

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND
2834 GREEN BAY ROAD, NORTH CHICAGO, ILLINOIS 60064-3091

*USMEPCOM Regulation
No. 40-9

Effective: March 18, 2024
Medical Services
Standard Precautions for Infection Control

FOR THE COMMANDER:



Donavan D. Phillips
Chief of Staff

DISTRIBUTION:

Unlimited. This Regulation is approved for public release.

Executive Summary. This regulation establishes policies and procedures for management of the standard precautions for infection control for the United States Military Entrance Processing Command and guidance for bloodborne pathogen exposure control, training programs, safety requirements, exposure determination, personal protection, and legal or public affairs inquiries as directed by Occupational Safety and Health Administration. This regulation also prescribes [USMEPCOM Form 40-9-1-R-E](#), Hepatitis B Vaccination Declination, [USMEPCOM Form 40-9-3-R-E](#), Sharp Injury Record.

Applicability. This regulation applies to USMEPCOM employees (including military members and government employees) and fee-basis providers with a reasonable risk of occupational exposure to human blood, body fluids, or other contaminated materials.

Supplementation. Supplement of this regulation is prohibited without prior approval from Headquarters, United States Military Entrance Processing Command (HQ USMEPCOM), ATTN: J-3/MEOP/ORM, 2834 Green Bay Road, North Chicago, IL 60064-3091.

Suggested improvements. The proponent of this regulation is HQ USMEPCOM, Operations Directorate (J-3/MEOP-ORM). Users may send comments and suggested improvements on [Department of the Army \(DA\) Form 2028](#), Recommended Changes to Publications and Blank Forms, or memorandum, to HQ USMEPCOM, ATTN: J-3/MEOP-ORM, 2834 Green Bay Road, North Chicago, IL 60064-3091.

Internal Control Process. This regulation contains internal control provisions and provides an internal control evaluation checklist in Appendix [B](#), for use in conducting internal controls. For further guidance concerning this statement, contact the Internal Control Administrator (ICA).

*This regulation supersedes USMEPCOM Regulation 40-9, December 2, 2019

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Chapter 1 General

1-1. Purpose

This regulation establishes policies, responsibilities, and procedures for preventing bloodborne disease transmission in the workplace. It applies to functions involving risk of exposure to blood or body fluids and the management of those exposures. This regulation also establishes standards in compliance with Office of Safety and Health Administration (OSHA) standards for preventing or managing bloodborne pathogen exposures.

1-2. References

References are listed in Appendix [A](#).

1-3. Abbreviations and Terms

a. Abbreviations and terms used in this publication are explained in the [Glossary](#).

b. Within this regulation, the term “employee” identifies military members and government employees who work in the Medical Department of Military Entrance Processing Stations (MEPS/RPS). Fee Basis Providers (FBP) are considered contractors.

1-4. Responsibilities

a. The Commander, United States Military Entrance Processing Command (USMEPCOM), will ensure USMEPCOM establishes and maintains a Standard Precautions for Infection Control program that complies with OSHA requirements.

b. The J-3/MEOP-ORM Medical Branch will:

(1) Monitor and assist with exposure incidents.

(2) Assign Sector Medical Officer as an acting laboratory director in the absence of a MEPS/RPS Chief Medical Officer (CMO)/Assistant Chief Medical Officer (ACMO).

(3) Archive employee health record(s) upon completion/termination of employment at the MEPS/RPS

(4) Monitor MEPS/RPS programs for compliance with this regulation.

(5) Provide oversight and assistance on required training to Sectors, Battalions, and MEPS/RPS as needed.

(6) Review this regulation and update as necessary to ensure compliance with current OSHA guidance.

c. Sector Commanders will:

(1) Ensure Battalions and MEPS/RPS are in compliance with this regulation.

(2) Provide assistance to Battalions and MEPS/RPS as needed.

d. Sector Medical Officers will:

- (1) Serve as the Sector Commanders advisor regarding standard precautions policy
- (2) Ensure MEPS/RPS personnel comply with this regulation; provide assistance and guidance by articulating published policies but does not interpret policies; forwards new or further interpretation questions/issues to J-3/MEOP-ORM for resolution.
- (3) Assist the MEPS/RPS in meeting orientation provisions and investigating circumstances where employees declined to use personal protective equipment (PPE), as appropriate.
- (4) Evaluate the MEPS/RPS Medical Department for regulatory compliance when a MEPS/RPS visit is made and results will be documented in a Trip Report and submitted to both the appropriate Sector Commander and J-3/MEOP-ORM for review/assessment.

e. MEPS/RPS Commanders will:

- (1) Ensure compliance with this regulation.
- (2) Implement engineering and administrative controls.
- (3) Ensure their MEPS/RPS has an exposure control plan.
- (4) Ensure the appointment/delegation memorandum for the Administrative Service Technician (AST) is maintained with J-4/Facilities and Acquisitions Directorate, Logistics Division (J-4/MEFA-LD) for the AST to perform the duties associated with disposal of medical waste (memorandum certifies the AST is trained in the Regulatory Medical Waste (RMW) and Contracting Officer Representative (COR) requirements) except for those MEPS/RPS that are serviced by base or post military hospitals and do not need appointment/delegation memorandum.

f. Chief Medical Officers will:

- (1) Be designated as the primary Laboratory Director for their assigned MEPS/RPS.
- (2) Provide mandatory oversight on the orientation of new medical employees and periodic training for all Medical Department employees and contract providers.
- (3) Provide oversight on all MEPS/RPS non-medical employee who are authorized to assist the Medical Department in actions authorized by USMEPCOM Regulation 40-1, Medical Qualification Program, Paragraph 3-3. This includes orientation training on new and/or updated standards.
- (4) Review the MEPS/RPS Exposure Control Plan.

g. Medical Non Commissioned Officer in Charge/Supervisory Medical Technician (Medical NCOIC/SUP MT) will:

- (1) Maintain and provide the necessary PPE, engineering controls (e.g., for sharps containers, use medical devices with safety features designed to prevent injuries), labels, and red bags with biohazard labels, as required by this regulation.
- (2) Provide Initial and Annual training, and document training, for MEPS/RPS medical employees, FBPs, ASTs, and any non-medical cross trained personnel.

- (3) Ensure appropriate MEPS/RPS employees and FBPs have knowledge of this regulation.
 - (4) Maintain employee health record.
 - (5) Prepare, implement, and monitor a laboratory cleaning schedule.
 - (6) Solicit comments from employees who collect specimens from applicants on identification, evaluation, and selection of engineering and work practice controls.
 - (7) Review of [OSHA Standard 1910.1030](#).
 - (8) Assists with review and update of the MEPS/RPS Exposure Control Plan.
 - (9) Implements (as needed) engineering and work practice controls, including methods of recognizing tasks and activities that involve exposure to blood and other potentially infectious material (OPIM).
 - (10) Identify types, proper use, location, removal, handling, decontamination, and disposal of PPE.
 - (11) Handle exposure incidents, including reporting methods and available medical follow-up.
 - (12) Assist in post-exposure evaluation as needed.
- h. Lead Medical Technicians (LMT) will assist the Medical NCOIC/SUP MT in the management and supervision of this program.
- i. Administrative Service Technicians will:
- (1) Serve as the COR for disposal of medical waste.
 - (2) Ensure compliance with state laws governing disposal of regulated medical waste.
- j. MEPS/RPS employees, contractors (FBPs) and any other MEPS/RPS staff working in the Medical Department, likely to have occupational risk for exposure to bloodborne pathogens, will comply with this regulation.

1-5. Standard Precautions

- a. MEPS/RPS employees and FBPs will observe standard precautions to prevent contact with blood, urine or OPIM. If distinction between body fluid types is in question, consider all fluids to be potentially infectious materials.
- b. Standard Precautions are the minimum infection prevention practices that apply to interactions with applicants in the Medical Department during examination procedures, regardless of suspected or confirmed infection status of applicants. Education and training on the principles and rationale as listed on the Standard Precautions Training Standardization Job Task Sheet (TSJTS) are critical elements to facilitate appropriate decision-making and promote adherence. Standard Precautions include:

- (1) Hand hygiene.

- (2) Use of PPE.
- (3) Safe phlebotomy practices.
- (4) Safe handling of potentially contaminated equipment or surfaces in the applicant environment.
- (5) Respiratory hygiene and cough etiquette.

c. All interactions with applicants in MEPS/RPS Medical Departments will be conducted following the basic principles and evidence-based guidelines of Standard Precautions for infection control as outlined by the Center of Disease Control (CDC) for ambulatory settings. MEPS/RPS Commanders have primary administrative oversight and control of the Medical Departments and will ensure that sufficient fiscal and human resources are available to develop and maintain infection prevention. This includes the availability of sufficient and appropriate equipment and supplies necessary for the consistent practice of Standard Precautions, including hand hygiene products, phlebotomy equipment, and PPE.

1-6. Exposure Risk Determination

MEPS/RPS employees in the following positions are considered to have a risk of occupational exposure to blood or OPIM.

a. Military:

- (1) Army Healthcare Specialist
- (2) Navy Hospital Corpsman
- (3) Air Force Medical Service Technician
- (4) Coast Guard Health Services Technician
- (5) Appointed Quality Assurance Officers (E-6 and above)

b. Civilian

- (1) Supervisory Medical Technician
- (2) Lead Medical Technician
- (3) Medical Technician
- (4) Administrative Service Technician
- (5) Appointed Quality Assurance Officers (GS-7 and above)
- (6) Chief Medical Officer
- (7) Assistant Chief Medical Officer

c. All cross trained non-medical personnel authorized by USMEPCOM Regulation 40-1, Medical Qualification Program, Paragraph 3-3.

Chapter 2 Implementation and Control

2-1. Work Practice Controls

MEPS/RPS Commanders will ensure the following work practice controls are observed:

a. Prohibit eating, drinking, applying cosmetics or lip balm, or inserting contact lenses in work areas determined to have a reasonable likelihood of exposure to blood or OPIM (in accordance with [OSHA 29 CFR 1910.1030\(d\)\(2\)\(ix\)](#)).

b. Respiratory Hygiene/Cough Etiquette is an element of Standard Precautions that must be implemented at the first point of encounter with the Medical Department. This applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering the facility.

(1) Implement measures to contain respiratory secretions in applicants and accompanying individuals who have signs and symptoms of a respiratory infection.

(a) The following recommended guidelines are to be observed throughout the MEPS/RPS:

1.Cover their mouths/noses when coughing or sneezing.

2.Use and dispose of tissues.

3.Perform hand hygiene after hands have been in contact with respiratory secretions.

4.Provide tissues and no-touch receptacles for disposal of tissues.

(b) Provide resources for performing hand hygiene.

(c) Offer masks to coughing applicants and other symptomatic persons.

(d) Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible while they are waiting to see the provider for further processing. See UMR 40-1, Chapter 3 for deferment of the applicant.

(2) Educate medical personnel on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens when processing applicants with signs and symptoms of a respiratory infection. All personnel working in the MEPS/RPS will refer any applicant with signs and symptoms of respiratory illness to the MEPS/RPS Medical Department.

c. Hand Hygiene must be performed in the MEPS/RPS by either washing hands with soap and water or using alcohol based hand rubs (ABHR).

(1) Employees may use ABHR and paper towels when sinks are unavailable in the immediate area and then follow up with soap and running water.

(2) Wash or sanitize their hands before beginning work, after using the restroom, before eating, and when leaving work.

(3) Immediately after examination of genital, anal, and/or rectal areas, or after contact with body fluids or excretions, mucus membranes, non-intact skin, and wound dressings.

(4) Immediately after removing gloves used for any reason, hands must either be washed with soap and water or ABHR utilized.

d. Discard contaminated needles and other contaminated sharps in Sharps Container. Employees will not bend, shear, break, recap, remove needles, or sharps from containers. For proper Sharps container placement/mounting, see (Paragraph [2-3\(f\)](#)). Reusable vacutainers are not authorized and at no time will recapping of needles be allowed.

e. Do not keep food and drink in or on refrigerators, freezers, shelves, cabinets, countertops, or bench tops where blood or OPIM are present, processed, or stored.

f. Perform procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, spattering, or the generation of droplets of these substances.

g. Do not perform at-risk duties or handle medical equipment if skin conditions are present which may increase the risk of contamination.

h. Employees must know the location of the spill clean-up kit for blood or OPIM spills.

2-2. Exposure Control Plan

An Exposure Control Plan is meant to be a "living" document, used as a source of information to ensure exposure control practices are in place in case of an employee encountering a bloodborne pathogen event. All MEPS/RPS Medical Departments are required by OSHA Bloodborne Pathogens Standards to develop an Exposure Control Plan.

a. A Each MEPS/RPS CMO is responsible for the MEPS/RPS exposure control plan (see example exposure control plan on Sharing Policy Experience and Resources (SPEAR) J-3/5/7/MB, Battalion Support Branch Page).

(1) Ensure exposure control plan is briefed during initial standard precautions training (see training in (Paragraph [5-1](#))).

(2) Review during annual refresher training.

(3) Any changes to the plan (such as a facility change) must be updated and reviewed by all MEPS/RPS Medical Department employees and FBPs.

b. The Exposure Control Plan must be signed by the CMO/ACMO. In the event of a vacant CMO/ACMO position, the Exposure Control plan must be signed by the Medical NCOIC/SUP MT.

2-3. Engineering Controls

MEPS/RPS engineering controls consist of the following:

a. Centrifuge will be in proper working order and will be verified by a biomedical technician annually. At no time will an employee reach into a centrifuge while it is being used to spin samples. If both centrifuges are not being used simultaneously, the centrifuges will be alternated monthly to maximize its lifespan.

Any non-functioning centrifuges will be exchanged using the Medical Standby Equipment Program ([MEDSTEP](#)).

b. Eye wash stations will be located in the MEPS/RPS Laboratory and will be easily accessible. All permanently mounted eye wash stations will be free of any obstructions that may impede access and will only be used for emergency eye washing. All disposable eye wash bottles will be openly visible, readily accessible near the laboratory sink, and not expired.

c. First aid kits that are listed in the Medical Material Allowance List ([MMAL](#)) are the only type of kits authorized. There is no limit to the number of first aid kits each MEPS/RPS may have; however, each kit will be easily accessible for use and all locations will be known by MEPS/RPS Employees.

d. Needles and vacutainers are single only and will never be recapped. Only needles authorized for use in MEPS/RPS Laboratories are listed in the [MMAL](#). Any other needles are not authorized will be discarded into appropriate sharps containers.

e. Personal Protective Equipment refers to wearable equipment that is intended to protect MEPS/RPS medical personnel from exposure to potentially infectious agents. Examples of appropriate PPE for Standard Precautions are:

(1) Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin or potentially infectious materials. Only non-latex, powder free gloves are authorized for use.

(a) Gloves will be worn in all situations requiring direct contact with the blood, body fluids or contaminated materials. Hypoallergenic (i.e., Nitrile) gloves are standard issue in the MEPS/RPS, and will be used exclusively to mitigate allergic response by applicants and MEPS/RPS employees.

(b) Use of gloves is required for examination of mucous membranes, for instance, oral, anal, and genital regions, but is optional during examination of areas of intact skin, such as examination of the breasts.

(c) Gloves will be replaced immediately when contaminated, torn, punctured, when their ability to function as a barrier is compromised, or when examining a different applicant.

(d) Gloves will be removed and appropriate hand hygiene performed immediately after completing all tasks requiring contact with each individual applicant, bodily fluids, or contaminated items.

(e) Gloves must be worn on both hands, covering the hand completely and using the proper size to ensure a proper fit.

(f) Gloves will be worn once and then discarded. It is not acceptable to wash hands with gloves on to avoid changing gloves between applicants.

(g) Avoid contact of the outer surface of the gloves with you or your clothes.

(2) Use of a non-permeable gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.

(3) Face shields and masks are not required. The routine handling of blood and urine specimens in the MEPS/RPS laboratory does not require face shields or masks. Face shields/masks will, however, be made available for all MEPS/RPS staff who wish to use them.

(4) Eye Protection: USMEPCOM does not mandate the use of eye protection for phlebotomy or observing applicant urine collection in the MEPS/RPS; however, staff may wear eye protection if they choose to. The use of personal prescription eyewear is considered authorized eye protection for use in the function of all duties where eye protection is worn. If utilized, reusable eye protection will be cleaned with disinfectant/detergent, then rinsed and air-dried.

(5) PPE will be removed and discarded whenever contaminated, and before leaving the immediate work area. Hand hygiene procedures will always be performed immediately after removing PPE and before departing the Medical Department.

(6) Closed toe shoes are required in all areas of the MEPS/RPS laboratory, to include the bathrooms used for drug observation while the lab is open for processing. If the lab is not yet processing or duties have been completed (i.e., specimens have been packaged for pick-up) then open toed shoes are authorized (e.g., the Medical Department bathrooms can now be utilized by MEPS/RPS employees with open toed shoes).

f. Sharps containers will be puncture resistant and leak proof on sides and bottom. Employees will not reach into a sharps container or transfer contents of a sharps container for any reason. Sharps containers must:

(1) Containers for contaminated sharps must be maintained upright throughout use. The use of mechanisms to restrain sharps containers is one way of preventing spillage during use; however, the Bloodborne Pathogens Standard does not specify the use of restraining mechanisms for all situations of sharps container use. If sharps containers can be maintained in an upright position during use with no danger of being knocked over or spilled. Containers may remain unrestrained to accommodate the needs of the employee's ability to dispose of the sharps in a safe manner. The placement of sharps containers, as well as the measures used to maintain them in an upright position during use, must be based on the site layout.

(2) Sharps container must be within easy reach so the employee drawing blood can reach the sharps container while still maintaining observation of the applicant.

(3) Be labeled with a biohazard label.

(4) Sharps container will be replaced when 3/4 full.

(5) Be prepared for disposal. To dispose, securely close the sharps container with the locking mechanism. If container is leaking, seal the entire sharps container within another leak-proof container and attach a biohazard label.

2-4. Personal Protective Equipment for Performed Duty

Listed below are USMEPCOM minimum requirements for PPE. MEPS/RPS staff are expected to use the minimum PPE required for their duties, but may also choose to wear more PPE than is required at any time.

a. Breath Alcohol Tester: Disposable gloves required, but do not have to be changed between applicants unless it is necessary. PPE must consist of a surgical mask, eye protection that may consist of glasses or a face shield, and gloves. Gown is not required.

b. Blood Pressure:

(1) No PPE required.

(2) Gloves are only required when the applicant's or staff member's skin is not intact, and must be changed between applicants.

(3) Blood Pressure cuff used on non-intact skin will be cleaned prior to use on another applicant.

c. Drug observer: Closed-toed shoes required, non-permeable gown optional.

d. Drug coordinator: Disposable gloves and non-permeable gown required. Eye protection optional. Gloves and the non-permeable gown do not have to be changed between applicants unless it is necessary.

e. Drug Quality Assurance Officer (QA): Disposable gloves required. Gown not required. Eye protection optional. Gloves do not have to be changed while performing QA duties unless it is necessary.

f. Human Immunodeficiency Virus (HIV) technician: Disposable gloves and non-permeable gown required. Eye protection optional. Gloves will be changed after every blood draw; however, hands do not have to be washed after each glove change unless the gloves becomes compromised during blood draw. The non-permeable gown does not have to be changed unless it is necessary.

g. HIV coordinator: Disposable gloves required. Gown not required. Eye protection optional. Gloves do not have to be changed while performing HIV coordinator duties unless it is necessary.

h. HIV QA Officer: Disposable gloves required. Gown not required. Eye protection optional. Gloves do not have to be changed while performing QA duties unless it is necessary. Once the drug and HIV specimens are sealed in mailing packages; no PPE is required.

i. Cleaning the laboratory:

(1) Disposable gloves and eye protection are required.

(2) If an employee judges that use of PPE would prevent applicant service (e.g. emergency assistance) or would pose an increased hazard to the safety of the worker or co-worker, Clinical Operations Division Chief will assess/evaluate and document the circumstances to determine if procedural changes can be instituted to prevent such occurrences in the future.

2-5. Cleaning and Decontamination

The Medical NCOIC/SUP MTs shall ensure that the Medical Department is maintained in a clean and sanitary condition. Employees will maintain medical work areas in a clean and sanitary condition. A cleaning log will be generated for the Medical Department and will specify all areas to be cleaned at the end of each workday (or more often as needed). Contracted housekeeping do not fall under this regulation and all areas will be cleaned in accordance to standard precautions by a MEPS/RPS Medical Department

Staff member.

a. For environmental disinfecting in the laboratory, use a 1:100 dilution of 5.25 percent sodium hypochlorite (household bleach) solution. Store the prepared bleach solution in a plastic spray bottle; do not store bleach in glass. Label the container with the name of disinfectant, the dilution, date made, date of expiration, and initials of the employee who prepared the solution. The MEPS/RPS Medical Department is authorized to purchase wipes that meet the 1:100 dilution of 5.25 percent sodium hypochlorite requirement in place of the bleach solution.

b. Cleaning the Blood Pressure cuff between applicant blood pressure measurements is not required, unless there is reasonable concern for contamination.

Note: Follow manufactures instructions on cleaning and disinfection medical equipment. Failure to do so may result in damage to equipment.

c. Use appropriate equipment to pick up broken glass. Never pick up broken glass by hand.

d. Decontaminate equipment exposed to blood or OPIM before it is used, serviced, or shipped by another employee.

e. For blood spill decontamination, use a 1:100 dilution of 5.25 percent sodium hypochlorite (household bleach). Follow these steps:

(1) Wear appropriate PPE.

(2) Block off area to prevent slipping in or tracking OPIM throughout the area.

(3) Place contaminated blood tube(s) or urine container(s) inside a sealed plastic bag (bags available from the medical supply list). If outside contamination of the plastic bag occurs, the specimen must be placed within a second sealed plastic bag.

(4) Prepare the bleach solution in a mop bucket. Flood the area with the bleach solution being careful not to let the mop touch the blood spill and let stand for 10 minutes.

(5) Blot up as much of the spill and bleach solution as possible with disposable towels. Dispose of towels in a labeled biohazard bag.

(6) Flood area a second time with the bleach solution being careful not to let the mop touch the blood spill and let stand another 10 minutes before mopping with disposable towels.

(7) Repeat flooding and mopping procedures as long as gross blood or body fluids are visible.

(8) Use a towel or mop to finish cleaning the area when contamination is no longer evident. Dispose of the bleach mixture appropriately in a utility sink or hopper. Remove PPE and discard appropriately.

2-6. Medical Waste Disposal

a. Regulated medical waste is contracted thru an outside medical waste disposal company who is required to follow all state and federal waste disposal laws. The AST will be primary RMW coordinator for the MEPS/RPS. A Medical Department staff member will be appointed as a secondary RMW coordinator. This does not exclude the AST from their responsibilities as the primary.

- b. Material not saturated or dripping with blood can be thrown in any trash container.
- c. Material saturated with blood or OPIM must be disposed of in a red, biohazard-marked bag.
- d. Urine may be poured into a sink (flush with water afterward) or toilet. Emptied (used) urine collection containers are regular trash.
- e. Labeling is required on all RMW containers used to store sharps containers and OPIM until received by the RMW disposal pick up.

2-7. Medical Personnel Attire

- a. CMO/ACMO/MO/FBP/Medical Staff may opt but are not required to wear white clinician coats (smocks) provided and laundered at government expense.
- b. Civilian medical technicians will be provided two white medical attendant coats, purchased and laundered at government expense. These medical attendant coats are not personal protective equipment and will not be worn by technicians working in the laboratories. Medical technicians also have the choice of wearing surgical scrubs they buy, maintain, and launder at their own expense. Surgical scrubs may be of any color, but must present a professional and neat appearance. Surgical scrubs are not authorized for wear by personnel other than the medical staff. Medical technicians may wear either a medical attendant coat, surgical scrubs, or appropriate clothing as outlined within the command dress code policy memorandum when in contact with applicants. Footwear will be closed-toed in nature and will fully cover the foot. They will not have any openings that will allow a needle to accidentally penetrate the wearer's foot and will also prevent the absorption of blood, urine and/or OPIM (no "Crocs").
- c. Military medical technicians should follow their service uniform regulations.
- d. Home laundering of lab coats is not authorized.
- e. Ensure contaminated laundry is placed and transported in appropriately marked or colored bags in accordance with contractual agreement.
- f. Ensure contaminated laundry, if wet and likely to leak out of the container, is placed in a red plastic bag and labeled with a biohazard label.

2-8. Biohazard Labels

Biohazard labels may be purchased locally from medical suppliers. Labels must be fluorescent orange or orange-red with letters or symbols in a contrasting color and must include the traditional biohazard symbol. Employees will post labels on the following:

- a. Sharps containers for regulated medical waste.
- b. Refrigerators, freezers or cabinets containing blood, urine or OPIM.
- c. Containers for storing RMW.

2-9. Laboratory Refrigerator

Each MEPS/RPS Medical Department will maintain a functioning refrigerator to store all refrigerated medical supplies in accordance with manufactures instructions. At no time will consumable items be stored in the laboratory refrigerator. The MEPS will use [USMEPCOM Form \(UMF\) 40-9-5-R-E](#), Daily Refrigerator Temperature Log to document the verified temperature. The forms are to be kept under record number 40-24a2/500A, “Medical Laboratory Performance Files” for 2 calendar years and then destroyed (see disposition in Appendix A, Section III). At no time will consumable items be stored in the laboratory refrigerator.

Chapter 3 Occupational Immunology

3-1. Hepatitis B Vaccination and Tetanus Immunization

Hepatitis B vaccinations are complete after a three dose series. The Tetanus immunization is designed to provide protection for up to 10 years and will need a booster prior to or at the 10 year anniversary.

a. Civilian Government Employees

(1) MEPS/RPS Commanders will ensure that all designated employees (Paragraph [1-6](#)) provide proof of their Hepatitis B vaccinations, Hepatitis B Testing Indicating Immunity (Titer), Tetanus immunizations, or Hepatitis B and Tetanus Vaccination Declination Form ([UMF 40-9-1-R-E](#)) within 10 workdays.

(2) A civilian government employee can decline the Hepatitis B vaccination/Tetanus Immunization, s/he must sign a [UMF 40-9-1-R-E](#), Proof of vaccinations/Titer or [UMF 40-9-1-R-E](#) must be filed in the employee's health record by the Medical NCOIC/SUP MT (Paragraph [4-3](#)).

(3) If an employee wants to begin the Hepatitis B series or is waiting on results of Hepatitis B Titer, they can sign a [UMF 40-9-1-R-E](#) in order to work in the laboratory right away. The employee will work in non-lab functional areas of the Medical Department while awaiting completion of their Tetanus immunization, Hepatitis B series and/or results of Hepatitis B Titer.

(4) If a new employee initially elects not to be vaccinated, the employee must sign [UMF 40-9-1-R-E](#); however, if they later choose to be vaccinated, the new immunization record will be incorporated into the employee health record and the [UMF 40-9-1-R-E](#) will not be removed. File the signed form in the employee health record (Paragraph [4-3](#)).

b. Military Personnel:

(1) The Hepatitis B vaccination/tetanus immunizations are mandatory for military personnel assigned to the MEPS/RPS Medical Department. Military personnel assigned to the Medical Department and those outlined in Paragraph [1-6](#) should have required vaccinations/immunizations before reporting to duty at the MEPS/RPS; if not, they must receive vaccination or immunization at a military treatment facility or TRICARE-approved treatment facility within the 10-day window.

c. Fee Basis Providers:

(1) All FBP's are required to have a medical examination before starting work at a MEPS/RPS. Included in this physical are a current Hepatitis B vaccination/Tetanus immunization. This will be annotated on an Occupation Physical Examination Certificate (OPEC) and kept in section 5 of their [Medical Provider 6-Part Folder](#).

(2) [IAW OSHA 1910.1030\(h\)\(1\) – \(i\) and \(ii\)](#); a medical record must be maintained on each employee/contractor working in an area with a higher probability of occupational exposure. Included in this record is the employee Hepatitis B vaccination/tetanus immunization status. Because of this standard, a copy of the FBP OPEC will be placed in their employee medical record.

(a) The OPEC in the [Medical Provider 6-Part Folder](#) serves as proof of suitability to work in the MEPS/RPS which is required from the vender per the FBP contract.

(b) The OPEC in the medical record fulfils the [LAW OSHA 1910.1030](#) standard of a having current Hepatitis B/tetanus immunization contained within.

3-2. Reimbursement for Immunology

If a designated employee receives the Hepatitis B vaccination/Tetanus immunization for employment purposes, the employee can submit a service desk ticket to Resource Management, J8/MERM-BDH for reimbursement assistance.

Chapter 4 Post-Exposure Evaluation and Follow-Up

4-1. Post-Exposure Procedures

a. Immediately following any exposure incident, employee is given appropriate first aid. First aid procedures include the following:

(1) Clean wounded area(s) with warm water and disinfectant soap. Do not use bleach or betadine to disinfect skin or mucous membranes.

(2) Eye wash station will be used, if eyes are affected. Eyes will be flushed with normal saline or tap water.

(3) If oral membranes are affected, rinse vigorously with normal saline or water.

(4) If a laceration is involved, flush with normal saline or tap water.

(5) Apply dressing as indicated.

b. The CMO/Medical NCOIC/SUP MT will report the information concerning the exposure incident to the MEPS/RPS Commander. Exposure incidents must be reported through the Station Advisory Reporting Network ([STARNET](#)). Exposed employee and source individual privacy act information must be protected.

c. For all exposure incidents, the employee will be provided time for a medical evaluation on the same day of the incident and for any required follow-up care/re-evaluation. Once the employee obtains a copy of the provider's evaluation, a copy will be filed in the employee's health record.

(1) Military employees will seek treatment at a military medical treatment facility or TRICARE-approved treatment facility as directed by the local exposure control plan.

(2) Government civilian employees will seek treatment at the local medical facility identified in the local exposure control plan.

d. After treatment has been initiated, it is highly encouraged that the employee completes a Department of Labor ([DOL](#)) [Form CA-1](#).

(1) This form is filled out online at <https://www.ecomp.dol.gov/>.

(2) Supervisor will receive an email notification with further instructions from The Army Benefits Center-Civilian, Injury Compensation Branch; Primary Injury Compensation Specialist.

e. In the event of a contaminated needle stick:

(1) The exposed employee will go to the facility designated in the exposure control plan.

(2) When the source is an applicant, laboratories identified in your exposure control plan will determine if the applicant must be present or if a blood sample can be provided in lieu of the applicant:

a) If the applicant is not required to go to the laboratory, a second sample of blood will be drawn and provided to the laboratory for hepatitis screening. The original sample drawn during processing will be shipped for HIV testing under current MEPS/RPS HIV testing protocols.

(b) If the applicant is required to be present to provide the sample, verbal consent will be obtained from the applicant prior to transporting to the laboratory. If they agree, the applicant will be transported to and from the laboratory by a MEPS/RPS employee in a government vehicle. If the applicant refuses to go, the initial blood draw will be shipped with the daily HIV shipment for testing and no further processing will be conducted until the second blood sample is obtained. Employee exposure examination will not be delayed due to applicant refusal.

f. The employee's supervisor will ensure the [UMF 40-9-3-E](#), Sharp Injury Record, is properly filled out and provided to the evaluating healthcare provider.

4-2. Root Cause Analysis

a. The MEPS/RPS Commander will ensure an investigation of the exposure incident is conducted. Investigations include, as circumstances dictate:

- (1) Work practices followed.
- (2) Description of device being used.
- (3) Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.).
- (4) Procedure being performed when the incident occurred.
- (5) Employee's training.
- (6) Any unusual occurrence (e.g., equipment failure, power outage).
- (7) Engineering controls in use at the time.
- (8) Ensure proper completion of the [UMF 40-9-3-E](#).

b. If the investigation determines changes are warranted in the local exposure control process, the MEPS/RPS Commander will ensure that appropriate changes are made. Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.

c. Forward all findings and process changes to the J-3/MEOP-ORM, Medical Branch via email to [Medical Branch](#). Documentation containing any identifying information about the affected employee or the source individual will be encrypted.

d. The Medical Branch Chief will provide support and recommendations as needed. All documents will be maintained in a J-3/MEOP-ORM file system.

4-3. Employee Health Records

a. The Medical NCOIC/SUP MTs will establish and maintain an employee health record for each staff member as prescribed in Paragraph [1-6](#). The employee health record must be made using a standard government treatment record jacket. The treatment record jacket must include:

- (1) Name and last four of social security number.
- (2) Hepatitis B vaccination/Titer and Tetanus immunization (with dates) or documentation of proper Titer level of Hepatitis B vaccine. The [UMF 40-9-1-R-E](#) is authorized as an alternative to vaccinations/immunization/Titer for government employees only.
- (3) All post exposure documentation which may include:
 - (a) Medical evaluation.
 - (b) Recommended treatment protocol.
 - (c) UMF 40-9-3-E, if applicable.
 - (d) All results of the source individual's blood testing, when available.
- (4) Signed pre-printed Privacy Act Statement on the inside of an employee treatment record jacket or a printed [DD Form 2005](#) Privacy Act Statement if desired.

b. In accordance with health industry standards, all documents containing employee medical health information is confidential. Access or release of medical information requires the signed written consent of the employee. All medical information release requests must clearly identify the second party recipient and will remain in effect for no longer than 12 months or until terminated by the employee.

4-4. Employee Occupational Health Record Disposition

Employee occupational health records must be maintained for both civilian and military personnel for the duration of employment plus 30 years for each employee regardless of occupational exposure. Following employee departure, the MEPS/RPS must scan the employee health records (including the signed Privacy Act Statement) to HQ-J-3/MEOP-ORM for archiving via encrypted email. The records will be retained under RN 40-5h1/500A "Civilian Employee Medical Folder" (see disposition in Appendix A, [Section III](#)). Once the record is confirmed received by HQ- J-3/MEOP-ORM an electronic receipt will be sent to the MEPS/RPS authorizing destruction of the paper record.

Chapter 5 Training Requirements

5-1. Training Requirements

a. All Medical Department personnel, FBPs and any non-Medical Department personnel assigned to duty at risk of occupational exposure to blood or OPIM must complete training on Standard Precautions for Infection Control in the MEPS/RPS.

b. New employees (Paragraph [1 - 6](#)) and cross trained personnel may start working in the Medical Department pending standard precautions training, but required training must be completed within 10 workdays. The first day the employee is actually working in the Medical Department is considered day one of ten. During the period pending training, new employees will not handle blood products or perform any duty with a risk of exposure.

c. Standard Precautions Training will include:

(1) Complete Standard Precautions Training Standardization Job Task Sheet (TSJTS).

(2) Document initial training on the UMR 40-1 Combined Training Order (CTO).

(3) Refresher training will be conducted annually using the current Standard Precautions TSJTS located on SPEAR. Training will be within one year of the date of last Standard Precautions training was conducted.

5-2. Training Records

a. The Medical NCOIC/SUP MT must ensure that all medial training is posted in official training records (electronic and/or hard copy file).

b. Standard Precautions training can be documented by a signed TSJTS. The Medical NCOIC's/SUP MT can also document Standard Precautions training on a memorandum for record (MFR), a [UMF 350-1-15](#) Training Attendance Roster, and/or per instructions from tasking and information messages. This documentation will include dates, attendee's names, program contents or summary, and trainer's name. File documentation in employee personnel files.

c. For all providers: The [Medical Provider 6-Part Folder](#) will be where all training is maintained:

(1) All initial provider Standard Precautions training will be documented on an Initial Training Document (ITD) and kept in Section 3 of the [Medical Provider 6-Part Folder](#). The ITD will never be removed from the 6-Part Folder and establishes baseline Standard Precautions training (within 10 days) for all providers.

(2) All annual refresher provider Standard Precautions training will be documented on an Annual Training Document (ATD) and is kept on top of the ITD in Section 3 of the [Medical Provider 6-Part Folder](#). When the ATD expires it will be replaced by a new ATD that shows that up to date training was accomplished.

(3) All provider Standard Precautions Training will be conducted IAW the Standard Precautions TSJTS.

Note: Because FBP's do not have computer access the TSJTS's cannot be sent and done electronically, so it will have to be printed for the FBP. The NCOIC/SUP MT/CMO can then annotate Standard Precautions training on the ITD/ATD based on the date the provider completed the Standard Precautions TSJTS.

d. Technician and [Medical Provider 6-Part Folders](#) and employee health record will be maintained in the Medical Department by the Medical NCOIC/SUP MT and/or the CMO.

Chapter 6 Public Affairs Guidance

6-1. News Media

The media or special interest groups may take interest in the MEPS/RPS concerning infectious disease transmission (IDT). If contacted by the media, refer them to the USMEPCOM Public Affairs Office (MEDC- PA). After duty hours, HQ USMEPCOM, MEDC-PA, may be contacted through the HQ USMEPCOM Staff Duty Officer.

6-2. Questions About Infectious Disease Transmission (IDT)

Follow these guidelines when questioned about standard precautions for infection control:

- a. Refer all requests for statistics (e.g., number of exposures, etc.) to HQ USMEPCOM, MEDC-PA.
- b. Do not discuss numbers or events with news media or persons outside the work environment unless authorized by HQ USMEPCOM, MEDC-PA. Use the response, “Department of Defense will release the statistics for bloodborne disease transmission.”
- c. Refer written inquiries involving [Freedom of Information \(FOIA\) and Privacy Act \(PA\)](#) issues to HQ USMEPCOM, J-1/MEHR-PR, ATTN: FOIA/PA Coordinator.
- d. With consent of the Commander, USMEPCOM, and HQ USMEPCOM, MEDC-PA, Commanders may allow the following:
 - (1) Media access to the Medical Department when applicants or employees are not present.
 - (2) Commander’s appearance on camera to discuss IDT.
 - (3) Photography/video recording of simulated blood draw, safety precautions, or other approved photography/video recording with participant’s written consent. If allowed, the Commander must ensure participants cannot be identified in filming or recordings. Do not use applicants or unwilling or unwitting employees for these events. Recording or filming in the female area of the Medical Department is prohibited. Follow standard rules concerning media visits (per coordination with USMEPCOM MEDC-PA).
- e. Do not allow:
 - (1) Media access to the MEPS/RPS without prior coordination with HQ USMEPCOM, MEDC-PA.
 - (2) Any MEPS/RPS members, other than Commanders, to be interviewed or filmed as Department of Defense representatives without prior HQ USMEPCOM, MEDC-PA, approval.
 - (3) Speculation on any portion of any standard precautions for infection control program.

6-3. After Action Reports

Submit reports to HQ USMEPCOM, MEDC-PA, for each media contact giving the caller’s name, media affiliation, data requested, and action taken.

**Appendix A
References**

Section I

Publications referenced in or related to this regulation

AR 11-2

Managers' Internal Control Program

Code of Federal Regulations, Title 49, Transportation Part 172, Section 401

Hazardous Materials table, special provisions, hazardous materials communications, Emergency Response information, training requirements, and security plans—Prohibited labeling

UMR 40-1

Medical Qualification Program

UMR 40-8

Department of Defense (DoD) Human Immunodeficiency Virus (HIV) Testing Program and Drug and Alcohol Testing (DAT) Program

UMR 350-1

Command Training Program

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

Occupational Safety and Health Standards; Toxic and Hazardous Substance; Bloodborne Pathogens

U.S. Department of Labor, Occupational Safety and Health Administration CPL 2-2.69

Enforcement for the Occupational Exposure to Bloodborne Pathogens; Standard Number 1910.1030

Section II

Forms referenced in or related to this regulation

DA Form 11-2

Internal Control Evaluation Certification

DD Form 2005

Privacy Act Statement

DOL Form CA-1

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

UMF 40-9-1-R-E

Hepatitis B Vaccination Declination

UMF 40-9-3-R-E

Sharp Injury Record

UMF 350-1-15

Training Attendance Roster

Section III
Recordkeeping Requirements

RN 11-2a3/800B: “Management Control Evaluations/Inspections”

PA: N/A

Keep in office file until next management control evaluation, then destroy.

(Referenced in Appendix [B-7](#))

RN 40-24a2/500A: “Medical Laboratory Performance Files”

PA: N/A

Keep in office file for 2 years, then destroy.

(Referenced in Paragraph [2-9](#))

RN 40-5h1/500A: “Civilian Employee Medical Folder”

PA: A0040-5DASG

Keep in office file until transfer, separation, or death of individual, then transfer to the Army Electronic Archive, the AEA will destroy the record after 30 years.

(Referenced in Paragraph [4-4](#)).

Appendix B

Internal Control Evaluation Checklist

B-1. Function

The functions covered by this checklist include exposure control, work practices, post-exposure procedures, and training.

B-2. Purpose

The purpose of this checklist is to establish inspection programs to improve operational and administrative procedures and assist in mission related training.

B-3. Instructions

Answers must be based on actual testing of key management controls (document analysis, direct observation, sampling, simulation, etc.). Explain answers indicating deficiencies and take necessary corrective actions. Formally evaluate these controls at least once every 5 years. Certify the accomplishment of evaluations by completing [DA Form 11-2](#), Internal Control Evaluation Certification.

B-4. Test questions

a. Are Commanders, CMOs, and medical NCOIC's/SUP MT aware of their responsibility for ensuring their standard precautions for infection control programs strictly comply with this regulation?

b. Are Commanders, CMOs, and medical NCOIC's/SUP MT actively managing this program thru training and according to this regulation?

c. Did high risk personnel receive the Tetanus Vaccination and Hepatitis B Immunization or sign [UMF 40-91-R-E](#)?

d. Did the Medical Department have an Exposure Control Plan posted in the Medical Department laboratory and updated annually?

e. Was PPE worn anytime personnel came in contact with blood, potentially infectious materials, non-intact skin, bodily fluids or mucus membranes during applicant medical examinations?

f. Were MEPS/RPS staff wearing required PPE when performing venipuncture, handling blood specimens, or OPIM?

g. Were medical records maintained on all medical technicians, medical providers (to include FBP's), QA personnel and AST as required?

h. Were medical waste disposal standards within the Medical Department IAW RMW standards?

i. Were unauthorized items (food, drinks, make-up, etc.) found in laboratory spaces?

J. Was initial and annual standard precaution for infection control training conducted and documented on UMR 40-1 CTO for any other MEPS/RPS employees considered to be occupationally exposed?

k. Did the Medical Department have an eye wash station in the laboratory?

l. Did the Medical Department have only an authorized first aid kit IAW Medical Material

Allowance List ([MMAL](#)) and is it easily accessible to all medical staff?

m. Did the Medical Department have a spill clean-up kit for blood or OPIM spills and did employees the location of the kit.

B-5. Supersession

None

B-6. Comments

Submit comments on this inspection program through your Battalion or Sector to HQ USMEPCOM, J-3/MEOP-ORM.

B-7. [DA Form 11-2, Internal Control Evaluation Certification](#). Use [DA Form 11-2](#) to document internal control evaluations. Completed DA Form 11-2 will be retained under record number 11-2a3/800B “Management Control Evaluations/Inspections” (see disposition in Appendix A, [Section III](#)).

Appendix C
Glossary

Section I Abbreviations

ABHR

Alcohol Based Hand Rubs

ACMO

Assistant Chief Medical Officer

AST

Administrative Service Technician

ATD

Annual Training Document

CDC

Center for Disease Control

CMO

Chief Medical Officer

COR

Contracting Officer Representative

CTO

Combined Training Order

DoD, DOD, DD

Department of Defense

DOL

Department of Labor

FBP

Fee Basis Provider

FOIA

Freedom of Information Act

GPC

Government Purchase Cardholder

HIV

Human Immunodeficiency Virus

HQ USMEPCOM

Headquarters, United States Military Entrance Processing Command

ITD

Initial Training Document

LMT

Lead Medical Technician

Medical NCOIC/SUP MT

Medical Noncommissioned Officer in Charge/Supervisory Medical Technician

MEDSTEP

Medical Standby Equipment Program

MEPS/RPS

Military Entrance Processing Station

MEPS/RPS CDR

MEPS/RPS Commander

MFR

Memorandum for Record

MMAL

Medical Material Allowance List

OPEC

Occupation Physical Examination Certificate

OPIM

Other Potentially Infectious Materials

OSHA

Occupational Safety and Health Administration

PA

Privacy Act

PPE

Personal Protective Equipment

QA

Quality Assurance

RMW

Regulatory Medical Waste

SPEAR

Sharing Policy Experience and Resources

STARNET

Station Advisory Reporting Network

Titer

Testing Indicating Immunity

TSJTS

Training Standardization Job Task Sheet

USMEPCOM

United States Military Entrance Processing Command

Section II

Terms

Biohazard Label

Label affixed to containers of regulated waste, refrigerators, freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. Label must be fluorescent orange-red in color with biohazard symbol and word “biohazard” on lower part of label.

Blood

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

Bloodborne Pathogens

Pathogenic microorganisms present in human blood that can cause disease in humans.

Contaminated

Presence or reasonably anticipated presence of blood or other potentially infectious materials on items or surfaces.

Contaminated Laundry

Laundry soiled with blood or other potentially infectious materials or which may contain sharps.

Contaminated Sharps

Contaminated objects that can penetrate skin, including broken glass or capillary tubes, needles, scalpels, exposed ends of dental wires.

Decontamination

Using physical or chemical means to remove, destroy, or inactivate bloodborne pathogens on surfaces or items so they cannot transmit infectious particles and make them safe for handling, use, or disposal.

Engineering Controls

Controls or equipment (e.g., sharps disposal containers, self-sheathing needles) to isolate or remove bloodborne pathogens hazard from the workplace.

Exposure Incident

Specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material resulting from an employee’s duty performance.

Hand Washing Facilities

Any facility providing adequate supplies of running potable water, soap, and single use towels or hot air drying machines.

Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials resulting from an employee’s duty performance.

Occupational Safety and Health Administration

Occupational Safety and Health Administration, U.S. Department of Labor; federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.

Other Potentially Infectious Materials

Human body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, saliva in dental procedures, pericardial fluid, peritoneal fluid, amniotic fluid, body fluids visibly contaminated with blood, and all body fluids when difficult or impossible to distinguish the type of body fluid. OPIM also includes materials from any unfixed tissue or organ (other than intact skin) from a living or dead human.

Personal Protective Equipment

Specialized clothing or equipment worn by employees for hazard protection. General work clothes (e.g., uniforms, trousers, shirts, blouses) not intended as hazard protection are not considered personal protective equipment.

Regulated Medical Waste

Liquid, semi-liquid blood, other possibly infectious materials; contaminated items that could release blood or other potentially infectious materials in liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing materials during handling; contaminated sharps; and pathological and micro-biological wastes containing blood or other potentially infectious materials.

Source Individual

Any living or dead person whose blood or other potentially infectious materials may provide occupational exposure to employees. Examples include hospital and clinic patients, human remains, and persons who donate/sell blood or blood components.

Universal Precautions

Approach to infection control indicating that all human blood and certain human body fluids be treated if known to be infectious for bloodborne pathogens.

Work Practice Controls

Controls to reduce exposure likelihood by altering task methods (e.g., prohibiting two-handed needle recapping technique).