

DEPARTMENT OF THE ARMY                      CEHNDR 385-1-5  
Huntsville Division, Corps of Engineers  
P.O. Box 1600  
Huntsville, Alabama 35807

CEHNDSO

Regulation  
No. 385-1-5

1 September 1992

Safety  
FIRST-AID ATTENDANT PROGRAM

1. PURPOSE. This regulation sets forth information and requirements pertinent to the Huntsville Division First-Aid Attendant Program.
2. APPLICABILITY. It is applicable to all elements and personnel of the Huntsville Division located in Huntsville, Alabama.
3. REFERENCES.
  - a. EM 385-1-5, Safety and Health Requirements Manual.
  - b. Letter, HQUSACE, DAEN-ECS, 3 April 1984, subject: Medical Assistance or Facility Requirements.
  - c. Letter, HQUSACE, CESO-I, 8 June 1992, subject: Implementation of the New Occupational Safety and Health Administration Bloodborne Pathogen Standard.
4. PROGRAM OBJECTIVE. To ensure that first aid care and assistance is available for Huntsville Division employees and visitors in the event of a traumatic injury or sudden illness.
5. RESPONSIBILITIES.
  - a. The Chief, Safety and Occupational Health Office will:
    - (1) Develop and administer a First-Aid Attendant Program suited to Division missions, priorities, and activities.
    - (2) Maintain adequate first-aid supplies and equipment to support the accomplishment of the duties and responsibilities of the First-Aid Attendants.
    - (3) Ensure that necessary training for the First-Aid Attendants is made available during duty hours.

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This regulation supersedes CEHNDR 385-1-5, 27 January 1986

(4) Coordinate First-Aid Attendant Team Meetings.

(5) Implement and administer the standing operating procedures for prevention of exposure to bloodborne pathogens (Appendix A).

b. The First-Aid Attendants will:

(1) Provide first aid care and assistance to Huntsville Division employees and visitors in the event of a traumatic injury or sudden illness.

(2) Maintain current certification in CPR and First-Aid. The following recertification schedule will apply:

(a) Annual recertification in CPR.

(b) Annual recertification in First-Aid.

(3) Maintain, dispense material from, and keep supplied, assigned first aid kits.

(4) Attend and actively participate in the First-Aid Attendant Team Meetings.

(5) Keep up-to-date on the methods and procedures of CPR and First-Aid through:

(a) Independent study and review of training material.

(b) Availing oneself of training opportunities and educational material provided.

c. Chiefs, Directorates and Separate Offices, will:

Encourage participation in, and select individuals for, the First-Aid attendants to maintain their certifications in First-Aid and CPR in accordance with paragraph 5b(2).

d. Director of Human Resources will:

Schedule CPR and First-Aid training courses, as needed, to ensure that the First-Aid Attendants maintain current certifications in accordance with paragraph 5b(2).

6. FIRST-AID ATTENDANT SELECTION PROCESS.

a. The Safety and Occupational Health Office will determine which Directorates/Separate Offices must provide First-Aid Attendants. This determination will ensure that the First-Aid Attendants are evenly distributed throughout the Division.

b. The Safety and Occupational Health Office will notify the Chiefs of those Directorates/Separate Offices of this determination and identify the number of First-Aid Attendant positions needed to be filled.

c. The Directorate/Separate Office Chiefs will seek out and encourage individuals to participate in the First-Aid Attendant Program. The names of the individuals selected as being the best suited for carrying out the duties and responsibilities of a First-Aid Attendant will be forwarded to the Safety and Occupational Health Office.

d. The Directorate/Separate Office Chiefs will make arrangements with the Human Resources Directorate for those selected individuals to take the First-Aid and CPR courses offered by the Human Resources Directorate, in writing, after the individuals have successfully completed those courses.

e. Upon completion of those courses, the Directorate/Separate Office Chiefs will then officially appoint, in writing, these individuals to the position of First-Aid Attendants. A copy of this appointment document will be forwarded to the Safety and Occupational Health Office.

f. There is no specified length of assignment for this position. Individuals designated as First-Aid Attendants will be allowed to continue to serve in the position as long as:

(1) The individual and the individual's Directorate/Separate Office Chief desires.

(2) The individual can carry out the duties and responsibilities of a First-Aid Attendant.

g. In the event an individual withdraws from the First-Aid Attendant Program, their Directorate/Separate Office Chief will take actions to fill the First-Aid Attendant position vacancy in accordance with paragraphs 6a through 6e.

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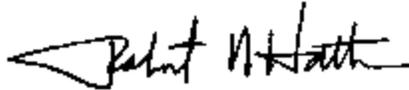
7. FIRST-AID ATTENDANT TEAM MEETINGS.

a. The Safety and Occupational Health Office will hold quarterly meetings for all Division First-Aid Attendants.

b. The purpose of these meetings will be to provide new information on first aid methods and procedures, share experiences, problems, and recommend ways of making the First-Aid Attendant Program more effective.

FOR THE COMMANDER:

1 Appendix  
APP A - EXPOSURE TO  
BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN



ROBERT N. HATTON  
LTC, EN  
Executive Officer

DISTRIBUTION:  
A, B (Branch Level)

CEHNDR 385-1-5  
APP A  
1 September 1992

APPENDIX A

DEPARTMENT OF THE ARMY  
Huntsville Division, Corps of Engineers  
PO Box 1600

CEHNDSO Huntsville, Alabama 35807-4301

Regulation  
No. 385-1-5, Change 1

1 July 1993

Safety  
FIRST-AID ATTENDANT PROGRAM

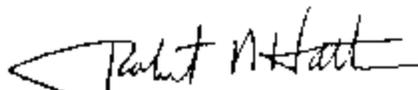
1. This change to CEHNDR 385-1-5, 1 September 1992, assigns responsibility of arranging for cleaning, disinfecting, and proper disposal of infectious waste to the Safety and Occupational Health Office.
2. The following changes are to be made to Appendix A of CEHNDR 385-1-5. Asterisks denote changed data.

Add:

Appendix A, Pages A-1 through A-2, 15 July 1993.

3. File this change in front of the publication for reference purposes.

FOR THE COMMANDER:



ROBERT N. HATTON  
LTC, EN  
Executive Officer

DISTRIBUTION:  
A, B (Branch Level)  
X - CEHND-SO

APPENDIX A  
Safety  
EXPOSURE TO BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN

1. This procedure establishes guidelines for employees to follow to prevent transmission of Hepatitis B Virus (HBV) or Human Immunodeficiency Virus (HIV), and procedures to follow if exposure is suspected or occurs.

2. In order to prevent transmission of infectious agents, it is imperative that universal precautions be followed whenever there is a possibility of exposure to all blood and body fluids. Medical history and examination cannot reliably identify all persons infected with Human Immunodeficiency Virus (HIV), the AIDS virus, hepatitis B virus (HBV), or other blood-borne pathogens. Hence, all blood and body fluids from all persons should be considered to be potentially infectious. Corps personnel must rigorously adhere to the following infection control precautions to minimize exposure to blood and body fluids:

a. Use appropriate barrier precautions when contact with blood/body fluids is anticipated.

(1) Gloves must be worn for touching body/blood fluids; mucous membranes or non-intact skin; and for handling items or surfaces soiled with blood/body fluids. High risk body fluids include wound drainage, semen, vaginal secretions, and breast milk. Body fluids of lesser risk include urine, feces, saliva and vomitus. If the fluid cannot be identified, it must be assumed to be of high risk.

(2) Masks and protective eyewear/face shields must be worn during procedures that may splatter blood/body fluids on an employee's mouth, nose or eyes.

(3) AMBU bags or similar shielding devices must be readily available and used for resuscitation. It is recommended that each CPR provider be furnished a device for personal use in order that familiarity with the device be established. A good face-to-bag seal is easier to achieve with a familiar device, therefore assuring that the device is used properly when necessary.

b. Hands or other skin surfaces should be washed immediately if soiled with blood/body fluids. Hands should be thoroughly washed with soap and water or a waterless disinfectant hand cleanser immediately after gloves are removed. If a waterless cleanser is used, soap and water wash should follow as soon as possible thereafter.

c. Employees with exudative lesions (draining cuts or sores), or chapped or abraded skin should not provide emergency care or handle contaminated waste or items until the condition is resolved.

d. A fresh chlorine bleach solution (1 part bleach to 10 parts water) should be used to decontaminate surfaces soiled with blood/body fluids. Visible material should first be removed and the area should then be thoroughly cleaned with this solution.

\* NOTE: The Safety and Occupational Health Office will arrange for proper cleaning and disinfection of soiled areas. \*

e. As soon as it is practicable, clothing saturated with blood/body fluids should be removed and placed in a plastic disposal bag that is labeled with the orange fluorescent "Biohazard" seal. Soiled bandages, gloves, and other items should also be placed in a securely fastened labeled disposal bag. The bag should then be placed into a second labeled, plastic bag and securely fastened. NOTE: The Safety and Occupational Health Office will arrange for proper disposal of infectious waste. \*

3. All first aid incidents involving the presence of blood or other potentially infectious materials will be reported to the Occupational Safety and Health Office before the end of the work day during which the incident occurred.

a. The report will include the names of all first aid attendants who rendered assistance regardless of whether or not personal protective equipment was used.

b. The report will describe the incident, including the time and date, and a determination of whether or not in addition to the presence of blood or other potentially infectious materials, an exposure incident has occurred. An exposure incident is defined as a specific mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material.

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d. A fresh chlorine bleach solution (1 part bleach to 10 parts water) should be used to decontaminate surfaces soiled with blood/body fluids. Visible material should first be removed and the area should then be thoroughly cleaned with this solution.

e. As soon as it is practicable, clothing saturated with blood/body fluids should be removed and placed in a plastic bag. Soiled bandages, gloves, and other items should be placed in a securely fastened plastic bag. The bag should then be placed into a second plastic bag and securely fastened before discarding with other trash.

3. All first aid incidents involving the presence of blood or other potentially infectious materials will be reported to the Occupational Safety and Health Office before the end of the work day during which the incident occurred.

a. The report will include the names of all first aid attendants who rendered assistance regardless of whether or not personal protective equipment was used.

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4. All attendants who experience an exposure incident will be provided appropriate medical evaluation, prophylaxies, and follow-up as determined by a licensed physician. Medical counseling will be provided for attendants found to be seropositive for HVB or HIV.

5. Employee Classification.

a. As the first step in determining what actions are required to protect worker health, specific tasks that first aid attendants area expected to encounter will be evaluated by the Occupational Safety and Health Office using the attached CEHND form 943.

b. CEHND forms 943 and 944 will be completed in quadruplicate. The original copy of the form shall be forwarded to and maintained by The Human Resources Directorate in the

employee's file. Copies of the forms shall be maintained in the supervisor's files and the Safety and Occupational Health Office files. The fourth copy shall be given to the employee.

c. Each first aid attendant will be informed of the following:

(1) The risk of acquiring Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV).

(2) The availability as soon as possible, but no later than 24 hours of the full Hepatitis V vaccination series to unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether an exposure incident has occurred. The CEHND form 944 will be completed, signed, and dated by each attendant to document acceptance or declination of the HBV vaccine.

6. Initial and annual training programs will be established for all employees who perform Category I and/or II tasks as outlined in CEHND form 943. No employee should engage in any Category I and/or II task before receiving training pertaining to practices, and protective equipment required for that task. The training program must include:

a. Modes of transmission of HBV and HIV.

b. Types of protective clothing and equipment generally appropriate for Category I and/or II tasks, and basis for selection of clothing and equipment.

c. Appropriate actions to take and persons to contact if unplanned Category I or II tasks are encountered.

d. Requirements for work practices and protective equipment for tasks to be performed.

e. Access to and use of protective equipment.

f. Proper disposal of contaminated clothing and/or equipment.

g. Corrective actions to take in the event of spills or personal exposure to fluids or tissues and the appropriate reporting procedures.

h. Policies outlined in this appendix, particularly those for universal precautions, safe disposal of waste visibly contaminated with blood or body fluids, and reporting and recordkeeping requirements.

7. Records will be maintained documenting:

a. Classification documentation.

b. Training records indicating dates of training sessions, names of all persons conducting and receiving training, and content of training sessions.

c. Observations of compliance with work practices and use of protective equipment and clothing.

d. Conditions associated with each incident of mucous membrane or other exposure to body fluids or tissue, and a description of any corrective measures taken to prevent a recurrence or other similar exposure.

e. Vaccination records of personnel classified as doing Category I and/or II tasks.

f. Declination forms signed by personnel who, although classified as doing Category I and/or II tasks, have chosen not to receive the Hepatitis B vaccine.

8. The Director of Human Resources, will place the necessary documentation in the personnel folders and will maintain a copy of these records for the length of employment plus 30 years.

**RISK OF EXPOSURE TO HEPATITIS B VIRUS OR  
HUMAN IMMUNODEFICIENCY VIRUS**

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Location \_\_\_\_\_

A. Category I - The employee performs tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues or a potential for spills or splashes. Universal precautions should be applied for all procedures when it is likely that the employee will have contact with bloody or body fluids to prevent transmission of blood-borne pathogens. Hepatitis B vaccine is highly recommended for these employees.

Category II - The employee performs tasks that involve no exposure to blood, body fluids, or tissues during the normal work routine, but the employee may be required to perform unplanned Category I tasks. Universal precautions should be used to perform any Category I procedures. Hepatitis B vaccine is recommended for these employees.

Category III - The employee performs tasks that involve no exposure to blood, body fluids, or tissues during type normal work routine. No special precautions are necessary to prevent transmission of blood-borne pathogens.

B. This employee's position involves the following work-related tasks:

	I.	II.	III.
	ES - Routine Task	NO - But May Be Required	NO - Never Done
Administers first aid to accident victims	[ ]	[ ]	[ ]
Applies dressing or bandages to wounds or lacerations	[ ]	[ ]	[ ]
Administers mouth-to-mouth resuscitation	[ ]	[ ]	[ ]
Cleans or performs maintenance on items or equipment which may be contaminated with potentially infectious materials (raw sewage, vomitus, blood, etc.)	[ ]	[ ]	[ ]
Picks up or processes waste which may contain items contaminated by blood or body fluids.	[ ]	[ ]	[ ]

C. I have read the above information and had an opportunity to provide additional information and ask questions. I understand that I may obtain further information about policies and procedures to minimize the risk of transmission of HBV/HIV from the Blood-borne Pathogen Program or by contacting the Division Safety Office.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

HEPATITIS B VACCINE INFORMATION

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Location \_\_\_\_\_

A. Hepatitis B is a viral infection caused by the Hepatitis B virus (HBV) which causes death in 1-2% of patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

B. The Hepatitis B vaccine is a recombinant vaccine derived from yeast cells. A high percentage of healthy people who receive three doses of vaccine achieve protection against hepatitis B infection. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. The vaccine is given in the upper arm in the deltoid muscle. There is no evidence that the vaccine has ever caused hepatitis B or AIDS. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis B in spite of immunization. The duration of immunity is unknown at this time, but is probably long-term.

C. Persons who have a known hypersensitivity to yeast should not receive this vaccine. Another type of vaccine will be made available for these personnel. The vaccine is also not recommended for pregnant women or nursing mothers.

D. Very few adverse reactions have been reported. The most typically reported reactions are local site soreness, swelling and tenderness. Some other reactions reported are nausea, vomiting, abdominal pain/cramps, headache, lightheadedness, fatigue and weakness. There have been no reported deaths associated with this vaccine.

SAMPLE

ACCEPTANCE: I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I wish to receive the hepatitis B vaccine..

Employee's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DECLINATION: I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_