

SECTION 3

Medical and First Aid Requirements

03.A General.

03.A.01 Prior to the start of work by a contractor and for all USACE locations, arrangements shall be made for medical facilities and personnel to provide prompt attention to injured employees. For work or tasks with a high or extremely high risk assessment code (RAC) on the Activity Hazard Analysis (AHA), the arrangements with the medical facility shall be confirmed in writing. > See Sections 01.A.14 and 01.A.15.

a. An effective means of communication (i.e., hard-wired or cellular telephone, two-way radio, etc.) with #911 access or other emergency response source, and transportation to effectively care for injured workers shall be provided. Communication devices shall be tested in the area of use to assure functionality.

b. The telephone numbers of physicians, hospitals, or ambulances shall be conspicuously posted, at a minimum, on the safety bulletin board and near the on-site project office telephones. Medical facilities and personnel expected to treat injured employees shall be informed of the nature of the work to be performed and the injuries/illnesses prevalent on such jobsites. Depending on the scope and size of the job, the GDA may require a formal written agreement.

c. A highly visible map delineating the best route to the nearest medical facility shall be prepared and posted on the safety bulletin board. For mobile field crews, it shall be readily available.

03.A.02 First aid and cardiopulmonary resuscitation (CPR) availability.

a. When a medical facility is not accessible within 5 minutes of an injury to a group of 2 or more employees, at least 2 employees on each shift shall be qualified to administer first aid and CPR.

b. For job sites with more than 100 employees on one shift, a list of qualified individuals shall be maintained by the site security personnel and in the site trailer.
> Minimum qualifications are listed in Section 03.D.

b. Training and Retraining. First aid attendants shall hold current certification in first aid and CPR from the American Red Cross (ARC), the American Heart Association (AHA), or from an organization whose training adheres to the standards of the International Liaison Committee on Resuscitation (as stated in writing), or from a Licensed Physician.

(1) All classes shall contain a hands-on component that cannot be taken online.

(2) The certificate(s) shall state the date of issue and length of validity.

(3) All first aid and CPR attendants shall be retrained every 2 years.

c. Individuals who are required to work alone in remote areas shall be trained in first aid and shall be provided with an effective means of communication to call for assistance in the event of an emergency.

03.A.03 First aid and medical facility requirements.

a. All projects, activities, or contracts (USACE or contractor operated), for which fewer than 100 persons are employed (greatest total number of employees on a shift) at the site of the work, and where neither a first aid station nor a health clinic is available or the site is more than 5 minutes from a hospital, medical clinic, or doctors' office, shall be provided with a first aid kit complying with the criteria contained in ANSI Z308.1.

(1) There shall be one first aid kit for every 25 (or fewer) employees.

(2) In addition to the basic fill requirements of the first aid kit, the contractor or local USACE Safety and Occupational Health Office (SOHO), in consultation with a health care professional, shall evaluate the hazards found in the work environment to determine the necessity of optional fill contents.

b. All projects, activities, or contracts (USACE or contractor operated) for which more than 99 and fewer than 300 persons are employed (greatest total number of employees on a shift) at the site of the work, shall establish and equip a first aid station. > Requirements for first aid stations are in Section 03.C. In non-rural locations, medical clinics, hospitals, or doctors' offices, accessible within 5 minutes of the location of an injury may be approved for use instead of a first aid station, provided the requirements of Section 03.A.03.a. are met.

c. Where tunnels are being excavated, a first aid station and transportation facilities shall be provided so that treatment is available within 5 minutes of the occurrence of an injury.

d. All projects, activities, or contracts (USACE or contractor operated) for which 300 or more persons are employed (greatest total number of employees on a shift) at the site of the work shall establish and equip, as directed by a licensed physician, a health clinic. Requirements for health clinics are in Section 03.C.

e. All locations where the work efforts are primarily administrative, such as a district or regulatory office, shall either have accessible, staffed infirmary in the building or a medical clinic, hospital, or doctors' office accessible within 5 minutes and the requirements of Sections 03.A.02 and 03.A.03.a shall be met.

03.A.04 Should work activities present any potential exposure (of any part of the body) to toxic or corrosive materials, drenching and/or flushing facilities shall be provided in the work area for immediate emergency use. > See *Section 06.B.*

03.A.05 Blood-Borne Pathogen (BBP) Program. Employees designated as responsible for rendering first aid or medical assistance shall be included in their employer's BBP program in accordance with 29 CFR 1910.1030 and shall:

- a. Be instructed in the sources, hazards, and avoidance of BBPs and be provided the training specified in 29 CFR 1910.1030;
- b. Be provided with, and shall use and maintain, PPE (i.e., breathing barrier, latex-free gloves, gowns, masks, eye protectors, and/or resuscitation equipment) when appropriate for rendering first aid or other medical assistance to prevent contact with blood or other potentially infectious materials;
- c. Institute a site-specific BBP program to include a site-specific Exposure Control Plan with provisions for engineering and administrative controls, Hepatitis B vaccination, PPE, training, recordkeeping, and a Post-Exposure Control Plan in the event of a blood-borne exposure. Post-exposure protocol shall include a plan to ensure immediate medical evaluation of exposed individual(s) per current recommendations of the Center for Disease Control (CDC) for human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and Hepatitis C virus (HCV).

03.A.06 Prior to the start of work outside the employee's normal geographical area, the employer shall inform employees of parasitic, bacterial, viral and environmental diseases endemic to the geographical work location (i.e., Lyme Disease, West Nile Virus, Hantavirus, Histoplasmosis, Rocky-Mountain Spotted Fever, Dengue Fever, Malaria, etc.)

a. For guidance on the potential biological and environmental diseases in the work location, the employer shall consult the CDC Travel webpage, U.S. Army Public Health Command – Institute of Public Health web site, and the health department in the local area.

b. Information to be provided to the employee traveling in areas where such diseases are endemic shall include:

- (1) Modes of disease transmission;
- (2) Specific health risks associated with the disease;
- (3) Preventive measures such as available vaccines and PPE (gloves, eye and skin protection, respirator);
- (4) Appropriate work practices to prevent contact with infected agents (bird/rodent droppings, etc.), such as watering areas prior to dust-generating activities;
- (5) Vaccine information, to include information on the effectiveness, risk, and availability;
- (6) Safe removal of source where applicable;
- (7) Symptom recognition and medical referral.

03.B First Aid Kits.

03.B.01 The performance requirements of the first aid kits shall be based on the storage area location of the first aid kit and shall conform to ANSI/ISEA Z308.1. Content of all first aid kits shall be to the level of training attained by the responders using the first aid kit.

a. Type I kits are intended for use in stationary, indoor settings where the potential for damage of kit supplies due to environmental factors and rough handling is minimal. Type 1 first aid kits are required to contain the minimum fill in Table 3-1.

b. Type II , Type III and Type IV first aid kits shall, at a minimum, meet the requirements of the minimum fill in Table 3-1:

(1) Type II kits are for portable indoor settings where the potential for damage of kit supplies due to environmental factors and rough handling is minimal;

(2) Type III kits are for portable use in mobile, indoor and/or outdoor settings where the potential for damage of kit supplies due to environmental factors is not probable (includes general indoor, sheltered outdoor use).

(3) Type IV kits are intended for portable use in mobile industries (i.e., utilities, construction, transportation, armed forces) and/or outdoor settings where the potential for damage of kit supplies due to environmental factors and rough handling is significant.

c. The contents of the first aid kit shall, at a minimum, contain the items detailed in Table 3-1.

d. First aid kits shall be easily accessible to all workers and protected from the weather. The individual contents of the first aid kits shall be kept sterile. First aid kit locations shall be clearly marked and distributed throughout the site(s).

03.B.02 The contents of first aid kits shall be checked by the employer prior to their use on site and at least every 3 months when work is in progress to ensure that they are complete, in good condition, and have not expired.

03.B.03 All employees who work where there is a first aid kit shall receive a tool box training on the content and use of the kit supplies.

TABLE 3-1
Requirements for Basic First Aid Unit Package

Unit first aid item	Minimum Size or Volume (metric)	Minimum Size or Volume (US)	Item quantity per unit package	Unit package
Absorbent Compress	206 cm ²	32 in ²	1	1
Adhesive Bandage	2.5 x 7.5 cm	1 x 3 in	16	1
Adhesive Tape	<u>2.3 m</u>	<u>2.5 yd (total)</u>	1 or 2	1 or 2
Antiseptic Wipe	2.5 x 2.5 cm	1 x 1 in.	10	1
Aspirin, Individually Wrapped	325 mg		2	2
Bandage Compress (2 in-4 in)	5 x 91 cm	2 x 36 in.	4	1
<u>CPR Breathing Barrier</u>			1	1
Burn Dressing	10 x 10 cm	4 x 4 in	1	1-2
Burn Treatment	0.9	1/32 fl. Oz.	6	1
Cold Pack	10 x 12.5 cm	4 x 5 in	1	1
Eye Covering, with means of attachment	19 cm ²	2.9 in ²	2	1
Eye/Skin Wash	<u>118 ml (total)</u>	<u>4 fl. oz total</u>	1	2
<u>First Aid Guide</u>			<u>1</u>	<u>1</u>
Gloves, latex free	XL	XL	<u>2 pair</u>	1
<u>Hand Sanitizer</u>	<u>0.9 g</u>	<u>1/32 oz.</u>	<u>6</u>	
Roller Bandage (4 in.)	10 x <u>366 cm</u>	4 in. x <u>4 yd.</u>	1	1
Roller Bandage (2 in.)	5 x <u>366 cm</u>	2 in. x <u>4 yd.</u>	2	1
Sterile pad	7.5 x 7.5 cm	3 x 3 in.	4	1
Triangular Bandage	101 x 101 x 14	40 x 40 x 56 in.	1	1
<u>Occlusive Dressing</u>	<u>10.2 x 10.2</u>	<u>4 x 4</u>	1	2
<u>*Combat style Tourniquet with Windlass</u>	<u>95.3 x 3.8</u>	<u>37.5 x 1.5 in. w</u>	1	1

* Required when power tools in use.

03.B.04 Automatic External Defibrillator (AED). The placement of AEDs is optional (except for health clinics, see 03.C.03.d) but highly recommended. The placement of AEDs on the worksite shall be preceded by an assessment of the time and distance to emergency medical services (EMS) and a justification for such equipment. For the ease of use and program maintenance, all AEDs in a location and/or Command should be the same manufacturer and model. For guidance, USACE facilities should refer to

Guidelines for Public Access Defibrillation Programs in Federal Facilities

(<http://www.thefederalregister.com/d.p/2009-08-14-E9-19555>). An AED program shall include, at minimum:

- a. Training and Retraining: Workers required to use an AED shall be trained per Section 03.A.02 b. All classes shall contain a hands-on component and cannot be taken online. Training shall be on the same model and manufacturer of AED available in the work area. The certificate(s) shall state the date of issue and length of validity;
- b. Licensed Physician direction and oversight;
- c. Documented weekly battery and functionality checks;
- d. Standard Operating Procedures (SOPs) for placement, maintenance, inspections, and EMS activation;
- e. Equipment Maintenance Program based on the manufacturer's recommendations that, at a minimum, shall include pad replacement (regular and after use) and battery replacement.

03.C First Aid Stations and Health Clinics.

03.C.01 General.

- a. For activities requiring a first aid station or a health clinic, the type of facilities and equipment provided shall be determined after consideration is given to the proximity and quality of available medical services. The facilities and equipment shall also be in accordance with the recommendation of a Licensed Physician, Board-Certified and Licensed Physician's Assistant (PA-C), or Licensed Nurse Practitioner (LNP). Alternative facilities that provide the quantity and quality of services outlined in this section may be used if recommended by the consulting Licensed Physician, PA-C or LNP.
- b. Identification and directional markers shall be used to readily denote the location of all first aid stations and health clinics.
- c. Emergency lighting shall be provided for all first aid stations and health clinics.

03.C.02 A certified first aid provider shall be on duty in first aid stations at all hours when work is in progress (except when on emergency calls).

03.C.03 Health Clinics.

a. Health Clinics shall provide privacy, adequate lighting, climate control, adequate toilet facilities, hot and cold water, drainage, and electrical outlets. Walls and ceilings shall be finished with the equivalent of two coats of white paint; windows and doors shall be screened; floors shall be constructed with impervious materials.

b. In remote locations where medical care is not available within 5 minutes, a properly equipped emergency vehicle, helicopter, or mobile first aid unit shall be provided during work hours at sites requiring a health clinic. The emergency vehicle shall not be used for any other purpose, except in the case of a helicopter, which may be used for shift crew changes.

c. A Registered Nurse (RN), a certified Emergency Medical Technician (EMT), Intermediate/Paramedic, or a Licensed Practical Nurse (LPN), with physician oversight, shall be assigned on a full-time basis to each installation requiring a health clinic.

d. Health clinics shall be equipped with an AED.

03.D Personnel Requirements and Qualifications.

03.D.01 All projects, activities, or contracts (USACE or contractor) where work or tasks with a high or extremely high risk assessment code (RAC) exists and which 1,000 persons or more are employed (greatest total number of employees on a shift) shall have the full-time services of a Licensed Physician.

➤ *Note: A certified Nationally Registered Emergency Medical Technician (NREMT) Intermediate/Paramedic, RN, LPN, LNP, or a PA-C having direct communication with a Licensed Physician, may be used when a full-time Licensed Physician is not available.*

03.D.02 First aid attendants shall hold certification in first aid and CPR training as defined in Section 03.A.02. The certificate(s) shall state the date of issue and length of validity.

03.D.03 First aid attendants, RNs, LPNs, EMT-Intermediates/Paramedics, LNP and PA-C shall be under the direction of a Licensed Physician.

03.D.04 Military personnel with equivalent qualifications and certifications may be used in lieu of the above personnel.

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