 Discovery Labs	<b>STANDARD OPERATING PROCEDURE</b>			
	SOP No.:	SOP-EHS-012-02	Effective Date:	
	Supersedes :	EHS-012-01	Next Review Date:	
	Department:	EHS	Page:	1 of 8
<b>TITLE: FIRST AID</b>				

## 1.0 PURPOSE:

To establish and implement a procedure for first aid for injured or sudden illness people before the arrival of ambulance or shifting to hospital.

## 2.0 SCOPE:

This Standard Operating Procedure is applicable to all employees working at Discovery Laboratories pvt.ltd.

## 3.0 RESPONSIBILITY:

### 3.1 EHS Department

3.1.1 It is the responsibility of EHS department to providing all necessary first aid equipment / medicine and to check the first aid box for once in ten days

### 3.1.2 User Department

3.1.3 It is the responsibility of user department to upkeep with medicine in the first aid box and first aid to the injured people

## 4.0 DEFINITIONS: NIL

## 5.0 PROCEDURE :

### 5.1 Schedule:

5.1.1 First Aid Box inspection once in a Ten days with  $\pm 3$  days


### 5.2 First aid:

5.2.1 First aid is the initial assistance or treatment given to a casualty for any injury or Sudden illness before the arrival of an ambulance, doctor or other qualified person.

### 5.3 For eyes:

5.3.1 Wash with copious amount of water for at least 15 to 30 minute by holding eye lids open to avoid permanent scars and damage to the eyeball, leading to blindness when chemicals spilled ex: sodium hydroxide, HCl, H<sub>2</sub>SO<sub>4</sub>, Acetonitrile, Phenol, MDC etc. send the victim for medical attendance.

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 Discovery Labs	<b>STANDARD OPERATING PROCEDURE</b>			
	SOP No.:	SOP-EHS-012-02	Effective Date:	
	Supersedes :	EHS-012-01	Next Review Date:	
	Department:	EHS	Page:	2 of 8
<b>TITLE: FIRST AID</b>				

5.3.2 Operation controls: For this eye wash purpose, the management provides eye wash and body showers in sufficient number at strategic locations and also provided eye wash bottle in sufficient number at all required departments.

#### 5.4 For burns:

5.4.1 A burn is an injury that results from contact with heat, chemical agents and electricity the problems most often associated with burns.

#### 5.5 Care for burns:

5.5.1 The first aid care rendered to the burn victim largely depends on the cause of the burn and degree of severity. Regardless of the severity of the burn, follow the given principles to deal with any burn victim.

5.5.2 Remove the victim from burn source. Lay him flat on the ground. Put any thick clothing which is available at that moment like a woolen coat, blanket, carpet, shawl etc., over him to extinguish flames. Do not try to remove the burning clothes or move the person unnecessarily for it will only increase the fire. Immediately cool the burn wound.

5.5.3 The burned area must be held or immersed under cool, running water or cool moistened towels or compresses can be applied.


5.5.4 Burn blisters should be left untouched as they protect the wound from contamination. All articles like, rings, bangles, belt and boots which may become constricting agents after edema develops, should be removed.

5.5.5 Face burns may be covered with clean hand kerchief. While awaiting transportation, the patient is kept at rest.

5.5.6 For burns apply clean wet dressing and cover with sterile cloth. Take the victim to nearby hospital immediately.

#### 5.6 Chemical Burns:

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	SOP No.:	SOP-EHS-012-02	Effective Date:	
	Supersedes :	EHS-012-01	Next Review Date:	
	Department:	EHS	Page:	3 of 8
<b>TITLE: FIRST AID</b>				

5.6.1 The very aim of our first aid treatment is to wash the site with copious amount of plain water. In an acid burn, sodium bicarbonate is added to plain water. In case of white phosphorous the burnt part is totally submerged in water.

5.6.2 Remove all clothing containing the chemical agent. (including under clothing, shoes).

5.6.3 Do not use any neutralizing solution other than washing with plenty of plain water.

5.6.4 Transport the victim to hospital

#### 5.7 **Head Injury:**

5.7.1 All injuries to the head are potentially dangerous, and always require medical attention, particularly if severe enough to cause impaired consciousness.

5.7.2 If the casualty remains unconscious after three minutes, dial for an ambulance. place him or her in the recovery position.

5.7.3 Monitor and record breathing, pulse, and level of response.

5.7.4 Transport the victim as early as possible to nearest hospital for medical attention.

#### 5.8 **Fractures:**

5.8.1 Don't move victim, particularly when injury to neck (or) spinal cord is suspected.


5.8.2 Put limb in a comfortable position.

5.8.3 Hold head between hands so that neck does not bend forward or to either side.

5.8.4 Carry the patient in straight position.

5.8.5 Do not allow weight bearing of any kind.

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	SOP No.:	SOP-EHS-012-02	Effective Date:	
	Supersedes :	EHS-012-01	Next Review Date:	
	Department:	EHS	Page:	4 of 8
<b>TITLE: FIRST AID</b>				

5.8.6 Support the broken bones with a ‘splint’ (rolled newspaper, anything rigid) pad the splint with rags, cloth or any soft material. Tie firmly in place to keep broken part from moving.

5.8.7 shift the victim to the hospital for further treatment.

5.8.8 **NOTE: Do not try to push protruding bones in to place. Call for a doctor or shift the injured person to the hospital.**

#### 5.9 Cuts and wounds:

5.9.1 Try to stop bleeding at first instance by application of ice. Do not press the bleeding part very strongly.

5.9.2 cover the wound with clean cloth / sterile gauze, and apply gentle pressure.

5.9.3 If a body part is severely wounded, send the victim to the hospital along with escort.

#### 5.10 Electric shock:

5.10.1 Switch off main switch or push victim off electric wire with dry non-conducting material like wood while standing on dry board or a rubber mat.

5.10.2 **Note: Do not touch victim of electrical shock until contact with the source of Current is broken.**

5.10.3 Keep victim lying down and cover him with a blanket, if breathing stops, give artificial respiration. Call for oxygen equipment, and arrange for vehicle for taking victim to hospital.

#### 5.11 Suffocation:

5.11.1 General first aid care for suffocation is as follows.


5.11.2 Remove the patient from the source.

5.11.3 Restore breathing by artificial respiration.

5.11.4 Send the patient to the hospital if necessary.

#### 5.12 Poisoning:

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	SOP No.:	SOP-EHS-012-02	Effective Date:	
	Supersedes :	EHS-012-01	Next Review Date:	
	Department:	EHS	Page:	5 of 8
<b>TITLE: FIRST AID</b>				

5.12.1 Immediately give large amount of water to dilute poison if consumed by mouth and call for a doctor.

5.12.2 Induce vomiting, unless the victim has swallowed corrosive poison.

5.12.3 If the victim is swallowed strong acids or alkalis or petroleum based products, give fluids (water) to dilute the materials.

5.12.4 If acid is swallowed, give baking soda in water. Discontinue if nausea occurs.

5.12.5 In case of gas poison general first aid care are as follows:

5.12.6 Act quickly.

5.12.7 Remove the victim immediately from the accidental spot and bring him in the open air.

5.12.8 If the respiratory process is stopped then start giving artificial respiration.

5.12.9 Keep the victim warm under blanket or bed sheet.

5.12.10 If there is not quick improvement in the patient's condition then make an arrangement to send hospital

### 5.13 **Bleeding nose:**

5.13.1 General first aid care for bleeding nose is as follows.

5.13.2 Make the person to sit on a stool head downward.

5.13.3 Pinch the nose with fingers and thumb.

5.13.4 Apply a towel, wet with cold water or cracked ice, over the nose, face, and forehead and at the back of the neck.

5.13.5 Loosen clothing at neck.


5.13.6 Send the victim for medical attention.

### 5.14 **Bleeding ear:**

5.14.1 General first aid care for bleeding ear is as follows

5.14.2 If the bleeding is from external ear, apply pressure with sterile gauze over the wound for 10 minutes.

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	SOP No.:	SOP-EHS-012-02	Effective Date:	
	Supersedes :	EHS-012-01	Next Review Date:	
	Department:	EHS	Page:	6 of 8
<b>TITLE: FIRST AID</b>				

5.14.3 This will usually stop the bleeding. Apply bandage.

5.14.4 If the bleeding is from inside, never pack the ear. This will collect the blood inside this later on may get infected.

5.14.5 Don't plug the ear. Do not put any medicine in the ear.

5.14.6 Lay the victim on the side of the bleeding ear, so that blood comes out easily and does not collect inside.

5.14.7 Send the victim for medical attention.

#### 5.15 **Heat stroke:**

5.15.1 Sun stroke is caused by too high a temperature in atmosphere the sun rays. While heatstroke may be caused by high temperatures in factories, boilers or furnaces etc., In both conditions the heat regulating mechanism of the body fails and body rapidly becomes dangerously overheated. General first aid care for heat stroke is as follows.

5.15.2 Remove the victim to a dry and shady place.

5.15.3 Remove all clothes except the under wear.

5.15.4 Raise the head and the upper part of the body.

5.15.5 Pour cold water on the body quickly.

5.15.6 Wash the head thoroughly with cold water and dry it with towel.

5.15.7 Keep the patient under the fan.

5.15.8 Record the temperature for every 10 minutes.

5.15.9 When the temperature falls up to 38°C stop pouring water.


5.15.10 Give plenty of cold water with a pinch of common salt and glucose can be given to him for drinking.

5.15.11 Send the patient to the hospital.

#### 5.16 **Artificial Respiration:**

5.16.1 Procedure for artificial respiration is as follows. Keep the head slightly backward and open the jaw.

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	Supersedes :	EHS-012-01	Next Review Date:	
	Department:	EHS	Page:	7 of 8
<b>TITLE: FIRST AID</b>				

5.16.2 Seal the casualty's nose to prevent any escape of air by pinching it.  
Close with thumb and index finger.

5.16.3 Take a deep breath, open your mouth widely, place it over the casualty's mouth and make a tight seal.

5.16.4 Quickly flow the full breath into the mouth of casualty removes your mouth from the casualty and allow him to exhale passively. Repeat the procedure 12-15 times per minute.

#### 5.17 First aid box:

5.17.1 EHS department shall provide the first aid boxes in required places.

5.17.2 EHS department shall maintain in the required medicines in the first aid boxes.

5.17.3 EHS department will check the first aid box for medicines once in a ten days.


5.17.4 First aid usage details should be communicated to EHS department through Accident /Incident /Near miss information report.

5.17.5 First aid box checking will be done and recorded in format EHS12-FM017

5.17.6 The list of first aid box is...

S. No	Item
1	Dettol bottle
2	Scissor
3	Sterile dressing pad
4	Dressing cloth
5	Eye drop bottles
6	Band Aids
7	Silver nitrate gel
8	Dressing cotton

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	SOP No.:	SOP-EHS-012-02	Effective Date:	
	Supersedes :	EHS-012-01	Next Review Date:	
	Department:	EHS	Page:	8 of 8
<b>TITLE: FIRST AID</b>				

9	Hydrogen peroxide
10	Cipladine (ointment)
11	Adestor tap

**5.2** List of First aid boxes were prepared and maintained separately and will be updated as per requirement.

## **6.0 FORMATS / ANNEXURE(S):**

6.1.1 First Aid Box checking record : EHS012-FM017

## **7.0 CHANGE HISTORY:**

Revision No.	Effective Date	Details of Revision	Ref. CCF No.
00	01-02-2013	New SOP	---
01		1. SOP format changed in line with QA-SOP-001-04	---
02		1. SOP format changed in line with QA-SOP-001-05	CCF/GEN/17017

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