

MEDDAC/DENTAC Regulation 40-19

Medical Services

Bloodborne Pathogens Exposure Control Plan

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
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Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-19
Bloodborne Pathogens Exposure Control Plan

Specifically, this revision—

- o Changes the title Safety/Infection Control Officer to Infection Control Officer throughout the publication.
- o Reassigns the responsibilities formerly assigned to the Chief, PTM&S to the PTMS&E Education Officer (para 1-4g).
- o Changes paragraph 3-1d to read, “Standard Precautions are outlined in Section 4 of the MEDDAC Infection Control Policy and Procedure Guide. Standard Precautions includes hand hygiene (that is, hand washing or alcohol-based hand rub (Calstat)), use of PPE, handling patient-care equipment, environmental control, handling of linen, patient placement, and occupational methods for reducing the risk of BBP exposure.”
- o Makes several changes throughout paragraph 3-2f.
- o Changes the first sentence of paragraph 3-3j(4) to read, “Gloves will be changed and hands hygiene practiced between patients or during the care of a single patient when moving from a contaminated to a clean body site or from one contaminated site to another.”
- o Changes paragraph 3-3j(5) to read, “Perform hand hygiene after glove removal.”
- o Clarifies which employees will be evaluated by occupational health for initiation of the hepatitis B vaccination series at time of employment (para 4-1d).
- o Makes several changes throughout paragraph 4-2.
- o Changes the block at the junction of the 3d column, 2 row in table 4-1 to read, “Patient. (Receives at Family Care Center, OH, or equivalent at outlying clinics.)”

The revision of 13 February 2003—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Throughout, changes the title “Infection Control Practitioner (ICP)” to Safety/Infection Control Officer (SICO).

- o Changes OSHA 200 Log to OSHA 300 Log (paras 1-4 and 4-2).
- o Changes Red Cross volunteers responsibilities in paragraph 1-4o(2) to read, “Be medically screened for a pre-placement immunization review to include hepatitis B.”
- o Changes paragraph 3-2f(3), concerning engineering and work practice controls – hand hygiene, to read, “Employees may use the MEDDAC-approved waterless hand cleaner.” That portion of the paragraph that stated that employees must wash their hands with soap and running water as soon as possible after using waterless hand cleaners is deleted.
- o Changes paragraph 3-3j(1) to read, “Proper fitting, powder-free latex protective gloves (unless the patient or employee is sensitive or allergic to latex) will be worn when it is anticipated that the employee’s hands may come in contact with blood, body fluids, mucous membranes, broken skin, or when performing vascular access procedures; and while handling contaminated items or surfaces.”
- o Changes paragraph 3-3j(13) to read, “Hypoallergenic gloves, low or no latex gloves, glove liners or other alternatives will be provided to those workers who have documented allergies or sensitivity to the gloves normally provided. (See paragraph 3-3e, above.) For employees involved in high risk procedures, double gloving with an inner vinyl and outer latex glove may be considered.”
- o Changes paragraph 3-3l(5) to read, “Surgical scrubs are not considered PPE and will be covered by appropriate gowns, aprons, laboratory coats or clinic jackets when splashes to skin or clothing are anticipated. Surgical scrubs are mandatory in the Operating Room (OR) and Central Material Supply (CMS). Cover gowns will be worn over surgical scrubs when leaving the OR, CMS and Same Day Surgery (SDS) areas.”
- o Changes paragraph 3-5d to read, “RMW will be transported IAW MEDCOM Reg 40-35 and MEDDAC/DENTAC/VS Reg 40-14. Transport from outlying facilities will be accomplished IAW Maryland and Pennsylvania laws.”
- o Changes paragraph 4-2, Post exposure procedures, substantially, throughout.
- o Changes table 4-1, Bloodborne pathogens forms: purposes, who completes them, and dispositions.
- o Changes paragraph 4-2e(7) by breaking it down into subparagraphs (a) and (b), to make it more clear that this paragraph addresses situations during duty hours and after duty hours.
- o Changes paragraph 4-2f(1)(f) to read, “If a civilian employee declines to participate in recommended follow up tests, this will be documented in his or her medical record.” The word “civilian” was added to this paragraph.
- o Adds appendix C, Bloodborne Pathogens Post Exposure Process Flow chart

Medical Services

Bloodborne Pathogens Exposure Control Plan

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History. This is the seventh revision of the regulation, which was origin-

ally published on 11 March 1997.

Summary. This regulation establishes policies and procedures for maintaining a bloodborne pathogens prevention and treatment program within the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC).

Applicability. This regulation applies to the MEDDAC headquarters, all outlying health clinics, and the U.S. Army Dental Activity, Fort George G. Meade (DENTAC). The treatment algorithms are applicable to all patients.

Proponent. The proponent of this regulation is the Infection Control Officer.

Supplementation. Supplementation of this regulation is not authorized.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements by memorandum, directly to Commander, U.S. Army Medical Department Activity, ATTN: MCXR-SO, 2480 Llewellyn Ave., Fort George G. Meade, MD 20755-5800 or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is by electronic medium only.

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* This publication supersedes MEDDAC/DENTAC Reg 40-19, dated 13 February 2003.

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Glossary

Chapter 1 Introduction

1-1. Purpose

The Bloodborne Pathogens Exposure Control Plan is implemented to meet the letter and intent of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard. OSHA has enacted this standard to “. . . reduce occupational exposure to hepatitis B virus (HBV), the human immunodeficiency virus (HIV) and other bloodborne pathogens.” This plan details measures employees will practice to decrease the risk of transmission of bloodborne pathogens. It also details the appropriate treatment, counseling and follow up should an employee become exposed to bloodborne pathogens. (The term “employee” is explained in the glossary.)

1-2. References

Required and related references are listed at appendix A. Prescribed and referenced forms are also listed at appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Responsibilities

a. *The MEDDAC Commander.* The MEDDAC Commander will ensure that the MEDDAC develops and implements a Bloodborne Pathogens Exposure Control Plan (BPECP) IAW 29 CFR 1910.1030.

b. *Commanders and managers of outlying health clinics.* Commanders and managers of outlying health clinics will—

(1) Implement this regulation.

(2) Develop a standing operating procedure (SOP) which addresses clinic-unique procedures required to implement this regulation (for example, exposure determination, post-exposure procedures, and storage and disposal of regulated medical waste (RMW)) and provide a copy to the MEDDAC Infection Control Officer.

c. *The MEDDAC Infection Control Committee.* The MEDDAC Infection Control Committee will monitor the Bloodborne Pathogens Exposure Program.

d. *The Chief, Department of Primary Care (DPC).* The Chief, DPC will ensure that—

(1) The clinic staff implements exposure protocols and is familiar with the use of all MEDDAC forms required for BBP exposure incidents.

(2) Medicines mentioned within this regulation are available in the designated locations.

(3) Providers are available, trained and knowledgeable concerning the evaluation and treatment for employees who sustain a BBP exposure, as defined within this regulation.

(4) Medical evaluation, treatment, referral and consultation is provided for employees who sustain exposure to BBPs.

(5) The disposition of evaluations, treatments and consultations for employees who sustain exposure to BBPs are made IAW table 4-1.

e. *Department chiefs and supervisors.*

(1) Within this regulation the term “department chiefs” includes all chiefs of departments, major services and divisions.

- (2) Department chiefs and supervisors will ensure that—
 - (a) Personnel working in the positions listed in appendix B receive orientation and annual training (during their birth month) as in accordance with (IAW) paragraph 5-1 below.
 - (b) Personnel are oriented as required by paragraph 5-2 below before they begin work.
 - (c) Required personal protective equipment (PPE) and engineering controls are available to all personnel, at no cost to themselves. This will also include low or no latex supplies and equipment for those employees who are latex sensitive.
 - (d) Employees use protective practices and equipment, as stated within this regulation.
 - (e) Employees are supervised, trained and evaluated in work-related practices.
 - (f) The department's internal bloodborne pathogens policies and procedures are in compliance with this regulation.
 - (g) A copy of this regulation is accessible to all employees on all shifts.
 - (h) All active duty and other DoD personnel visit Occupational Health (OH) upon initial employment for risk assessment and medical records review, and visit OH annually thereafter.
 - (i) All employees appropriately report and follow up on all exposure incidents IAW this regulation.
 - (j) Sources of bloodborne pathogens exposures (BBP) are evaluated IAW with this regulation if the source is still present.
- f. *The Chief, Patient Administration Division (PAD)*. The Chief, PAD will—
 - (1) Ensure military health records are maintained IAW AR 40-66.
 - (2) Upon request, provide a copy of all information that results from BBP exposure to consulting health care professionals.
 - (3) Maintain information concerning employees' exposure to BBP confidential and do not disclose it to anyone without the employees written consent, except as required by law or regulation.
- g. *The Plans, Training, Mobilization, Security and Education Division (PTMS&E) Training Officer*. The PTMS&E Training Officer will—
 - (1) Coordinate initial orientation training and birthmonth annual training.
 - (2) Maintain training records and provide verification of training to the Infection Control Officer.
- h. *The Chief, Resource Management Branch (RMB)*. The Chief, RMB will ensure that all civilian training programs with which the MEDDAC has a memorandum of agreement and in which students who will have potential occupational exposure to BBPs, as defined within this regulation, are provided a copy of this regulation and are requested to comply with all applicable provisions, including hepatitis B vaccine immunization, BBP training, BBP exposure incident follow up and records maintenance.
- i. *The Infection Control Officer (ICO)*. The ICO will:
 - (1) Ensure this regulation is reviewed annually and updated as required. The annual review must include changes in technology that eliminate or reduce exposure to BBPs, and consideration of implementation of safer medical devices.
 - (2) Coordinate the updating of clinic infection control policies to ensure compliance with this regulation.
 - (3) Provide guidance and assistance, as requested, regarding the use of equipment, in-

terpretation and establishment of policies, and utilization of good working practices.

(4) Provide orientation and annual training to employees of Kimbrough Ambulatory Care Center (KACC) IAW chapter 5 below and provide departmental training upon request.

(5) Implement engineering controls when approved by the North Atlantic Regional Medical Command (NARMC) Standardization Committee.

(6) Monitor the implementation of and compliance with this regulation in conjunction with the Preventive Medicine Service and the Safety Office.

(7) In coordination with OH, analyze BBP incident data to identify trends and propose preventive measures. Data analysis will be presented to the appropriate department for implementation and action as indicated.

j. *The Chief, OH.* The Chief, OH will—

(1) Manage the hepatitis B vaccination, post-exposure evaluation and follow up provisions of this plan.

(2) Provide initial orientation during inprocessing to employees working in the positions listed in appendix B.

(3) Record and follow up each BBP exposure incident IAW table 4-1 (see page 16).

(4) Assist the ICO to review and update this regulation annually or more often if required.

(5) Ensure employee health records are maintained IAW AR 40-66.

(6) Upon request, provide a copy of all information that results from BBP exposure to consulting health care professionals.

(7) Maintain information concerning employees' exposure to BBP confidential and do not disclose it to anyone without the employees written consent, except as required by law or regulation.

(8) Report all BBP exposure incidents to the Safety Manager.

(9) For BBP exposure incidents involving contract employees, coordinate with the employee's contract representative to ensure the employee's records are forwarded to the contractor's health care provider.

k. *The Community Health Nurse (CHN) or medical treatment facility (MTF) designee.* The CHN or MTF designee will provide follow up counseling to all other health care beneficiaries (patients, volunteers and visitors) involved in BBP exposure incidents IAW table 4-1 (see page 16).

l. *The MEDDAC Safety Manager.* The MEDDAC Safety Manager will—

(1) Investigate reports in which employees have declined to use PPE IAW the standards established by this regulation.

(2) Collect data on all BBP exposure incidents and develop or recommend remedial actions to reduce exposures. Data collected will be reported to the Safety and Environment of Care Committee.

(3) Monitor compliance with the BPECP during routine inspections.

(4) Record and maintain the OSHA 300 Log and a separate Needlestick and Sharps Injury

Log.

(5) Coordinate the identification and collection of safety devices as better products become available in conjunction with the NARMC Standardization Committee.

m. Contracting office and contracting officer representatives (CORs). Contracting office and CORs will—

(1) Ensure that contracts for personnel identified as having occupational exposure to BBPs contain the requirement to comply with all provisions of this regulation and 29 CFR 1910.1030, including hepatitis B vaccine immunization, BBP training, BBP exposure incident

follow up, records maintenance, and (contractor's) BPECP.

- (2) Ensure compliance by contractors with this regulation.
- (3) Ensure that the contractor's BPECP is reviewed by OH and Infection Control.

n. *Employees*. Employees, except Red Cross volunteers and reservists, will—

- (1) Inprocess through the appropriate OH clinic.
- (2) Comply with employee health requirements.
- (3) Know which tasks they perform that have potential for exposure to BBPs.
- (4) Attend initial and annual refresher BBPs training.
- (5) Adhere to work practice controls specified in this regulation and departmental

infection control policies.

(6) Utilize good personal hygiene habits and report or correct any unsafe practices that may lead to BBP exposure.

(7) Report BBP exposure incidents to their supervisors immediately, and comply with required evaluation and follow up procedures.

o. Red Cross volunteers.

- (1) Comply with all provisions of this regulation that apply to them.
- (2) Be medically screened for a pre-placement immunization review to include hepatitis

B.

(3) Receive initial BBP and Standard Precautions training provided by the MTF prior to beginning work as a volunteer and annually thereafter while employed as a volunteer.

p. *Reservists*. Reservists temporarily on duty with the MEDDAC will validate their compliance with immunizations and training with regard to BBPs during their inprocessing with Nursing Services.

Chapter 2

General Philosophy, Exposure Determination, and Labels and Signs

2-1. General philosophy

There are a number of good, general principles which should be followed when working with BBPs. These include:

- a. Minimize all exposure to blood and other potentially infectious material.
- b. Do not underestimate the risk of exposure to BBPs.
- c. Institute engineering and work practice controls to eliminate or minimize exposure to BBPs.

2-2. Exposure determination

a. All employee positions within the MEDDAC have been evaluated for occupational exposure to BBPs as defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties," regardless of the use of PPE.

- b. The resulting exposure determination is contained in appendix B.

2-3. Labels and signs

- a. The following will be labeled with a biohazard sign:

- (1) RMW containers.
 - (2) Refrigerators and freezers containing blood or other potentially infectious materials.
 - (3) Sharps containers and the wall cabinets for sharps containers.
 - (4) Containers used to store, transport or ship blood and other potentially infectious materials outside of the facility. (Individual specimen containers do not require labels.)
 - (5) Contaminated equipment.
 - (6) RMW storage sites.
- b. Containers will be labeled with fluorescent orange or orange-red labels with letters or symbols in a contrasting color. An example is shown below in figure 2-1.
- c. Labels used to identify contaminated equipment will indicate which portion of the equipment is contaminated and, if known, the contaminant.



Figure 2-1. Biohazard symbol

Chapter 3 Methods of Compliance

3-1. General

- a. Standard Precautions combines the major features of Universal (blood and body fluid) Precautions, designed to reduce the risk of transmission of BBPs, and Body Substance Isolation, designed to reduce the risk of transmission of pathogens from moist body substances.
- b. Standard Precautions will be used in the care of all patients regardless of their diagnosis or presumed infection status to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infections.
- c. Standard Precautions applies to—
 - (1) Blood.
 - (2) All body fluids, secretions, and excretions *except sweat*, regardless of whether or not they contain visible blood. Sweat is not considered to be infectious unless contaminated by visible blood.
 - (3) Non-intact skin.
 - (4) Mucous membranes.
- d. Standard Precautions are outlined in Section 4 of the MEDDAC Infection Control Policy and Procedure Guide. Standard Precautions includes hand hygiene (that is, hand washing or alcohol-based hand rub (Calstat)), use of PPE, handling patient-care equipment, environmental control, handling of linen, patient placement, and occupational methods for reducing the risk of BBP exposure.

3-2. Engineering and work practice controls

a. Engineering and work practice controls will be implemented as a primary means to eliminate or minimize employee exposure to blood and body fluids. When occupational exposure remains after institution of engineering and work practice controls, PPE will be used.

b. Health care workers will be involved in the identification, evaluation and selection of engineering and work practice controls. The MEDDAC participates in NARMC's Standardization Committee's selection process as well as MEDDAC activities.

c. Engineering controls isolate the employee from a hazard or remove a hazard from the workplace. For example: sharps disposal containers, self-sheathing needles, biosafety cabinets, splash guards, and safer medical devices, such as sharps with engineered sharps injury protection and needleless systems.

d. Work practice controls reduce the likelihood of exposure by altering the manner in which a task is performed. For example: prohibiting the traditional two-handed needle recapping method.

e. All employees will be trained by their supervisors in the use of any engineering control before they are required to use it.

f. Hand hygiene.

(1) Hand washing facilities will be readily accessible to employees. An approved alcohol-based hand rub (Calstat) will be used in all areas where sinks are not available.

(2) Employees will wash their hands immediately after removal of gloves or other PPE.

(3) Employees are encouraged to use the MEDDAC-approved waterless hand cleaner, Calstat, if their hands are not visibly soiled.

(4) Employees will wash hands and other exposed skin with soap and water, or flush mucous membranes with water, immediately following contact of such body areas with blood or other potentially infectious materials. Hand washing technique (also described in the MEDDAC Infection Control Policy and Procedure Guide):

(a) Wet hands and apply soap.

(b) Lather for 10 to 15 seconds, ensuring that fingernails and areas between fingers are washed.

(c) Rinse thoroughly.

(d) Dry hands with individual paper towels.

(e) Turn off faucet using a clean, dry paper towel.

(5) Hand lotion application is permitted if the hands are thoroughly washed prior to application. Hand lotions, except those with pump dispensers, will not be shared by individuals. The MEDDAC-approved hand lotion is Lotion Skin Soft Conditioner by Steris.

g. Preventing sharps injuries.

(1) Contaminated needles and other contaminated sharps will not be bent, sheared, or broken.

(2) Contaminated needles will not be recapped or removed from syringes unless it can be demonstrated there is no feasible alternative or the action is required by specific medical procedure. Two exceptions where recapping is permitted are—

(a) Performing a blood gas.

(b) Administering incremental doses of a medication such as an anesthetic to the same patient.

(3) Recapping with the traditional two-handed method is prohibited. Recapping will be performed with the one-hand scoop method (the hand holding the sharp is used to scoop up the cap

from a flat surface) or by using forceps to replace the cap. *Note: Other exceptions must be submitted to the MEDDAC Infection Control Committee for approval. Applications must include a justification for the need to recap or remove a needle.*

(4) Immediately after use, or as soon as feasible after use, contaminated needles or other sharps will be placed in leakproof (sides and bottom), puncture resistant sharps containers by the person using the sharps. Sharps containers are located in exam and treatment rooms and in other areas close to where sharps are used. Sharps containers enclosed in wall cabinets, and the disposable sharps liners used inside them, will be labeled with a biohazard symbol IAW paragraph 2-3 above. All sharps containers will be red in color.

(5) A sharps container will be available in the dirty linen sorting area.

(6) Supervisors will ensure that disposable sharps containers are replaced when they become three-fourths filled. They will be sealed by securely locking the closure mechanism, tagged with MEDDAC Form 586 (Infectious Waste Tag) and placed in the primary (see MEDDAC/DENTAC/VS Reg 40-14, appendix D) designated area for disposal by housekeeping. (See paragraph 3-5c for use of MEDDAC Form 586.) If a sharps container is found to be leaking, it must be placed inside a larger sharps container, which will then be labeled and sealed.

(7) Contaminated reusable sharps will be placed in containers until properly processed. These containers will be puncture-resistant, leakproof, and labeled with a biohazard label. The containers need not be closable. Employees will not reach by hand into these containers. Employees will not reach into a water-filled sink or pan to retrieve contaminated instruments. A perforated tray will be used or the instruments will be retrieved with a reliable hand-held device. A container for reusable sharps will also be available in any linen sorting area.

(8) Reusable sharps containers will be cleaned with soap and water and then disinfected with a 1:10 solution of bleach after each use.

(9) Where there are no in-room sharps containers, needle users have two options—

(a) Carry a small sharps container to the room to immediately discard the sharps.

(b) Use a safety syringe unit (needleless or self-sheathing needle).

(10) Sharps containers must be mounted on solid surfaces unless in constant observation.

h. Biosafety cabinets and splash guards will be used in laboratories to minimize splashing, spraying and splattering of droplets.

i. Engineering controls (for example, sharps disposal containers and bio-safety cabinets) will be examined and maintained or replaced on a regular schedule to ensure their effectiveness. Examinations are also to ensure the containers have not been removed or broken. The ventilation system will be monitored for proper functioning and filters will be replaced as scheduled. Each work area supervisor will establish a written inspection protocol and a routine maintenance schedule for engineering controls.

j. All blood specimens, body fluids and tissues will be handled using Standard Precautions and transported in sealed plastic bags. Specimen containers will be securely closed before inserting into the bag. If outside contamination of the bag or primary container occurs, it will be placed within a second container. Only labeled, puncture resistant containers will be used to transport or ship specimens outside the facility. Shipping containers will be labeled with a biohazard label.

k. Equipment which is possibly contaminated with blood or body fluids will be examined prior to servicing or shipping and, if necessary, will be decontaminated. If decontamination of the equipment is not possible; i.e. personnel are not trained to take apart technologically advanced equipment or equipment design prohibits cleaning, a prominently displayed label will be attached to

the equipment stating which portion may be contaminated. This information will be conveyed to all affected employees, the servicing representative and the manufacturer, as appropriate, prior to handling, servicing or shipping, to ensure appropriate precautions are taken. Biomedical maintenance personnel will be instructed as to what precautions to practice during equipment decontamination.

l. Procedures involving blood or other body fluids will be performed to minimize splashing, spraying, spattering and droplets.

m. Mouth pipetting and suctioning of blood or other body fluids is prohibited.

n. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in all work areas where there is a reasonable likelihood of occupational exposure. Eating and drinking are permitted only in designated areas separate from contaminated areas. Employees must remove contaminated clothing or protective barriers prior to entering the clean area.

o. Food and drink will not be placed in freezers, refrigerators, shelves, cabinets, countertops or bench tops where blood or potentially infectious materials are present.

p. Supervisors will train employees in the use of each engineering control before they are permitted to use it.

q. Employees having exudative lesions or weeping dermatitis will not perform or assist in invasive procedures or other direct patient care activities or handle equipment used for patient care.

r. The MEDDAC Infection Control Committee will ensure new engineering controls and work practices are implemented following evaluation and approval by the NARMC Standardization Committee and MEDDAC Infection Control Committee.

3-3. PPE

a. PPE is considered effective only if it prevents blood or other potentially infectious materials from passing through to reach the employee's clothes, undergarments, skin, eyes, mouth and other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.

b. Supervisors will ensure that PPE, in appropriate sizes, is readily available to employees at the work site and that the employees are trained to use it. PPE is provided at no cost to the employee and includes but is not limited to gloves, laboratory coats, face shields, masks, eye protection, and mouthpieces, resuscitation bags, pocket masks and other ventilation devices.

c. Supervisors will ensure that employees use appropriate PPE, unless the supervisor can show that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was in the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or a co-worker. When an employee makes this judgment the supervisor will investigate and document the circumstances. The documentation will be forwarded to the MEDDAC Safety Manager not later than the next duty day. The supervisor and the Safety Manager will determine if changes need to be instituted to prevent such occurrences in the future. A decision not to use PPE will not be applied to a particular work area or a recurring task. Neither interference with ease of performance of a procedure nor improper fit of equipment are acceptable reasons not to use PPE.

d. Failure to use PPE, except under the circumstances listed in paragraph c above, may result in disciplinary action.

e. Supervisors will ensure that PPE in the appropriate sizes is readily accessible at the work

site or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves or other, similar, alternatives will be accessible to those employees who are allergic to gloves normally provided. Allergy or other sensitivity to gloves normally provided must be documented by OH. Once documented, the supervisor will obtain the alternative recommended by the OH physician.

f. PPE will be cleaned, laundered or disposed of by the MTF at no cost to employees. Laboratory coats used as PPE will be laundered by the MTF and not taken home by employees to be laundered. Personal clothing contaminated by blood or body fluids will be laundered through the facility laundry at no cost to the employee.

g. Supervisors will ensure all reusable PPE are repaired or replaced whenever required.

h. PPE items penetrated by blood or other potentially infectious materials will be removed immediately or as soon as feasible.

i. PPE will be removed prior to leaving the work area and will not be worn in designated break areas.

j. Gloves.

(1) Proper fitting, powder-free latex protective gloves (unless the patient or employee is sensitive or allergic to latex) will be worn when it is anticipated that the employee's hands may come in contact with blood, body fluids, mucous membranes, broken skin, or when performing vascular access procedures; and while handling contaminated items or surfaces.

(2) Examples of tasks where gloves will be worn are—

(a) Phlebotomy and IV maintenance.

(b) Performing finger or heel sticks.

(c) During instrumental examination of the oropharynx, gastrointestinal tract and genitourinary tract.

(d) During invasive procedures.

(e) While cleaning up body fluids and during decontaminating procedures.

(f) While handling and processing blood, body fluid and tissue specimens.

(g) While examining abraded or non-intact skin or patients with active bleeding.

(h) When emptying drains and Foley catheter bags.

(i) While rendering emergency medical assistance to individuals with traumatic injury.

(3) Single-use disposable latex gloves will be replaced when contaminated or sooner if they are torn, punctured or when their ability to function as a barrier is compromised.

(4) Gloves will be changed and hands hygiene practiced between patients or during the care of a single patient when moving from a contaminated to a clean body site or from one contaminated site to another. Phlebotomists working with outpatients may wear gloves with several patients until they become visibly contaminated. This exception does not apply to other personnel who draw blood.

(5) Perform hand hygiene after glove removal.

(6) Gloves will be discarded in the appropriate container.

(7) Disposable gloves will not be reused.

(8) Sterile surgical gloves will be used for procedures involving contact with normally sterile areas of the body.

(9) Latex examination gloves will be used for procedures involving contact with mucous membranes, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.

(10) Double gloving may be used for invasive surgical procedures where prolonged contact with blood may be expected.

(11) Used gloves will not touch telephones, computers, keyboards, charts, elevator buttons or other uncontaminated surfaces.

(12) Personnel engaged in non-patient care services should use non-latex gloves appropriate to their type of work. Heavy duty utility gloves are preferable for housekeeping personnel. These gloves may be washed and disinfected for reuse. Gloves that are cracked, peeling, torn or punctured will be discarded.

(13) Hypoallergenic gloves, low or no latex gloves, glove liners or other alternatives will be provided to those workers who have documented allergies or sensitivity to the gloves normally provided. (See paragraph 3-3e, above.) For employees involved in high risk procedures, double gloving with an inner vinyl and outer latex glove may be considered.

k. Masks, eye protection and face shields.

(1) In general, whenever a mask is required, eye protection is also required.

(2) Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields will be worn whenever splashes, spray, spatter or droplets of blood or other body fluids may be generated and eye, nose or mouth contamination can be reasonably anticipated.

(3) Prescription glasses may be used as protective eye-wear as long as they are equipped with solid side shields that are permanently affixed or of the "add-on" type.

(4) Procedures requiring masks and eye protection include surgical and invasive procedures, endotracheal intubation, gastrointestinal endoscopy, dental procedures, gastric tube placement, emptying containers of fluids, irrigations and decontamination of instruments.

(5) During microsurgery, when it is not reasonably anticipated that there would be any splattering, it would not constitute a violation for the surgeon, while observing surgery through a microscope, not to wear other eye protection.

(6) Masks will be used once and then disposed of.

(7) Masks should not be worn around the neck or on top of the head.

(8) Masks must cover the nose and mouth with no gaping at the sides.

(9) Reusable goggles and face shields will be washed with an approved detergent and water and disinfected with a 1:10 solution of bleach after each use.

l. Gowns.

(1) A gown, apron, laboratory coat or clinic jacket will be worn when there is potential for soiling of clothing with blood or other potentially infectious materials.

(2) A cover garment is appropriate only if it does not permit blood or other body fluids to pass through to or reach the employee's work clothes and undergarments.

(3) Gowns impervious to fluid will be worn for surgical procedures.

(4) A long-sleeved cover will be worn when arms are likely to become contaminated.

(5) Surgical scrubs are not considered PPE and will be covered by appropriate gowns, aprons, laboratory coats or clinic jackets when splashes to skin or clothing are anticipated. Surgical scrubs are mandatory in the Operating Room (OR) and Central Material Supply (CMS). Cover gowns will be worn over surgical scrubs when leaving the OR, CMS and Same Day Surgery (SDS) areas.

(6) Personal scrubs are not considered PPE and will be covered by appropriate gowns, aprons, or laboratory coats when splashes to skin or clothing are anticipated.

(7) Cloth gowns and disposable cover gowns will not prevent liquid contamination from soaking through to the skin, however, they offer adequate protection for common, bedside patient care procedures.

(8) Examples of activities requiring gowns or aprons are—

(a) Direct contact with blood (for example, uncontrolled bleeding, lacerations and gastro-intestinal bleed).

(b) Handling soiled linen.

(c) Lifting or moving a patient with draining wounds.

(d) Diagnostic and therapeutic procedures that may cause splattering or aerosolization.

(9) Gowns and aprons should be worn only once and not outside the work area.

(10) Cloth gowns and lab coats will be placed in the clinic laundry containers after they have been used.

(11) Paper and plastic gowns and aprons will be disposed of in appropriate waste receptacles.

m. Surgical caps or hoods and shoe covers or boots will be worn during surgical procedures and in other situations when contamination is anticipated. Shoe covers, caps and hoods will be removed prior to leaving the work area.

n. A barrier device (CPR Microshield) will be available in areas of the MTF (for example, exam rooms and radiology, and for use during mouth-to-mouth resuscitation). Ambu-bags are on each crash cart. Reusable Ambu-bags will be processed and sent to CMS for sterilization. The mouth barriers are disposable and will be disposed of after each use.

3-4. Housekeeping

a. Supervisors will ensure that their work areas are maintained in a clean and sanitary condition.

b. All equipment and working surfaces will be properly cleaned and disinfected after contact with blood or other potentially infectious materials and on a regular schedule with an appropriate disinfectant.

c. Work surfaces will be disinfected at the beginning of each work shift, and thereafter following the completion of any procedure that causes surfaces to be overtly contaminated with body fluid or blood spill. A phenolic disinfectant approved by the Infection Control Committee will be used to disinfect the operating rooms. The laboratory may use the approved quaternary ammonium or chlorine. Other areas will use a quaternary ammonium disinfectant for environmental cleaning.

d. Blood spills will be cleaned immediately IAW the Infection Control Blood Spill Cleanup Procedure in Section 4 of the Infection Control Policy and Procedure Manual. Clean up the spill using Cavicide, saturate the area with Cavicide, allowing the area to remain wet (with Cavicide) for ten minutes, then wipe over the area and allow it to dry.

e. Bins, pails, cans and similar receptacles intended for reuse which are contaminated with blood or other body fluids will be cleaned and disinfected with a 1:10 solution of bleach or Cavicide immediately after contamination. Routine cleaning of these items will be performed weekly.

f. Reusable items contaminated with blood or other body fluids will be cleaned with an approved detergent and water, then placed in the CMS covered biohazard labeled container for transport.

g. Contaminated, broken glassware will not be picked up directly with the hands but will be

cleaned up using mechanical means, such as a brush and dust pan, tongs or forceps.

h. Routine cleaning schedule: Use only MEDDAC approved disinfectants. See MEDDAC Infection Control Policy 6.4, or table 3-1, below, for approved clinic disinfectants.

Table 3-1
Disinfectant schedule and disinfectants

Location	Frequency	Disinfectant
SDS Patient Room	Daily	Quaternary ammonium
SDS Patient Bathroom	Daily	Quaternary ammonium
Examination Room	Daily	Quaternary ammonium
Procedure Room	Between procedures	Quaternary ammonium
Operating Room	Between cases	Phenolic
Laboratory	Daily and when contaminated	Quaternary ammonium or bleach

3-5. Regulated medical waste (RMW)

a. RMW, including sharps, will be disposed of IAW MEDCOM Reg 40-35, and MEDDAC/DENTAC/VS Reg 40-14, which should be available in every work area where RMW is generated.

b. When removing sharps containers, close them immediately prior to removal to prevent spillage or protrusion of the contents during handling, storage, transport or shipping. If leakage is possible, the container will be placed in a secondary container; a red bag of 3 mils thickness that is closable and constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and labeled with MEDDAC Form 586 (Infectious Waste Tag). (See paragraph c, below, for instruction on completing MEDDAC Form 586.)

c. RMW will be collected in a red plastic bag of 3 mils thickness. Storage of RMW will not exceed one day at the point of generation. Daily, or sooner if the bag is 3/4 or more full, unit or section personnel will close the RMW bag at the neck and seal it with tape. Do not shake or compact the bag in any manner. MEDDAC Form 586 will be attached to the bag and will have the following information written on it:

- (1) Description of waste.
- (2) Clinic or regional area.
- (3) Building number.
- (4) Signature.
- (5) Date.
- (6) Other appropriate information.

d. RMW will be transported IAW MEDCOM Reg 40-35 and MEDDAC/DENTAC/VS Reg 40-14. Transport from outlying facilities will be accomplished IAW Maryland and Pennsylvania laws.

e. Housekeeping will remove only labeled containers from the generation site and transport them in covered carts to conceal them from the public.

f. RMW generated within the building will be transported in carts constructed of readily cleanable material. Carts will be cleaned at least once weekly using a hospital detergent-disinfectant registered with the Environmental Protection Agency.

g. Housekeeping personnel are responsible for timely transportation of RMW within the MTF, maintenance of carts, and weekly cleaning (or more frequently if soiled). If a spill occurs, the cart will be cleaned and disinfected immediately with 1:10 bleach. Carts will be covered while in view of the public and patients, and will have quiet running casters.

3-6. Laundry

- a. Use Standard Precautions when handling soiled linens. Appropriate PPE will be used.
- b. Collect soiled linen in laundry bags at the location where it was used. If linen is excessively wet, place it in a plastic bag before putting it in the laundry bag. (Do not use red biohazard bags.)
- c. Soiled linen will not be sorted or rinsed in patient care areas.
- d. Sharps containers will be available in linen sorting areas.
- e. Clean and soiled linen will be segregated at all times.

Chapter 4 Employee Health

4-1. Hepatitis B immunization

a. 29 CFR 1910.1030, the OSHA Bloodborne Pathogen Standard, states that “the employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure.” Occupational exposure is defined as “reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.” The hepatitis B vaccination is available at no cost to Department of Defense (DoD) employees and any other personnel when included in a written contract or agreement.

b. DoD requires mandatory hepatitis B immunization for all service members, including those in the Reserve Component, who are in the medical and dental career fields.

c. DoD also mandates hepatitis B immunization as a condition of employment for all DoD civilian and contract employees including trainees, volunteers and temporary employees with duties involving direct patient contact, hired on or after 1 January 1997.

d. Employees (that is, all military and civilian staff) will be evaluated by OH for initiation of the hepatitis B vaccination series at the time of employment. The Occupational Health Nurse (OHN) will provide the employee with information on the hepatitis B vaccine. IAW the OSHA Bloodborne Pathogens Standard, within 15 days of the completion of the evaluation, the OHN will provide the employee with a provider’s written opinion on MEDDAC Form Letter (FL) 166 (Health Care Provider’s Written Opinion for Hepatitis B Vaccination) of whether hepatitis B vaccination is required for the employee. A copy of the form will be placed in the employee’s medical record and a copy will be sent to the employee’s supervisor.

e. Service members, civilian employees and others, as listed in paragraph c above, who have any of the three conditions listed below are exempt from the immunization requirement:

(1) Known positive serum hepatitis B surface antigen.

(2) A past history of recovery from hepatitis B, with known positive serum antibody to hepatitis B surface antigen.

(3) A disease or medical condition that would make hepatitis B immunization inadvisable in the judgement of the individual’s physician. A written recommendation from the individual’s physician will be maintained in his or her medical record.

f. Pre-vaccination screening to determine immunity to the hepatitis B virus will be performed upon request but it is not a prerequisite for receiving hepatitis B vaccination.

g. Currently employed civilian employees involved in direct patient care who were hired prior to 1 January 1997 are strongly encouraged to have the hepatitis B immunization. Any currently

employed civilian employee hired before 1 January 1997, having declined to be vaccinated, will have a signed declination on file IAW 29 CFR 1910.1030. A notation will be made if the employee declines to sign the declination form. This statement will be maintained in the employee's medical record. Employee's who initially decline the hepatitis B vaccination can, upon request, receive the vaccine at a later date.

h. The Hepatitis B Vaccine Immunization Program consists of a series of three inoculations over a 6-month period. OH, in conjunction with the Allergy/Immunization Clinic (or equivalent clinic at outlying MTFs), is responsible for setting up and operating the vaccination program. Vaccinations will be performed under the supervision of a licensed physician or other health care professional. Hepatitis B vaccine is administered IAW U.S. Public Health Service recommendations. If at a future date a routine booster of hepatitis B vaccine is recommended, it will be made available to employees.

i. A record of the vaccination status of all civilian employees will be maintained by OH. This database will be reviewed and updated annually on all employees by means of birthmonth annual training.

4-2. Post-exposure procedures

a. The MEDDAC will provide the initial employee and source evaluations to all employees, including contract workers, volunteers and students.

b. General. Needlesticks, cuts and splashes to the eye or mouth involving blood or other potentially infectious materials are serious occurrences. Because they may result in exposure to BBPs such as HIV, hepatitis B virus and hepatitis C virus, they must be handled thoughtfully and expeditiously.

c. Self aid. Immediately after an exposure incident, the employee should administer self aid. Self aid should be completed prior to all other activities. Administer self-aid as follows:

(1) *Needlesticks*. Allow the area to bleed freely. Wash the area with a bacteriocidal solution or, at a minimum, with soap and water.

(2) *Non-intact skin exposure*. Wash the area with a bacteriocidal solution or soap and water.

(3) *Mucous membrane exposure, including the eyes*. Flush the affected area with copious amounts of water.

d. Reporting process. (Employee and supervisor.) (See the flow chart at appendix C for a visual representation of the process described within this paragraph.)

(1) After administering self aid, the employee will immediately notify his or her immediate supervisor of the exposure.

(2) The supervisor will ensure the source is included in post-exposure evaluation. If the source available, he or she will accompany the supervisor and patient to OH. If the source is not available, the supervisor will provide his or her name and social security number to the OHN or OH Physician at time of reporting.

(3) The supervisor will initiate and complete the following forms for eligible personnel:
(a) *Military personnel*. The supervisor will initiate MEDDAC Form 714-R (Injury Report) and forward the completed form to the MEDDAC Safety Manager. The supervisor will also ensure that the employee completes DA 4106 (Quality Assurance/ Risk Management Document) and forwards it to the Quality Management (QM) office.

(b) *Civilian personnel*. The supervisor will complete Department of Labor (DOL)

Form CA 1 (Notice of Traumatic Injury and Claim for COP/Compensation) and forward it to the Civilian Personnel Office. Also send a copy of the form to OH, along with a copy of the injury report (MEDDAC Form 714-R). The supervisor will also ensure that the employee completes DA Form 4106 and sends it to QM.

(c) *Contract employees, volunteers and students.* The supervisor will complete MEDDAC Form 714-R and DA Form 4106. Forward the MEDDAC Form 714-R to the Safety Office and the DA Form 4106 to the QM Office.

(4) Evaluations must be initiated immediately so that post-exposure prophylaxis may be administered as soon as possible after the exposure. (For high risk HIV exposure, antiretroviral prophylaxis within the first one to two hours following exposure is preferred.)

(4) Civilian employees have the right to choose their own civilian physician for treatment. The MEDDAC, however, has the right to evaluate employees who are injured on the job. Employees will report to the designated medical treatment area for evaluation as soon as possible after the exposure incident. The supervisor must accompany the patient to OH and initiate DOL Form CA 16 (Authorization for Examination and/or Treatment) for employee's elective to be treated by their own physicians.

(5) All exposed employees will complete an EIPNet form, which must be obtained from OH, and forward it to the Safety Office.

d. Identification of source. (Supervisor.)

(1) The supervisor will identify and obtain the name and social security number of the source of the exposure.

(2) If the source is available, the supervisor will explain the importance of assisting the MEDDAC by agreeing to be evaluated for potential BBPs.

(3) If the source is an outpatient who is still in the clinic, he or she will be requested to accompany the employee and supervisor to the appropriate medical treatment area for evaluation.

(4) If the source is an ambulatory surgery patient or an outpatient who has already left the clinic, the supervisor will contact the source's physician and inform the physician that he or she (that is, the physician, must contact a designated MEDDAC physician to coordinate evaluation of the source).

e. Initial Evaluation of Employee and Source. The staff of the MTF's designated treatment area will—

(1) Immediately triage and initiate evaluation.

(2) Initiate and complete the following documentation of the employee and source:

(a) MEDDAC Form 641 (Risk Assessment of Bloodborne Pathogen Exposure).

(b) MEDDAC Overprint (OP) 312 (Initial Evaluation & Treatment of Bloodborne Pathogen Exposure Incident – Evaluation of Exposed Individual).

(c) MEDDAC Form Letter (FL) 193 (Informed Consent and Agreement to HIV Testing), except for active duty personnel.

(d) EPI NET Form (Uniform Needlestick and Sharp Object or Uniform Blood and Body Fluid Exposure Report.)

(e) MEDDAC Form 714-R, provider section.

(3) MEDDAC Handout (HO) 317 (Fact Sheet for Patients Who Have Sustained a Needlestick Injury or Other Body Fluid Exposure) will be given to and reviewed with the employee.

(4) The forms listed in paragraphs (d) and (e) above will be distributed IAW table 4-1 (see page 16).

Table 4-1 Bloodborne pathogens forms: purposes, who completes them, and dispositions				
Form	Purpose	Completed by	Disposition	
			Active duty & DoD civilians	Contract employees, volunteers & students
DA Form 4106 Risk Management/ Quality Improvement Report	Information on the occurrence of an accident or event not consistent with normal patient care and the outcome.	Supervisor and employee.	Quality Management Office.	Quality Management Office.
EPINet Form Needlestick or Sharp Injury; Blood or Body Fluid Exposure Report	Collect information on bloodborne pathogen exposure.	Patient. (Receives at Family Care Center, OH, or equivalent at outlying clinics.)	Original – Safety Office.	Original – Safety Office.
MEDDAC Form 641 Risk Assessment of Bloodborne Pathogen Exposure	Document risk assessment of source for use in determining treatment of patient.	Healthcare provider or physician of source.	Original – OH file. Copy – FC Clinic file.	Original – OH for patient's MD. Copy – FC Clinic file. Copy – OH file.
MEDDAC Form 714-R Injury Report	Document circumstances and result of the accident or mishap.	Supervisor and healthcare provider.	Original – Safety Office.	Original – Safety Office.
MEDDAC FL 193 Informed Consent and Agreement to HIV Testing	For non-active duty patients, to document informed consent and agreement to HIV testing.	Healthcare provider.	Patient's Original – OH for employee's medical record. Source's Original – Outpatient Medical Records. Copy of each – FC Clinic file.	Patient's Original – OH for patient's MD. Patient's Copy – OH Clinic file. Source's Copy – FC Clinic file record.
MEDDAC OP 312 Initial Evaluation & Treatment of Bloodborne Pathogen Exposure Incident	Document evaluation of patient.	Healthcare provider.	Original – Medical record. Copy – FC Clinic file. Copy – Patient.	Original – OH for patient's MD. Copy – FC Clinic file. Copy – OH for patient. Copy - OH file.
MEDDAC OP 313 Results of Bloodborne Pathogen Exposure Incident Evaluation	Document results of evaluation.	OH staff.	Original – Medical record. Copy - FC medical record.	Original - OH for patient's MD. Copy - FC Clinic file. Copy - OH file.
MEDDAC OP 314 Healthcare Provider's Written Opinion for Bloodborne Pathogen Exposure	Document that patient has been informed of the results of the evaluation.	OH staff and patient.	Original - Medical record. Copy – Patient. Copy – OH file. Copy – Supervisor.	N/A
MEDDAC HO 317 Bloodborne Pathogen Exposure Information Sheet	Provide bloodborne pathogen information.	Healthcare provider.	Patient.	Patient.

TESTING PROTOCOL FOR BLOODBORNE PATHOGEN EXPOSURE INCIDENT		
TEST TO BE ORDERED	SOURCE	PATIENT
Anti-HIV	All Sources	All patients
Anti-HCV	All Sources	All patients
Anti-HBS	None	All patients
HBsAg	All Sources	Based on risk assessment
RPR	All Sources	Based on risk assessment
LFTs	All Sources	All patients

TREATMENT PROTOCOL FOR BLOODBORNE PATHOGEN EXPOSURE INCIDENT ¹			
SOURCE RISK ASSESSMENT RESULTS	PATIENT STATUS	INITIAL TREATMENT REQUIRED	OCCUPATIONAL HEALTH CLINIC ACTION REQUIRED BASED ON TEST RESULTS
Hepatitis B Known Positive or High Risk	Completed HBV series and known Responder ² or HepB immune from prior infection.	NONE	NONE for Patient. ³ If high risk Source ⁴ tests HBsAg positive, ensure Source is referred to PM physician or designated MD.
	Completed HBV series but never tested for Anti-HBs.	NONE	If Source tests HBsAg positive or tests HBsAg positive and Patient's Anti-HBs is inadequate, order one dose HBIG plus HBV booster. Ensure Source is referred to PM physician or designated MD. Recheck Patient's Anti-HBs status in six months. If Source tests HBsAg negative and Patient's Anti-HBs is inadequate, order HBV booster. Recheck Patient's Anti-HBs in one or two months.
	Completed HBV series but known HBV Non-responder. ⁵	Give HBIG 0.06 ml/kg IM	If Source is known HBsAg positive or tests HBsAg positive and Patient has not completed a second 3-dose HBV series, initiate vaccine series. If Patient has completed a second HBV series, refer to WRAMC Allergy Clinic and order dose of HBIG one month after first dose. Ensure high risk Source whose HBsAg test is positive is referred to PM physician or designated MD.
	Unvaccinated or has not completed HBV series.	Give HBIG 0.06 ml/kg IM	Initiate or complete HBV series. Recheck Patient's Anti-HBs in six months. Ensure a high risk Source whose HBsAg test is positive is referred to PM physician or designated MD.
Hepatitis B Known Negative or Low Risk or Source Unknown	Completed HBV series and known Responder or HepB immune from prior infection.	NONE	NONE for Patient. If Source tests HBsAg positive, ensure Source is referred to PM physician or designated MD.
	Completed HBV series but never tested for Anti-HBs.	NONE	If Source tests HBsAg positive and Patient's Anti-HBs is inadequate, order one dose HBIG and HBV booster. Recheck Patient's Anti-HBs in six months. Ensure Source is referred to PM physician or designated MD. If Source tests HBsAg negative and if Patient's Anti-HBs is inadequate, order HBV booster. Recheck Anti-HBs titer in one to two months after last dose of vaccine.
	Completed HBV series but known Non-responder.	NONE	If Source tests HBsAg positive, treat as noted above. If Source tests HBsAg negative or unknown and Patient has not completed second 3-dose series, order completion of series and retest Anti-HBs in one to two months. If Patient has completed a second HBV series, refer to WRAMC Allergy Clinic.
	Unvaccinated or has not completed HBV series.	NONE	If Source tests HBsAg positive, treat as noted above. If Source tests HBsAg negative or unknown, initiate or complete HBV series. Recheck Patient's Anti-HBs in one to two months.
Hepatitis C Known Positive or High Risk	Anti-HCV known positive.	NONE	NONE for Patient. If high risk Source tests Anti-HCV positive, ensure Source is referred to PM physician or designated MD.
	Anti-HCV known positive or status unknown.	NONE	If Source is known Anti-HCV positive or tests Anti-HCV positive and Patient tests Anti-HCV negative, order Anti-HCV and ALT on Patient in four to six months. If Source or Patient tests Anti-HCV positive, refer to PM physician or designated MD.
Hepatitis C Known Negative or Low Risk or Source Unknown	Anti-HCV known positive.	NONE	NONE for Patient. If Source tests Anti-HCV positive, ensure Source is referred to PM physician or designated MD.
	Anti-HCV known negative or status unknown.	NONE	If Source tests Anti-HCV positive and Patient tests Anti-HCV negative, order Anti-HCV and ALT on Patient in four to six months. Refer Anti-HCV positive Source or Patient to PM physician or designated MD.

(Continued on next page.)

**Figure 4-1
Facsimile of back of MEDDAC (Ft Meade) Overprint 312**

TREATMENT PROTOCOL FOR BLOODBORNE PATHOGEN EXPOSURE INCIDENT ¹			
SOURCE RISK ASSESSMENT RESULTS	PATIENT STATUS	INITIAL TREATMENT REQUIRED	OCCUPATIONAL HEALTH CLINIC ACTION REQUIRED BASED ON TEST RESULTS
HIV Known Positive or High Risk	Anti-HIV known positive.	NONE	NONE for Patient. If high risk Source tests Anti-HIV positive, contact PM physician or designated MD ASAP.
	Anti-HIV known negative or status unknown.	Immediate WRAMC ID consult. Call 99-202-782-1663/6740. Discuss prophylaxis and precautions.	If Source is known Anti-HIV positive or tests Anti-HIV positive and Patient tests Anti-HIV negative, repeat Anti-HIV at six weeks, three months, and six months. Counsel Patient to use precautions to prevent secondary transmission during follow up period. If Source or Patient tests Anti-HIV positive, refer to PM physician or designated MD ASAP.
HIV Known Negative or Low Risk or Source Unknown	Anti-HIV known positive.	NONE	NONE for patient. If Source tests Anti-HIV positive, contact PM physician or designated MD ASAP.
	Anti-HIV known negative or status unknown.	NONE	If Source tests Anti-HIV positive and Patient tests Anti-HIV negative, consult immediately with WRAMC ID regarding Patient. Follow up as noted above. If Source or Patient tests Anti-HIV positive, refer to PM physician or designated MD.

Notes:

1. Reference: Updated Public Health Service Guidelines for the Management of Occupational Health Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis, Centers for Disease Control, MMWR 2001/50 (RR11).
2. Responder is a person with adequate levels of serum antibody to HBsAg (i.e., Anti-HBs \geq 10 mIU/mL.)
3. Patient is any individual who is the recipient of a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials.
4. Source is any individual, living or dead, whose blood or other potentially infectious material may be a source of exposure.
5. Non-responder is a person with inadequate response to vaccination (i.e., serum Anti-HBs < 10 mIU/mL.)

**Figure 4-1
Facsimile of back of MEDDAC (Ft Meade) Overprint 312 (continued)**

(5) HIV testing for active duty military is mandatory. Prior to obtaining blood samples for HIV and other testing, the civilian employee and source must be counseled by a health care provider and their consent for testing must be documented in their medical records. If the civilian employee or source refuses to be tested, this fact will be documented on MEDDAC FL 193. If the employee consents to baseline blood collection but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident the employee elects to have the baseline sample tested, he or she will notify OH, who in turn will notify Laboratory Service to test the blood sample as soon as possible.

(6) If the source is known to be HIV positive or is determined to be high risk for being HIV positive at the time of the exposure, the provider should contact the Infectious Disease Service (IDS), Walter Reed Army Medical Center (WRAMC) by calling 99-202-782-1663 or 6740. The employee will be appropriately counseled regarding his or her risk category and given the option of anti-retroviral prophylaxis IAW the protocol on MEDDAC OP 312 and the recommendations of the WRAMC IDS. If HIV prophylaxis is ordered for the exposed patient based on consultation with the WRAMC IDS, provision of up to 48 hours prophylactic medication will be provided to the patient prior to his or her appointment at WRAMC. The exposed patient will also be counseled to use the following measures to prevent secondary transmission during the follow up period, especially the first six to 12 weeks after the exposure, when most HIV-infected persons are expected to seroconvert:

- (a) Exercise sexual abstinence or use condoms to prevent sexual transmission and to avoid pregnancy.
- (b) Refrain from donating blood, plasma, organs, tissue and semen.
- (c) If an exposed woman is breast feeding, she should be counseled about the risk of HIV transmission through breast milk and discontinuance of breast feeding should be considered,

especially in cases of high risk exposure. Additionally, nucleotide reverse transcriptase inhibitors are known to pass into breast milk, as is Nevirapine; whether this is also true for the other approved antiretroviral drugs is unknown.

(7) Initial medical referral following exposure.

(a) During normal duty hours, the attending physician will send active duty and civilian employees, to include contract employees, to OH, and non-employee dependents to Community Health Nursing (CHN), for counseling with a copy of MEDDAC OP 312 and MEDDAC Form 641 after evaluation and treatment by the physician. Volunteers, students and contract workers will report to their respective employers, who maintain their health care records after the initial OH visit.

(b) After duty hours and on weekends and holidays, employees will immediately be referred to the White Team for evaluation, with subsequent follow up at OH on the next duty day. If the employee cannot be seen by OH or CHN on the day of exposure, the attending physician will notify the patient regarding the requirement to follow up with in the OH or CHN and a referral will be submitted appropriately.

(8) Contractor personnel, volunteers and students will seek follow up care from the source of medical care (that is, the MTF) identified in their contracts or agreements. The contract employee, with supervisor, will report to a MEDDAC OH clinic immediately, or during the next duty day, after seeking medical care for initial post-evaluation. OH will ensure the appropriate MTF COTAR is notified within one business day of the contract employee's exposure incident after immediate care is provided. The COTAR will notify the appropriate contract employer within one business day of a contract employee's exposure incident. All personnel who receive immediate post-exposure medical care who are not eligible for medical care from the MEDDAC will be required to reimburse the MTF for services provided.

(9) If a civilian employee desires to consult a private physician after the initial evaluation, OH will provide the following to the physician:

- (a) A description of the exposure incident.
- (b) The exposed employee's relevant medical records.
- (c) All other pertinent information.

f. Follow up.

(1) Active duty and DoD civilians.

(a) OH will provide follow up counseling, testing and prophylaxis for hepatitis B, hepatitis C and HIV IAW the following CDC guidelines: Updated Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV, and Recommendations for Post-exposure Prophylaxis, MMWR 2001/50 (RR 11). Documentation of test results will be made on MEDDAC OP 313 (Results of Bloodborne Pathogen Exposure Incident Evaluation) and placed in the employee's medical record and OH will maintain a copy on file. If the employee declines to participate in the recommended follow up and tests, this will be documented in his or her medical record.

(b) OH will provide the employee with MEDDAC OP 314 (Health Care Provider's Written Opinion for Bloodborne Pathogens Exposure) IAW CFR 1910.1030 OSHA Bloodborne Pathogens Standard within 15 days of completion of the evaluation.

(c) The written opinion will be limited to a statement that the employee has been informed of the results of the evaluation and a statement that the employee has been told about any medical conditions resulting from the exposure incident that require further evaluation or treatment.

(d) All other findings or diagnoses will remain confidential and will not be included in the written opinion.

(e) The original copy of MEDDAC OP 314 will be given to the employee, a copy will be placed in the employee's medical record, and a copy will be filed in OH.

(f) If a civilian employee declines to participate in recommended follow up tests, this will be documented in his or her medical record.

(2) Contract employees, volunteers and students. OH will—

(a) Provide the employee with the results of testing within 15 days of the completion of the evaluation.

(b) Obtain the health care provider's address, if available, and forward a copy of the results.

(3) Medical records will be maintained for at least 30 years after the employee's departure. *Note: This retention period is subject to change, as directed by Headquarters, Department of the Army.*

(4) The employers of contract employees, volunteers and students are their medical record keepers and will establish and maintain a record for each employee (or volunteer or student) with occupational exposure IAW 29 CFR 1910.1020. The employer will provide the contract employee, volunteer or student with the results of the incident evaluation within 15 days. Contract employees, volunteers and students will seek follow up care from the source of medical care identified in their contracts or agreements. OH will provide the contracting company, volunteer agency or school with an information letter regarding the exposure incident and will provide the health care provider identified in the contract or agreement with the test results of the BBP exposure incident evaluation performed by the MEDDAC (a copy of MEDDAC OP 313 and laboratory test results).

(5) To ensure employees receive the standard of care and timely treatment if exposed to a BBP, MEDDAC OP 313 will be completed by OH. Review of all required follow up will be conducted to ensure that all steps in the process have been completed.

(6) The MEDDAC ICO/Safety Manager will evaluate all exposure incidents, identify potential preventive measures, implement such measures and record the safety aspects of the exposure incident as follows:

(a) Date, time, and department or work area the exposure incident occurred.

(b) Infectious materials involved.

(c) Type of work being performed.

(d) Explanation of how the incident occurred.

(e) PPE used.

(f) Actions taken, decontamination, cleanup and notification procedures used.

(g) Recommendations to avoid similar incidents in the future.

(h) The injury will be recorded in the OSHA 300 Log and a separate sharps injury log to record injuries from needlesticks and contaminated sharps.

g. Confidentiality. Information in all medical records will remain confidential and will not be released without written consent of the subject employee, a court order or subpoena signed by a judge or federal magistrate, or the military police or Criminal Investigation Division if required for investigative purposes.

Chapter 5 Education

5-1. General

- a. All employees with occupational exposure as identified in appendix B will participate in initial training, annual training within one year of their previous initial or annual training, and training whenever changes in procedures or tasks occur which may affect occupational exposure.
- b. Trainers must be knowledgeable in the subject.
- c. Training must be appropriate in content, language and vocabulary to the educational, literacy and language background of the employees.

5-2. Initial BBPs training

- a. Personnel currently assigned must have completed initial training during inprocessing.
- b. Employees identified in appendix B will participate in infection control orientation within 30 days of employment. Documentation of this training will be annotated in the individual's competency-based orientation folder. OH will review the exposure control plan during orientation with personnel during inprocessing. Supervisors in each work area will provide orientation as to the use and location of engineering controls, PPE, cleaning and disinfecting supplies, RMW containers, laundry bags, and the contents of this regulation.

5-3. Annual BBPs training

- a. Department, service and division chiefs will ensure that personnel who require annual BBPs training IAW OSHA standards receive it during birthmonth annual training. It is the responsibility of the department, service and division chiefs to ensure that annual training for all personnel is obtained. Supervisors should contact PTM&S to schedule training, as required.
- b. Supervisors will provide training for new tasks, procedures and engineering controls specific to their work areas. Consultation is available from the ICO and OH.

5-4. Content of training programs

Training programs will contain the following elements:

- a. An accessible copy of the regulatory text of Bloodborne Pathogens Standard and an explanation of its contents.
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- c. Modes of transmission of BBPs.
- d. The exposure control plan and how their employees can obtain a copy.
- e. Methods for recognizing tasks and other activities that can cause exposure to blood and other potentially infectious materials.
- f. The use and limitations of methods that prevent or reduce exposure including appropriate engineering controls, work practices, and PPE.
- g. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
- h. Selecting and wearing PPE.
- i. Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge by the appropriate employer.

- j. Actions to take and persons to contact in any emergency involving blood or other potentially infectious materials.
- k. Procedures to follow if an exposure incident occurs, reporting the incident, and medical follow up that is available IAW this regulation.
- l. Evaluation and follow up that the employer is required to provide to the employee following an exposure incident.
- m. An explanation of signs, labels and color coding system currently in use.
- n. A question and answer period at the end of the orientation or annual training.

Chapter 6

Maintenance of Medical and Training Records

6-1. Medical records

a. Medical records for active duty personnel, dependents and retirees will be maintained in the Outpatient Records Room and medical records for civilian employees will be maintained by OH, and will be maintained IAW 29 CFR 1910.1020. Each record will contain at least the following information:

- (1) Employee's name.
- (2) Employee's social security number.
- (3) Documentation of the employee's hepatitis B vaccination status and dates of any vaccinations.
- (4) Medical records relative to the employee's ability to receive vaccination.
- (5) If applicable—
 - (a) The results of the examinations, medical testing, counseling and follow up procedures which took place as a result of the employee's exposure to BBPs.
 - (b) A copy of the information provided to the consulting health care professional as a result of any exposure to BBPs.
 - (c) Results of evaluations of any reported illnesses related to exposure incidents.

b. Medical records will be maintained at the MTF during the time of employment and are kept permanently at the National Personnel Records Center after the civilian employee or active duty member retires or leaves federal or military service.

c. As with all medical information, the information in these medical records is confidential and will not be disclosed or reported to anyone without the employee's written consent, except as required by regulation or law.

6-2. Training records

a. *Records maintained by PTM&S.* PTM&S will maintain the following records for BBPs training presented during annual birth month training:

- (1) An outline describing the material presented.
- (2) Names and qualifications of instructors.
- (3) Names and job titles of all persons attending the training sessions.

b. *Records maintained by supervisors.* Training records for each employee with potential occupational exposure will be maintained by the employee's supervisor. Individual training records will contain the topics and dates of training sessions attended.

c. Right of employees to review their training records. All employee records will be made available to the individual employees IAW 29 CFR 1910.20.

d. *File number and retention period for training reports.* In accordance with AR 25-400-2, file number 350-1f, Training Reports, training reports will be maintained for five years after the cutoff date for the file year (31 Dec XX), then destroyed the following January. For example, for training conducted any time in 2001, the files would be destroyed in January 2007.

Appendix A References

Section I Required Publications

MEDCOM Reg 40-35

Management of Regulated Medical Waste (RMW). (Cited in para 3-5.)

MEDDAC/DENTAC/VS Reg 40-14

Regulated Medical Waste Management Program. (Cited in para 3-5.)

MEDDAC Infection Control Service Policies and Procedures Guide

(Cited in paras 3-1, 3-2 and 3-4.)

Centers for Disease Control. MMWR 2001/50 (RR11)

Updated Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis. (www.cdc.gov/mmwr). (Cited in para 4-2.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

AR 40-66

Medical Records Administration

AR 310-50

Authorized Abbreviations, Brevity Codes, and Acronyms

Centers for Disease Control. Infection Control and Hospital Epidemiology, January 1996

Guideline for Isolation Precautions in Hospitals.

Centers for Disease Control. MMWR 1989;38 (No. S-6)

Guidelines for the Prevention of HIV and HBV to Health Care and Public Safety Workers.

Centers for Disease Control. MMWR 1990;39 (No. S-2)

Protection Against Viral Hepatitis, Recommendations of the Immunization Practices Advisory Committee.

Centers for Disease Control. MMWR 1998;47 (No. RR19)

Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease.

Department of Defense Hepatitis B Immunization Policy for Medical and Dental Personnel, 23 Oct 96

Department of Labor, Occupational Safety and Health Administration, 29 CFR Part 1910.1020

Needlesticks and Other Sharps Injuries.

Department of Labor, Occupational Safety and Health Administration, 29 CFR Part 1910.1030

Bloodborne Pathogens.

U. S. Army Health Services Command, Environmental Services 1992; Bulletin No. 93

Bloodborne Pathogen Standard Checklist.

U.S. Department of Labor Occupational Safety and Health Administration News, USDL 1992; (No. 92-436)

WRAMC Reg 40-615

Bloodborne Pathogens Exposure Control Plan

**Section III
Prescribed Forms**

MEDDAC Form 586

Infectious Waste Tag. (Prescribed in paras 3-1 and 3-5.)

MEDDAC Form 641

Risk Assessment of Bloodborne Pathogen Exposure. (Prescribed in para 4-2 and table 4-1.)

MEDDAC FL 166

Health Care Provider's Written Opinion of Hepatitis B Vaccination. (Prescribed in para 4-1 and table 4-1.)

MEDDAC FL 193

Informed Consent and Agreement to HIV Testing. (Prescribed in para 4-2 and table 4-1.)

MEDDAC HO 317

Fact Sheet for Patients Who Have Sustained a Needlestick Injury or Other Body Fluid Exposure. (Prescribed in para 4-2 and table 4-1.)

MEDDAC OP 237

Hepatitis B Vaccine Declination. (Prescribed in para 6-1 and table 4-1.)

MEDDAC OP 312

Initial Evaluation & Treatment of Bloodborne

Pathogen Exposure Incident. (Prescribed in para 4-2 and table 4-1.)

MEDDAC OP 313

Results of Bloodborne Pathogen Exposure Incident Evaluation. (Prescribed in para 4-2 and table 4-1.)

MEDDAC OP 314

Health Care Provider's Written Opinion for Bloodborne Pathogen Exposure. (Prescribed in para 4-2 and table 4-1.)

**Section IV
Referenced Forms**

DA Form 4106

Quality Assurance/Risk Management Document

DOL Form CA 1

Notice of Traumatic Injury and Claim for COP/Compensation

DOL Form CA 16

Authorization for Examination and/or Treatment

MEDDAC Form 714-R

Injury Report

Appendix B Exposure Determination

Section I Civilian Positions

Following is a list of all job classifications in which all civilian employees have occupational exposure to blood or other potentially infectious material. Civilian positions not on this list are considered not exposed.

Number	Series position title/Description	Number	Series position title/Description
602	Medical Officer/Consultant	647	Diagnostic Radiologic Technologist
603	Physician's Assistant	651	Respiratory Therapist
610	Registered Nurse	655	Speech Pathologist/Audiologist
620	Practical Nurse	673	Housekeeping Officer
621	Nursing Assistant	699	Ultrasound Diagnostic Technician
633	Physical Therapist	3511	Laboratory Worker
636	Physical Therapy Assistant	3566	Custodial Worker
644	Medical Technologist	4805	Medical Equipment Repairer
645	Medical Technician	7304	Laundry Worker

Section II Military Personnel

Military positions that are not included in the two following lists are not considered to be exposed. (By order of the Army Surgeon General, all Army Medical Department personnel are required to have the HBV vaccine.)

Section IIa – Commissioned Officers

Medical Corps			
Specialty	Position title/Description	Specialty	Position title/Description
60C	Preventive Medicine Officer	60U	Child Psychiatrist
60G	Gastroenterologist	60W	Psychiatrist
60H	Cardiologist	61E	Clinical Pharmacologist
60J	Obstetrician and Gynecologist	61F	Internist
60K	Urologist	61J	General Surgeon
60L	Dermatologist	61M	Orthopedic Surgeon
60M	Allergist, Clinical Immunologist	61N	Flight Surgeon
60N	Anesthesiologist	61R	Diagnostic Radiologist
60P	Pediatrician	62A	Emergency Physician
60S	Ophthalmologist	62B	Field Surgeon
60T	Otolaryngologist		
Dental Corps			
63A	Dentistry, General	63N	Oral Surgeon
63B	Dentistry, Comprehensive		
Medical Specialist Corps			
65B	Physical Therapy		
Army Nurse Corps			
66A	Nurse Administrator	66F	Nurse Anesthetist
66B	Community Health Nurse	66G	Obstetric and Gynecologic Nurse
66E	Operating Room Nurse	66H	Medical-Surgical Nurse
Medical Service Corps			
68F	Clinical Laboratory Officer/Laboratory Manager	68M	Audiologist
68L	Podiatrist	67C	Environmental Science Officer

**Section IIb
Warrant Officers**

MOS	Position Title Description
670A	Biomedical Equipment Repair Technician

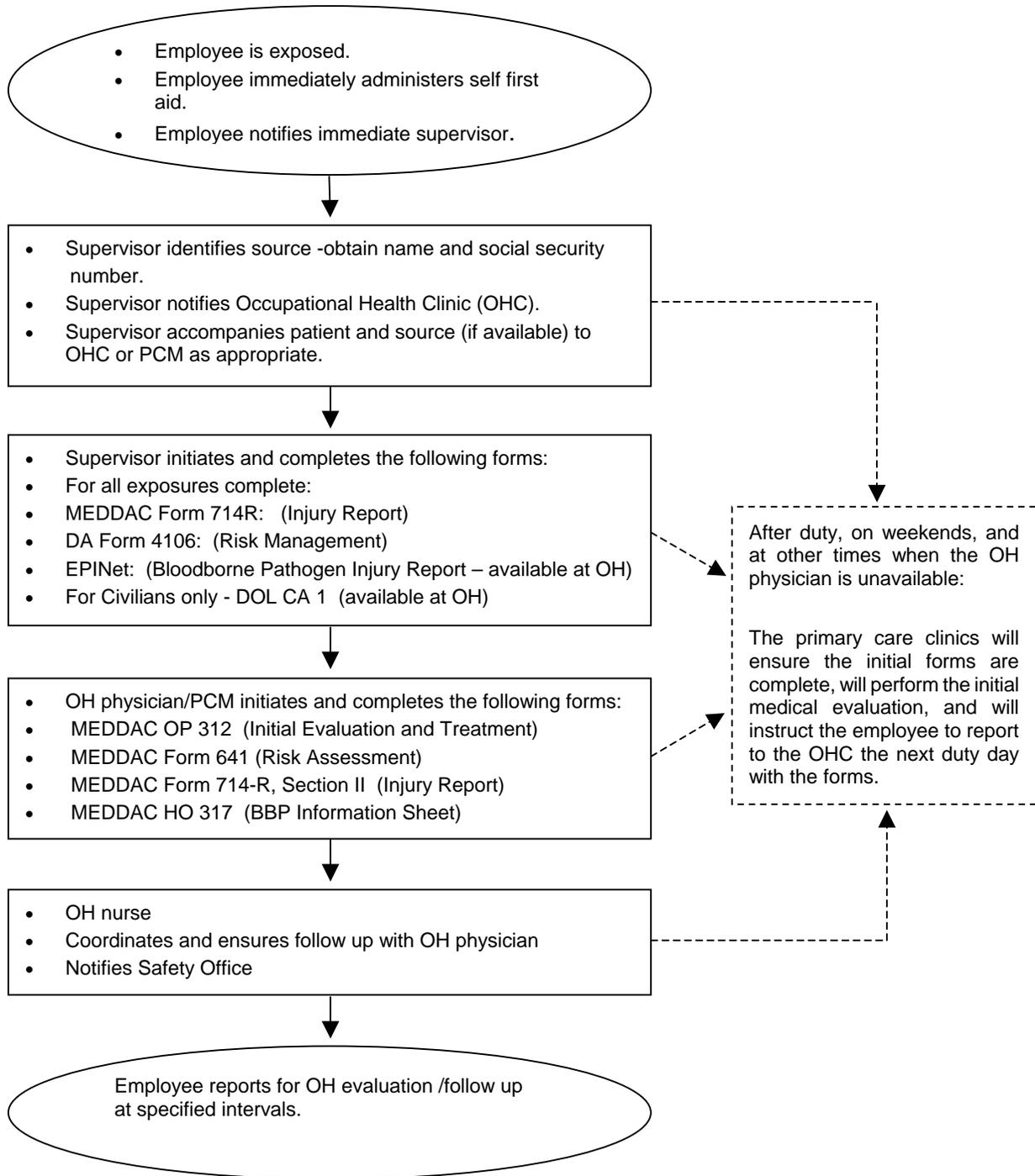
**Section IIc
Enlisted**

MOS	Position Title Description	MOS	Position Title Description
42D	Dental Laboratory Specialist	91U	Ear, Nose, and Throat Specialist
91D	Operating Room Specialist	91V	Respiratory Specialist
91G	Behavioral Science Specialist	91W	Health Care Specialist
91H	Orthopedic Specialist	91WM6	Health Care Specialist (LPN)
91J	Physical Therapist Specialist	91Y	Eye Specialist
91P	X-Ray Specialist	92B	Medical Laboratory Specialist
91S	Preventive Medicine Specialist		

Notes:

1. Other personnel may be classified as having an occupational exposure to blood or other potentially infectious material as deemed necessary on a case-by-case appointment.
2. The Chief, Preventive Medicine Service and Infection Control Officer, working with department managers and supervisors, will revise and update these lists as tasks, procedures, and classifications change.

Appendix C
Bloodborne Pathogens Exposure Process Flow Chart



Glossary

Section I Abbreviations

3TC

Lamivudine

ASAP

as soon as possible

AZT

Zidovudine

BBP

bloodborne pathogen

BPECP

Bloodborne Pathogens Exposure Control Plan

CDC

Centers for Disease Control and Prevention

CHN

Community Health Nurse; Community Health Nursing

CMS

Central Material Supply

COR

contracting officer representative

DA

Department of the Army

DENTAC

U.S. Army Dental Activity, Fort George G. Meade

DoD

Department of Defense

DOL

Department of Labor

DPC

Department of Primary Care

FL

form letter

HBV

hepatitis B virus

HIV

human immunodeficiency virus

HO

handout

HSC

U.S. Army Health Services Command. (Former designation of MEDCOM.)

IAW

in accordance with

ICO

Infection Control Officer

IDS

Infectious Disease Service

IV

intravenous

KACC

Kimbrough Ambulatory Care Center

MEDCOM

U.S. Army Medical Command

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

MTF

medical treatment facility

NARMC

North Atlantic Regional Medical Command

OH

Occupational Health Clinic; occupational health

OHN

Occupational Health Nurse

OP

overprint

OR

operating room

OSHA

Occupational Safety and Health Administration

PM

Preventive Medicine Service

PPE

personal protective equipment

PTMS&E

Plans, Training, Mobilization, Security & Education Division

QM
Quality Management Office

RMB
Resource Management Branch

RMW
regulated medical waste

SDS
Same Day Surgery

SF
standard form

SOP
standing operating procedure

VS
Fort Meade Branch Veterinary Services

WRAMC
Walter Reed Army Medical Center

Section II **Terms**

Biohazard label
A label affixed to containers of RMW, refrigerators, freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the bio-hazard symbol and the word “biohazard” on the lower part of the label.

Blood
Human blood, human blood components and products made from human blood.

Bloodborne pathogens
Pathogenic microorganisms that are present in human blood that can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical laboratory
A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated
The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry
Laundry which is soiled with blood or other potentially infectious materials.

Contaminated sharps
Contaminated objects that can penetrate the skin including but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination
The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface

or item is rendered safe for handling, use, or disposal.

Employee
Within this publication, the term “employee,” unless otherwise specified, includes active duty military personnel, including U.S. Coast Guard personnel, and DoD civilians, including both appropriated fund and non-appropriated fund employees.

Engineering controls
Controls that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposed employee
An individual in a healthcare, industrial, administrative or other capacity at the MEDDAC who may have occupational exposure to bloodborne pathogens in the course of his or her employment. For purposes of this plan, students and volunteers are considered employees. Non-Federal employees (contract services) are not considered MEDDAC employees and are not required to be listed in appendix B. Contract employees to be trained in accordance with the contract requirements.

Exposure control plan
A written program developed and implemented by the employer. It sets procedures, engineering controls, personal protective equipment, work practices and other methods

that protect employees from exposures to bloodborne pathogens.

Exposure incident

Eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material.

Licensed healthcare professional

A person whose legally permitted scope of practice allows him or her to independently perform the activities required by chapter 4, this regulation.

Occupational exposure

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other potentially infectious materials

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Also any unfixed tissue or organ (other than intact skin) from a human (living or dead). In addition,

HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral

Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Regulated Medical Waste (RMW)

(Maryland COMAR 26.13.11-Special Medical Wastes) The following meet the RMW definition:

- a. Human and animal body parts, including tissues and organs.
- b. Blood, human or animal.
- c. Blood soiled articles that contain blood in any form as a result of contact with blood. This includes anything visibly bloody.
- d. Contaminated material.

The feces of an individual diagnosed as having a disease that may be transmitted to another human being through feces or an article soiled with feces of an individual diagnosed as having a disease that may be transmitted to another human being through feces, and articles that have come into contact with a known infectious agent. Key words are "diagnosed" and "known." Contaminated material would

not include suspected diagnoses or possible infectious agents or contact with other body fluids that aren't bloody.

e. Microbiological laboratory waste.

f. Sharps. Syringes, needles, surgical instruments and other articles that are capable of cutting or puncturing the human skin.

Source individual

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Standard Precautions

A set of precautions designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. This pertains to blood, all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes.

Universal Precautions

All human blood and other

potentially infectious materials, as previously defined, are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

(Now called Standard Precautions.)

Work practice controls

Controls that reduce the like-

likelihood of exposure by altering the manner in which a task is performed. For example, prohibiting recapping of needles by a two-handed technique.