

DEPARTMENT OF THE ARMY
NORTH PACIFIC DIVISION, CORPS OF ENGINEERS
P. O. Box 2870
Portland, Oregon 97208-2870

CENPP-HR
Regulation
No. 690-1-810
HQ North Pacific Division
Memorandum
No. 690-1-810

31 March 1997

Civilian Personnel
EMERGENCY MEDICAL PROCEDURES

History. This issue is a revision of NPDOM 690-1-810 and making it a joint publication of NPPR/NPDOM 690-1-810.

Summary. This publication on obtaining emergency medical treatment has been revised to include the employees of the Portland District.

*1. PURPOSE. This regulation/memorandum sets forth the procedures to be followed in the event of illness or injury occurring in the Division/District Offices.

*2. APPLICABILITY. This regulation/memorandum is applicable to all employees of Headquarters, North Pacific Division (HQNPD) and Portland District (NPP).

3. RELATED PUBLICATION. ER 690-1-810 (Federal Employees Compensation Program).

4. PROCEDURES.

a. In the event of illness or injury occurring in the Division/District Offices which requires emergency medical care (requiring the attention of trained professionals - other than first aid):

* (1) Dial 9-911 if ambulance service is needed. Unless otherwise directed by patient or physician, the patient may be sent to any hospital. Pertinent emergency reference material is located in the front of the NPP/NPD telephone directory.

* (2) If possible, get instructions from the patient, his/her supervisor, or NPD Form 690-6-R (Emergency Information) regarding physician to call. Call physician and follow physician's instructions. A blank NPD Form 690-6-R, Emergency Information, is attached for reproducing and is available electronically on both NPP and NPD Local Area Networks (LANs).

*This regulation/memorandum supersedes NPDOM 690-1-810, 25 June 1992.

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* (3) Notify the person indicated on SF-7B, if still maintained, (this is an obsolete form) or NPD Form 690-6-R as soon as the severity of the injury or illness is determined.

* (4) Supervisor of patient or responsible management official should accompany patient to the hospital or physician's office to advise clinic or hospital of information on NPD Form 690-6-R.

* (5) Within 24 hours, complete and submit NPP 385-40b-R (Immediate Report of Accident or Exposure) through channels to CENPP-SO. (Portland District employees only.)

b. After emergency care is provided and if the injury or illness is job related, the supervisor will:

* (1) Provide the employee or a representative with either Form CA-1 (for traumatic injury), or Form CA-2 (for occupational disease), complete supervisor's portion of the form and submit immediately to the appropriate Safety and Occupational Health Office (CENPP-SO or CENPD-SO) for forwarding to the Human Resource Office.

(2) Advise the timekeeper on how the injured employee should be carried on the time card.

* (3) Complete the supervisor's portion of Form CA-16 (Request for Examination and/or Treatment). Form CA-16 is used to authorize initial medical treatment and is to be made available to the employee four hours after a request is made for medical treatment of a traumatic injury. Request of Form CA-16 must be made within first week of injury.

(4) Investigate the mishap to prevent recurrence. Take corrective action.

(5) Prepare and submit ENG Form 3394 (U.S. Army Corps of Engineers Accident *Investigation Report) to the appropriate Safety and Occupational Health Office within 12 days of mishap.

(6) Submit Form CA-3 (Report of Termination of Disability and/or Payment) to the Portland District Human Resource Office immediately after the disability or continuation of pay terminates or the employee returns to work.

(7) Submit a Form CA-17 (Duty Status Report) to the physician and seek light duty or return-to-duty as soon as the physician considers advisable.

(8) If an injured employee is placed on Leave Without Pay (LWOP) over 30 days, the supervisor should submit an SF 52 (Request for Personnel Action) to the Portland District Human Resource Office stating reason for LWOP. When the employee returns to work, a SF 52 should also be submitted to the Portland District Human Resource Office.

(9) Upon receiving notice that the employee has suffered a recurrence, submit Form CA-2a (Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation) to *CENPP-HR.

5. FIRST AID TREATMENT. This is a one-time treatment for minor scratches, cuts, burns, and similar injuries that do not require extensive medical attention.

a. When employees sustain minor injuries they will notify their supervisor. The *supervisor will accompany the employee to the Health Unit for treatment and/or referral unless it is obvious the injury is superficial and will not require referral.

b. If referral for treatment is advised by the Health Unit Nurse (where available), the employee is encouraged to use the Occupational Medical Center, (directions available from the Health Unit Nurse or Human Resource Office). However, the employee may use any treatment facility within a 25-mile radius of the work site. If referral is required, the Health Unit Nurse will prepare a Form CA-16, Request for Examination and/or Treatment. If the supervisor is not present, the Nurse will contact the employee's supervisor prior to referral.

*c. Upon returning to the office, the employee will initiate a Form CA-1 and forward to the appropriate Safety and Occupational Health Office (CENPP-SO or CENPD-SO).

*6. EMERGENCY INFORMATION. Supervisors will complete and retain required information for each employee. It is recommended that timekeepers initiate this form (NPD Form 690-6-R), thru Perform Plus, initially for all employees and as new employees enter on duty. It is also recommended, once a year, at the time of open season for health insurance, supervisors contact each employee to verify accuracy of medical information. Employees will

notify their supervisors of any changes in their Emergency Information form occurring between yearly verifications.

7. All forms listed in this publication are available from the forms room/area.

FOR THE COMMANDER:



CHRIS L. COTTRELL
Major, EN
Deputy Commander

FOR THE COMMANDER:



CLIFTON P. JACKSON, JR.
Executive Assistant

DISTRIBUTION:

HQNPD-All Supervisors
NPP-All Supervisors

EMERGENCY INFORMATION

(For use of this form see NPP/NPDOM 690-1-810.)

The information provided below will be used only in the event of a medical emergency or an emergency requiring employee notification. The information provided on this form is privacy data and must be stored in a locked cabinet or secure area. Upon employee clearance, this form must be disposed of properly.

Privacy Act Notice: The authority for the collection of this information is Executive Order 12196, Public Law (PL) 84-99, and PL 93-288 as amended. This form provides information in the event of an employee medical emergency. In addition, this form also provides supervisors with employee emergency notification information. Furnishing this information is voluntary, but failure to provide this information may result in critical delays in the administration of medical help or in the notification of an employee during an emergency.

A. EMPLOYEE INFORMATION			B. MEDICAL INFORMATION	
1. LAST NAME	2. FIRST NAME	3. INITIAL	1. MEDICAL PLAN INFORMATION (Health Record Number, etc.)	
4. HOME ADDRESS		5. HOME PHONE NUMBER	2. PREFERRED HOSPITAL/ADDRESS	
C. PERSON TO NOTIFY IN CASE OF EMERGENCY			D. PHYSICIAN INFORMATION	
1. NAME		2. RELATIONSHIP TO EMPLOYEE	1. NAME	
3. HOME PHONE NUMBER	4. HOME ADDRESS		2. OFFICE	3. PHONE NUMBER
5. WORK PHONE NUMBER		6. WORK ADDRESS		4. NAME
				5. OFFICE
				6. PHONE NUMBER

E. ADDITIONAL INFORMATION (If you desire to list additional information such as blood type, special medication required, allergies, etc., please use the space below.)