

OCCUPATIONAL SAFETY
AND HEALTH STANDARDS BOARD
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**NOTICE OF AVAILABILITY OF MODIFIED TEXT FOR PROPOSED REGULATIONS OF
THE OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD REGARDING
MEDICAL SERVICES AND FIRST AID**

**CALIFORNIA CODE OF REGULATIONS
TITLE 8: SECTION 1512 OF THE CONSTRUCTION SAFETY ORDERS AND
SECTION 3400 OF THE GENERAL INDUSTRY SAFETY ORDERS**

Notice is hereby given, pursuant to Government Code Section 11346.8(c), that the Occupational Safety and Health Standards Board (Standards Board) proposes modifications to specific text of the regulations contained the above-named standards.

A Notice of Proposed Action pertaining to Medical Emergency Services and First Aid was mailed on November 28, 2025. A Public Hearing was held on January 15, 2026, and written comments were received until 5:00PM on January 15, 2026. As a result of public comments received, and additional information and recommendations from the Standards Board staff, the Standards Board is proposing modification to the originally proposed text for title 8, section 1512 of the Construction Safety Orders and section 3400 of the General Industry Safety Orders.

SUBMISSION OF WRITTEN COMMENTS

Written comments on the proposed modifications will only be accepted by the Board during the 15-day written comment period beginning May 1, 2026, and ending at 5:00PM on May 18, 2026.

By mail: Occupational Safety and Health Standards Board
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In person: Occupational Safety and Health Standards Board
2520 Venture Oaks Way, STE 350
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Comments submitted by e-mail must be submitted during the 15-day comment period ending at 5:00PM on May 18, 2026.

SUMMARY OF MODIFICATIONS

Section 1512 Emergency Medical Services

- (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 can 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. 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.

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- (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.

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- (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 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 amending 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); that is, “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 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.

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.

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.

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- 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 kit(s). 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 2022 ANSI standard, this requirement was not extended to guides provided in ANSI 2022-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 2022 ANSI 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).

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- (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 previous text at (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 employer’s first-aid program when unique, reasonably anticipated, and potentially serious hazards are present.

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- 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 important provision related to worker training, while improving clarity and enforceability.

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- 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. 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 Section 1512 are not intended to exclude immediate treatment of minor injuries which do not require the services of a PLHCPphysician.”

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” creates an internal conflict within the proposal.

Section 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 adequate quantities and types of first-aid materials, approved by the consulting physician, readily available for employees at 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” is therefore internally consistent, and it does not affect the meaning of the sentence.

- (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).
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- (c)(1) – This subsection 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); that is, “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 preferable to creating a new definition.

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- (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 obscured by equipment or materials, which underscores the importance of requiring that the locations of first-aid kits be “communicated to employees.”

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- (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.

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- Table 1 – The table is amended by adding an asterisk and a footnote to “Breathing barrier” and amending the remaining three asterisks in the Table and footnotes accordingly.

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.

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- 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 kit(s). 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 2022 ANSI 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 in the contents of the guide. The contents of the 2022 ANSI 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).

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- (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 derives from the previous text at (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 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 important 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” creates an internal conflict within the proposal.