper training included training not to do what the responder can't do.

Jay Weir stated that training over a long period gets inculcated; a book would not be helpful in every situation.

Elizabeth Treanor suggested a vote on not continuing the discussion.

Mary Kochie stated that every first aid class she'd been involved in would have a reference book nearby. If skills are not used, they decline. So we can use a refresher. For example, with a wound around the joint you would refer to a book for specialized bandage application.

Sean Gillis commented the issue was about response in the worst case scenario, a high hazard employer location.

Tim Lipscomb stated he worked in the unrepresented sector and had seen workers locked behind bars by employers who don't allow them to call 911.

Bo Bradley remarked that such employers were already out of compliance, so now additionally they also wouldn't have a book.

Kevin Bland asked if this was about selling a product or improving health and safety.

Alan Schuman reiterated he submitted the petition because all the research showed that addressing skills retention decline was key; his proposal was to align other regulations and industries with construction.

Mike Horowitz asked if anyone wanted to offer alternative language to Petition #481.

Steve Johnson suggested that there could be an option to have a book, but not a requirement.

Ham Fairburn stated it was already optional.

Alan Schuman said we shouldn't expand the book reference beyond construction if there was no evidence that a book helps with first aid response. So don't support expansion if you think there is no evidence, but Mary Kochie said even she uses first aid references.

Sam Iler stated there was no evidence that a book helps with first aid response, so he did not support expansion of the book requirement.

Carl Borden stated there was a difference between 1512 and 3400; 1512 has a list of first aid supplies while with 3400 a physician determines the proper supplies. More research should be done to determine professional associations' recommendations on retention.

Mike Horowitz noted the Red Cross had been invited but hadn't come to the meeting.

Vince Lamaestra noted that professional associations recommend time frames for retraining. The PMA already does retraining and puts up posters, etc.

Jay Weir noted that SBC/ATT had thousands of technicians in the field. The Telecommunication Orders require retraining. ATT provides each technician with a first aid kit and the technicians already have an instructional booklet.

Mike Horowitz summarized the results of the conversation so far was that there was little interest in Petition #481 beyond the petitioner.

### **Discussion of Petition #482**

Elizabeth Treanor stated that many companies, especially those with multi-building campuses, are concerned with 911 responders being able to find the correct location on the campus. Such companies have implemented policies to call on-site security which in turn contacts 911. So we oppose the idea proposed by this petition of mandating 911 access on all phones.

Mike Horowitz noted that the petitioner requested anonymity but that the petition stemmed from an incident at a facility that had made no arrangements for emergency medical services and had also blocked phones from being able to make 911 contact. In contrast to the petition's request to mandate 911 access, the Division had proposed removing the phrase referring to "isolated locations" in 3400(f).

Alan Schuman asked if this reference would reduce coverage. Guy Prescott answered, "No."

Mike Horowitz raised the problem of employers driving injured to the hospital. Elizabeth Treanor agreed injured employees shouldn't be transported in trucks. Kevin Bland pointed out that four wheeled drive vehicles may be appropriate in the logging industry.

Alan Schuman mentioned the Division of Workers Compensation requirements.

George Hauptmann wanted to know if the Division could cite with the new proposed language if an employer blocked 911 access but made no alternate arrangements.

Guy Prescott supported language that would include allowing 911 access.

Carl Borden worried that a list of options would be ambiguous.

George Hauptmann reported that the anonymous petitioner was happy that the proposal was being taken up, but also wanted posting of the 911 or emergency service information.

Mike Horowitz suggested that that could be an item for a future advisory committee to discuss possible requirements for a written plan and posting.

Steve Smith reminded everyone, that as George Hauptmann had said, the petitioner asked for posting and adding the word “illness”.

All: OK

Carl Borden suggested using “such as” rather than “must.”

Kevin Bland said he would prefer “may” but generally preferred “shall” rather than must.”

Alan Schuman suggested that in addition to making of advance provisions for medical services, a requirement making these plans available to employees should also be added.

Mike Horowitz pointed out the Board asked the committee to limit proposals to the petition, so we could transmit the idea for making the plans available to the Board, but we should not really take this issue up here today.

Vince Lamaestra spoke about dealing with employees who are afraid to ask. The proposed change addresses the problem, he said.

Sean Gillis liked the idea of posting the method of contact, especially regarding group homes where people are essentially locked in and generally don’t have access to this knowledge.

Mike Horowitz noted the Division, when evaluating the need for CPR training for employments where serious injury was likely, followed a 3 to 4 minute rule in interpreting whether existing medical services were close enough.

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### **Petition 483**

Mike Horowitz reported that Mr. Smith, the petitioner couldn’t be here. He summarized the petition and asked for objections to some of Mr. Smith’s proposals that were editorial in nature. In regard to 3400 (b), there was no objection to changing “Mining Enforcement and Safety Administration” to “Mine Safety and Health Administration.”

The body also agreed to another change without regulatory effect: to replace the word “workmen” in 3400(c) with the gender neutral “its employees.”

In regard to 1512, the body agreed with Mr. Smith’s suggestion to break up subsection (c)(1) by creating new subsection (c)(2) at the last sentence before the table of kit contents, beginning with the words, “The minimum....” The body also therefore agreed with renumbering the old subsections (c)(2) and (c)(3) as new subsection (c)(3) beginning “Other supplies...” and new subsection (c)(4) beginning “Drugs....”

Mike Horowitz stated DOSH did not agree with the petitioner’s suggestions to strike the word “frequent” in 1512 where “frequent or the idea of allowing use of an ANSI standard’s list of first aid kit contents as a replacement for the consulting physician requirement of 3400 and as a replacement for the table of kit contents in 1512.

Elizabeth Treanor suggested keeping “frequent” and striking the word “regular.”

Mike Horowitz said, “Or leave it as it is.” Kevin Bland and several others concurred these particular words should be left unchanged. “Employers are used to the language,” said Kevin Bland.

Steve Johnson stated he had spoken with the petitioner the night before and clarified that Mr. Smith’s main intention in filing the petition was to use the table in the ANSI standard for the first aid kit contents.

Ingrid Lohne asked about the copyright issues with the copies of the ANSI first aid standard at the meeting. Mike Horowitz stated copies of a Minnesota OSHA publication summarizing the ANSI standard had been provided at the meeting and that it was also available on that agency’s web site. Marti Fisher suggested putting the ANSI table into the regulation, so it would be widely available. Carl Borden supported this suggestion, noting that the ANSI table was short and concise and could be put in place of the existing table in 1512.

Steve Johnson clarified that the petitioner was not trying to get rid of the consulting physician requirements, but merely trying to permit the table of first aid contents as an alternative to the physician opinion.

Alan Schuman stated he objected to removal of the doctor’s authority. Steve Johnson replied that employers should have the option of utilizing a doctor-specified list. Alan Schuman asked what was wrong with the current list in 1512. Sam Iler asked, “Either the ANSI table is the national consensus or 1512 is antiquated?”

Mike Horowitz asked the body if the list of kit contents in 1512 is antiquated. Sam Iler pointed out that in the 1512 table the required kit content changes with the number of employees. Mike Horowitz pointed out that the ANSI standard refers to the number of employees as a factor to be considered.



Steve Johnson remarked that 1512 requires employers with more than 16 employees to have an emesis basin, which he felt was an antiquated provision that didn't make much sense. What makes it so important to have an emesis basin for 16 employees but to not have one when you have 15 employees, he asked?

Jay Weir asked if the group had skipped 3400 on the summary sheet, and Mike Horowitz agreed the discussion should step back to 3400.

Jay Weir stated he agreed with an approach permitting an option of either the ANSI table or a doctor's input, just as the Smith petition proposed.

Mike Horowitz asked Dr. Prudhomme if she had an opinion about these options. Dr. Janice Prudhomme stated the problem with consulting doctor provision is that the standard doesn't specify what the physician has to know about emergency medicine, these regulations, or the nature of the workplace. Dr. Prudhomme was OK with the consulting physician requirement, but thought it should be expanded to require the consulting physician to be knowledgeable about the first aid regulation and about the specific workplace a first aid kit was to be used.

Alan Schuman asked, "Why not deal with 1512 and then have 3400 refer to that?" Mike Horowitz replied that the general practice was for Construction Safety Orders to refer to the General Safety Orders, not the reverse.

Marti Fisher returned to comparing the ANSI table to the 1512 table. Pointing out that the ANSI standard addresses the number of kits per the number of employees, Marti Fisher stated that in 1512 the number of employees affects the kit contents. Marti Fisher stated the ANSI standard should not be referenced in the California standard, because it was hard to find. Instead, Marti Fisher thought, the ANSI table should be put into 1512.

Alan Schuman stated he was having trouble with removing the role of the physician from kit approval.

In regard to 3400, Mike Horowitz said that Federal OSHA guidance on the ANSI standard mentions the importance of discussions between employers and a consulting physician or others on first aid needs. The 1512 table originated because construction sites were similar enough as to be able to specify kit contents. In the case of 3400, there are too many very different workplaces to specify a list of first aid supplies that would work for all.

Vince Lamaestra stated he wanted to retain the option in 3400 for physician consultation; this should not be replaced with a rigid list.

Mike Horowitz asked the body if today there existed a better knowledge of workplace requirements. Mike Horowitz asked if things had changed to the point that there were now better choices of items to be included in first aid kits.

Mary Kochie stated that the 1512 list is outdated.

Mike Horowitz stated the proposal for 3400 was to provide an option to allow use of the ANSI standard's list rather than require mandatory consultation with a doctor.

Guy Prescott stated doctors were involved in establishing the ANSI list, so the ANSI list should be sufficient.

Mike Horowitz pointed out that the ANSI consensus process may have had a more limited or constrained purpose and view than is necessary for Cal/OSHA's regulation.

Alan Schuman suggested that further discussion be held off until doctors can come to a discussion regarding losing the authority of physicians over first aid kit contents.

Mary Kochie gave an example of a large first aid vendor that provides a blanket approval of the kits; this approval letter is more than ten years old; the physician who approved the letter might even be dead. This example, Mary Kochie stated, illustrated that the existing standard's lack of a time requirement was problematic. Mike Horowitz agreed that the current standard would seem to not require an employer to acquire a new approval letter from a consulting physician no matter how much time had passed unless circumstances at that employer had changed materially. Mary Kochie stated that first aid has changed a lot over the years, for example today first aid materials come in one-time use packaging.

Mike Horowitz asked Mary Kochie if the upshot was a suggestion to have more frequent first aid medical consultations. Mary Kochie suggested a yearly interval, but the body of the meeting replied with a resounding "NO" to the idea.

Alan Schuman stated he still believed more consulting physicians' input was needed prior to any decision to remove the consulting physician requirement from the regulations.

Sean Gillis expressed caution about putting faith in the ANSI standard as it is directed at the lowest common denominator. He agreed with Dr. Janice Prudhomme that "doc in the box" consultants need to have knowledge about their clients' real first aid needs.

Mike Horowitz stated DOSH hesitated to remove the consulting physician requirement. He noted that Title 8 used to have specific labeling requirements for certain chemicals that included first aid advice, for example for cyanide and hydrofluoric acid. Cyanide use required provision of amyl nitrate as a potential first aid antidote, while hydrofluoric acid users were to supply a calcium gluconate salve. When these Title 8 sections were removed, the stated justification was that a consulting physician's input was still required in Section 3400. Mike Horowitz stated that a recent communication with the San Francisco Poison Center confirmed that the medical advice for cyanide exposure still recommended amyl nitrate application as soon as possible while rapid application of calcium gluconate was also still the first aid treatment for hydrofluoric acid burns.

Marti Fisher noted that the ANSI standard didn't address single use packaging. Marti Fisher thought it might be possible for others in occupational health besides physicians might be able to provide the needed first aid kit approvals.

Sean Gillis and Kevin Bland pointed out that the handout from Minnesota OSHA on the ANSI standard contained a table with fewer items than the table found in the ANSI standard. Later Tom Mitchell clarified that the larger table in ANSI contained voluntary items, but the smaller table, containing the mandatory minimum items, was also to be found in the ANSI standard.

Sam Iler opined that MSDSs should show the appropriate first aid response for chemicals like hydrofluoric acid and cyanide. Mike Horowitz responded that some MSDSs are not reliable in that regard.

Alan Schuman reminded all that the petition focused on either relying on the ANSI standard's list for 3400 or the consulting physician. Mike Horowitz suggested a change specifying that the consulting physician should give explicit consideration of the ANSI standards requirements.

Sean Trask from EMSA stated that an employer utilizing Over-the-Counter (OTC) medicines in a first aid kit would be practicing medicine. However, Sean Trask would like to see some OTC medicines available for individual employee use.

Sean Gillis clarified that paramedics operate under a medical doctor's license and supervision.

Mary Kochie said that if people wanted an alternative to the consulting physician option, occupational nurses might be competent to make the consultation. Therefore she would recommend the PLHCP language similar to other standards.

Kevin Bland felt ANSI should be the option to the doctor alternative; this increases the likelihood of better kits or more kits at more locations.

Marti Fisher reminded all that the topic was first aid, not emergency medical service. For most workplaces the contents of the ANSI approved kit should be enough; for only a small percentage of employers is a medical consultant necessary. Carl Borden agreed that for low hazard occupations, employers should be able to utilize the ANSI standard.

There was discussion of the additional kit items listed on page 9 and 10 of the ANSI standard. Marti Fisher asked if one could use these additional items without a consulting physician's approval. Tom Mitchell stated vendors package first aid kits in accordance with ANSI color coding.

Bo Bradley stated that ANSI says additional quantities of first aid material beyond the minimum can be added as needed in consultation with a physician.

Steve Johnson said that for one client, petitioner Smith couldn't find a physician to sign off even if he wrote the letter for a doctor to sign

Guy Prescott stated he agreed with the ANSI standard or the consulting physician as options.

Mike Horowitz stated in regard to the ANSI/physician option that DOSH was still concerned with the loss of particular hazards, for example the cyanide plating hazard.

Bo Bradley asked if that didn't fall back on the IIPP standard. Mike Horowitz replied that the Appeals Board would say the first aid standard was more specific and would not agree that other standards such as the IIPP with more general language could ever trump the more specific standard.

Steve Johnson commented on a one time performance standard in which the employer evaluates the workplace and gets specific first aid kits or one could rely on 8CCR 5194 or 3203.

Sam Iler and Jay Weir also spoke in favor of relying on hazard communications. Steve Smith responded that 5194 doesn't require first aid; it only provides for informing employees, not for doing first aid.

Mary Kochie stated that treatment of hydrofluoric acid burns would normally be part of emergency medical services, not first aid.

Mike Horowitz responded that modern first aid for hydrofluoric acid burns does call for application of calcium gluconate; this has been true since the FDA gave approval for OTC purchase of this ointment.

Marti Fisher stated she remained skeptical that an MD would ever go through a workplace to do a first aid assessment. Mike Horowitz replied that with competent communication, the MD should not have to visit the workplace.

Marti Fisher suggested linking first aid to 5194. Steve Johnson stated that this was not a good idea because MSDSs can be out of date or overprotective.

Alan Schuman commented on the difficulty of obtaining a consulting physician; he said that according to the petition evaluations, when the first aid standards were first adopted in 1975, Dr. Irma West said it was not hard to obtain the physician.

Steve Johnson stated he supported the petition's request to allow the ANSI standard or medical consultation as options.

Kevin Bland stated he didn't want to speculate on the nature of the ANSI adoption process, but that he suspected that at times the ANSI recommendations might be better than a medical consultation.

Marti Fisher stated there was a consensus on at least some items. There should be a comment period, Marti Fisher suggested. The Division should go back and do a proposal incorporating the points of agreement.

Sean Gillis remarked that the ANSI list was very minimal. For example, there is no large gauze bandage, no 4X6—the list is significantly diminished from 1512. Sean Gillis suggested there be MD input before the ANSI list is given acceptance for all.

Sam Iler and Kevin Bland think Sean Gillis is looking at the wrong list.

Steve Johnson said Smith felt the 1512 list was outdated. The standard should require at least the minimal ANSI content.

Mike Horowitz pointed out that in the Federal standard the ANSI minimal content list is an option. Steve Johnson responded that what employers want is a clear list to be able to be sure they can comply. Mike Horowitz said that even ANSI refers to the possibility that more than the minimal contents may be necessary. Mary Kochie remarked: “But still pretty minimal....”

Steve Johnson noted that first aid kits sold comply with the ANSI standard, not 1512’s table, so it is easier for employers to comply with the ANSI standard.

Steve Smith stated there was not total agreement on deleting the requirement for medical approval of the kits.

Guy Prescott stated the only disagreement is from DOSH and Alan Schuman.

Mike Horowitz acknowledged that Federal OSHA recently removed the physician consultant requirement. JP felt the MD consultant requirement should be preserved for unique situations, although MD approval and sign off on the kits could provide a false sense of security unless the MD was knowledgeable about the employer’s operation.

Carl Borden commented that it was ironic that in construction, which is a hazardous industry, a consultant physician’s approval is optional, while most locations covered by 3400 are lower hazard but the physician’s input is required; it doesn’t make sense.

Sam Iler asked, focusing on 1512, if there was consensus on substituting the ANSI list for the 1512 list.

Alan Schuman said he didn’t object to substituting the ANSI list for the 1512 list with the MD consultant retained as an option.

Marti Fisher emphasized the employers’ desire for a single box if possible. Mike Horowitz stated this was clear. Mike Horowitz then asked about the petitioner’s position on OTC drugs. Marti Fisher said employers were not comfortable with a requirement for medications.

Carl Borden said an employer should be permitted to keep OTC meds. Mike Horowitz agreed with adding a requirement for OTC meds. Mike Horowitz proposed just saying no *prescription* drugs in (30). EMSA remarked that certain inhalants were banned from ambulances in some locations.

Sean Gillis said there should be no prescription drugs in (3) unless there has been a medical consultation and the standard should be silent on non-prescription drugs.

Mary Kochie spoke in favor of adding the PLHCP to the consultation option.

Mike Horowitz summed up. DOSH understands the employers' desire for a single list but is unclear if the ANSI list is a good start.

Marti Fisher asked DOSH to put its understanding of consensus in writing and send around for approval. DOSH agreed to distribute a draft of agreed upon language and minutes of the meeting.