a copy. Requests for waivers/variances will not be processed until this requirement has been met.

(3) Requester must work the action with the local USACE SOHO.

2-9. Figures and Tables.

Table 2-1
Accident Reporting Required Timeline

Accident Type	Notify KO or COR	Complete Final Accident Report on ENG 3394 and provide to KO or COR
Fatality, in-patient hospitalization, amputation, eye loss, or property damage over $600,000.	Immediately, no later than (NLT) 8 Hours	Within 7 Days
All other accidents and near misses.	Immediately NLT 24 Hours	Within 7 Days

2-10. Checklists and Forms.

a. ENG 3394, U.S. Army Corps of Engineers Mishap Notification and Investigation (https://www.publications.usace.army.mil/USACE-Publications/Engineer-Forms/) (2-10.a)

b. ENG Form 6206, Activity Hazard Analysis (AHA) (non-mandatory) (https://www.publications.usace.army.mil/LinkClick.aspx?fileticket=K66no-4L-v4%3d&tabid=16438&portalid=76&mid=43543) (2-10.b)

c. ENG Form 6282, Site Safety and Health Officer (SSHO) Designation Letter (mandatory) (https://www.publications.usace.army.mil/LinkClick.aspx?fileticket=6rKomvrIeBI%3d&tabid=16438&portalid=76&mid=43543) (2-10.c)

d. ENG Form 6293, Accident Prevention Plan (APP) Worksheet (mandatory) (https://www.publications.usace.army.mil/LinkClick.aspx?fileticket=LmW_eJDoLpI%3d&tabid=16438&portalid=76&mid=43543) (2-10.d)

Chapter 3
Medical and First Aid

3-1. References.

a. ANSI/International Safety Equipment Association (ISEA) Z308.1, Minimum Requirements for Workplace First Aid Kits and Supplies (https://webstore.ansi.org/) (3-1.a)

b. Centers for Disease Control and Prevention (CDC), Travelers Health (https://wwwnc.cdc.gov/travel) (3-1.b)

c. Defense Centers for Public Health – Aberdeen (https://phc.amedd.army.mil/Pages/default.aspx) (3-1.c)

d. Department of Health and Human Services, General Services Administration, "Guidelines for Public Access Defibrillation Programs in Federal Facilities," Federal Register (FR), Volume 74, Number 156, p.4113-41139 (August 14, 2009) (https://foh.psc.gov/services/aed/fmr_bulletin_09-b2-guidelines_public_access_defib_in_federal_facilities.pdf#:~:text=SUMMARY%3A%20On%20May%2023%2C%202001%2C%20the%20Department%20of,sponsoring%20the%20program%20and%20not%20GSA%20or%20HHS) (3-1.d)

e. OSHA 3317-06N 2006, OSHA Best Practices Guide, Fundamentals of a Workplace First Aid Program (https://www.osha.gov/sites/default/files/publications/OSHA3317first-aid.pdf) (3-1.e)

f. 29 CFR 825.125, Definition of Health Care Provider (https://www.govinfo.gov/content/pkg/CFR-2022-title29-vol3/pdf/CFR-2022-title29-vol3-sec825-125.pdf) (3-1.f)

g. 29 CFR 1910.151, Medical Services and First Aid (https://www.govinfo.gov/content/pkg/CFR-2019-title29-vol5/pdf/CFR-2019-title29-vol5-sec1910-151.pdf) (3-1.g)

h. 29 CFR 1910.1030, Bloodborne Pathogens (https://www.govinfo.gov/content/pkg/CFR-2019-title29-vol6/pdf/CFR-2019-title29-vol6-sec1910-1030.pdf) (3-1.h)

i. 29 CFR 1926.50, Medical Services and First Aid (https://www.govinfo.gov/content/pkg/CFR-2019-title29-vol8/pdf/CFR-2019-title29-vol8-sec1926-50.pdf) (3-1.i)

3-2. Definitions.

a. First Aid Attendant. First Aid Attendants provide first aid and medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer. First aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; the use of non-prescription medicine; draining blisters; removing debris from the eyes; massage; and drinking fluids to relieve heat stress. First Aid attendants will use the OSHA Best Practices Guide, Fundamentals of a Workplace First Aid Program OSHA 3317-06N 2006. (3-2.a)

b. Health Care Provider. A Health Care Provider is: (3-2.b)

(1) A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the state in which the doctor practices; or

Note. State means any state of the United States or the District of Columbia or any Territory or possession of the United States.

Note. The phrase authorized to practice in the state as used means that the provider must be authorized to diagnose and treat physical or mental health conditions.

(2) Any other person determined by the Secretary of Labor or authorized representative to be capable of providing health care services. Including but not limited to (See 29 CFR 825.125 for other health care services providers):

(a) Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in the state and performing within the scope of their practice as defined under state law.

(b) Nurse practitioners, nurse-midwives, clinical social workers, and physician assistants who are authorized to practice under state law and who are performing within the scope of their practice as defined under state law.
Note. A health care provider listed above who practices in a country other than the United States, who is authorized to practice according to the law of that country, and who is performing within the scope of his or her practice as defined under such law is capable of providing health care services.

c. First Aid Station. The place at an event where people can go for medical treatment if they become ill or are injured. (3-2.c)

d. Other Potentially Infectious Materials. Human body fluids (that is, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid), any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate or identify; unfixed human tissues or organs; and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions, or blood, organs, or other tissues infected with HIV or HBV. (3-2.d)

e. Near Proximity. Emergency care must be available within no more than 3-4 minutes from the workplace. (3-2.e)

3-3. Personnel Required Qualification/Training.
Based on the work activities performed, there may be other situations in the workplace that require additional personnel required training/qualifications in these areas identified in the applicable chapters (for example, chapters 6, 9, 11, 30, 19).

a. First Aid and Cardiopulmonary Resuscitation (CPR). First aid attendants must hold current certification in first aid and CPR from the American Red Cross, the American Heart Association, an organization whose training adheres to the standards of the International Liaison Committee on Resuscitation (as stated in writing), or a Health Care Provider. (3-3.a)

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

(2) The certificate(s) must state the date of issue and expiration date.

(3) Persons must be retrained every two years to maintain certification.

b. Automatic External Defibrillator (AED). When AEDs are present in the workplace, persons who are responsible for using them must be trained according to paragraph 3-3.a. (3-3.b)

c. First Aid Kit. All employees who work where there is a first aid kit must be trained on the content and use of the kit supplies. (3-3.c)

d. Bloodborne Pathogens (BBP). Instruct employees that may be exposed to blood or other potentially infectious materials though the performance of their job duties according to 29 CFR 1910.1030. (3-3.d)

e. First Aid Attendants. First aid attendants will provide first aid according to OSHA's first aid definition https://www.osha.gov/medical-first-aid/recognition. (3-3.e)

f. Health Care Provider. All projects, activities, or contracts (USACE or contractor) where work or tasks with a high or extremely high residual RAC and which 1,000 persons or more are employed (greatest total number of employees on a shift) must employ the full-time services of a Health Care Provider. (3-3.f)

Note. A certified Nationally Registered Emergency Medical Technician Basic/Intermediate/Advanced/Paramedic, Licensed Practical Nurse (LPN) or Registered Nurse (RN), who has direct communication with a Health Care Provider, when allowed and required by state law, may be used when a full-time Health Care Provider is not available. Military personnel with equivalent qualifications and certifications may be used in lieu of these personnel.

3-4. Roles and Responsibilities.
Not Applicable.

3-5. Inspection Requirements.

a. First Aid Kits. Check the contents of first aid kits prior to their use onsite and at least every 3 months when work is in progress. Ensure that they are complete, in good condition, and have not expired. (3-5.a)

b. Automatic External Defibrillator (AED). Document battery and functionality checks at least monthly or according to the manufacturer's instructions, or applicable federal, state, or local requirements, whichever is more stringent. (3-5.b)

3-6. Activity Hazard Analysis (AHA) Requirements.
Develop AHAs according to paragraphs 1-6 or 2-6, as applicable.

3-7. Minimum Plan Requirements.

a. Site-Specific Exposure Control Plan. A written site-specific Exposure Control Plan is required when employees may be exposed to blood or other potentially infectious materials through the performance of their job duties. When required, develop a site-specific Exposure Control Plan according to 29 CFR 1910.1030 to include the following: (3-7.a)

(1) Detailed description of work activities performed and/or job classifications in which employees may be exposed to blood or other potentially infectious materials.

(2) Description of anticipated hazards or concerns and the control measures that will be implemented to control to an acceptable level (for example, universal precautions, engineering and administrative controls, PPE, housekeeping, hepatitis B vaccination, training, and labels and signs).

(3) Post Exposure Control Protocol to manage the immediate medical evaluation of individuals involved in potentially infectious exposures, as recommended by the CDC. The plan must address at least HIV, HBV, hepatitis C virus (HCV), and any other disease state identified by the CDC. Follow applicable tribal, local, state, federal, and Host Nation standards for infectious diseases.

(4) Recordkeeping procedures.

(5) Inspection and oversight methods to ensure adherence to the plan and that the plan is up to date. The plan must be reviewed and updated at least annually or whenever necessary to address new or modified work activities in which employees may be exposed to blood or other potentially infectious materials.

b. AED Program. A written AED Program is required when AEDs are present in the workplace for employee use. The AED Program must include at least the following: (3-7.b)

(1) Training and Retraining (see para 3-3). Appropriate licensed Health Care Provider programmatic involvement and oversight according to Food and Drug Administration (FDA) and/or state guidance.

(2) Inspection Requirements. AEDs are required to be inspected and there must be a documented process for regular inspections within the program according to paragraph 3-5.b.

(3) SOPs for placement, maintenance and inspection of AEDs and emergency medical service (EMS) activation.

(4) Equipment Maintenance Program based on the manufacturer's recommendations that, at a minimum, include pad (regular and after use) and battery replacement.

3-8. General Requirements.

a. General. Contractors and all USACE locations must arrange for medical facilities and personnel to provide prompt attention to injured employees before starting work. Inform the medical facilities and personnel expected to treat injured employees of the nature of the work to be performed and the injuries and illnesses prevalent on such jobsites. Depending on the scope and size of the job, the USACE supervisor/KO or COR may require a formal written agreement. For work or tasks with a high or extremely high residual RAC, confirm in writing the arrangements with the medical facility. See chapter 1 or 2, as applicable. (3-8.a)

(1) Provide all employees with an effective means of communication that is readily available (for example, hard-wired, cellular telephone, or two-way radio) to dial 911 or other emergency response access. Test the communication devices in the area of use to assure functionality.

(2) Provide an effective means of transportation for immediate care of injured workers.

(3) Post the telephone numbers of physicians, hospitals, or ambulances on the safety bulletin board, near the onsite project office telephones, and at other conspicuous locations.

(4) Prepare a highly visible map delineating the best route to the nearest medical facility and post it on the safety bulletin board (see chapter 1 or 2).

b. First Aid and CPR Availability. (3-8.b)

(1) For shifts with more than one (1) employee, provide at least two employees that are certified to administer first aid and CPR (see para 3-3).

(2) When employees work alone, they must be certified in first aid and be provided an effective means of communication to call for assistance in the event of an emergency.

(3) When an employee(s) work in remote areas, or in areas where it is not reasonably accessible by time or distance for first aid, they too will be certified in first aid and be provided an effective means of communication to call for assistance in the event of an emergency.

(4) For jobsites with more than 100 employees on one shift, maintain a list of certified individuals in the site office and provide to site security personnel, as applicable.

c. First Aid Kits. (3-8.c)

(1) First aid kits must meet ANSI Z308.1 and contain the minimum fill requirements in table 3-1.

(2) Provide at least one first aid kit for every 25 (or fewer) employees.

(3) In addition to the basic fill requirements of the first aid kit, the contractor or local USACE SOHO, in consultation with a health care professional, must evaluate the hazards found in the work environment to determine the necessity of additional fill contents.

(4) Base the performance requirements for the first aid kits on the location where they will be stored according to ANSI Z308.1.

(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.

(b) 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.

(c) 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 (for example, general indoor, sheltered outdoor use).

(d) Type IV kits are intended for portable use in mobile industries (that is, 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.

(5) Clearly mark and distribute first aid kits through the site so that they are easily accessible to all workers and protected from the weather. The individual contents of the first aid kits must be kept sterile.

(6) Inspect first aid kits according to paragraph 3-5.

(7) All employees who work where there is a first aid kit must be trained according to paragraph 3-3.

d. Automatic External Defibrillators (AED). The placement of AEDs is optional, (except for health clinics) but highly recommended. Perform an assessment of the time and distance to EMS and provide a justification for the AEDs before placing them on the work site. When AEDs are present in the workplace for employee use, an AED Program must be developed (see para 3-7.b). For the ease of use and program maintenance, all AEDs in a location and/or Command must be the same manufacturer and model. For guidance, USACE facilities should refer to "Guidelines for Public Access Defibrillation Programs in Federal Facilities." (3-8.d)

e. First Aid and Medical Facility Requirements. (3-8.e)

(1) Provide a first aid kit(s) according to paragraph 3-8.c for all projects, activities, or contracts (USACE or contractor operated) where:

(a) Less than 100 persons are employed (greatest total number of employees on a shift) and a first aid station nor a health clinic is available, or

(b) The site is not in near proximity from a hospital, medical clinic, or doctors' office which has coordinated to provide emergency medical support.

(2) First Aid Stations.

(a) Establish and equip a first aid station at all projects, activities, or contracts (USACE or contractor operated) where between 100 and 299 persons are employed (greatest total number of employees on a shift) at the site of the work. In non-rural locations where at least two employees per shift are CPR certified (see para 3-3.a) and a first aid kit is available (see para 3-8.c), a first aid station is not required. In this case, emergency medical support must be provided by a medical clinic, hospital, or doctor's office that is in near proximity of the work location, and that is capable of and has coordinated to provide emergency medical support.

(b) Where tunnels are being excavated, provide a first aid station and transportation so that treatment is readily available and in near proximity.

(c) A certified first aid attendant must be on duty in the first aid stations at all hours when work is in progress (except when on emergency calls) (see para 3-3.a).

(3) Health Clinics.

(a) All medium, high, or extremely high-risk operations, projects, activities, or contracts (USACE or contractor operated) for which 300 or more persons are employed at work (greatest total number of employees on a shift), must establish and equip, as directed by a Health Care Provider, a health clinic.

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

(c) In remote locations where a health clinic is required, but where medical care is not available in near proximity, provide a properly equipped emergency vehicle, helicopter, or mobile first aid unit during work. The emergency vehicles may not be used for any other purpose, except in the case of a helicopter, which may be used for shift crew changes.

(d) An RN, a certified Emergency Medical Technician, Intermediate/Paramedic, or an LPN, with Health Care Provider oversight when allowed and required by state law, must be assigned on a full-time basis to each installation requiring a health clinic.

(e) Health clinics must be equipped with an AED.

(4) For activities requiring a first aid station or a health clinic, determine the type of facilities and equipment that will be provided after considering the proximity and quality of available medical services. The layout and operation of the facilities and equipment must follow the recommendations of a Health Care Provider. Alternative facilities that provide the quantity and quality of services outlined in this chapter may be used if recommended by the consulting Health Care Provider.

(5) Denote the location of first aid stations and health clinics with identification and directional markers.

(6) Provide emergency lighting for all first aid stations and health clinics.

(7) All locations where the work efforts are primarily administrative, such as a district or regulatory office, must have either an accessible, staffed infirmary in the building or a medical clinic, hospital, or doctors' office that is accessible within 15 minutes and that is capable of and has coordinated to provide emergency medical support. If an outside emergency medical clinic, hospital, or doctor's office is used, the facility must be equipped with a first aid kit(s) that meets ANSI Z308.1 and have a minimum of two employees on each shift certified to administer first aid and CPR. (See paras 3-3.a and 3-8.c)

f. Drenching and Flushing Facilities. When work activities present potential exposure (of any part of the body) to toxic or corrosive materials, provide drenching and/or flushing facilities in the work area for immediate emergency use. (See chapter 6) (3-8.f)

g. Bloodborne Pathogens (BBP). This paragraph applies when employees may be exposed to blood or other potentially infectious materials through the performance of their job duties. This includes but is not limited to employees designated as responsible

for rendering first aid or medical assistance. In addition to the below, also follow 29 CFR 1910.1030. (3-8.g)

(1) Provide employees with and ensure use and maintenance of PPE (for example, 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.

(2) Establish a site-specific Exposure Control Plan according to paragraph 3-7.

(3) Train the necessary employees according to paragraph 3-3.

h. Biologic and Environmental Diseases. Prior to the start of work outside the employee's normal geographical area, inform employees of parasitic, bacterial, viral, and environmental diseases endemic to the geographical work location (for example, Lyme Disease, West Nile Virus, Hantavirus, Histoplasmosis, Rocky-Mountain Spotted Fever, Dengue Fever, Malaria). (3-8.h)

(1) Seek guidance on the potential biological and environmental diseases in the work location. Consult the CDC Traveler's Health webpage, Defense Centers for Public Health – Aberdeen, and the local health department.

(2) Provide the following information to the employee traveling in areas where such diseases are endemic:

(a) Modes of disease transmission.

(b) Specific health risks associated with the disease.

(c) Preventive measures such as available vaccines and PPE (for example, gloves, eye and skin protection, respirator).

(d) Appropriate work practices to prevent contact with infected agents (for example, bird or rodent droppings), such as watering down areas prior to dust-generating activities.

(e) Vaccine information, to include information on the effectiveness, risk, and availability.

(f) Safe removal of the source, where applicable.

(g) Symptom recognition and medical referral.

3-9. Figures and Tables.

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 Size
Adhesive Bandage	2.5 x 7.5 cm	1 x 3 inches	50	1
Adhesive Tape	2.3 m	2.5 yd (total)	2	1 or 2
Antibiotic Application	0.5 g	1/57 oz	25	1
Antiseptic Wipe	2.5 x 2.5 cm	1 x 1 inch	50	1
Aspirin, Individually Wrapped	325 mg	Not Applicable	2	2
Burn Dressing (Gel)	10 x 10 cm	4 x 4 inches	2	1-2
Burn Treatment	0.9 g	1/32 oz	25	1
Cold Pack	10 x 12.5 cm	4 x 5 inches	2	1
Tourniquet	2.5 cm width	1 in width	1	1
Breathing Barrier	Not Applicable	Not Applicable	1	1
Eye Covering, with means of attachment	19 cm^2	2.9 in^2	2	1
Eye/Skin Wash	118 ml (total)	4 fl. oz total	1	2
First Aid Guide	Not Applicable	Not Applicable	1	1
Medical Exam Gloves, latex free	XL	XL	4 pair	1
Hand Sanitizer	0.9 g	1/32 oz	10	1
Roller Bandage (2 inches)	5 x 366 cm	2 inches x 4 yd	2	1
Roller Bandage (4 inches)	10 x 366 cm	4 inches x 4 yd	1	1
Scissors	Not Applicable	Not Applicable	1	1
Splint (Padded)	10.2 x 61 cm	4 x 24 inches	1	1
Sterile pads	7.5 x 7.5 cm	3 x 3 inches	4	1
Trauma Pads	12.7 x 2.9 cm	5 x 9 inches	4	1
Triangular Bandage	101 x 101 x 142 cm	40 x 40 x 56 inches	2	1

3-10. Checklists and Forms.

Not Applicable.