

STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS

Gavin Newsom, Governor

OCCUPATIONAL SAFETY
AND HEALTH STANDARDS BOARD
2520 Venture Oaks Way, Suite 350
Sacramento, CA 95833
(916) 274-5721
www.dir.ca.gov/oshsb



TITLE 8. CALIFORNIA CODE OF REGULATIONS

Construction Safety Orders, Section 1512 General Industry Safety Orders, Section 3400

(Published on November 28, 2025)

FIRST AID

NOTICE IS HEREBY GIVEN that the Occupational Safety and Health Standards Board (Board) proposes to adopt, amend or repeal the foregoing provisions of title 8 of the California Code of Regulations in the manner described in the Informative Digest, below.

PUBLIC HEARING

The Board will hold a public hearing starting at 10:00 a.m. on **January 15, 2026** via the following:

Location: Office of Tax Appeals – Board Room
400 R Street
Sacramento, CA 95811

OR

Join via ZOOM

<https://tkoworks.zoom.us/j/87501250331> (Webinar ID: 875 0125 0331)

Call-in Number: (669) 444-9171

Conference ID: 875 0125 0331

At this public hearing, any person may present statements or arguments orally or in writing relevant to the proposed action described in the Informative Digest.

WRITTEN COMMENT PERIOD

In addition to written or oral comments submitted at the public hearing, written comments may also be submitted to the Board's office. The written comment period commences on **November 28, 2025** and closes at 5:00 p.m. on **January 15, 2026**.

Comments received after that deadline will not be considered by the Board unless the Board announces an extension of time in which to submit written comments. Written comments are to be submitted as follows:

By mail to Regulations Unit – First Aid, Occupational Safety and Health Standards Board, 2520 Venture Oaks Way, Suite 350, Sacramento, CA 95833, or by email sent to oshsbrulemaking@dir.ca.gov.

AUTHORITY AND REFERENCE

Labor Code section 142.3 establishes the Board as the only agency in the State authorized to adopt occupational safety and health standards. In addition, Labor Code section 142.3 requires the adoption of occupational and health standards that are at least as effective as federal occupational safety and health (OSHA) standards. The proposed regulations implement, interpret and make specific Labor Code section 2440, which requires all employers to comply with standards relating to the ready availability of medical services and first aid adopted by the Board, pursuant to Chapter 6 (commencing with section 140) of Division 1 of the Labor Code.

INFORMATIVE DIGEST OF PROPOSED ACTION/ POLICY STATEMENT OVERVIEW

This proposal would implement changes to California Code of Regulations (CCR) title 8, section 1512, Emergency Medical Services, in the Construction Safety Orders, and section 3400, Medical Services and First Aid, in the General Industry Safety Orders.

The proposed 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)

The purpose of the proposed rulemaking is to facilitate employer compliance and improve employee safety by clarifying and modernizing the requirements of sections 1512 and 3400 regarding the first aid needs of employees.

The proposed revisions to both sections meet these objectives by ensuring that:

- (1) Workplace first-aid kits meet the requirements for Class A first-aid kits in 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.
- (2) The location of all first-aid kits is clearly indicated in the workplace.
- (3) All employees have “ready access” to an ANSI/ISEA Z308.1-2021-compliant first- aid kit, meaning that it is accessible within three to four minutes.

- (4) Employers assess any unique hazards in the workplace and provide additional, specialized first-aid supplies in accordance with those hazards, as needed, in addition to the supplies required under the ANSI/ISEA Z308.1-2021 standard.
- (5) Employers who choose to do so are able to consult with a physician or licensed health care professions (PLHCP) in lieu of consulting with a physician, and as an alternative to complying with the ANSI/ISEA-Z308.1 standard.

In general, these changes will reduce the time it takes an injured employee to receive first-aid treatment and will improve the effectiveness of such treatments.

Additionally, the proposed revisions will result in cost savings for businesses in construction (section 1512) and general industry (section 3400) by removing the physician consultation requirement. Between 2025 and 2030, the revisions will save 281,918 new California businesses an estimated \$67,660,320 in physician consultation costs that will no longer be required. Allied health care professionals, such as registered nurses, physician assistants, and paramedics are fully capable of providing first-aid consultation to employers and are able to do so at lower cost, compared to consultation provided by a physician.

Construction businesses will also benefit by the standardized list of first-aid supplies required in the ANSI/ISEA Z308.1-2021 standard, as set forth in a new Table 1 under the proposed revisions to section 1512, rather than having to adjust their first-aid supplies as the number of employees on a job increases or decreases.

The proposal could improve the safety of California residents because employees may be willing to render assistance if a member of the public is injured while conducting business in the employee's workplace.

In most cases (for employees as well as members of the public), the first-aid supplies required by the proposal will be used to treat minor injuries; in some cases, however, these supplies could make an important difference in the outcome of an injured person. For example, the required breathing barrier will improve the effectiveness of rescue breathing and cardiopulmonary resuscitation, which can increase an individual's chance of survival when initiated prior to the arrival of emergency medical services. Similarly, using the medical scissors to quickly access a serious injury and apply a trauma dressing and roller bandage to staunch bleeding can effectively prevent continued loss of blood. Using the foil blanket to forestall hemorrhagic shock can make an important difference for an employee who has suffered a serious loss of blood.

The Occupational Safety and Health Standards Board (Board) initiated this rulemaking in response to Petition No. 519, adopted by the Board on March 17, 2011. The Board granted the petition to the extent that the Division of Occupational Safety and Health (Cal/OSHA) was directed to convene a representative advisory committee to examine the issues raised by the petition regarding section 3400 and to review and revise, as necessary, the list of first-aid supplies required under section 1512.

Petition No. 519 requested that section 3400 be revised to allow employers to utilize allied health professionals in lieu of a physician to determine their first-aid needs, or to

simply comply with the ANSI Z308.1 standard. The petitioner requested “that a similar table as used in the construction regulation be used and included in the revision, preferably following the guidelines of the above ANSI standard.” The Board convened an advisory committee on June 29, 2011, to consider Petition No. 519.

The Board had previously received petition numbers 481, 482 and 483 in 2006 pertaining to first aid. Petition 481, from J. Alan Schumann, sought to add a requirement mandating the inclusion of instructional materials in first-aid kits. Petition 482, from an anonymous Petitioner, sought to create a requirement for employees to be able to access the 911 emergency line from the workplace. Petition 483, from Dave K. Smith, requested that sections 1512 and 3400 be amended by removing the requirement that first-aid supplies be approved by a consulting physician, and replacing this with a requirement that would allow employers to provide first-aid kits that comply with the ANSI Z308.1-2003 standard, or that are approved by a consulting physician.

The Board granted Petitions 481, 482 and 483 to the extent that it directed Cal/OSHA to convene an advisory committee to determine the merits of these petitions together as a group. The Board convened this advisory committee on November 3, 2006. At this meeting, the advisory committee rejected the concepts proposed in petitions 481 and 482, but generally concurred with petition 483; however, the committee was not able to reach a decision on how best to update the text of sections 1512 and 3400.

The advisory committee convened on June 29, 2011, for Petition No. 519 concurred with the Petitioner that requiring employers to consult with a physician on the content of first-aid kits is unnecessary for employee safety and overly burdensome for employers. The committee recommended that sections 1512 and 3400 retain the ability of employers to consult with a physician as an alternative to complying with a standardized list of first-aid supplies, but that the consultation should be expanded beyond a physician to a “physician or other licensed health care professional (PLHCP).” The committee concluded that allied health professionals are fully capable of consulting with employers on first-aid practices, so employee safety is maintained with their involvement, and their services are generally more cost-effective compared to those of physicians.

The committee also noted that the list of first-aid supplies required under section 1512 is outdated, and that requiring employers to adjust the specific types and quantities of first-aid supplies based by the number of employees on a job makes compliance unnecessarily difficult, given that the number of employees on construction crews can vary each day.

The committee generally concurred with the Petitioner that aligning the first-aid kit requirements in sections 1512 and 3400 with the ANSI/ISEA Z308.1 standard would improve both compliance and employee safety. Finally, the committee recommended that sections 1512 and 3400 include language pertaining to specialized first-aid supplies that might be needed to address unique hazards in the workplace; that is, hazards for which the minimum set of first-aid supplies required by the ANSI/ISEA Z308.1 standard might be inadequate.

A synopsis of the proposed changes follows:

SECTION 1512. EMERGENCY MEDICAL SERVICES.

The proposal revises the title of section 1512 from “Emergency Medical Services” to “Emergency Medical Services and First Aid” to more accurately portray the contents of the section and, for consistency, to align with the proposed new title of section 3400.

Throughout section 1512, the revisions replace the term “physician” with “physician or other licensed health care professional (PLHCP).”

Subsection (c)(1)

Existing subsection 1512(c)(1) requires employers on construction projects to provide “at least one first-aid kit;” to regularly inspect the contents of first-aid kits; and to promptly replace any expended items. First-aid supplies must be arranged to be “quickly found and remain sanitary.” This subsection also requires that employers stock first-aid kits either with supplies determined by a licensed physician or alternatively, with the supplies required under the existing Table 1 in this subsection.

The proposed revision to subsection 1512(c)(1) deletes the existing Table 1 in its entirety and requires employers to either: (1) provide a minimum set of supplies in first-aid kits as listed in a new Table 1; or (2) provide first-aid supplies as recommended by a PLHCP. The new Table 1 meets the requirements for Class A first-aid kits in ANSI/ISEA Z308.1-2021, American National Standard for Minimum Requirements for Workplace First Aid Kits and Supplies.

The revision adds three new footnotes under the new Table 1 to clarify requirements pertaining to cold packs, first-aid guides and medical scissors, each of which comports with the same footnotes in the ANSI/ISEA Z308.1-2021 standard for Class A first-aid kits. The second footnote references a new mandatory Appendix A, which lists the first-aid topics that must be covered by the first-aid guide, which is included in the Table 1 list of minimum supplies that must be in all first-aid kits. This list matches the list in Appendix A in the ANSI/ISEA Z308.1-2021 standard for Class A first-aid kits.

The revised subsection 1512(c)(1) would require employers to ensure that all employees have “ready access to a first-aid kit” and that the locations of first-aid kits be “clearly indicated.” This is interpreted to mean that employees are able to access a first-aid kit within three to four minutes.

This approach is identical to that of the proposed revisions to section 3400.

These changes facilitate employer compliance and improve employee safety by requiring a standardized set of first-aid supplies that must be included in first-aid kits, irrespective of the number of employees on a construction job; by ensuring that first-aid kits are readily available to all employees; and that the location of first-aid kits is clearly indicated in the workplace.

More generally, because the required supplies comply with the ANSI/ISEA Z308.1-2021 standard, this approach also ensures that first-aid kits will be readily available on the market at reasonable cost; simple to implement in the workplace; and able to meet the first aid needs of most employees.

Subsection (c)(2)

Subsection 1512(c)(2) of the revision requires the employer to provide additional first-aid kits and additional types and quantities of first-aid equipment and supplies, based on the size of the workplace, the location(s) of employees, and the employer's assessment of any unique hazards in the workplace, as required by section 1509 of the construction safety orders.

This addition improves employee safety by ensuring that the employer is prepared with appropriate first-aid supplies to address employee injuries that might occur as a result of these unique hazards. For example, if employees could be exposed to high heat, the employer would be required to assess the potential frequency, intensity and duration of high heat exposure and provide first-aid items that could be used to cool and hydrate a heat-stressed employee while emergency medical services are being summoned.

The revision adds a new Note, pointing out that when first-aid kits contain materials for the treatment of chemical injuries, the requirements of CCR title 8, section 5194(h)(2)(E) apply, pertaining to employee training on emergency procedures.

Subsection (c)(3)

Subsection 1512(c)(3) currently requires that drugs, medicines and similar preparations not be included in first-aid kits unless specifically approved, in writing, by an employer-authorized, licensed physician.

The revision deletes "antiseptics" and "eye irrigation solutions" from this subsection because these items are included in the new Table 1, ANSI/ISEA Z308-2021-compliant list of minimum first-aid supplies. The revision also replaces "physician" with "PLHCP," the acronym used in the proposal for "physician or other licensed health care professional."

Subsection (i)

In the "Note" under subsection (i), the proposal replaces the term "physician" with "PLHCP." This allows employers to consult with non-physician health care providers regarding their first-aid needs. This facilitates employer compliance by increasing the number of qualified health care providers available to those employers who seek consultation for their first-aid needs, while also reducing the cost in doing so.

Appendix A – Mandatory

The proposal adds a new Appendix A, which lists the required contents of the first-aid guide that is required in Table 1. The list complies with the Appendix 1 list in the ANSI/ISEA Z308.1-2021 standard.

SECTION 3400. MEDICAL SERVICES AND FIRST AID.

The proposal revises the title of section 3400 from “Medical Services and First Aid” to “Emergency Medical Services and First Aid” to more accurately portray the contents of the section and, for consistency, to align the title with the proposed new title of section 1512.

Throughout section 3400, the Board proposes to replace the term “doctor” with “physician or other licensed health care professional (PLHCP).”

Subsection (c)

Existing subsection 3400(c) requires employers to ensure the availability of “adequate first-aid materials” approved by a “consulting physician” that are “readily available for employees on every job.” The proposed revisions amend these requirements, as recommended by the advisory committee.

Subsection (c)(1)

The revised subsection 3400(c)(1) requires employers to ensure that all employees have “ready access to a first-aid kit” and that the locations of first-aid kits be “clearly indicated.” This ensures that first-aid kits are readily available within three to four minutes in the event of an emergency in the workplace.

Subsection (c)(2)

The revised subsection (c)(2) requires employers to either provide the minimum set of supplies in first-aid kits that are listed in a new Table 1 or provide first-aid supplies as recommended by a PLHCP. This approach is identical to that of the proposed revisions to section 1512.

The new Table 1 meets the requirements for Class A first-aid kits in ANSI/ISEA Z308.1- 2021, American National Standard for Minimum Requirements for Workplace First Aid Kits and Supplies.

The proposed new Table 1 facilitates employer compliance and improves employee safety by standardizing the minimum set of first-aid supplies that the employer must include in first-aid kits, if the employer opts not to consult with a PLHCP on this matter. This change aligns section 3400 with the requirements of the ANSI/ISEA Z308.1-2021 standard. This change also aligns the proposed new Table 1 with modern first-aid practices, as demonstrated, for example, by the inclusion of medical exam gloves to prevent contact with blood borne pathogens; a breathing barrier to protect against exposure to infectious agents; a foil blanket for the treatment of shock; hand sanitizer to prevent cross-contamination; medical-grade scissors to access serious wounds; and a standard set of practical trauma supplies to treat both minor and major wounds.

These changes facilitate employer compliance and improve employee safety by requiring a standardized set of first-aid supplies that must be included in first-aid kits;

by ensuring that first-aid kits are readily available to all employees; and that the location of first-aid kits is clearly indicated in the workplace.

More generally, because the required supplies comply with the ANSI/ISEA Z308.1-2021 standard, this approach also ensures that first-aid kits will be readily available on the market at a reasonable cost; simple to implement in the workplace; and able to meet the first-aid needs of most employees.

Subsection (c)(3)

The revised subsection (c)(3) will require the employer to provide “additional types and quantities of first-aid equipment and supplies” based on the size of the workplace, the location(s) of employees, and the employer’s assessment of any unique hazards present in the workplace. This addition improves employee safety by ensuring ready access by employees to a first-aid kit, and by ensuring that the employer is prepared with appropriate first-aid supplies to address employee injuries that might occur as a result of unique hazards in the workplace. For example, where employees could be exposed to high heat, the employer would be required to assess the potential frequency, intensity and duration of high heat exposure and provide first-aid items that could be used to cool and hydrate a heat-stressed employee while emergency medical services are being summoned.

The proposed revision adds three new footnotes under Table 1 to clarify requirements pertaining to cold packs, a first-aid guide and medical scissors, each of which complies with the text of footnotes in the ANSI/ISEA Z308.1-2021 standard for Class A first-aid kits. The second footnote references a new mandatory Appendix A, which lists the first-aid topics that must be covered by the first-aid guide, which is included in the Table 1 list of minimum supplies that must be in all first-aid kits. This list matches the list in Appendix A in the ANSI/ISEA Z308.1-2021 standard for Class A first-aid kits.

The proposed revision adds a new Note, pointing out that when employees handle hazardous chemicals, the requirements of CCR title 8, section 5194(h) Hazard Communication apply, and information on first-aid treatment of hazardous chemical exposures must be included as part of employee information and training.

Appendix A – Mandatory

This new Appendix specifies the required contents of the first-aid guide that is required in Table 1. The list complies with the Appendix 1 list in the ANSI/ISEA Z308.1-2021 standard.

Consistency with Existing State Regulations.

The Board evaluated the proposed regulations pursuant to Government Code section 11346.5(a)(3)(D) and has determined that the regulations are not inconsistent or incompatible with existing state regulations. This proposal is part of a comprehensive system of occupational safety and health regulations. The consistency and compatibility of that system’s component regulations is provided by such things as: (1)

the requirement of Federal OSHA and the Labor Code, which state that regulations must be at least as effective as their Federal counterparts; and (2) the requirement that all state occupational safety and health rulemaking must be channeled through a single entity (the Board).

This proposal is at least as effective as the equivalent Federal standards in Title 29 Code of Federal Regulations, section 1926.50 (construction industry) and section 1910.151 (general industry), published by federal OSHA.

Anticipated Benefits

As noted above, the proposed revisions to sections 1512 and 3400 will reduce the time it takes an injured employee to receive first-aid treatment and will improve the effectiveness of such treatments.

The proposal will generate substantial cost savings for businesses in construction (section 1512) and general industry (section 3400) by removing the physician consultation requirement. As noted above, between 2025 and 2030, the revisions will save 281,918 new California businesses an estimated \$67,660,320 in physician consultation costs that will no longer be required.

Construction businesses will also benefit by the simpler, standardized list of first-aid supplies required in the new Table 1 under the revised section 1512, rather than having to adjust their first-aid supplies as the number of employees on a job increases or decreases.

The proposal could improve the safety of California residents to the extent that employees are willing to render assistance if a member of the public is injured while conducting business in the employee's workplace.

DOCUMENTS INCORPORATED BY REFERENCE

None.

DISCLOSURES REGARDING THE PROPOSED ACTION

The Board conducted this analysis using data from the first quarter of 2022, which was the most up-to-date data available at the time. The methodological approach used in 2022 is still representative of the regulated universe. To account for California employment changes and price growth that occurred between the first quarter of 2022 and December 2023, the Board has applied an additional correction factor of 4% to all cost estimates, based on California's CPI inflation rate of 3.9% during this period. This adjustment is included in all cost figures in this Notice and in the Initial Statement of Reasons (ISOR).

Mandate on Local Agencies and School Districts:**Costs to Local Agencies**

The proposed revisions to section 3400 will affect 1,786 local government agencies that employ 1,716,700 employees. Local agencies are expected to incur an estimated \$1,496,721 in costs in the first year and \$1,285,465 in annual maintenance costs each year thereafter. These estimates include 8.2% in tax, 50% overage to account for indirect costs and variability across workplaces, and the 4% adjustment factor.

These costs are not reimbursable by the state for reasons other than those listed in Section 17556 of the Government Code. The proposed revisions impose requirements that apply generally to all individuals and entities in the state; they do not impose any requirements unique to local governments.

The first year cost of \$1,496,721 comes to \$838 per agency and, because a minimum of one first-aid kit is needed for every 25 employees, to \$0.87 per employee. Local agencies are able to estimate their first-year costs using this figure.

The annual maintenance cost of \$1,285,465 for all local agencies combined assumes that each first-aid kit will require \$12.00 of replacement items per year. This equates to an annual maintenance cost of \$720 for each local agency, or \$0.75 per employee. Local agencies are able to estimate their annual first-aid maintenance costs using this figure.

Costs to State Agencies

The revisions to section 3400 will cost the state's 200 state government agencies a total of \$457,687 in the first year, or \$2,378 per agency, and \$442,046 each year thereafter in maintenance costs. The first-year estimate assumes that a minimum of one first-aid kit is needed for every 25 employees. Both estimates include 8.2% in taxes, 50% overage to account for indirect costs and variability across agencies, and the 4% adjustment factor.

Because these 200 state agencies employ 545,600 employees, the first-year cost of \$475,687 comes to \$0.87 per employee. State agencies are able to estimate their first- year costs using this figure.

The annual maintenance cost of \$442,046 for the 200 state agencies combined assumes that each first-aid kit will require \$12.00 of replacement items per year. This estimate includes 8.2% in tax, 50% overage and the 4% adjustment factor. This equates to an annual cost of \$2,210 per agency, or \$0.81 per employee. State agencies are able to estimate their annual first-aid maintenance costs using this figure.

Savings for Local and State Agencies

The revisions to section 3400 give local and state agencies the option of complying with the new Table 1 list of first-aid items, in lieu of consulting with a physician, which is a cost-saving measure. However, because physician consultation is an existing

requirement under section 3400, it represents a sunk cost that local and state agencies have already incurred.

The cost savings resulting from the revisions to section 3400 will therefore only be realized by new local and state agencies that form in the future, assuming that existing agencies do not consult with a physician more than one time regarding their first-aid needs. Since the formation of new local and state agencies is a relatively rare occurrence in California compared to the formation of new businesses, the Board assumes that the proposed revisions to section 3400 offer zero savings to local and state agencies.

Costs to any Local Government or School District Which Must be Reimbursed in Accordance with Government Code Sections 17500 through 17630:

Costs incurred as a result of revisions to section 3400 are not reimbursable by the state for reasons other than those listed in Section 17556 of the Government Code. The proposed revisions impose requirements that apply generally to all individuals and entities in the state; they do not impose any requirements unique to local governments.

Other Nondiscretionary Costs or Savings Imposed on Local Agencies:

The revisions to section 3400 will require local agencies to either provide first-aid kits that comply with the new Table 1 or consult with a PLHCP on the content of first-aid kits. Assuming that each of the state's 1,786 local agencies required a one-hour physician consultation cost of \$240 per agency, existing section 3400 previously cost these local agencies a total of \$428,640 in consultation fees, in addition to the cost of first-aid supplies. Local agencies will no longer incur these physician consultation costs under the revisions to section 3400.

Cost or Savings in Federal Funding to the State:

None.

Cost Impacts on a Representative Private Person or Business:

First-Year Costs for Existing Businesses

All cost estimates include 8.2% in taxes, 50% overage to account for indirect costs and variability across workplaces, and a 4% adjustment factor for inflation occurring between the first quarter of 2022 and December 2023.

The revisions to sections 1512 and 3400 affect 1,658,341 businesses and 17,621,358 employees. Of these businesses, section 1512 affects 89,489 construction businesses and 890,884 construction employees, and section 3400 affects 1,568,852 general industry businesses and 16,730,474 employees. Five percent (5%) of total affected businesses and employees are therefore in construction and 95% are in general industry.

First year costs of the revisions to sections 1512 and 3400 together are \$15,365,430. Five percent (5%) of total first year costs under section 1512 are incurred by construction businesses (\$776,831) and 95% of first-year costs under section 3400 are incurred by general industry businesses (\$14,588,599). The first-year cost per business is \$8.68 for construction and \$9.30 for general industry. The cost per employee is \$0.87 in both sectors. Businesses are able to estimate their first-year costs of the revision using these figures.

Annual Maintenance Costs for Existing Businesses (Years 2+)

After the first year, annual maintenance costs for the proposed revisions to sections 1512 and 3400 are estimated at \$12.00 per first-aid kit, which includes 8.2% in taxes. Assuming that a minimum of one first-aid kit is needed for every 25 employees, a total of 704,854 kits will be needed to meet the first aid needs of the 17,621,358 employees affected by these revisions. The total estimated statewide cost of maintaining first-aid kits is therefore \$13,194,867 each year.

Of these total annual maintenance costs, construction businesses would likely incur 5%, or \$659,743 per year, and general industry businesses would incur 95%, or \$12,535,124 per year.

The estimated annual maintenance costs for existing businesses over six years (2025 to 2030) include first-year costs of \$15,365,429 (2025, inclusive), plus annual maintenance costs over the following five years (2026 to 2030, inclusive) of \$13,194,867 per year, for a total cost of \$81,339,764 by 2030. As noted above these estimates include 8.2% in taxes, 50% overage for indirect costs, and a 4% inflation adjustment factor.

Statewide Adverse Economic Impact Directly Affecting Businesses and Individuals: Including the Ability of California Businesses to Compete:

The Board has made an initial determination that the proposed changes to section 1512 and 3400 will not result in a significant, statewide adverse economic impact that directly affects businesses or individuals, including the ability of California businesses to compete with businesses in other states.

California employers are currently required to supply and maintain first-aid kits under section 1512 and 3400. The proposed changes to these sections clarify the list of supplies that must be included in first-aid kits, which simplifies compliance and improves the effectiveness of these sections, while improving employee safety. Most businesses will experience cost savings because they will no longer have to consult with a physician regarding their first-aid needs.

Significant Effect on Housing Costs:

None.

SMALL BUSINESS DETERMINATION

Small (<100 Employees) and Typical Existing Businesses (≥100 Employees) Affected by the Proposed Revisions.

The proposed revisions to section 1512 and 3400 affect 1,634,092 small businesses, or 98.5% of the total of 1,658,341 affected businesses in construction and general industry. The revisions affect 24,249 typical businesses. While small businesses comprise 98.5% of affected businesses and employ 56% of the affected workforce, typical businesses comprise only 1.5% of affected businesses but employ 44% of the affected workforce. As a consequence, the first year and annual maintenance costs for typical businesses are significantly higher than those for small businesses, as described below under the Results of the Economic Impact Assessment/Analysis.

RESULTS OF THE ECONOMIC IMPACT ASSESSMENT/ANALYSIS

First Year and Annual (Years 2+) Costs for Small (<100 Employees) and Typical Existing Businesses (≥100 Employees)

Total costs

All cost estimates include 8.2% in taxes, 50% overage to account for indirect costs and variability across workplaces, and the 4% adjustment for inflation occurring between the first quarter of 2022 and December 2023. The total first year and subsequent annual costs of the revisions to sections 1512 and 3400 together are \$15,365,430 and \$13,194,873, respectively.

First year costs for construction versus general industry

The revisions to section 1512 affect 89,489 construction businesses and their 890,884 employees, and the revisions to section 3400 affect 1,568,852 general industry businesses and their 16,730,474 employees. The revisions therefore affect a total of 1,658,341 businesses and 17,621,358 employees in both sectors combined. Five percent (5%) of total first year costs under section 1512 are incurred by construction businesses (\$776,831), and 95% of first year costs under section 3400 are incurred by general industry businesses (\$14,588,599). The first year costs of the revisions per employee (\$0.87) are identical in both sectors. Construction and general industry businesses are able to estimate their first year costs using this figure.

Number of small versus typical businesses

In both construction and general industry, small businesses comprise 98.5% of affected businesses, and they employ 56% of the affected workforce, whereas typical businesses comprise only 1.5% of affected businesses but employ 44% of the affected workforce. The total number of affected small businesses in construction and general industry combined is 1,634,092, and the total number of employees in these businesses is 9,786,602. The total number of affected typical businesses in

construction and general industry combined is 24,249, and the total number of employees in these businesses is 7,834,756.

First year costs for small versus typical businesses

The total first year cost for small businesses in construction and general industry combined is \$8,533,698 (56% of total), whereas the total first year cost for typical businesses in construction and general industry combined is \$6,831,732 (44% of total). The combined first year cost for both small and typical businesses is \$15,365,429. The cost per employee in the first year is \$0.87 for both small and typical businesses, as noted above.

Annual costs after year one for small versus typical businesses

The total annual cost after year one for 1,634,092 small businesses in construction and general industry combined (and their 9,786,602 employees) is \$7,328,208, or 56% of total. The total annual cost after year one for 24,249 typical businesses in construction and general industry combined is \$5,866,665 (44% of total). The combined annual cost after year one for both small and typical businesses is \$13,194,873. The annual cost per employee after year one is \$0.75 for both small and typical businesses. Businesses are able to estimate their annual costs of the revisions using these figures.

Future Costs for Existing Businesses, 2025-2030

By 2030, the statewide costs that existing businesses are expected to incur to comply with the revisions to sections 1512 and 3400 include \$15,365,429 in the first year (2025), plus \$13,194,867 in each of the five years thereafter (2026-2030) in maintenance costs, both of which include 8.2% in taxes, 50% overage to account for variability among workplaces, and the 4% adjustment factor to account for inflation between the first quarter of 2022 and December 2023. This equates to a total cost by 2030 of \$81,339,764, or \$13,556,627 on average per year over this six-year period.

Savings for New Businesses, 2025-2030

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. As noted above, 95% (19,598,120) of these new employees will likely be employed in general industry, and 5% (1,031,480) will be employed in construction.

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 will likely be in general industry and 5% (14,095) in construction.

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-2021 standard, so compliant first-aid kits and supplies will be readily available on the market. In addition, the revisions to section 1512 remove several first-aid supplies from the current list of required items that construction businesses will no longer be required to purchase and maintain, including portable oxygen and breathing equipment.

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 \$67,660,320 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 \$11,276,720 in savings each year during this six-year period.

The revisions to sections 1512 and 3400 save new California businesses a total of \$11,276,720 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 proposed regulations will not affect the creation or elimination jobs, the creation or elimination of businesses, or the expansion of businesses.

BENEFITS OF THE PROPOSED ACTION

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

- (1) First-aid kits meet the requirements for Class A first-aid kits in 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.
- (2) A properly stocked and maintained first-aid kit is “readily available” to all employees, meaning that it is accessible within three to four minutes.
- (3) The location of all first-aid kits is clearly indicated in the workplace.
- (4) Employers assess any unique hazards in the workplace and provide first-aid supplies in accordance with those hazards, as needed.
- (5) Employers who choose to do so are able to consult with a physician or licensed health care professions (PLHCP) in lieu of consulting with a physician, and as an alternative to complying with the ANSI/ISEA-Z308.1 standard.

In general, these changes will reduce the time it takes an injured employee to receive first-aid treatment and will improve the effectiveness of such treatments.

The proposal will generate substantial cost savings for businesses in construction (section 1512) and general industry (section 3400) by removing the physician consultation requirement. As described above, between 2025 and 2030, the revisions will save 281,918 new businesses an estimated \$67,660,320 in physician consultation costs that will no longer be required.

Construction businesses will also benefit by the simpler, standardized list of first-aid supplies required in the new Table 1 under the revised section 1512, rather than having to adjust their first-aid supplies as the number of employees on a job increases or decreases.

The proposal could improve the safety of California residents to the extent that employees are willing to render assistance if a member of the public is injured while conducting business in the employee's workplace.

As noted above, in most cases (for employees as well as members of the public), the first-aid supplies required by the proposal will be used to treat minor injuries; in some cases, however, these supplies could make an important difference in the outcome of an injured person. For example, the required breathing barrier will improve the effectiveness of rescue breathing and cardiopulmonary resuscitation, which can increase an individual's chance of survival when initiated prior to the arrival of emergency medical services. Similarly, using the medical scissors to quickly access a serious injury and apply a trauma dressing and roller bandage to staunch bleeding can effectively prevent continued loss of blood. Using the foil blanket to forestall hemorrhagic shock can make an important difference for an employee who has suffered a serious loss of blood.

CONSIDERATION OF ALTERNATIVES

In accordance with Government Code section 11346.5(a)(13), the Board must determine that no reasonable alternative it considered to the regulations or that has otherwise been identified and brought to its attention would either be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law than the proposal described in this Notice.

The Board considered making no changes to sections 1512 and 3400; however, the Board rejected this approach because (1) comments received by the Board, including those made by the advisory committee, raised concerns regarding the deficiencies of both existing sections, as described above; and (2) the proposed revisions address limitations in sections 1512 and 3400 by eliminating unnecessary first-aid items, modernizing the contents of first-aid kits, ensuring ready access to first-aid kits by employees, and ensuring the availability of first-aid items for unique workplace hazards. The proposed revisions also retain the ability of employers to consult with a physician as an alternative to complying with a standardized list of first-aid supplies, but the revisions expand this to include a "physician or other licensed health care provided (PLHCP)." PLHCPs are fully capable of providing first-aid consultation

without the costs associated with physician consultations. The Board determined that these changes would improve employee safety while also improving effectiveness and reducing costs for employers.

For section 1512, the Board considered retaining the physician consultation requirement and the existing lists of first-aid items, which differ based on the number of employees present on a construction job. Under this alternative, construction businesses are required to manage the contents of their first-aid kits as the number of employees on a job changes. The existing lists also require construction employers to purchase outdated or impractical first-aid equipment, such as forceps, tongue depressors, oxygen and breathing equipment, safety pins, emesis basins, and magnifying glasses. Forceps are used during surgical procedures, for example, while tongue depressors are used in primary care settings. Oxygen and breathing equipment requires specialized training to be used properly. While these represent sunk costs for existing employers, all new construction employers in California would face these costs if the existing requirements were continued by the Board. In light of these factors, the Board rejected this alternative in favor of allowing employers to either comply with the new Table 1 or seek consultation with a PLHCP.

For section 3400, the Board considered retaining the physician consultation requirement. Under this alternative, general industry businesses would be required to continue consulting with a physician regarding their first-aid needs. While these represent sunk costs for existing employers, all new general industry employers in California would face these costs. In light of these factors, the Board rejected this alternative in favor of allowing employers to either comply with the new Table 1 or seek consultation with a PLHCP.

To quantify the costs of this alternative approach, which would continue the physician consultation requirement, each of the 281,918 new businesses that are expected by 2030 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 \$67,660,320 over the six years between 2025 and 2030 (inclusive), assuming that new businesses enter the market beginning in 2025. This estimate does not include costs resulting from inflation during this period. This comes to \$11,276,720 each year during this six-year period that new businesses would incur under this alternative.

In addition to the costs of physician consultation required under this alternative, each of the new 281,918 businesses would be required to purchase and maintain first-aid kits. With 3,008,242 new employees, as noted above, and assuming that a minimum of one first-aid kit is needed for every 25 employees, and that the first-year cost of first-aid kits is \$0.87 per employee, as described above, the total first year cost of first-aid kits for these 281,918 new businesses would be \$2,617,171, including 8.2% in taxes, 50% overage, and the 4% adjustment factor.

Assuming the annual maintenance cost for first-aid kits is \$0.75 per employee for both small and typical businesses, as described above, the total annual maintenance costs for 3,008,242 new employees is \$2,256,182 per year, including 8.2% in taxes, 50%

overage, and the 4% adjustment factor, or \$11,280,910 over five years (2026-2030, inclusive).

Therefore, the costs of the alternative for 281,918 new businesses over the six years from 2025 to 2030 include the cost of a one-hour physician consultation (\$67,660,320); first year implementation costs (\$2,617,171); and total annual maintenance costs (\$11,280,910), for a total cost of \$81,558,401 over this six-year period.

The Board invites interested persons to present statements or arguments with respect to alternatives to the proposed regulations at the scheduled public hearing or during the written comment period.

CONTACT PERSONS

Inquiries regarding this proposed regulatory action may be directed to:

Primary Contact:

Ruth Ibarra, Staff Services Manager I
Occupational Safety and Health Standards Board - Regulations Unit
2520 Venture Oaks Way, Suite 350 Sacramento, CA 95833
ribarra@dir.ca.gov / (916) 274-5795

Secondary Contact:

Marlo Miura, Associate Governmental Program Analyst
Occupational Safety and Health Standards Board - Regulations Unit
2520 Venture Oaks Way, Suite 350 Sacramento, CA 95833
mmiura@dir.ca.gov / (916) 621-1419

AVAILABILITY OF STATEMENT OF REASONS, TEXT OF THE PROPOSED REGULATIONS AND RULEMAKING FILE

The Board will have the entire rulemaking file available for inspection and copying throughout the rulemaking process at its office at the above address. These include all documents listed in the Statement of Reasons as Document Relied Upon. In addition, the Notice of Proposed Action, proposed regulatory text, Initial Statement of Reasons, final text, and Final Statement of Reasons will be posted to the Board's first-aid website at <https://www.dir.ca.gov/oshsb/First-Aid-2025.html>. As of the date this Notice is published in the Notice Register, the rulemaking file consists of this Notice, the proposed text of the regulations, the Initial Statement of Reasons, and any supporting documents or other information upon which the rulemaking is based. Copies may be obtained by contacting Ruth Ibarra at the telephone number or email listed above.

AVAILABILITY OF CHANGED OR MODIFIED TEXT

After holding the hearing and considering all timely and relevant comments received, the Board may adopt the proposed regulations substantially as described in this notice. If the Board makes modifications that are sufficiently related to the originally proposed text, it will make the modified text (with the changes clearly indicated)

available to the public at least 15 days before the Board adopts the regulations as modified. Please request copies of any modified regulations by contacting Ruth Ibarra telephone number or email listed above. The Board will accept written comments on the modified regulations for at least 15 days after the date on which they are made available.

AVAILABILITY OF THE FINAL STATEMENT OF REASONS

Upon its completion, copies of the Final Statement of Reasons may be obtained by contacting Ruth Ibarra at the telephone number or email listed above or via the internet.

AVAILABILITY OF DOCUMENTS ON THE INTERNET

The Board will have all rulemaking documents available for inspection throughout the rulemaking process on its web site. Copies of the text of the regulations in an underline/strikeout format, the Notice of Proposed Action and the Initial Statement of Reasons can be accessed through the Board's website at <https://www.dir.ca.gov/oshsb/First-Aid-2025.html>.

TITLE 8

CONSTRUCTION SAFETY ORDERS

SECTION 1512

GENERAL INDUSTRY SAFETY ORDERS

SECTION 3400

FIRST AID