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FINAL STATEMENT OF REASONS

CALIFORNIA CODE OF REGULATIONS

TITLE 8: SECTION 1512 OF THE CONSTRUCTION SAFETY ORDERS

AND

SECTION 3400 OF THE GENERAL INDUSTRY SAFETY ORDERS

Emergency Medical Services (1512)

and

Medical Services and First Aid (3400)

UPDATED INFORMATION

There are no modifications to the information contained in the Initial Statement of Reasons with the exception of the following sufficiently related modifications that are the result of public comments and evaluation by the Occupational Safety and Health Standards Board (Board) and the Division of Occupational Safety and Health (Cal/OSHA).

The 45-Day public comment period began November 28, 2025, and ended January 15, 2026. The Board held a public hearing on January 15, 2026, in Sacramento, California. The Board received 11 written comments during the 45-day comment period and 10 oral comments during the public hearing. The Board issued a 15-Day Notice of Proposed Modifications on May 1, 2026, and received five written comments.

In response to public comments, the Board modified the proposal as described below. These changes improve clarity, specificity, and consistency and will improve the effectiveness of these standards in providing for employer compliance, employee safety, and enforceability in California's first-aid standards for construction and general industry.

MODIFICATIONS AND RESPONSE TO COMMENTS RESULTING FROM THE 45-DAY PUBLIC COMMENT PERIOD (November 28, 2025 - January 15, 2026)

§1512. EMERGENCY MEDICAL SERVICES

Subsection (a) Provision of Services

No changes.

Subsection (b) Appropriately Trained Persons

No changes.

Subsection (c) First-Aid Kit

(c)(1) No changes.

(c)(2) – This sentence is amended as follows: "The employer ~~contents of the first-aid kit shall~~ shall check the contents of each first-aid kit when it is put into service ~~be checked by the employer before being sent out on each job~~ and at least weekly ~~on each job inspected regularly~~ to ensure that ~~the~~ any expended items are promptly replaced."

Rationale

Use of the phrase, "when it is put into service" in lieu of "before being sent out on each job" resolves a question regarding the term "job." This term can be interpreted to refer to a roofing "job" done on a single structure at a large residential construction project, for example, or it can be interpreted to refer to all roofing work done at the large residential construction project, which in its entirety may also be considered the "job."

Many contractors also move from job to job, or structure to structure, during a workday, such that the requirement to check the contents of each first-aid kit "before being sent out on each job" does not align well with the construction work process; it is therefore more likely to be disregarded by employers and employees. Ensuring that each first-aid kit is properly stocked "when it is put into service" is an effective approach that employers are more likely to implement, and it facilitates employee safety by ensuring that first-aid kits are inspected at logical points in the work cycle, thereby improving the effectiveness of the first-aid program.

(c)(3) – This sentence is amended as follows: "The contents of the first-aid kit shall be arranged to be quickly found and remain sanitary. ~~All employees shall have ready access to a~~ first-aid kit. ~~The location of each first-aid kit shall be clearly indicated.~~ First-aid dressings shall be sterile in individually sealed packages for each item."

Rationale

Requirements regarding “ready access” and the locations of first-aid kits have been moved to subsections (c)(5) and (c)(4), respectively.

(c)(4) – This sentence is amended as follows: “The location of each first-aid kit shall ~~be clearly indicated.~~ be communicated to employees, and to the extent practicable, shall be clearly indicated, using signage, labeling, or other means, to ensure reasonable visibility in the jobsite.”

Rationale

The addition of “communicated to employees” helps ensure that information on the location of first-aid kits is transmitted to employees on a jobsite, which will improve how quickly employees are able to access a kit in the event of an emergency. Access will also be improved by requiring “reasonable visibility” through “signage, labeling, or other means.” The addition of “to the extent practicable” acknowledges that at some construction sites, direct visibility of first-aid signage might occasionally be temporarily obscured by equipment or materials, which underscores the importance of requiring that the locations of first-aid kits be “communicated to employees.”

(c)(5) – This amendment is drawn from the previous subsection (c)(2)(A) pertaining to “additional first-aid kits,” and it amends existing subsection (c)(1), which requires “at least one first-aid kit:” “Based upon the location(s) of employees and the types and severity of occupational hazards at the jobsite, the employer shall evaluate the need for, and shall provide, a sufficient number of first-aid kits. First-aid kits shall be readily available for use by employees.”

Rationale

This change requires the employer to conduct a hazard assessment, consistent with the Injury and Illness Prevention Program, section 3203, to determine the number of first-aid kits necessary to ensure they are readily available for use by employees. The outcome of this assessment will differ when workers are highly decentralized or isolated, versus when they are co-located. This performance-based approach is adaptable to the many thousands of workplaces where this standard will apply.

These changes improve employee safety by augmenting the existing requirement at (c)(1), which allows employers to provide a single first-aid kit at the jobsite, regardless of the size of the project or the number of employees on site.

The term "readily available" is used here in lieu of the previously proposed "ready access" in (c)(1), which previously read, "all employees shall have ready access to a first-aid kit." The phrase "readily available" is preferable to "ready access" because it is currently defined in section 1504 to mean, "in a location with no obstacles to prevent immediate acquisition for use." Using an existing definition is generally preferable to creating a new definition.

(c)(6) – This sentence is amended by adding the word "either" and reorganizing the paragraph into two items, A and B, in which A refers to the PLHCP and B refers to Table 1.

(6). The minimum types and quantities of materials in first-aid kits ~~first aid supplies~~ shall either:

(A) B~~b~~e determined by an employer-authorized~~,~~ ~~licensed~~ physician or other licensed health care professional (PLHCP), as defined in section 5144, or;

(B) S~~s~~hall meet the requirements of Table 1 of this section, which conforms with the requirements for Class A first-aid kits specified within the American National Standards Institute (ANSI)/International Safety Equipment Association (ISEA) Z308.1-2021, American National Standard for Minimum Requirements for Workplace First-Aid Kits and Supplies. ~~in accordance with the following Table:~~

Rationale

This change clarifies that employers have two options in determining the contents of their first-aid kits: (A) consulting with a PLHCP, or (B) meeting the requirements of Table 1. The addition of "either" along with the reorganization of the subsection helps clarify that these are two, distinct, stand-alone options.

Table 1 – The table is amended by adding an asterisk and a new footnote for "Breathing barrier" and amending the remaining three asterisks in the Table and footnotes accordingly:

"* In accordance with ANSI/ISEA Z308.1-2021, the breathing barrier shall be a single use, disposable medical device listed with the U.S. Food and Drug Administration (FDA) and have a current 510(k) designation under U.S. Code of Federal Regulations (CFR) Title 21, Part 807 for the purpose of delivering ventilations by a responder to a non-breathing victim (e.g., rescue breaths or CPR ventilations). The device shall provide protection from direct contact with bodily fluids by means of its construction, as approved by the FDA. Each barrier shall be packaged in an easily opened container,

clearly labeled with the name of the device, together with comprehensive instructions and/or illustrations for use."

Rationale

This change clarifies that the breathing barrier must meet federal requirements for such devices. This aligns Table 1 with the ANSI/ISEA Z308.1-2021 standard, which uses the same language. This change ensures that first-aid kits are stocked with fully functional, medical quality breathing barriers.

Footnote three (***) under Table 1, pertaining to the contents of the first-aid guide, is amended by adding the following: "...or shall be determined by the PLHCP. First-aid guides developed by the employer-authorized PLHCP shall be provided in a language understood by employees. Employers are not required to train employees on the contents of the first-aid guide. First-aid training requirements are described in subsection (b)."

Rationale

These changes allow the contents of the first-aid guide to be determined by either the Appendix A list or by the PLHCP. This is necessary in those cases where the employer has opted to consult with a PLHCP on the contents of their first-aid kits. The guide should match the contents of the first-aid kit, including in cases where the PLHCP has determined the content.

The second sentence pertaining to first-aid guides developed by the PLHCP is necessary to ensure that employees can read the first-aid guide in a language they understand. To avoid introducing new requirements beyond those of the 2021 ANSI/ISEA Z308.1-2021 standard, this requirement was not extended to guides provided in ANSI/ISEA Z308.1-2021-compliant first-aid kits that meet the Table 1 requirements.

The third sentence pertaining to training employees clarifies that the inclusion of the first-aid guide in Table 1 does not imply that employers must train their employees in the contents of the guide. The contents of the ANSI/ISEA Z308.1-2021 first-aid guide do not match the curriculum of the American Red Cross and American Heart Association first-aid training courses that employers rely on to comply with subsection 1512(b).

The fourth sentence reminds the reader that first-aid training requirements are listed in subsection 1512(b).

(c)(7) – The following new sentence is added: "Where the hazard assessment or the

employer-authorized PLHCP identifies any unique, reasonably anticipated, and potentially serious workplace hazards, the employer shall provide additional, specialized first-aid items suitable for those hazards."

Rationale

This sentence derives from the text originally proposed as (c)(2)(B), which required "Additional types and quantities of first-aid equipment and supplies appropriate to the types of hazards in the workplace." The new sentence clarifies this sentence by adding the following three criteria that must be met before the employer is required to provide "additional, specialized first-aid items:" (1) the hazard is unique; (2) it is reasonably anticipated; and (3) it is potentially serious. These criteria narrow the set of conditions for which employers must provide "additional specialized first-aid items." This sentence also allows employers to meet this requirement by consulting with their PLHCP.

The use of "reasonably anticipated" allows for some flexibility by employers, which is necessary given the wide range of work settings and conditions in which this standard will apply. The addition of this sentence improves the overall effectiveness of the first-aid program, and significantly improves employee safety, when unique, reasonably anticipated, and potentially serious hazards are present.

NOTE to previous subsection (c)(2) – The previous NOTE is now a new subsection (c)(8) and is a requirement of the employer, as follows: "(8) Whenever first-aid materials for the treatment of chemical injuries are included in first-aid kits, the requirements of subsection 5194(h)(2)(E) for training on emergency procedures apply."

Rationale

This change aligns the proposal with requirements of the Office of Administrative Law (OAL), which no longer allows the use of "Notes" in regulatory text. This change retains this provision related to worker training, while improving clarity and enforceability.

Previous (c)(3) – The following sentence is deleted: "Drugs, ~~antiseptics, eye irrigation solutions,~~ inhalants, medicines, or proprietary preparations shall not be included in first-aid kits unless specifically approved, in writing, by an employer- authorized PLHCP ~~licensed physician~~."

Rationale

This change aligns this requirement with the list of first-aid supplies required in Table 1, which includes eye irrigation and antiseptics, while also allowing employers to stock

first-aid kits with certain medications without having to obtain approval from the PLHCP. Removing this sentence aligns section 1512 with its counterpart in general industry, section 3400, which does not include this sentence. This change could also allow affected employers to more efficiently include naloxone in their first-aid kits, pursuant to AB 1976.

Previous NOTE under subsection (i) – The following sentence is deleted: "NOTE: The provisions of ~~S~~section 1512 are not intended to exclude immediate treatment of minor injuries which do not require the services of a PLHCP ~~physician~~."

Rationale:

This change is necessary because the Office of Administrative Law no longer allows the use of "Notes" in regulatory language. With the proposed changes to section 1512, this sentence is no longer needed.

APPENDIX A – The following terms have been removed from the titles: "Mandatory" and "Required."

Rationale

This change aligns the Appendix with the changes to the footnote to Table 1 pertaining to the first-aid guide, designated with three "***". Because the contents of the guide can be determined by the PLHCP, and are therefore variable, using the terms "mandatory" and "required" created an internal conflict within the proposal.

§3400. MEDICAL SERVICES AND FIRST AID

(a) – This sentence is amended by using "employers" in lieu of "employer."

Rationale

This change aligns subsection (a) with the use of "employers" in subsection (c). This improves internal consistency within the proposal standard.

(c) – This subsection is amended as follows: "Employers shall evaluate the need for first-aid materials and shall ensure that there are ~~There shall be~~ adequate quantities and types of first-aid materials~~, approved by the consulting physician,~~ readily available for employees at ~~on~~ every worksite ~~job~~."

Rationale:

The term "worksite" is used in each of the proposed 15-day changes in this section, rather than "job." Using "worksite" in subsection (c) in lieu of "job" therefore improves clarity and is internally consistent.

(c)(1) – This subsection was redrafted into a new (c)(1) and (c)(2).

(c)(2) – This subsection was moved to a new (c)(3), (c)(3)(A), and (c)(3)(B).

(c)(1) – Proposed subsection (c)(3) is renumbered as (c)(1) and is amended as follows: "Based upon ~~its size,~~ the location(s) of employees~~,~~ and the types and severity of occupational hazards ~~in the workplace~~ at the worksite, the employer shall evaluate the need for, and shall provide, ~~additional first-aid kits and additional types and quantities of first-aid equipment and supplies.~~ a sufficient number of first-aid kits. First-aid kits shall be readily available for use by employees."

Rationale

This change requires the employer to conduct a hazard assessment, consistent with the Injury and Illness Prevention Program, section 3203, to determine the number of first-aid kits necessary to ensure they are readily available for use by employees. The outcome of this assessment will differ when workers are highly decentralized or

isolated, versus when they are co-located. This performance-based approach is adaptable to the many thousands of workplaces where this standard will apply.

The term “readily available” is used here in lieu of the previously proposed “ready access” in (c)(1), which previously read, “all employees shall have ready access to a first-aid kit.” The phrase “readily available” is preferable to “ready access” because it is currently defined in section 1504 to mean, “in a location with no obstacles to prevent immediate acquisition for use.” Using an existing definition is generally preferable to creating a new definition.

(c)(2) – This subsection is amended as follows:

“The location of each first-aid kit shall be communicated to employees, and to the extent practicable, shall be clearly indicated, using signage, labeling, or other means, to ensure reasonable visibility in the workplace.”

Rationale

The addition of “communicated to employees” helps ensure that information on the location of first-aid kits is transmitted to employees at a worksite, which will improve how quickly employees are able to access a kit in the event of an emergency. This will also be improved by requiring “reasonable visibility” through “signage, labeling, or other means.” The addition of “to the extent practicable” acknowledges that at some worksites, direct visibility of first-aid signage might occasionally be temporarily obscured by equipment or materials, which underscores the importance of requiring that the locations of first-aid kits be “communicated to employees.”

(c)(3) – This sentence is amended by adding the word “either” and reorganizing the paragraph into two items, A and B, in which A refers to Table 1 and B refers to the PLHCP.

Rationale

This change clarifies that employers have two options in determining the contents of their first-aid kits: (A) meeting the requirements of Table 1, or (B) consulting with a PLHCP. The addition of “either” along with the reorganization of the subsection helps clarify that these are two, distinct, stand-alone options.

Table 1 – The table is amended by adding an asterisk and a footnote to “Breathing

barrier" and amending the remaining three asterisks (*, ** and ***) in the Table and footnotes accordingly:

"* In accordance with ANSI/ISEA Z308.1-2021, the breathing barrier shall be a single use, disposable medical device listed with the U.S. Food and Drug Administration (FDA) and have a current 510(k) designation under U.S. Code of Federal Regulations (CFR) Title 21, Part 807 for the purpose of delivering ventilations by a responder to a non-breathing victim (e.g., rescue breaths or CPR ventilations). The device shall provide protection from direct contact with bodily fluids by means of its construction, as approved by the FDA. Each barrier shall be packaged in an easily opened container, clearly labeled with the name of the device, together with comprehensive instructions and/or illustrations for use."

Rationale

This change clarifies that the breathing barrier must meet federal requirements for such devices. This aligns Table 1 with the ANSI/ISEA Z308.1-2021 standard, which uses this same definition. This change ensures that first-aid kits are stocked with fully functional, medical quality breathing barriers.

Footnote three (***) under Table 1, pertaining to the contents of the first-aid guide, is amended by adding the following:

"...or shall be determined by the PLHCP. First-aid guides developed by the employer-authorized PLHCP shall be provided in a language understood by employees. Employers are not required to train employees on the contents of the first-aid guide. First-aid training requirements are described in subsection (b)."

Rationale

These changes allow the contents of the first-aid guide to be determined by either the Appendix A list or by the PLHCP. This is necessary in those cases where the employer has opted to consult with a PLHCP on the contents of their first-aid kits. The guide should match the contents of the first-aid kit, including in cases where the PLHCP has determined the content.

The second sentence pertaining to guides developed by the PLHCP is necessary to ensure that employees can read the first-aid guide in a language they understand. To avoid introducing new requirements beyond those of the ANSI/ISEA Z308.1-2021 standard, this requirement was not extended to guides provided in first-aid kits that meet the Table 1 requirements.

The third sentence pertaining to training employees clarifies that the inclusion of the first-aid guide in Table 1 does not imply that employers must train their employees on the contents of the guide. The contents of the ANSI/ISEA Z308.1-2021 first-aid guide do not match the curriculum of the American Red Cross and American Heart Association first-aid training courses that employers rely on to comply with subsection (b).

The fourth sentence reminds the reader that first-aid training requirements are listed in subsection (b).

(c)(4) – The following new sentence is added:

"Where the hazard assessment or the employer-authorized PLHCP identifies any unique, reasonably anticipated, and potentially serious workplace hazards, the employer shall provide additional, specialized first-aid items suitable for those hazards."

Rationale

This sentence is listed as (c)(4) and derives from proposed subsection (c)(3), which required "Additional first-aid kits and additional types and quantities of first-aid equipment and supplies." The new sentence clarifies this sentence by adding the following three criteria that must be met before the employer is required to provide "additional, specialized first-aid items:" (1) the hazard is unique; (2) it is reasonably anticipated; and (3) it is potentially serious. These criteria narrow the set of conditions for which employers must provide "additional specialized first-aid items." This sentence also allows employers to meet this requirement by consulting with their PLHCP.

The use of "reasonably anticipated" allows for some flexibility for employers, which is necessary given the wide range of work settings and conditions in which this standard will apply. The addition of this sentence improves the overall effectiveness of the employer's first-aid program, and significantly improves employee safety, when unique, reasonably anticipated, and potentially serious hazards are present.

NOTE to previous subsection (c)(2) – The previous NOTE is now subsection (c)(5) and is a requirement of the employer.

Rationale

This change aligns the proposal with requirements of the Office of Administrative Law (OAL), which no longer allows the use of "Notes" in regulatory text. This change retains this provision related to worker training, while improving clarity and enforceability.

APPENDIX A – Removed “Mandatory” and “Required” from the titles.

Rationale

This change aligns the Appendix with the changes to the footnote to Table 1 pertaining to the first-aid guide, designated with three “***”. Because the contents of the guide can be determined by the PLHCP, and are therefore variable, using the terms “mandatory” and “required” created an internal conflict within the proposal.

SUMMARY AND RESPONSE TO WRITTEN AND ORAL COMMENTS RESULTING FROM THE 45-DAY COMMENT PERIOD AND THE 15-DAY COMMENT PERIOD

I. Written Comments Received During the 45-Day Comment Period

1. Rob Moutrie, Vice President for Advocacy, California Chamber of Commerce, by email dated January 15, 2026.

Comment 1.1

In section 3400, the commenter seeks to clarify what it means that first-aid kits are "clearly indicated." The commenter recommends the addition of “via signage or otherwise” to provide additional clarity, particularly for smaller employers, in how the location of each kit must be indicated.

Response to Comment 1.1

The Board concurs with the commenter. In sections 1512 and 3400, the Board has redrafted this language as follows:

> Previous text at 3400 (c)(1): The location of each first-aid kit shall be clearly indicated.
>
> Revised text at 3400 (c)(2): The location of each first-aid kit shall be communicated to employees, and to the extent practicable, shall be clearly indicated, using signage, labeling, or other means, to ensure reasonable visibility in the workplace.

Comment 1.2

In subsection 3400(c)(3), at “...additional types and quantities of first-aid equipment and supplies...” the commenter requests greater clarity to ensure that when an employer relies on a PLHCP to determine the contents of their first-aid kits, the standard is clear that the employer has met the requirements. The commenter suggests that as currently drafted, (c)(3) could be interpreted to mean that when the employer consults with their PLHCP and implements the PLHCP's recommendations, they could still be cited by DOSH for not anticipating all potential hazards and preparing for them accordingly. The commenter recommends the addition of the phrase, “This subsection does not apply to any employer who relies upon a PLHCP to meet the requirements of subsection (c)(2) above.”

Response to Comment 1.2

The Board concurs with the commenter on the need for clarity. In sections 1512 and 3400, the Board has reorganized the text to clarify that the employer may either comply with the requirements of Table 1 or may consult with a PLHCP on the contents of their first-aid kits—either approach is acceptable. In addition, the Board has added the following text at 3400(c)(4), which establishes three conditions that must be met before the employer is required to provide additional, specialized first-aid items:

> Where the hazard assessment or the employer-authorized PLHCP identifies any unique, reasonably anticipated, and potentially serious workplace hazards, the employer shall provide additional, specialized first-aid items suitable for those hazards.

Comment 1.3

In the footnotes to Table 1 in section 3400, the commenter does not believe the description of the scissors is included in the ANSI/ISEA-2021 standard and recommends deleting the following reference in the fourth footnote, which was originally proposed as the third (***) footnote: "In accordance with ANSI/ISEA Z308.1-2021, scissors shall be autoclavable, at least 3.5 in. long (8.9 cm), capable of cutting through clothing, feature a blunt end to protect a person from accidental injury, and of medical professional quality."

Response to Comment 1.3

The Board does not concur with the commenter. This description appears verbatim on page 6, item 6.17 of the ANSI/ISEA Z308.1-2021 standard, as follows:

> "Scissors shall be autoclavable, at least 3.5 in. long (8.9 cm), capable of cutting through clothing, feature a blunt end to protect a person from accidental injury and of medical professional quality."

The Board declines to remove this reference to medical scissors because doing so would be inconsistent with the ANSI/ISEA Z308.1-2021 standard.

The Board thanks the commenter for their input and participation in the rulemaking process.

2. Helen Cleary, Founder and Leader, OSH Proterie, by letter sent via email, dated January 15, 2026

Comment 2.1

In sections 1512 and 3400, the commenter requests that the Board remove the term "ready access" and withdraw the interpretation stated in the Initial Statement of Reasons (ISOR) that every employee needs to be within 3-4 minutes of a first-aid kit. The commenter suggests that this is impractical and that the Board's interpretation of "ready access" is inconsistent with that of Federal OSHA.

Response to Comment 2.1

While the Board disagrees with commenter that use of the phrase "ready access" is inconsistent with Federal OSHA requirements, the Board concurs with the commenter that the term "ready access" does not have an existing definition in title 8, and that the interpretation of this term to mean a 3 to 4-minute window during which employees must be able to access a first-aid kit could be subject to a range of interpretations, depending on the rate at which employees are able to walk or run. This could result in inconsistencies in implementation by employers as well as in enforcement by Cal/OSHA.

The Board therefore proposes to remove the reference to 3 to 4 minutes and rely instead on the term "readily available" in 3400 (c)(1) and 1512 (c)(3), using the phrase, "All employees shall have ready access to a first-aid kit." The term "readily available" is currently defined in title 8, section 1504 to mean, "in a location with no obstacles to prevent immediate acquisition for use."

Comment 2.2

The commenter requests that language pertaining to the contents of the first-aid guide be amended to allow for flexibility if an employer uses the services of a PLHCP to determine the contents of their first-aid kits. The commenter requests the addition of the following phrase:

> "Topics included in the first-aid guide shall consist of those listed in Appendix A of this section, which complies with Appendix A in ANSI/ISEA Z308.1-2021, or be determined by an employer-authorized physician or other licensed healthcare professional (PLHCP), as defined in section 5144."

Response to Comment 2.2

The Board concurs that the first-aid guide should match the contents of the first-aid kit. If an employer consults with a PLHCP on the contents of their first-aid kits, the guide should reflect those items, rather than the items listed in Table 1 of sections 1512 and 3400.

Accordingly, the Board proposes to add the following phrase to the third bulleted item under Table 1 in both 1512 and 3400:

> "Topics included in the first-aid guide shall consist of those listed in Appendix A of this section, which complies with Appendix A in ANSI/ISEA Z308.1-2021, or shall be determined by the PLHCP.

Comment 2.3

The commenter notes that the contents of the 2021 ANSI/ISEA first-aid guide do not match the curriculum of the American Red Cross and American Heart Association first-aid training courses that employers rely on to comply with subsection (b) of the existing section 3400. The commenter requests the addition of the following phrase:

> "Employees are not required to be trained on the contents of this guide."

Response to Comment 2.3

The Board concurs with the commenter that the first-aid guide is not intended to serve as the curriculum for employee training in first aid. The Board therefore proposes to add the following new sentences to sections 1512 and 3400:

> Employers are not required to train employees on the contents of the first-aid guide. First-aid training requirements are described in subsection (b).

Comment 2.4

The commenter recommends that to preserve flexibility while ensuring unique hazards are addressed, 1512(c)(5) and 3400(c)(3) be amended as follows:

> "Based upon its size, the location(s) of employees, and the types of unique hazards in the workplace, the employer, or an employer-authorized physician or other licensed healthcare professional (PLHCP), as defined in section 5144, shall evaluate the need for, and provide, additional first-aid kits and additional types and quantities of first-aid equipment and supplies, based upon the anticipated incidence and nature of unique hazards in the workplace."

Response to Comment 2.4

The commenter's proposal shifts two employer responsibilities to the PLHCP: (1) assessing workplace hazards, as required under the IIPP; and (2) preparing for those hazards by providing additional first-aid kits, as needed. In this way, the proposed change imposes upon PLHCPs the responsibilities of the employer. The Board therefore declines to expand the role of the PLHCP as requested by the commenter; however, the Board proposes to amend 1512(c)(5) and 3400(c)(1) as follows:

> *"Based upon ~~its size,~~ the location(s) of employees~~,~~ and the types and severity of occupational hazards ~~in the workplace~~ at the worksite, the employer shall*

evaluate the need for, and shall provide, ~~additional first-aid kits and additional types and quantities of first-aid equipment and supplies.~~ a sufficient number of first-aid kits."

Comment 2.5

The commenter recommends that the following sentence be used to address the need for any additional first-aid equipment and supplies in response to any unique hazards in the workplace:

> "Employers shall provide additional first-aid kits, and additional types and quantities of first-aid equipment and supplies based upon the anticipated incidence and nature of unique hazards in the workplace."

Response to Comment 2.5

The Board concurs with the commenter that the proposal should separate requirements pertaining to the number of first-aid kits the employer must provide from the need for additional types and quantities of more specialized first-aid equipment and supplies that are relevant to any unique hazards in the workplace. Accordingly, the Board proposes to amend 1512(c)(7) and 3400(c)(4) with the addition of the following sentence:

> "Where the hazard assessment or the employer-authorized PLHCP identifies any unique, reasonably anticipated, and potentially serious workplace hazards, the employer shall provide additional, specialized first-aid items suitable for those hazards."

The approach is consistent with the employer's existing hazard assessment requirements. The three criteria narrow the set of conditions for which employers must provide "additional specialized first-aid items." This sentence also allows employers to meet this requirement by consulting with their PLHCP. The use of "reasonably anticipated" allows for some flexibility for employers, which is necessary given the wide range of work settings and conditions in which sections 1512 and 3400 will apply. The addition of this sentence improves the overall effectiveness of the employer's first-aid program when unique, reasonably anticipated, and potentially serious hazards are present.

Comment 2.6

The commenter states that the Board has presented an inaccurate economic picture of the proposal by "grossly" underestimating costs in the following areas: (1) first-aid kit replacement costs; (2) the cost implications of the "ready access" requirement and the interpretation by the Board that this means employees must have access within three to four minutes; (3) the cost of requiring checks before each job in construction; (4) the costs of conducting hazard assessments; (5) the costs of additional supplies that could

result from the hazard assessments; and (6) the costs of checking and replacing first-aid guides. The commenter suggests that the proposal should trigger a Standard Regulatory Impact Analysis (SRIA), with costs that exceed $50M in the first year of implementation.

Response to Comment 2.6

The Board declines to accept the commenter's recommendations regarding the economic analysis. The Board conducted an extensive analysis based on 18 cost scenarios, which produced a mean point estimate of $14.8M for the first year following implementation. One standard deviation ($5.7M) around the mean produced a cost range from $9.1 to $20.5M, which captured 68% of the cost values in the distribution. Two standard deviations around the mean produced a cost range from $3.4M to $26.2M, which captured 95% of values. The coefficient of variation of 0.4 indicated that the data were reasonably concentrated around the mean. The Board concluded that the analysis and resulting cost estimates are stable and robust. The DIR economist, Office of Legislative and Regulatory Affairs (OLRA), and DIR Budget Office each evaluated the Board's economic analysis and, after various amendments, found it to be technically sound and economically realistic.

In building the 18 cost scenarios, the Board relied on 10 assumptions regarding the expected behavior of employers with regard to four approaches to complying with the proposed amendments to section 1512 and 3400: (1) purchasing commercially available, ANSI/ISEA Z308.1-2021 compliant first-aid kits; (2) augmenting existing kits to match the Table 1 list; (3) building compliant kits that match the Table 1 list from individual items, or (4) relying on a PLHCP to recommend first-aid items. For all cost estimates, the Board applied a tax rate of 8.2% and then added a 50% overage to account for indirect costs and variability across workplaces,

While some new costs may be expected given the first-aid supplies required under Table 1, these costs will be partially or wholly offset by four factors:

(1) Some first-aid items will no longer be required. This is particularly relevant for construction employers, which have had to comply with the list of items listed in subsection 1512(c)(1). The revision to section 1512 will no longer require a flashlight, portable oxygen and related "breathing equipment," for example, which are costly and require maintenance and training.

(2) First-aid maintenance costs are not new. Employers are currently required to purchase and maintain first-aid kits under existing sections 1512 and 3400. For some employers, these existing costs could be close to, or even exceed, the first-aid kit costs that will be incurred under the revisions to sections 1512 and 3400.

(3) Employers are able to continue to rely on physician consultation. Under the revisions to sections 1512 and 3400, employers who currently meet their first-aid needs by consulting with a physician may continue to do so, and if so directed by their physician, these employers would not be required to make changes to their first-aid kits.

(4) Employers can turn to consultation by a PLHCP. Under the revised sections 1512 and 3400, employers have the option of consulting with a PLHCP, such as a registered nurse, licensed paramedic, physician assistant, or other allied health professional, in lieu of a physician. Fees for consultation services provided by these professionals are typically lower than those charged by physicians, yet these individuals are fully qualified to provide consultation on first-aid issues. Under the 1512 and 3400 revised standard, first-aid kits that contain items recommended by a PLHCP are considered in full compliance.

In addition, the proposed revisions to sections 1512 and 3400 offer substantial cost savings to new California businesses over the period 2025-2030, as follows:

(1) California's workforce is expected to reach 20,629,600 by 2030, up from 17,621,358 as of the first quarter of 2022. This represents an expansion of 17%, or 3,008,242 new employees. Ninety-five percent (2,857,830) of these new employees will likely be employed in general industry, and 5% (150,412) will be employed in construction.

(2) If California businesses see a similar 17% growth rate by 2030, as expected, the total number of businesses will reach 1,940,259, up from 1,658,341 as of the first quarter of 2022. This represents an expansion of 281,918 new businesses. Ninety-five percent (267,822) of these businesses will likely be in general industry and 5% (14,095) in construction.

(3) The proposed revisions to sections 1512 and 3400 will result in cost savings for these new businesses because they will no longer be required to consult with a physician regarding their first-aid needs. The revised sections will allow these businesses to either consult with a PLHCP or simply comply with the new Table 1 of required first-aid supplies. The new Table 1 list comports with the requirements of the ANSI/ISEA Z308.1-2021 standard, so compliant first-aid kits and supplies will be readily available on the market.

(4) Under existing sections 1512 and 3400, each new business would be required to consult with a physician regarding their first-aid needs. A one-hour consultation at $240 per hour for these new 281,918 businesses comes to $67.7 million over the six years between 2025 and 2030 (inclusive), assuming new businesses would begin entering the market in 2025. This estimate does not include costs resulting from inflation during this period. This comes to $11.3 million in savings each year during this six-year period.

(5) The revisions to sections 1512 and 3400 would therefore allow new California businesses to save a total of $11.3 million each year between 2025 and 2030 by allowing employers to provide first-aid kits that comply with the new Table 1, without having to consult with a physician.

The Board thanks the commenter for their input and participation in the rulemaking process.

3. Dan Glucksman, senior director for policy, International Safety Equipment Association (ISEA), by email, dated January 15, 2026.

Comment 3.1

The commenter notes that AB 1976 calls for the inclusion of opioid overdose reversal medication in first-aid kits. The commenter requests that the Board align the proposed changes to sections 1512 and 3400 with AB 1976 and require the inclusion of this medication in all first-aid kits.

Response to Comment 3.1

The Board appreciates the proposed amendment and recognizes the importance of the commenter's request; however, the Board declines to accept the commenter's recommendation in the current rulemaking.

Rather than requiring opioid reversal medication in all first-aid kits statewide, the problem of unintentional opioid overdoses will be managed under subsection 1512(c)(7) and 3400(c)(4), which require employers to provide "specialized first-aid items" when the employer's hazard assessment or PLHCP identifies any "unique, reasonably anticipated, and potentially serious workplace hazards." Employers in industry sectors where opioid overdoses are primarily occurring will need to evaluate the potential for this kind of incident and prepare first-aid items accordingly.

Because opioid overdoses appear to be occurring in specific industry sectors, requiring opioid reversal medication in all first-aid kits statewide would be difficult to justify under the requirements of the Administrative Procedures Act (APA; California Government Code sections 11340-11361). In most industry sectors, the vast majority of these medications would become expired before they are ever used.

In addition, the Board found that requiring opioid overdose reversal medication in all first-aid kits in the current rulemaking would require a Standards Regulatory Impact Assessment (SRIA), which would substantially delay the implementation of the current proposal. This would mean that the improvements in worker safety that will result from the proposed changes to section 1512 and 3400 would also be delayed.

Among other concerns, for example, this would allow construction employers to continue providing a minimum of one first-aid kit on a job site, even if that site employs dozens of workers and involves multiple floors of hazardous construction work. It would require construction employers to continue stocking first-aid kits with outdated supplies and would continue the costs of physician consultation. It would allow general industry employers to stock first-aid kits with an unspecified set of supplies and would allow general industry and construction employers to continue avoiding the potentially serious first-aid needs of employees when "unique, reasonably anticipated, and potentially serious workplace hazards" are present.

The proposed revisions to sections 1512 and 3400 will improve worker safety by ensuring that:

(1) First-aid kits meet the requirements for ANSI/ISEA Z308.1-2021 Class A first-aid kits, or the recommendations of a PLHCP;

(2) A properly stocked and maintained first-aid kit is "readily available" to all employees;

(3) The location of all first-aid kits is clearly indicated in the workplace;

(4) Employers assess any unique, reasonably anticipated, and potentially serious workplace hazards and provide first-aid supplies in accordance with those hazards.

These changes will reduce the time it takes an injured employee to receive first-aid treatment and will improve the effectiveness of such treatments. It will ensure that appropriate first-aid measures are available for workers when unique, reasonably anticipated and potentially serious workplace hazards are present.

Because the need for opioid reversal medication is more pressing in certain industry sectors, and including such medication in first-aid kits introduces various cost and logistical factors, requiring opioid reversal medication in first-aid kits, pursuant to AB 1976, will be pursued in a subsequent rulemaking effort.

Comment 3.2

The commenter notes that the 2026 version of the ANSI/ISEA Z308.1-2021 standard on first-aid kits will likely include opioid overdose reversal medication as an optional item. The commenter therefore recommends that the Board delay its vote on implementing the proposed changes to section 1512 and 3400 until such time as these changes are made to the ANSI/ISEA Z308.1-2021 standard.

Response to Comment 3.2

The Board appreciates the proposed amendment and recognizes the importance of the commenter's request; however, the Board declines to accept the commenter's

recommendation in the current rulemaking. Please see the Board's response to Comment 3.1.

Comment 3.3

The commenter objects to the proposed provision that allows a PLHCP to recommend an alternative set of supplies in first-aid kits, which the commenter suggests could result in a less-protective set of supplies. The commenter recommends that the Board remove this option and simply require the Table 1 list of supplies as a minimum for all first-aid kits.

Response to Comment 3.3

The Board appreciates the commenter's request; however, the Board declines to accept the recommendation in the current rulemaking. The proposed changes to section 1512 and 3400 will apply to 1.7 million businesses and 17.6 million employees. It is therefore essential that the proposed new standards include sufficient flexibility to allow employers to meet their first-aid needs through more than a single mechanism. The Board assumes that PLHCPs will act within their professional codes of conduct and standards of care and are unlikely to recommend inferior first-aid supplies.

Comment 3.4

The commenter notes that the requirements will affect so many employers that a sudden demand in the market for first-aid supplies could result in inferior or fake products flooding the market. The commenter recommends that the Board institute a phase-in period to allow for the production and distribution of legitimate, high-quality, compliant first-aid supplies and kits.

Response to Comment 3.4

The Board appreciates the commenter's recommendation and will consider recommending a six-month phase-in period for implementation of the proposed changes to section 1512 and 3400.

The Board thanks the commenter for their input and participation in the rulemaking process.

4. Bruce Wick, Housing Contractors of California, by email, dated January 15, 2026.

Comment 4.1

The commenter notes that in section 1512, requiring a construction crew leader to "check the contents" of first-aid kits as they move to each new job is problematic, given

that on some days crews travel to multiple jobs on the same day. The commenter requests that the Board retain the current use of the term "inspected regularly," which the commenter notes is clear and balanced given the variety of construction firms that operate in California.

Response to Comment 4.1

The Board concurs with the commenter and proposes to amend section 1512(c)(2) using the following phrase:

> "The employer ~~contents of the first-aid kit shall~~ shall check the contents of each first-aid kit when it is put into service ~~be checked by the employer before being sent out on each job~~ and at least weekly ~~on each job~~ ~~inspected regularly~~ to ensure that ~~the~~ any expended items are promptly replaced."

Use of the phrase, "...when it is put into service..." in lieu of "...before being sent out on each job..." resolves a question regarding the term "job." This term can be interpreted to refer to a roofing "job" done on a single structure at a large residential construction project, for example, or it can be interpreted to refer to all roofing work done at the large residential construction project, which in its entirety may also be considered the "job."

As the commenter notes, contractors often move from job to job, or structure to structure, during a workday, such that the requirement to check the contents of each first-aid kit "before being sent out on each job" does not align well with the construction work process. It is therefore more likely to be disregarded by employers and workers. Ensuring that each first-aid kit is properly stocked "when it is placed into service" is an effective approach that employers are more likely to implement, and it facilitates employee safety by ensuring that first-aid kits are inspected at logical points in the work cycle, thereby improving the effectiveness of the first-aid program.

The Board thanks the commenter for their input and participation in the rulemaking process.

5. Dave Smith, managing consultant, Dave Smith and Co., by email, dated January 9, 2026.

Comment 5.1

The commenter writes that "while there a few issues to clarify, the overall benefits will be very positive for California employers and workers."

Response to Comment 5.1

The Board concurs with the commenter that the proposal will improve worker safety and health in construction and general industry by (1) improving the quality of first-aid kits

and ensuring they are readily available and easily located, and (2) by requiring additional, specialized first-aid supplies for any "unique, reasonably anticipated, and potentially serious workplace hazards." The proposal reduces costs for existing construction employers by removing certain first-aid materials, and it provides for substantial savings among new businesses by removing the physician consultation requirement.

The Board thanks the commenter for their input and participation in the rulemaking process.

6. Don Cocozza, safety administrator, City of Santa Monica, by email, dated January 15, 2026.

Comment 6.1

The commenter states that the proposal is "too broad in nature" and in its current form is "vague, ambiguous, and lacks specificity" with response to "measures in addition to."

Response to Comment 6.1

The Board concurs with the commenter's recommendation to improve the precision of 1512(c)(7) and 3400(c)(4) pertaining to requirements that go beyond the required Table 1 first-aid supplies. The Board proposes the following amended sentence in both cases:

> "Where the hazard assessment or the employer-authorized PLHCP identifies any unique, reasonably anticipated, and potentially serious workplace hazards, the employer shall provide additional, specialized first-aid items suitable for those hazards."

By establishing three conditions that must be met before the employer is required to provide "additional, specialized first-aid items" beyond those required under Table 1 (or as recommended by the PLHCP), this approach provides additional clarity, which will improve both implementation and enforcement. This performance-based approach is consistent with the employer's obligation to conduct a hazard assessment and provide for protections against those hazards, which in this case include providing "first-aid items suitable for those hazards."

Comment 6.2

The commenter notes that the proposal addresses more than first aid and "creeps into triage and more towards an EMT realm in some of its proposed applications."

Response to Comment 6.2

The Board finds that while the first-aid guide contains information that might go beyond first aid, the proposed regulation itself is focused exclusively on basic first aid in a manner that balances a prescriptive approach, by listing the Table 1 set of first-aid supplies, for example, with a performance approach, by requiring a hazard assessment to determine (1) the requisite number of first-aid kits and (2) the need for additional, specialized first-aid items suitable for managing any "unique, reasonably anticipated, and potentially serious workplace hazards."

This balancing of prescriptive and performance-based approaches is appropriate given the large number of affected businesses and the array of settings in which the requirements will apply.

Comment 6.3

The commenter states that the proposed regulation "grossly underestimates the costs of updating kits to the proposed class A."

Response to Comment 6.3

The Board declines to accept the commenter's statement. Please see the Board's Response to Comment 2.6, above.

Comment 6.4

The commenter states that the proposed regulation would require the employer to create a written first-aid guide to meet Appendix A, which is an "unrealistic requirement."

Response to Comment 6.4

The Board finds that the first-aid guide provided with commercially available, ANSI/ISEA Z308.1-2021 compliant Class A first-aid kits contains a succinct first-aid guide with standardized contents that align with those listed in Appendix A. The Board also finds that the Appendix A list reflects verbatim the list of topics covered in the ANSI/ISEA Z308.1-2021 standard. Retaining uniformity with this standard ensures that compliant first-aid kits are readily available on the market at reasonable cost and that they provide for the basic first-aid needs of employees.

Comment 6.5

The commenter states that the proposed regulation has "too many open-ended issues to proceed in its current nature" and requests that the Board postpone implementation to allow for additional comment and reduce unnecessary costs.

Response to Comment 6.5

The Board has clarified several elements of the proposal in response to comments in ways that balance prescriptive with performance-based approaches. The Board, therefore, plans to move forward with the revised proposal.

The Board thanks the commenter for their input and participation in the rulemaking process.

7. Chris Moulton, associate director, Contract Services, by email on January 15, 2026.

Comment 7.1

The commenter asks if EMTs and paramedics would be considered PLHCPs under the proposed changes to section 1512 and 3400.

Response to Comment 7.1

In communications with the California Emergency Medical Services Agency (EMSA), the Board finds that paramedics operate with an EMSA-issued license that includes an oversight mechanism and disciplinary procedures, along with continuing education and re-licensing requirements. In the field, paramedics operate within their scope of practice under medical control of a base station hospital and under the medical license of a supervising physician.

Emergency medical technicians (EMTs), on the other hand, function under the auspices of a county-level Local Emergency Medical Service Agency (LEMSA) and are not licensed by the state. They receive a fraction of the training of paramedics and are required to maintain 24 hours of continuing education per year, compared to 48 hours per year for paramedics. In the field, EMTs perform basic life support (BLS) tasks, whereas paramedics must maintain certification in advanced life support (ALS), including adult and pediatric ALS and pre-hospital trauma life support (PHTLS).

The Board finds that, on account of their training, licensing procedures, continuing education, scope of practice, and overall professionalism, paramedics would be well-qualified to perform a comprehensive assessment of occupational hazards and identify the kinds of first-aid items appropriate for treating injuries that could result from those hazards. For these reasons, the Board concludes that paramedics licensed in California would qualify to serve as a PLHCP for purposes of the proposed revisions to sections 1512 and 3400, whereas EMTs would not.

The Board thanks the commenter for their input and participation in the rulemaking process.

8. Hannah Billows, Associate Government Program Analyst, Cal/FIRE, by email on January 15, 2026.

Comment 8.1

The commenter points out that Cal/FIRE would be unable to comply with the Table 1 list of required first-aid items for firefighters because some of the required items fall outside the scope of practice of the department's EMTs and paramedics who provide care for Cal/FIRE personnel during emergency operations.

In California, EMTs operate with a local certification under the auspices of the county-level Local Emergency Medical Services Agency (LEMSA), whereas paramedics operate under a license issued by the California Emergency Medical Services Authority, a state agency. Neither of these agencies authorize EMTs or paramedics to administer antibiotic or antiseptic ointments. This is problematic because Cal/FIRE EMTs and paramedics are responsible for overseeing and providing basic and advanced life support services to Cal/FIRE personnel within their authorized areas of practices. Cal/FIRE has therefore requested an exemption from the proposed requirements of section 3400 for firefighters operating in the field.

Response to Comment 8.1

The Board appreciates Cal/FIRE's comment but declines to accept commenter's requested exemption. Rather than pursuing an exemption, Cal/FIRE should consider seeking the recommendations of a Cal/FIRE PLHCP for first-aid kits that would be appropriate for firefighters operating in the field. The Board expects that first-aid kits carried by firefighters operating an engine would differ from those used by hand crews operating far from a vehicle. Under the proposed revisions to section 3400, Cal/FIRE will be able to stock first-aid kits with the items listed in Table 1 or with items recommended by a PLHCP, thereby allowing Cal/FIRE to tailor their first-aid kits to firefighters' differing tasks and conditions. This provision in the proposed revisions to section 3400 is intended to provide employers with the flexibility necessary for meeting the kinds of concerns raised by Cal/FIRE.

The Board thanks the commenter for their input and participation in the rulemaking process.

9. Behrouz Haghigi, EHS specialist, Santa Clara Valley Transportation Authority (SCVTA), by email January 15, 2026.

Comment 9.1

The commenter notes that the existing section 3400 requires that first-aid materials be "readily available" and "frequently inspected;" however, in SCVTA public transit vehicles, the contents of first-aid kits can become depleted between restocking periods.

Because the first-aid cabinets are not monitored, the SCVTA remains at risk of non-compliance during an inspection by Cal/OSHA. The commenter requests changes to section 3400 to address what the commenter considers a "gap."

Response to comment 9.1

The Board appreciates the comment and the conditions described by the commenter; however, the Board believes that the proposed changes sufficiently address commenter's concern. The proposed changes to section 3400 retain the requirement in subsection (c) that "a frequent inspection shall be made of all first-aid materials, which shall be replenished as necessary." In addition, the proposal includes a new sentence in (c)(1) requiring that "first-aid kits shall be readily available for use by employees."

The need to inspect first-aid kits at reasonable intervals to ensure they are properly stocked will continue to be a challenge for employers covered by sections 1512 and 3400. Kits that are subject to constant use will require more frequent inspection; the opposite is also true. Under the proposed revisions to sections 1512 and 3400, employers will need to continue adjusting their inspection schedules to ensure that first-aid kits are properly stocked and readily available for use.

The Board thanks the commenter for their input and participation in the rulemaking process.

Comment 10. Matt Palmer, Senior Safety Engineer, Division of Occupational Safety and Health, Region 2, by email December 4, 2025.

Comment 10.1

The commenter notes that Cal/OSHA's Region 2 has experienced two cases in which an employee died of an anaphylactic reaction. In June 2024, an employee of a summer camp in a remote area of northern California died following a bee sting. In September 2024, a highway worker died following exposure to high levels of plant debris caused by a powered weed cutting tool. The commenter recommends that first-aid kits be equipped with injectable epinephrine.

In addition, the commenter recommends that first-aid kits be equipped with opioid overdose reversal medication. The commenter provided data on the rise in fatal, unintentional overdoses among workers during the period 2016 to 2023.

Response to comment 10.1

The Board appreciates the commenter's position but declines to accept the commenter's recommendation. Rather than requiring injectable epinephrine and opioid reversal medication in all first-aid kits statewide, the problem of anaphylactic reactions

and unintentional opioid overdoses may be addressed under subsection 1512(c)(7) and 3400(c)(4), which require employers to provide "specialized first-aid items" when the employer's hazard assessment or PLHCP identifies any "unique, reasonably anticipated, and potentially serious workplace hazards." Employers will need to evaluate the hazards in all locations where their employees are working against these three criteria.

In the cases described by the commenter, for example, the potential for an insect sting and anaphylactic reaction occurring among staff at a summer camp reasonably meets each of these three conditions. The fact that staff are working in a remote location with long response times for paramedic services underscores the seriousness of this hazard. The same could be said for unintentional opioid overdoses in industries where such events are relatively common.

Requiring injectable epinephrine and opioid reversal medication in all first-aid kits statewide would be difficult to justify under the requirements of the Administrative Procedures Act (APA) and would result in the vast majority of these medications becoming expired before they are used.

The Board thanks the commenter for their input and participation in the rulemaking process.

11. William Estakhri, regional manager, Division of Occupational Safety and Health, by email, Dec 4, 2025.

Comment 11.1

The commenter notes that injectable epinephrine should be added to all first-aid kits due to the severity of anaphylaxis and its rapid onset following exposure to an insect sting or plant allergen. The commenter recommends the Board add the following sentence to sections 1512 and 3400:

> *"When workers could be exposed to allergens from plants or insect bites, the safety kit provided must contain an EpiPen."*

Response to comment 11.1

The Board appreciates the commenter's position but declines to accept the commenter's recommended language. The commenter's example illustrates how subsections 1512(c)(7) and 3400(c)(4) could be applied, in that it meets the three criteria of a hazard that is "unique, reasonably anticipated, and potentially serious." Under the proposed changes, in the cases described by the commenter, the employer would likely be required to provide injectable epinephrine in all first-aid kits accessible to

employees who could be exposed to “an insect sting or plant allergen.” Please see the Board’s response to comment 10.1, above.

The Board thanks the commenter for their input and participation in the rulemaking process.

II. Oral Comments Received During the Board Hearing Following the 45-Day Comment Period on January 15, 2026.

Oral comment 1. Helen Cleary, Founder and Leader, OSH Proterie, on January 15, 2026

Oral comment 1.1

The commenter urges the Board to remove the interpretation from the Initial Statement of Reasons (ISOR) that "ready access" to a first-aid means access within 3 to 4 minutes. The commenter argues that this is unrealistic and a misinterpretation of the Federal OSHA letters of interpretation related to the federal first-aid standards. The commenter also has concerns about the cost estimates, which the commenter does not believe are accurate.

Response to oral comment 1.1

The Board appreciates the commenter's input and concurs that applying a time standard to the concept of "ready access" will be difficult to implement and enforce, primarily because employees are able to walk or run at significantly different rates. For this reason, the Board hereby removes the reference to a specific time in the proposed amendments to section 1512 and 3400.

In addition, the Board has replaced the term "ready access" with "readily available" in both 1512 and 3400, using the sentence, "First-aid kits shall be readily available for use by employees." The term "readily available" has a pre-existing definition under title 8 section 1504, meaning "in a location with no obstacles to prevent immediate acquisition for use." Using an existing definition is generally preferable to creating a new definition.

The Board declines to accept the commenter's recommendations regarding the cost estimates. The Board conducted an extensive analysis based on 18 cost scenarios, which produced a mean point estimate of $14.8M for the first year following implementation. One standard deviation ($5.7M) around the mean produced a cost range from $9.1 to $20.5M, which captured 68% of the cost values in the distribution. Two standard deviations around the mean produced a cost range from $3.4M to $26.2M, which captured 95% of values. The coefficient of variation of 0.4 indicated that the data were reasonably concentrated around the mean. The Board concluded that the analysis and resulting cost estimates are stable and robust. The DIR economist, Office of Legislative and Regulatory Affairs (OLRA), and DIR Budget Office each evaluated the Board's economic analysis and, after various amendments, found it to be technically sound and economically realistic.

In building the 18 cost scenarios, the Board relied on 10 assumptions regarding the expected behavior of employers with regard to four approaches to complying with the

proposed amendments to section 1512 and 3400: (1) purchasing commercially available, ANSI/ISEA Z308.1-2021 compliant first-aid kits; (2) augmenting existing kits to match the Table 1 list; (3) building compliant kits that match the Table 1 list from individual items, or (4) relying on a PLHCP to recommend first-aid items. For all cost estimates, the Board applied a tax rate of 8.2% and then added a 50% overage to account for indirect costs and variability across workplaces,

While some new costs may be expected given the first-aid supplies required under Table 1, these costs will be partially or wholly offset by four factors:

(1) Some first-aid items will no longer be required. This is particularly relevant for construction employers, which have had to comply with the list of items listed in subsection 1512(c)(1). The revision to section 1512 will no longer require a flashlight, portable oxygen and related "breathing equipment," for example, which are costly and require maintenance and training.

(2) First-aid maintenance costs are not new. Employers are currently required to purchase and maintain first-aid kits under existing sections 1512 and 3400. For some employers, these existing costs could be close to, or even exceed, the first-aid kit costs that will be incurred under the revisions to sections 1512 and 3400.

(3) Employers are able to continue to rely on physician consultation. Under the revisions to sections 1512 and 3400, employers who currently meet their first-aid needs by consulting with a physician may continue to do so, and if so directed by their physician, these employers would not be required to make changes to their first-aid kits.

(4) Employers can turn to consultation by a PLHCP. Under the revised sections 1512 and 3400, employers have the option of consulting with a PLHCP, such as a registered nurse, licensed paramedic, physician assistant, or other allied health professional, in lieu of a physician. Fees for consultation services provided by these professionals are typically lower than those charged by physicians, yet these individuals are fully qualified to provide consultation on first-aid issues. Under the 1512 and 3400 revised standard, first-aid kits that contain items recommended by a PLHCP are considered in full compliance.
In addition, the proposed revisions to sections 1512 and 3400 offer substantial cost savings to <u>new</u> California businesses over the period 2025-2030, as follows:

(1) California's workforce is expected to reach 20,629,600 by 2030, up from 17,621,358 as of the first quarter of 2022. This represents an expansion of 17%, or 3,008,242 new employees. Ninety-five percent (2,857,830) of these new employees will likely be employed in general industry, and 5% (150,412) will be employed in construction.

(2) If California businesses see a similar 17% growth rate by 2030, as expected, the total number of businesses will reach 1,940,259, up from 1,658,341 as of the first

quarter of 2022. This represents an expansion of 281,918 new businesses. Ninety-five percent (267,822) of these businesses will likely be in general industry and 5% (14,095) in construction.

(3) The proposed revisions to sections 1512 and 3400 will result in cost savings for these new businesses because they will no longer be required to consult with a physician regarding their first-aid needs. The revised sections will allow these businesses to either consult with a PLHCP or simply comply with the new Table 1 of required first-aid supplies. The new Table 1 list comports with the requirements of the ANSI/ISEA Z308.1-2021 standard, so compliant first-aid kits and supplies will be readily available on the market.

(4) Under existing sections 1512 and 3400, each new business would be required to consult with a physician regarding their first-aid needs. A one-hour consultation at $240 per hour for these new 281,918 businesses comes to $67.7 million over the six years between 2025 and 2030 (inclusive), assuming new businesses would begin entering the market in 2025. This estimate does not include costs resulting from inflation during this period. This comes to $11.3 million in savings each year during this six-year period.

(5) The revisions to sections 1512 and 3400 would therefore allow new California businesses to save a total of $11.3 million each year between 2025 and 2030 by allowing employers to provide first-aid kits that comply with the new Table 1, without having to consult with a physician.

The Board thanks the commenter for their input and participation in the rulemaking process.

Oral comment 1.2

The commenter notes that the revised standard should be clearer that employers are able to stock their first-aid kits based on the Table 1 list or based on the recommendations of their PLHCP.

Response to oral comment 1.2

The Board concurs with the commenter that the text should be clear that the employer is able to either comply with Table 1 or follow the recommendations of their PLHCP. The Board has clarified this in the revised text with the use of “or” and by differentiating the two approaches using separate paragraph spacing.

Oral comment 2. Mike Donlon, MD Safety Service, LLC, on January 15, 2026.

Oral comment 2.1

The commenter objects to the proposed requirement that employers provide "additional types and quantities of first-aid equipment and supplies appropriate to the types of hazards in the workplace" at 1512(c)(2) and 3400(c)(1), which the commenter believes is not appropriate because employers are not licensed healthcare providers. Additionally, the commenter believes the language is vague and will be difficult to implement and enforce. The commenter opposes adding medications or anything else to Table 1.

Response to oral comment 2.1

The Board concurs with the commenter's point regarding the need to clarify language pertaining to the "types of hazards" in the workplace. The Board has therefore redrafted this language in 1512(c)(7) and 3400(c)(4) to include the following three conditions that must be met before the employer is required to provide "additional, specialized first-aid items:" the hazard must be "unique, reasonably anticipated, and potentially serious."

The use of these three conditions represents a performance standard that will require interpretation and judgement on the part of the employer, consistent with the employer's existing requirement to assess and manage workplace hazards. The Board believes this revised approach is implementable by employers, protective of workers, and enforceable by Cal/OSHA.

Oral comment 3. Bruce Wick, Housing Contractors of California, on January 15.

Oral comment 3.1

The commenter suggests that another advisory committee may be needed to respond to the concerns raised in oral comments. Alternatively, the commenter suggests that perhaps revising sections 1512 and 3400 is not necessary.

Response to oral comment 3.1

The Board appreciates the comment. In response to the commenter's concern, the Board initiated a process with Cal/OSHA following the Board hearing on January 15, 2026, to work individually and in small groups with stakeholders rather than convene a larger advisory committee. These stakeholders included representatives of construction and general industry employers; the state building and construction trades council; the state federation of labor unions, and the California Nurses Association. The current revisions to section 1512 and 3400 resulted from this process.

The Board believes that the shortcomings of the existing sections 1512 and 3400 warrant correction, and that doing so will improve workplace first-aid programs

statewide while also reducing the costs associated with physician consultation. The Board therefore prefers to proceed with the current rulemaking.

Oral comment 4. Dave Smith, managing consultant, Dave Smith and Co., on January 15.

Oral comment 4.1

The commenter reiterates the impractical nature of requiring a physician's note in the employer's first-aid kit and recommends that the Board simply rely on the ANSI/ISEA Z308.1-2021 list of first-aid items in Table 1, in lieu of a physician's recommendations. The commenter also urges the Board to complete the current revisions to section 1512 and 3400 before considering the addition of opioid reversal medications.

Response to oral comment 4.1

The board concurs with the commenter regarding the physician's note and with the utility of invoking the list of ANSI/ISEA Z308.1-2021 first-aid items for class A first-aid kits. The Board prefers to retain the option of employers to rely on their PLHCP's recommendations in stocking first-aid kits, alongside the option of simply complying with Table 1. The Board concurs with the commenter on the importance of completing the current changes to sections 1512 and 3400 before considering requirements regarding opioid reversal medications.

Oral comment 5. Daniel Glucksman, senior director for policy, International Safety Equipment Association (ISEA), on January 15, 2026.

Oral comment 5.1

The commenter notes that ISEA supports the proposal but is seeking a delay in adoption to allow for the publication of an updated ANSI/ISEA Z308.1 first-aid standard at the end of 2026. This update will likely include mention of opioid overdose reversal medication, which the commenter notes is consistent with AB 1976.

Response to oral comment 5.1

The Board appreciates the comment but prefers to move forward with the proposed, long-awaited revisions to section 1512 and 3400 rather than re-opening the Stage I documents for the purpose of redrafting and renegotiating the required contents of first-aid kits. The Board will consider how best to comply with AB 1976 but considers this a separate, albeit important, rulemaking process that is distinct from the current proposed changes to section 1512 and 3400.

Oral comment 6. Robert Moutrie, Vice President for Advocacy, California Chamber of Commerce, on January 15, 2026.

Oral comment 6.1

The commenter aligns his comments with those of Helen Cleary and reiterates that the proposal should be clear in allowing employers to comply with sections 1512 and 3400 by either stocking their first-aid kits with the items listed in Table 1, or by consulting with their PLHCP.

Response to oral comment 6.1

See the Board's response to Helen Cleary at oral comment 1 above. In addition, the Board concurs with the commenter that the employer should be able to either comply with Table 1 or follow the recommendations of their PLHCP. The Board has clarified this in the revised text with the addition of "or" and by differentiating the two approaches using separate paragraph spacing.

Oral comment 7. Cassie Helaski, safety director, Nibbi Brothers General Contractors, on January 15, 2026.

Oral comment 7.1

The commenter aligns her comments with those of Helen Cleary and Robert Moutrie. The commenter adds that requiring employers to provide specialized first-aid items could conflict with the medical confidentiality rights of employees. The commenter offers an example of employers having to ask employees about their sensitivity to bee stings as part of preparing to treat an anaphylactic reaction with injectable epinephrine. The commenter would also like to know why over-the- counter medications are not allowed in first aid kits because the commenter believes many employees are confused about this

Response to oral comment 7.1

See the Board's response to Helen Cleary at oral comment 1, above.

In addition, the Board expects that if the employer's hazard assessment identifies any "unique, reasonably anticipated, and potentially serious workplace hazards," the employer will likely prepare for those hazards by providing specialized first-aid items suitable for them, irrespective of any knowledge about the health conditions of their employees. The employer's actions do not necessarily hinge on knowledge that one or more employees has experienced an anaphylactic reaction following a bee sting, for example; rather, if a bee sting is a unique, reasonably anticipated, and potentially serious hazard in the workplace, the employer would be expected to prepare for an anaphylactic reaction among their employees, who might themselves not even be

aware that they are severely allergic to bee venom. The proposed changes to section 1512 and 3400 do not make these preparations contingent on the employer confirming that one or more employees is vulnerable to an anaphylactic reaction if stung by a bee; as such, the proposal does not create a condition that would cause the employer to violate an employee's right to medical privacy.

Over-the-counter medications are not required in first-aid kits under Table 1 in 1512 and 3400, but they are allowed in first-aid kits if recommended by a PLHCP.

Oral comment 8. Steve Johnson, safety director, Associated Roofing Contractors of the Bay Area Counties, Inc. on January 15, 2026.

Oral comment 8.1

The commenter expresses his appreciation for the Table 1 list of required first-aid items and points out that employers should be able to choose between complying with this list or consulting with their PLHCP. The commenter asks what happens in the event a PLHCP's recommendations conflict with the Table 1 list.

Response to oral comment 8.1

The Board concurs with the commenter that the proposed changes to sections 1512 and 3400 should be clear that the employer may either comply with Table 1 or follow the recommendations of their PLHCP. Accordingly, the Board has reorganized 1512(c)(6) and 3400(c)(3) to make it clearer to the reader that either approach is acceptable.

Oral comment 8.2

The commenter states that requiring naloxone in first-aid kits at construction sites would be impractical because it needs to be stored within a certain temperature range, which would not be feasible on many construction sites. This could cause the naloxone to be ineffective.

Response to oral comment 8.2

The Board appreciates the commenter's concerns regarding naloxone.

Rather than requiring opioid reversal medication in all first-aid kits statewide, the problem of unintentional opioid overdoses will be managed at this point under subsection 1512(c)(7) and 3400(c)(4), which require employers to provide "specialized first-aid items" when the employer's hazard assessment or PLHCP identifies any "unique, reasonably anticipated, and potentially serious workplace hazards." Employers in industry sectors where opioid overdoses are primarily occurring will need to evaluate the potential for this kind of incident and prepare first-aid items accordingly.

Because opioid overdoses appear to be occurring in specific industry sectors, requiring opioid reversal medication in all first-aid kits statewide would be difficult to justify under the requirements of the Administrative Procedures Act (APA; California Government Code sections 11340-11361). In most industry sectors, the vast majority of these medications expire before they are ever used.

In addition, the Board found that requiring opioid overdose reversal medication in all first-aid kits in the current rulemaking would require a Standards Regulatory Impact Assessment (SRIA), which would substantially delay the implementation of the current proposal. This would mean that the improvements in worker safety that will result from the proposed changes to section 1512 and 3400 would also be delayed.

Among other concerns, for example, this would allow construction employers to continue providing a minimum of one first-aid kit on a job site, even if that site employs dozens of workers and involves multiple floors of hazardous construction work. It would require construction employers to continue stocking first-aid kits with outdated supplies and would continue the costs of physician consultation. It would allow general industry employers to stock first-aid kits with an unspecified set of supplies and would allow general industry and construction employers to continue avoiding the potentially serious first-aid needs of employees when “unique, reasonably anticipated, and potentially serious workplace hazards” are present.

The proposed revisions to sections 1512 and 3400 will improve worker safety by ensuring that:

(1) First-aid kits meet the requirements for ANSI/ISEA Z308.1-2021 Class A first-aid kits, or the recommendations of a PLHCP;

(2) A properly stocked and maintained first-aid kit is “readily available” to all employees;

(3) The location of all first-aid kits is clearly indicated in the workplace;

(4) Employers assess any unique, reasonably anticipated, and potentially serious workplace hazards and provide first-aid supplies in accordance with those hazards.

These changes will reduce the time it takes an injured employee to receive first-aid treatment and will improve the effectiveness of such treatments. It will ensure that appropriate first-aid measures are available for workers when unique, reasonably anticipated and potentially serious workplace hazards are present.

Because the need for opioid reversal medication is more pressing in certain industry sectors, and including such medication in first-aid kits introduces various cost and logistical factors, requiring opioid reversal medication in first-aid kits, pursuant to AB 1976, will be pursued in a subsequent rulemaking effort.

Oral comment 9. Genhum Eng, on January 15, 2026.

Oral comment 9.1

The commenter suggests that opioid reversal medication could be stored in a cooler in a truck or at a construction site as a way to maintain temperature control for the medication. The commenter also suggests that the proposals should state that a PLHCP's recommendations for the contents of first-aid kits may not be less-protective than the Table 1 list in both 1512 and 3400. The commenter proposes that this would resolve the potential problem of PLHCP's making recommendations that are less protective than the Table 1 list.

Response to oral comment 9.1

The Board appreciates the commenter's suggestions. With regard to requirements pertaining to naloxone, please see response to oral comment 8.2, above. With regard to recommendations made by PLHCPs, the Board prefers not to defer to the professional judgement of PLHCP's in recommending specific first-aid items for employers, including if doing so means an employer's first-aid kits might contain fewer items than listed in Table 1 in 1512 and 3400. The Board has heard from Cal/FIRE, for example, that the Table 1 list is impractical for the conditions under which their fire crews are working. Cal/FIRE indicated that its hand crews would benefit from carrying smaller first-aid kits with items tailored to the kinds of injuries these crews often experience in the field. Under the proposal, designing such a kit could be accomplished under the direction of the department's PLHCP, who would have the ability to recommend a first-aid kit with specific items that do not necessarily align with those listed in Table 1. For this reason, the Board declines to adopt the commenter's recommendation.

MODIFICATIONS AND RESPONSE TO COMMENTS RESULTING FROM THE 15-DAY NOTICE OF PROPOSED MODIFICATIONS

There were no modifications to the 15-Day Notice of Proposed Modifications mailed on May 1, 2026.

SUMMARY AND RESPONSE TO COMMENTS RESULTING FROM THE 15-DAY NOTICE OF PROPOSED MODIFICATIONS

III. Written Comments Received During the 15-Day Comment Period

1. Mike Hall, Associate Coast Director, Accident Prevention, Pacific Maritime Association, by email on May 5, 2026

Comment 1.1 (15-day)

The commenter wishes to know if the proposed modifications to sections 1512 and 3400 affect the first-aid kit requirements for marine terminals under section 3463, Accident Prevention and First Aid.

Response to comment 1.1 (15-day)

The proposed first aid rules do not apply where a CCR title 8 vertical standard includes its own first-aid requirements, including:

- Logging and Sawmill Safety Orders (section 6251)
- Mine Safety Orders (section 6969)
- Agricultural Operations (section 3439)

This list of excluded industry sectors includes marine terminals, based on section 3464. https://www.dir.ca.gov/title8/3464.html. The Board hereby includes section 3464 in the list of excluded industry sectors.

2. Stephen Derman, CIH, FAIHA, Medishare Environmental Health and Safety Services, by email on May 3, 2026.

Comment 2.1 (15-day)

The commenter recommends that first-aid kits comply with the most current ANSI Standard, which the commenter considers the “most credible source” for most employers. The commenter also recommends that the standard should be updated to include updated ANSI standards when they are published.

Response to comment 2.1 (15-day)

No action taken. The Board concurs in part with the commenter and has therefore referenced the American ANSI/ISEA Z308.1-2021 standard for first-aid kits, known as the American National Standard for Minimum Requirements for Workplace First-Aid Kits and Supplies. The 2021 version is the most recent as of the current rulemaking. Referencing future versions of an ANSI or other standard is prohibited under the Administrative Procedures Act (APA) because it introduces changes to a regulation without the evidentiary, procedural, and public notification requirements of the rulemaking process.

Comment 2.2 (15-day)

The commenter asserts that allowing employers to consult with a PLHCP regarding the contents of first-aid kits is problematic on three counts: first, most PLHCPs are not familiar with work processes, environments, or controls; second, this requirement could open the door to unscrupulous PLHCPs that offer advice on first-aid kits to employers that is uninformed and inappropriate to the work environment; and third, employers are able to identify their own first-aid needs, and can reference SDSs, NIOSH documents, and supplier documentation. The commenter, a CIH, recommends that the proposal require an EHS professional, such as a "CIH, CSP, CBSP or RBP," to evaluate workplace hazards and recommend first-aid materials.

Response to comment 2.2 (15-day)

No action taken. The Board appreciates the commenter's points and recommendation. Regarding the contents of first-aid kits, the Board has retained the option of employers to either (1) comply with the Table 1 list in sections 1512 and 3400, or (2) consult with a PLHCP. After consulting with business and labor stakeholders, the Board has concluded that retaining the PLHCP option is necessary because the first-aid requirements will apply to a wide range of work environments among nearly 1.7 million businesses in general industry and construction. These businesses employ 17.6 million workers. The requirements therefore need to include a mechanism that allows employers to tailor their first-aid kits to their own unique conditions.

Cal/FIRE, for example, has pointed out that the Table 1 list of first-aid items is not well-suited to the hazards faced by its firefighter hand crews, which often operate many miles from a fixed facility or vehicle. The Table 1 list also includes items that fall outside the scope of practice for the paramedics and EMTs who provide medical services to these firefighters. Cal/FIRE is well-served by the ability to consult with their PLHCP, who understands the hazards and working conditions of these firefighters and is able to recommend an appropriate set of items for Cal/FIRE's field first-aid kits.

While the Board recognizes the potential for unscrupulous PLHCPs to offer inappropriate first-aid advice to employers for a fee, the Board considers this an unlikely scenario. PLHCPs enter their profession for the purpose of helping people, and they operate under licensing standards and a professional code of conduct and ethics, all of which would be jeopardized if they chose to offer inappropriate first-aid advice to employers for the simple objective of raising a few dollars. The Board believes the vast majority of PLHCPs will honor their professional training, licensure, and codes of ethics and will behave accordingly.

Theoretically, of course, the problem of unscrupulous behavior is not necessarily limited to PLHCPs; it can also include the EHS professionals recommended by the commenter.

For these reasons, the Board will retain the PLHCP option for both general industry and construction.

3. Carlo Emami, CSP, EMT, Safewest by email May 17, 2026.

Comment 3.1 (15-day)

The commenter questions whether the ANSI/ISEA Z308.1-2021 standard should be used as the basis for the list of first-aid items in Table 1 in the proposed changes to sections 1512 and 3400. The commenter asks whether the "ISEA functions as an authoritative source of expertise on workplace first aid, or as a trade marketing association whose recommendations are driven primarily by member companies' financial interests." The commenter points to other standards-setting organizations in the field of trauma, notably the Committee on Tactical Combat Casualty Care (CoTCCC) of the Joint Trauma System of the U.S. Department of Defense,[1] and the International Liaison Committee on Resuscitation (ILCOR), which focus on advanced trauma life support and evacuation for military personnel, and strategies to improve survival following cardiac arrest, respectively.[2] The commenter points to these entities not necessarily as alternatives with respect to the contents of first-aid kits but rather as examples of standard-setting organizations that are led by subject matter experts without potential conflicts of interest.

Response to comment 3.1 (15-day)

No action taken. The Board appreciates the commenter's concern. In developing the revisions to sections 1512 and 3400, the Board evaluated the ANSI/ISEA Z308.1-2021 recommendations against those of the American Red Cross (ARC), the American College of Emergency Physicians (ACEP), and the American Association of Family Physicians (AAFP) (Table A).

Table A. Comparison of Recommended First-Aid Supplies (April 2026)

ANSI/ISEA Z308.1-2021	**American Red Cross for**	**American College of Emergency Physicians[4]**	**American Association of Family Physicians[5]**

[1] See jts.health.mil/index.cfm/committees/cotccc
[2] See www.ilcor.org/about
[4] American College of Emergency Physicians. First Aid Kit. www.emergencyphysicians.org/article/health--safety-tips/first-aid-kit. (Accessed June 2026).
[5] American Association of Family Physicians. Preparedness Checklists. First-aid Kitt Checklist. Global Search | AAFP (Accessed June 2026).

As proposed for title 8, sections 1512 and 3400	**Business, OSHA, Construction[3]**		
Adhesive bandage 1 x 3 in. (2.5 x 7.5 cm) 16	30 - Adhesive Plastic Bandages, 1" x 3" + 15 - Adhesive Plastic Bandages, 3/4" x 3"	Bandages of Assorted Sizes and "Butterfly Bandages" (one-fourth and one-inch sizes)	Sterile adhesive bandages, assorted sizes
Adhesive tape 2.5 yd (2.3 m) total 1	1 Roll of First Aid Tape, 1/2" x 5 yd	Adhesive Tape	Hypoallergenic tape
Antibiotic application 1/57 oz (0.5 g) 10	6 - Antibiotic Ointment Packets, 0.9g	Antibiotic Ointment	Antibacterial soap
Antiseptic 1/57 oz (0.5 g) 10	12 - BZK Antiseptic Towelettes 15 - Alcohol Wipes	Antiseptic Wipes Hydrogen Peroxide	Antiseptic
Breathing barrier 1	NONE	NONE	NONE
Burn dressing (gel soaked), 4 x 4 in. (10 x 10 cm) 1	NONE	NONE	NONE
Burn treatment 1/32 oz (0.9 g) 10	6 - First Aid/Burn Cream Packets, 0.9g	NONE	NONE
Cold pack* 4 x 5 in. (10 x 12.5 cm) 1	1 Cold Pack, 4" x 5"	Disposable, Instant-Activating Cold Packs	NONE
Eye covering w/means of attachment	NONE	NONE	NONE

[3] American Red Cross Training Services. First Aid Kits for Business / OSHA / Construction. Medium 25-person first aid kit, 118-piece (plastic case). www.redcross.org/store/medium-25-person-first-aid-kit/762203.html?cgid=first-aid-kits-business-osha-construction#start=3&cgid=first-aid-kits-business-osha-construction (Accessed June 2026).

2.9 sq. in. (19 sq. cm) 2			
Eye/skin wash 1 fluid oz (29.6 ml) total 1	NONE	NONE	NONE
First-aid guide** 1	1 - First Aid Guide	NONE	NONE
Foil blanket 52 x 84 in. (132 x 213 cm) 1	NONE	NONE	NONE
Hand sanitizer 1/32 oz (0.9 g) 10	12 - BZK Antiseptic Towelettes	Antiseptic Wipes	Pre-moistened towelettes
Medical exam gloves 2 pair	4 - Nitrile Exam Gloves	Latex-Free Gloves	Latex gloves
Roller bandage 2 in. x 4 yd (5 cm x 3.66 m) 1	1 - Conforming Gauze Roll, 2"	Gauze in Rolls	Sterile roll bandages, assorted sizes
Scissors*** 1	1 Scissors	Sharp Scissors with Rounded Tips	Scissors
Sterile pad 3 x 3 in. (7.5 x 7.5 cm) 2	4 - Sterile Gauze Pads, 2" x 2" 4 - Sterile Gauze Pads, 4" x 4”	Two-Inch and Four-Inch Pads	Sterile gauze pads, assorted sizes
Trauma pad 5 x 9 in. (12.7 x 22.9 cm) 2	1 - Trauma Pad, 5" x 9"	NONE	NONE
Triangular bandage 40 x 40 x 56 in. (101 x 101 x 142 cm) 1	1 - Triangular Bandage, 40" x 40" x 56"	Triangular Bandage	NONE

NONE	15 - Alcohol Wipes	Elastic Wraps	Needles
NONE	2 - Sting Relief Wipes	Safety Pins	Safety pins
NONE	1 Tweezers, Plastic, 4.25"	Tweezers	Tweezers
NONE	2 - Finger Splint/Tongue Depressor	Thermometer	Thermometer
NONE	10 - Cotton-Tipped Applicators, 3"	Petroleum Jelly	Tube of petroleum jelly
NONE	NONE	Calamine Lotion	Sunscreen
NONE	NONE	Aloe Vera Gel	Aspirin or other pain reliever
NONE	NONE	Acetaminophen, ibuprofen and aspirin	Anti-diarrhea medication
NONE	NONE	Cough and cold medications	Antacid
NONE	NONE	Allergy medicine	Laxative
NONE	NONE	Oral medicine syringe or other pediatric dosing instrument	NONE
NONE	NONE	Hydrocortisone cream	NONE
NONE	NONE	Decongestant tablets	NONE

In consultation with Cal/OSHA, the Board found that the lists of supplies recommended by the ARC, ACEP, and AAFP lacked key items that are included in the ANSI/ISEA Z308.1-2021 standard, and that overall, despite concerns regarding potential conflicts of interest in its development, the ANSI/ISEA 308.1-2021 standard is more effective and appropriate for worker safety comparted to the lists developed by ARC, ACEP, and AAFP.

For example, a breathing barrier is essential in performing CPR for a worker who has experienced cardiac arrest, or to provide rescue breathing to a worker in respiratory arrest following an electrocution, near-drowning, or overdose. This item is not included

in the ARC, ACEP, and AAFP lists. Similarly, a foil blanket is essential to delay the onset of hemorrhagic shock for a worker who has experienced serious blood loss. This item is also missing from the ARC, ACEP, and AAFP lists. Surprisingly, both the ACEP and AAFP failed to list a trauma dressing, which is perhaps one of the most important items in the ANSI/ISEA Z308.1-2021 list for staunching severe bleeding. Neither the ARC or AAFP require medical-grade scissors with at least one blunt tip, as required in the ANSI/ISEA list. When used to cut clothing for the purpose of accessing a wound, non-medical scissors can cause further injury, and poor-quality scissors will simply fail to do the job.

With the possible exception of sting relief wipes and tweezers, the Board found that all of the additional items in the ARC, ACEP, and AAFP lists that are not listed in the ANSI/ISEA Z308.1-2021 standard would be unnecessary or inappropriate in a workplace first-aid kit.

While the Board concurs with the commenter's view on the limitations of the one-ounce bottle of eye/skin wash and the desirability of non-adherent dressings versus sterile pads, the Board does not concur with the commenter's conclusion that the ANSI/ISEA Z308.1-2021 standard lags "far behind current medical practice," nor does the Board believe it is prudent to amend the standard for the reasons stated by the commenter. More specifically, while the one-ounce bottle of eye/skin wash would not be useful in flushing a foreign object from an eye, it is useful for relieving minor eye discomfort caused by a small dust particle or allergen. Non-adherent dressings are important in the definitive treatment of an injury but are less so under the conditions where first-aid is performed, and could be less effective in controlling significant bleeding. Creating an alternative, California-specific list of required first-aid items in response to these concerns would complicate and delay implementation of the proposed improvements to sections 1512 and 3400, which itself would negatively impact the 17.6 million workers and nearly 1.7 million businesses affected by the standard.

Overall, despite the commenter's concerns about a potential conflict of interest on the ISEA committee that developed the ANSI/ISEA Z308.1-2021 standard, the Board did not find evidence that this affected the content of the recommended list of first-aid items. In fact, the Board found that the ANSI/ISEA Z308.1-2021 list is more protective of worker safety and better suited to occupational settings compared to the lists recommended by the ARC, ACEP, and AAFP, which include several items that would be inappropriate in a workplace first-aid kit.

Comment 3.2 (15-day)

The commenter raises concerns regarding specific items in the ANSI/ISEA Z308.1-2021 list of first-aid items, which appears as Table 1 in the proposed changes to sections 1512 and 3400.

Response to comment 3.2 (15-day)

No action taken. The Board acknowledges the commenter's point but, as noted above, disagrees with the commenter's recommendation on the need to amend the list now or in the future. Despite a small number of marginal concerns, the fact remains that the ANSI/ISEA Z308.1-2021 standard is (1) practical, appropriate, and reasonably robust for purposes of worker safety; (2) is a substantial improvement over the current requirements of sections 1512 and 3400; (3) is recognized as legitimate by businesses and worker representatives; and (4) is available on the market at reasonable cost. The Board therefore declines to consider amending the list and creating a California-specific list.

Comment 3.3 (15-day)

The commenter believes the list of topics in the first-aid guide that is required in the revisions to section 1512 and 3400 go beyond those that "are actionable for the workers who will actually use these kits." The commenter offers examples to illustrate the point that the list of topics "includes items that are beyond the scope of layperson first-aid training."

Response to comment 3.3 (15-day)

No action taken. The Board concurs with the commenter's point that the contents of the first-aid guide do not necessarily match the required contents of the first-aid kit, and that a more streamlined guide with instructions directed specifically to each of the items in the first-aid kit might be useful. The Board recognizes, however, that the additional information required in the current guide could be useful in a number of scenarios, such as in providing assistance to a worker in a remote area far from medical care.

More generally, the Board notes that requiring an alternative guide would defeat the purpose of requiring the ANSI/ISEA Z308.1-2021 standard, which as noted above: (1) is practical, appropriate, and reasonably robust for purposes of worker safety; (2) is a substantial improvement over the current requirements of sections 1512 and 3400, (3) is recognized as legitimate by businesses and worker representatives; and (4) is available on the market at reasonable cost. The Board therefore declines to amend the first-aid guide.

4. Daniel Glucksman, senior director, policy, International Safety Equipment Association, by email May 18, 2026.

Comment 4.1 (15-day)

The commenter notes that the ANSI/ISEA Z308.1-2021 standard is intended to work as a "complete system that offers Classes and Types of first aid kits, as well as informative appendices that make work safer for employees..." and that simply listing the set of first-

aid items in Table 1 in the proposed changes to sections 1512 and 3400 "lacks a wide range of critical safety information, such as the difference between Class A and B kits."

Response to comment 4.1 (15-day)

The Board references ANSI/ISEA Z308.1-2021 as the basis for the Table 1 list of first aid items in sections 1512 and 3400 for the purpose of establishing a uniform standard for first-aid kits that: (1) is practical, appropriate, and reasonably robust for purposes of worker safety; (2) is a substantial improvement over the current requirements of these sections, (3) is recognized as legitimate by businesses and worker representatives; and (4) is available on the market at reasonable cost.

In developing the revisions to sections 1512 and 3400, the Board found that the additional material in the Appendices to the ANSI/ISEA Z308.1-2021 standard is: (1) largely unnecessary or inappropriate in a first-aid regulation that will apply to nearly 1.7 million businesses in general industry and construction; or (2) is sufficiently covered by the performance requirements of the proposed changes to sections 1512 and 3400.

With regard to number 1, the Board concluded that the ANSI/ISEA Z308.1-2021 Appendix B.1 guidance on the control of life-threatening hemorrhage is overly specific for the general purposes of sections 1512 and 3400. It includes a chest seal, compression bandage, hemostatic bandages, and a tourniquet. Likewise, the supplemental first-aid supplies recommended for consideration in Appendix B.2 might be useful for an employer in certain instances but are inappropriate for a statewide regulation. These supplies include, for example, antihistamine medication, electrolyte replacement, glucose replacement, hemostatic agent/dressing, hydrocortisone, and a disposable thermometer.

With regard to number 2, the Board concluded that the ANSI/ISEA Z308.1-2021 Appendix C guidance on assessing workplace hazards, determining the quantity and location of first-aid kits, and selecting additional products for inclusion in first-aid kits is fully covered by the proposed changes to sections 1512 and 3400. For example, with regard to assessing workplace hazards and determining the locations of first-aid kits, subsections 1512(c)(5) and 3400(c)(1) require the following:

> *"Based upon the location(s) of employees and the types and severity of occupational hazards at the jobsite, the employer shall evaluate the need for, and shall provide, a sufficient number of first-aid kits. First-aid kits shall be readily available for use by employees."*

Regarding the selection of addition products for inclusion in first-aid kits, subsections 1512(c)(7) and 3400(c)(4) require the following:

> *"Where the hazard assessment or the employer-authorized PLHCP identifies any unique, reasonably anticipated, and potentially serious workplace hazards, the employer shall provide additional, specialized first-aid items suitable for those hazards."*

In consultation with Cal/OSHA, the Board determined that the Class A list of first-aid items is suitable for the vast majority of businesses, and that those businesses that would require the larger volume of items listed for Class B kits, along with the Class B tourniquet and 2' x 4" splint, will be able to provide for those specialty items on a case-by-case basis. In fact, they could be required to do so based on the hazard assessment requirements of subsections 1512(c)(5) and 3400(c)(1). Most importantly, the additional quantity of first-aid items, along with the tourniquet and splint, are not necessary or appropriate in a statewide regulation covering nearly 1.7 million general industry and construction employers.

Comment 4.2 (15-day)

The commenter requests that the Board re-label Table 1 in the proposed changes to sections 1512 and 3400 using the following text:

> *"ANSI/ISEA Z308.1-2021, Table 1, Minimum Requirements for Class A First-Aid Kits. More information is available in the complete standard"*

At present, the proposal uses the following text in both 1512 and 3400:

> *"Table 1: Minimum Requirements for First-Aid Kits"*

Response to comment 4.2 (15-day)

The Board points out that the proposed changes to subsections 1512(c)(6) and 3400(c)(3) clearly state that the Table 1 list of first-aid items conforms with the ANSI/ISEA Z308.1-2021 standard for Class A first-aid kits, as follows:

> *"1512(c)(6)*
>
> *The minimum types and quantities of materials in first-aid kits first aid supplies shall either:*
>
> *(A) Be determined by an employer-authorized, licensed physician or other licensed health care professional (PLHCP), as defined in section 5144, or;*
>
> *(B) Shall meet the requirements of Table 1 of this section, which conforms with the requirements for Class A first-aid kits specified within the American National Standards Institute (ANSI)/International Safety Equipment Association (ISEA)*

Z308.1-2021, American National Standard for Minimum Requirements for Workplace First-Aid Kits and Supplies."

"3400(c)(3)

The minimum types and quantities of materials in first-aid kits shall either:

(A) Comply with the requirements of Table 1 of this section, which conforms with the minimum requirements for Class A first-aid kits specified within the American National Standards Institute (ANSI)/International Safety Equipment Association (ISEA) Z308.1-2021 American National Standard for Minimum Requirements for Workplace First-Aid Kits and Supplies, or;

(B) Shall be determined by an employer-authorized physician or other licensed health care professional (PLHCP), as defined in section 5144."

Accordingly, the Board has determined that no additional text referencing the ANSI/ISEA Z308.1-2021 standard is needed in the heading to Table 1.

Comment 4.3 (15-day)

The commenter points to the toll of opioid overdose deaths in California workplaces and to AB 1976, pertaining to the inclusion of opioid overdose reversal medication in workplace first-aid kits. The commenter suggests that if the Board is not yet willing to require overdose reversal medication in first-aid kits, it should consider a "soft implementation" by including text in the proposed changes to sections 1512 and 3400 recommending to employers that they include such medication in their first-aid kits. The commenter offers proposed text that would serve this purpose.

Response to comment 4.3 (15-day)

The Board shares the commenter's concern regarding the trend in the number of opioid overdoses occurring in California workplaces, as well as the efforts of the Legislature (through AB 1976) to respond to this crisis through amendments to sections 1512 and 3400. The Board concluded, however, that requiring opioid reversal medications in the updates to sections 1512 and 3400 is premature, primarily because the majority of overdose incidents appear to be occurring in specific industry sectors, whereas sections 1512 and 3400 apply to all of general industry and construction. Additional analysis is needed to determine the most effective target for a regulatory requirement regarding opioid reversal medication. The Board will commence work on that effort following implementation of the current changes to sections 1512 and 3400.

The Board further concluded that the "soft implementation" text suggested by the commenter would be better placed on Cal/OSHA's website as part of guidance to employers, where it could be quickly updated and amended as needed, rather than

embedding the text into the regulation itself, where it would be unenforceable and also require rulemaking to update and amend. More directly, the state Office of Administrative Law (OAL) has disallowed the use of enforceable "notes" in regulatory language and is rejecting proposals that contain such provisions. OAL would reject the proposed 1512 and 3400 regulatory package on this basis if the Board included the commenter's proposed text. The Board therefore declines to amend the proposal with the commenter's suggested text.

Comment 4.4 (15-day)

The commenter points out that the Table 1 list of first-aid items in sections 1512 and 3400 is "intended to establish a baseline level of protection and therefore should not be altered, reduced, or selectively removed by a physician or licensed health care provider." The commenter argues that any reduction below these required items "would result in a kit that no longer provides the minimum level of protection intended by the standard and cannot be labeled as being ANSI/ISEA Z308.1-compliant."

Response to comment 4.4 (15-day)

The Board appreciates the commenter's point. Regarding the contents of first-aid kits, the Board has retained the option of employers to either: (1) comply with the Table 1 list in sections 1512 and 3400, or (2) consult with a PLHCP. After consulting with business and labor stakeholders, the Board has concluded that retaining the PLHCP option is necessary because the first-aid requirements will apply to a wide range of work environments among nearly 1.7 million businesses in general industry and construction that employ 17.6 million workers. The requirements therefore need to include a mechanism that allows employers to tailor their first-aid kits to their own unique conditions.

Cal/FIRE, for example, has pointed out that the Table 1 list of first-aid items is not well-suited to the hazards faced by its firefighter hand crews, which often operate many miles from a fixed facility or vehicle. The Table 1 list also includes items that fall outside the scope of practice for the paramedics and EMTs who provide medical services to these firefighters. Cal/FIRE is well-served by the ability to consult with their PLHCP, who understands the hazards and working conditions of these firefighters and is able to recommend an appropriate set of items for Cal/FIRE's field first-aid kits.

While the Board recognizes the potential for unscrupulous PLHCPs to offer inappropriate first-aid guidance to employers for a fee, the Board considers this an unlikely scenario. PLHCPs enter their profession for the purpose of helping people, and they operate under licensing standards and a professional code of conduct and ethics, all of which would be jeopardized if they chose to offer inappropriate first-aid advice to employers for the simple objective of raising a few dollars. The Board believes the vast

majority of PLHCPs will honor their professional training, licensure, and codes of ethics and will behave accordingly.

For these reasons, the Board will retain the PLHCP option for both general industry and construction.

Finally, the Board accepts that in the event a PLHCP recommends a set of first-aid items that differs from that of Table 1, the resulting first-aid kit would not be labeled as ANSI/ISEA Z308.1-2021 compliant, nor would it be labeled as compliant with Table 1 of section 1512 or 3400.

Comment 4.5 (15-day)

The commenter requests that the Board incorporate the entirety of ANSI/ISEA Z308.1-2021 by reference, rather than including selected pages in the standard itself, as the proposal does with the Table 1 list of first-aid items.

Response to comment 4.5 (15-day)

As noted above, much of the ANSI/ISEA Z308.1-2021 standard is not necessary or appropriate in a regulatory standard that will apply to nearly 1.7 million businesses. Those businesses that desire additional information may choose to purchase the ANSI/ISEA Z308.1-2021 standard, but it is not appropriate for the Board to require them to do so.

The Board finds that the list of first-aid items in the ANSI/ISEA Z308.1-2021 standard is properly calibrated for the purposes of sections 1512 and 3400, and that including this list establishes a uniform standard for first-aid kits that: (1) is practical, appropriate, and reasonably robust for purposes of worker safety; (2) is a substantial improvement over the current requirements of these sections, (3) is recognized as legitimate by businesses and worker representatives; and (4) is available on the market at reasonable cost. For these reasons, the Board declines the accept the commenter's suggestion to incorporate the entirety of the ANSI/ISEA Z308.1-2021 standard by reference.

5. Helen Cleary, founder and leader, OSH Proterie, by email May 18, 2026.

Comment 5.1 (15-day)

The commenter expresses support for the Board's decision in the proposed amendments to sections 1512 and 3400 to remove the term "ready access" and replace it with the more universally recognized term, "readily available," while also removing reference to a 3-to-4-minute access requirement in the Initial Statement of Reasons (ISOR). The commenter notes this change is "legally sound, operationally workable, and consistent with Federal OSHA's framework."

Response to comment 5.1 (15-day)

The Board concurs with the commenter's point regarding the challenges inherent to the 3-to-4-minute metric that the Board initially proposed, notably that the distance any individual is able to move in three to four minutes varies widely. In addition, the use of a time metric introduces the need for exceptions when employees are traveling on company business in private vehicles or public transit, for example. The Board appreciates the commenter's support for the revised text.

Comment 5.2 (15-day)

The commenter expresses support for the Board's decision in the proposed amendments to require that employers consider two factors in determining the number of first-aid kits needed at a worksite: (1) the location(s) of employees; and (2) the types and severity of occupational hazards. The commenter points out that this ameliorates several problems in the initial text to amend sections 1512 and 3400, notably those associated with the 3-to-4-minute metric, and that this approach is consistent with the employer's existing hazard assessment requirements. The commenter points out that this approach is particularly helpful to employers in determining whether and under what conditions a first-aid kit should be included in a company vehicle.

Response to comment 5.2 (15-day)

The Board concurs with the commenter that the proposed approach to determining the number of first-aid kits is more practical and actionable by employers compared to a 3-to-4-minute metric and is more clearly enforceable by Cal/OSHA. This approach also improves employee safety by improving the effectiveness of workplace first-aid programs. The Board appreciates the commenter's support for the revised text.

Comment 5.3 (15-day)

The commenter expresses support for use of the word "worksite" in lieu of "job" in 3400 as a term that is more operational in general industry and also expresses support for the two-tier strategy proposed by the Board that employers will use to determine the number of first-aid kits they are required to provide. The first tier at 3400(c) requires first-aid materials to be "readily available for employees at every worksite," and the second tier at 3400(c)(1) requires employers to evaluate whether additional kits are needed, "based upon the location(s) of employees, and the types and severity of occupational hazards at the worksite." The commenter notes that this framework "scales appropriately across the full range of general industry settings."

Response to comment 5.3 (15-day)

The Board concurs with the commenter that the proposed two-tier framework represents a reasonable, performance-based approach that allows for efficient implementation by employers and effective protection of employees.

The Board notes that these two tiers are followed by a third tier at 1512(c)(7) and 3400(c)(4) which require employers to provide "additional, specialized first-aid items" to manage any "unique, reasonably anticipated, and potentially serious workplace hazards" identified through the employer's hazard assessment.

The Board notes that these same three tiers apply in the proposed amendments to section 1512. The Board appreciates the commenter's support for the revised text.

Comment 5.4 (15-day)

The commenter expresses support for subsections 3400(c)(2) and 1512(c)(4) pertaining to the requirement of employers to communicate the location of first-aid kits to employees, and the use of "to the extent practicable" regarding signage, labeling, or other means to ensure reasonable visibility of first-aid kits. The commenter notes that this approach represents "a well-crafted and practical modification" that "reflects a sensible, flexible framework that is workable across the full range of employer settings covered by these standards."

Response to comment 5.4 (15-day)

The Board concurs with the commenter regarding the effectiveness of the proposal's performance-based approach to ensure that employees are: (1) aware of the location(s) of first-aid kits, and (2) are able to identify and access that location quickly and efficiently through the use of signage, labeling, or other means. The Board appreciates the commenter's support for the revised text.

Comment 5.5 (15-day)

The commenter supports the Board's amendment in 1512 that requires the employer to check the contents of first-aid kits at construction sites when those kits are "put into service," rather than "before being sent out on each job." The commenter notes that this approach ensures that the kit is complete and ready for use before it enters service during a construction project, and it avoids the logistical difficulties of requiring employers to check first-aid kits multiple times each day as workers move from job to job. The commenter notes that this approach better reflects the workflow of construction projects, avoids administrative burdens that do not contribute to worker safety, and is "consistent with the intent of Federal OSHA's construction standard."

Response to comment 5.5 (15-day)

The Board appreciates the commenter's support for the revised text.

Comment 5.6 (15-day)

The commenter strongly supports the addition at 1512(c)(7) and 3400(c)(4) of the three conditions proposed by the Board that trigger the requirement of employers to provide additional first-aid items beyond those listed in Table 1 or recommended by a PLHCP.

The commenter's assessment of the utility of these conditions is carefully written and is presented here in its entirety:

> *"Three elements of this provision deserve emphasis in the rulemaking record.*
>
> *First, the trigger is "unique" hazards — not general industry hazards that apply across all California employers. This is the right limiting principle. It means the supplemental supply obligation is triggered by what is specific and distinguishable about a particular workplace's risk profile, not by general conditions that are already addressed through other regulatory programs or the baseline ANSI kit contents.*
>
> *Second, the hazard must be "reasonably anticipated", which imports a foreseeability standard that is both familiar to California employers and appropriate for an enforcement context. This language grounds the obligation in what a reasonable employer, conducting a competent hazard assessment, would identify as a known or foreseeable risk at their specific operation.*
>
> *Third, the hazard must be "potentially serious", which ties the supplemental supply obligation to the magnitude of risk, not merely its presence. This threshold is consistent with the hazard-based framework we have supported throughout this rulemaking and ensures that the supplemental supply requirement does not become a vehicle for expansive enforcement based on minor or de minimis hazard conditions.*
>
> *Taken together, these three qualifiers — unique, reasonably anticipated, and potentially serious — create a targeted, workable, and enforceable standard. Employers with straightforward operations and standard hazard profiles can make a clear and defensible determination that no supplemental supplies are warranted. Employers with genuinely elevated or unusual hazard exposures — chemical handling, high-voltage electrical work — have a clear obligation to assess and supplement accordingly. This is how first-aid requirements should be structured, and we are pleased that the Modified Text reflects the approach we recommended in [our] January 2026 comments."*

Response to comment 5.6 (15-day)

The Board concurs with the commenter that the inclusion of these three conditions sufficiently narrows the circumstances under which an employer will be required to provide “additional, specialized” first-aid items, and that this meets the intent, and increases the effectiveness, of this provision. The Board appreciates the commenter’s support for the revised text.

Comment 5.7 (15-day)

The commenter expresses support for the Board’s decision to clearly retain the right of employers to “rely on an employer-authorized physician or licensed health care professional to determine the types and quantities of first-aid materials appropriate for their workplaces” as an alternative to complying with the Table 1 list in both 1512 and 3400. The commenter notes that “employers who have invested in robust, clinician-approved first-aid programs should not face automatic displacement based solely on the adoption of the ANSI/ISEA Z308.1-2021 standard as an alternative compliance path.”

Response to comment 5.7 (15-day)

The Board appreciates the commenter’s support for the revised text.

Comment 5.8 (15-day)

The commenter expresses support for the Board’s addition in the footnote to Table 1 in sections 1512 and 3400 that releases employers of the obligation to train employees in the content of the first-aid guide noted in Appendix A: "Employers are not required to train employees on the contents of the first-aid guide." The commenter also expresses support for the Board’s addition of language in section 1512 and 3400 that allows the PLHCP to determine the contents of the first-aid guide when that PLHCP provides guidance to employers on the contents of first-aid kits. The commenter notes that “these are clear and practical clarifications that provide flexibility and eliminate the unnecessary operational requirements we identified.”

Response to comment 5.8 (15-day)

The Board appreciates the commenter’s support for the revised text.

Comment 5.9 (15-day)

The commenter notes that the Board’s proposed 15-day modifications “reflect substantive improvement over the originally proposed language across all five areas we have addressed, and they give employers a workable, risk-informed compliance structure — which is precisely what the rulemaking should produce.” The commenter

urges the Board to adopt the amended sections 1512 and 3400 without further modification.

Response to comment 5.9 (15-day)

The Board appreciates the commenter's support for the revised text.

TECHNICAL, THEORETICAL, AND/OR EMPIRICAL STUDIES, REPORTS, OR DOCUMENTS RELIED ON BY THE BOARD [GC §11346.2(b)(3)]

The Board did not rely on additional documents as part of the proposed changes to sections 1512 and 3400.

Any documents previously relied upon are available for review BY APPOINTMENT Monday through Friday, from 8:00 a.m. to 4:30 p.m., at the Standards Board's office at 2520 Venture Oaks Way, Suite 350, Sacramento, California 95833. Appointments can be scheduled via email at oshsb@dir.ca.gov or by calling (916) 274-5721.