

# Summary of Changes

USMEPCOM Regulation 40-9, December 17, 2012  
 Medical Services  
 Bloodborne Pathogen Program

Major and administrative revisions have been made to this regulation and are highlighted in **red text**. Major revisions are identified below and throughout the regulation. Administrative revisions are not identified below but are identified throughout the regulation. Information that is obsolete and will be deleted is highlighted in **red text** with ~~strikethrough~~. It is highly recommended that this regulation be reviewed in its entirety to have a clear understanding of all revisions. Revisions made to this regulation are as follows:

## *Incorporating changes effective December 17, 2012*

- Paragraph 1-3(b): Adds Fee Basis Providers (FBP) are considered contractors
- Paragraph 1-4(b)(1): Adds Battalions
- Paragraph 1-4(d)(4): Adds appointment/delegation memo for Administrative Service Technician
- Paragraph 1-4(f)(1): Adds medical devices with safety features
- Paragraph 1-4(f)(2): Adds training requirements for HIV/Drug Quality Control specimen verifiers
- Paragraph 1-4(g): Adds Administrative Service Technician duties
- Paragraph 1-4(h): Adds occupational risk for exposure to blood borne pathogens
- Paragraph 2-1(c): Adds Fee Basis Providers
- Paragraph 3-1: Adds Urine
- Paragraph 3-3(a): Adds OSHA 29 CFR 1910.1030(d)(2)(ix) and 29 CFR 1910.141(g)(2)
- Paragraph 3-3(b): Adds “or sanitize their hands”
- Paragraph 3-3(b)(2): Adds “after the three consecutive uses of hand sanitizer.”
- Paragraph 3-3(c): Adds “For proper sharps container placement/mounting see paragraph 3-5d(2).”
- Paragraph 3-3(g): Adds “Employees must know the location of the spill clean-up kit...”
- Paragraph 3-4: Adds “CMO is responsible for the MEPS exposure control plan...”
- Paragraph 3-4(b): Adds “Update and post exposure control plan in the laboratory annually.”
- Paragraph 3-5(a): Adds “MEPS Commanders are responsible for implementing engineering controls...”
- Paragraph 3-5(b): Adds “...evaluation, implementation, and use of the engineering controls must be documented in the MEPS Exposure Control Plan.”
- Paragraph 3-5(c): Adds “NCOIC/SUP MTs will ensure required supplies and equipment are in place to ensure compliance with the engineering controls.”
- Paragraph 3-5(d): Adds “Employees must not reach into a sharps container or transfer contents of a sharps container for any reason.”
- Paragraph 3-5(d)(2): Adds OSHA 29 CFR 1910.1030(d)(4)(iii)(A)(2)(ii) requirements
- Paragraph 3-5(e): Adds “(Multi-use vacationers are prohibited)”
- Figure 3-1: Updated Example Exposure Control Plan

- Paragraph 3-6(b)(2): Adds “This includes when HIV/Drug Quality Control Specimen Verifier is performing duties.”
- Paragraph 3-7(f)(3): Adds second bag requirement if first bag is contaminated
- Paragraph 3-8(a): Adds requirement to obtain state guidance on disposal of medical waster and to ensure compliance with those laws
- Paragraph 3-8(b-e): Adds OSHA bloodborne pathogen standard transportation requirements
- Paragraph 3-9 (a-d): Adds standards pertaining to lab coats
- Paragraph 3-11: Adds laboratory refrigeration controls
- Paragraph 4-1: Adds new requirements for Hepatitis titer
- Paragraph 4-2: Adds new requirement for tetanus immunization
- Paragraph 4-3: Adds requirements for payment of Government employees vaccinations
- Paragraph 5-1: Adds new requirements for Post-exposure and follow-up
- Paragraph 5-3: Adds new requirements for Employee Health Records
- Paragraph 5-4: Adds new requirements for Employee Health Record Disposition
- Paragraph 6-1(d)(12): Adds requirement for annual glove training
- Paragraph 6-2: Adds requirements for training record

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

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No. 40-9

December 17, 2012

*Incorporating changes effective December 17, 2012*

**Effective: December 17, 2012**  
**Medical Services**  
**Bloodborne Pathogen Program**

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FOR THE COMMANDER:

OFFICIAL:

D.R. O'Brien  
Deputy Commander/Chief of Staff



J.M. Davis  
USMEPCOM Publications Officer

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**Executive Summary.** This regulation establishes policies and procedures for management of the bloodborne pathogen programs 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: MEMD, 2834 Green Bay Road, North Chicago, IL 60064-3091.

**Suggested improvements.** The proponent of this regulation is HQ USMEPCOM, Medical Plans and Policy Directorate (J-7/MEMD). 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: MEMD, 2834 Green Bay Road, North Chicago, IL 60064-3091.

**Internal Control Process.** This regulation contains management control provisions and provides a management control evaluation checklist at [Appendix B](#).

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\*This regulation supersedes USMEPCOM Regulation 40-9, March 8, 2004

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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 blood borne 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” means military members and government employees who work in the medical section of the Military Entrance Processing Stations (MEPS). 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 bloodborne pathogen program that complies with OSHA requirements.

b. The Director, Headquarters USMEPCOM J-7/Medical Plans and Policy Directorate, will:

(1) Provide training assistance to the Sectors, Battalions, and MEPS as needed.

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

c. The Battalion Support Branch Chiefs will:

(1) Monitor MEPS programs for compliance with this regulation.

(2) Assist MEPS in meeting orientation provisions and investigating circumstances where employees declined to use Personal Protective Equipment (PPE), as appropriate.

(3) Investigate exposure incident circumstances.

d. The MEPS Commander will:

(1) Ensure compliance with this regulation.

(2) Ensure their MEPS has a specific exposure control plan ([paragraph 3-4](#)).

(3) Implement engineering controls ([paragraph 3-3](#)).

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(4) Ensure the appointment/delegation memorandum for the Administrative Service Technician (AST) is maintained with J-4/MEFA-ADC for the AST to perform the duties associated with disposal of medical waste (memorandum certifies the AST is trained in the Regulatory Medical Waste and Contracting Officer Representative (COR) requirements) except for those MEPS that are serviced by base or post military hospitals and do not need appointment/delegation memorandum.

e. MEPS chief medical officers (CMOs) will provide oversight of orientation and periodic training for new employees ([paragraph 1-3b](#)).

f. MEPS medical noncommissioned officer in charge/Supervisory Medical Technician (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 medical employees, FBPs, ASTs, and HIV/Drug Quality Control Specimen Verifiers.

(3) Ensure MEPS employees and FBPs have knowledge of this regulation.

(4) Maintain employee health record.

(5) Prepare and implement a laboratory cleaning schedule for the MEPS medical technicians.

(6) Solicit comments each year from employees who collect specimens from applicants on identification, evaluation, and selection of engineering and work practice controls.

g. Administrative Service Technician will:

(1) Serve as the COR for disposal of medical waste.

(2) Ensure compliance with state laws governing disposal of regulated medical waste.

h. MEPS employees, FBPs and any other MEPS staff working in the medical section, likely to have occupational risk for exposure to bloodborne pathogens, will comply with this regulation.

## **Chapter 2**

### **Employee Exposure Determination**

#### **2-1. Exposure risk determination**

MEPS employees in the following positions are considered to have a risk of occupational exposure to blood or other potentially infectious material (OPIM).

- a. Military.
  - (1) Army: 68 series (Healthcare Specialist).
  - (2) Navy: HM (Hospital Corpsman).
  - (3) Air Force: 4N0XX (medical service technician).
  - (4) Coast Guard: HS (health services technician).
  - (5) Appointed Quality Control Verifiers (E-6 and above and Officers)
- b. Civilian.
  - (1) Supervisor medical technician.
  - (2) Lead health technician.
  - (3) Health technician
  - (4) Administrative Service Technician
  - (5) Appointed Quality Control Verifiers (GS-7 and above)
  - (6) Chief medical officer.
  - (7) Assistant chief medical officer (ACMO).
- c. **Fee Basis Providers**

## Chapter 3 Methods of Implementation and Control

### 3-1. Universal precautions

MEPS employees and FBPs will observe universal precautions, see [Glossary](#), to prevent contact with blood, urine or OPIM. If distinction between body fluid types is in question, consider fluids to be potentially infectious materials.

### 3-2. Annual review

MEPS medical NCOIC/SUP MTs will solicit comments from MEPS employees who collect specimens from applicants on identification, evaluation, and selection of engineering and work practice controls to help eliminate or reduce exposure to bloodborne pathogens. The NCOIC/SUP MTs will forward the comments, through their **Battalion Support Branch Chief**, to HQ USMEPCOM, J-7/MEMD, for consideration during annual review.

### 3-3. Work practice controls

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

a. In accordance with OSHA [29 CFR 1910.1030\(d\)\(2\)\(ix\)](#) and [29 CFR 1910.141\(g\)\(2\)](#) prohibits 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.

b. Wash or sanitize their hands before beginning work, after using the restroom, before eating, and when leaving work. It is essential to wash or sanitize hands immediately after removal of gloves or other PPE.

(1) Commanders will ensure employees have hand-washing facilities and liquid or antiseptic hand cleaner.

(2) Employees may use alcohol-based waterless hand cleansers and paper towels when sinks are unavailable and follow up with soap and running water after the three consecutive uses of hand sanitizer.

c. 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 3-5d\(2\)](#).

d. 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.

e. Perform procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, spattering, or the generation of droplets of these substances (e.g., correctly fitted centrifuge covers).

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

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

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### 3-4. Exposure control plan

Each MEPS CMO is responsible for the MEPS exposure control plan (example exposure control plan in [figure 3-1](#)).

- a. Ensure exposure control plan is briefed during initial and annual refresher bloodborne pathogen training (see training in [paragraph 6-1](#)).
- b. Update and post exposure control plan in the medical laboratory section annually.

### 3-5. Engineering controls

a. MEPS Commanders are responsible for implementing engineering controls (e.g., sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps injury protections) that isolate or remove the bloodborne pathogens hazard from the workplace. Examples of engineering controls most applicable in healthcare are sharps with engineered sharps injury protection.

**Note:** A key element in choosing a safer medical device, other than its appropriateness to the procedure and its effectiveness, is its availability on the market. If there is no safer option to the medical device that you are using for a particular procedure, you are not required to adopt a device different from the one currently being used. During your annual review of devices, you must consider new or prospective safer options and submit this fact through the Good Idea Program.

b. The exposure determination, as well as the evaluation, implementation, and use of the engineering controls must be documented in the MEPS Exposure Control Plan. The plan must be updated annually and must reflect changes in job tasks and procedures, and advances in technology as described in [paragraph 3-2](#).

c. Medical NCOIC/SUP MTs will ensure required supplies and equipment are in place to ensure compliance with the engineering controls.

d. Employees must not reach into a sharps container or transfer contents of a sharps container for any reason. Sharps containers (NSN 6515-XX-XXX-XXXX) must:

- (1) Be puncture resistant and leak proof on sides and bottom.

- (2) OSHA [29 CFR 1910.1030\(d\)\(4\)\(iii\)\(A\)\(2\)\(ii\)](#), requires that during use, containers for contaminated sharps must be: "[m]aintained 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. For example, if a workplace assessment reveals that sharps containers can be maintained in an upright position during use with no danger of being knocked over or spilled (must be spill proof container), or that the containers must remain unrestrained to accommodate mobility needs, or employees or patients might be endangered by fixed sharps containers (e.g., in a mental health or correctional facility), the use of restraining mechanisms would not be mandatory. 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-specific hazard assessment of the area of intended use.

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(3) Sharps container must be within easy reach so the employee drawing blood can reach the sharps container while still maintaining contact (pressure on punctured site) with the applicant in the event of applicant passing out.

(4) Be labeled with a biohazard label.

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

(6) 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.

e. When performing venipuncture, employees must use a single-use (Multi-use vacuoners are prohibited) disposable needle holder (vacuoner) with a needle sheathing mechanism that can be operated with one hand and disposed of together (do not separate).

**Figure 3-1. Example Exposure Control Plan**

<p>MEPS Exposure Control Plan (INSERT DATE)</p> <p><b>EMPLOYEE EXPOSURE CONTROL PLAN</b></p> <p>If an employee has an exposure to blood or OPIM— Initiate first-aid.</p> <p>Notify the immediate supervisor. Supervisor will initiate <a href="#">Department of Labor (DOL) Form CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation</a>.</p> <p>Identify source individual if possible.</p> <p>Copy of parental consent, if applicable.</p> <p>Transport the employee(s) involved immediately to (INSERT LOCATION, ADDRESS, and PHONE NUMBER AND POC) with a copy of Hepatitis B and Tetanus records or declination statement(s).</p> <p><b>WORKPLACE CONTROL PLAN</b></p> <p>Annual review of identification, evaluation, and selection of engineering and work practice controls to help eliminate or reduce exposure to bloodborne pathogens.</p> <p>No 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.</p> <p>Wash or sanitize their hands before beginning work, after using the restroom, before eating, and when leaving work. It is essential to wash or sanitize hands immediately after removal of gloves or other PPE.</p> <p>Have proper OSHA sharps container available.</p> <p>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.</p> <p>Perform procedures involving blood or OPIM in such a manner as to minimize splashing, spraying, spattering, or the generation of droplets of these substances (e.g., correctly fitted centrifuge covers).</p> <p>Do not perform at-risk duties or handle medical equipment if skin conditions are present which may increase the risk of contamination.</p> <p>Employee’s must know the location of the spill clean-up kit for blood or OPIM spills.</p> <p>Notify the MEPS Commander or Operations Officer with information to complete STARNET report.</p>
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**Figure 3-1. Example Exposure Control Plan**

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### 3-6. Personal protective equipment

a. The Commander will ensure that employees (see list in [paragraph 2-1a-c](#)) use appropriate PPE; the medical NCOIC/SUP MTs will maintain the PPE. PPE will include, at a minimum: masks, face shields, gowns (nonpermeable), goggles, and gloves in the appropriate sizes and amounts for at-risk employees. Hypoallergenic gloves, glove liners, powderless gloves, or other alternatives also must be maintained for MEPS employees who are allergic to powders or latex. Any reusable PPE will be inspected and replaced if non-serviceable.

b. Employees (see list in [paragraph 2-1a through c](#)) must:

(1) Wear gloves on both hands while performing venipuncture, handling blood, urine specimens or OPIM. Gloves will be replaced immediately when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

(2) Wear masks in combination with eye protection devices or full-face shields when conducting venipuncture, handling blood, urine specimens or when opening/closing centrifuges. This includes when the HIV/Drug Quality Control Specimen Verifier is performing their duties.

(3) Wear nonpermeable gowns over clothing when collecting or processing blood, urine or OPIM.

(4) Remove PPE whenever contaminated or before leaving the immediate work area.

(5) Clean reusable eye protection with disinfectant/detergent, then rinse and air-dry.

(6) Wear closed-toe shoes.

(7) Never wash or attempt to decontaminate disposable gloves for reuse.

c. 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, the **Battalion Support Branch Chief** will investigate and document the circumstances to determine if procedural changes can be instituted to prevent such occurrences in the future.

### 3-7. Cleaning and Decontamination

a. The medical NCOIC/SUP MTs will implement a written schedule for cleaning and decontamination of medical work areas and equipment.

b. Employees will maintain medical work areas in a clean and sanitary condition. Employees will decontaminate work surfaces with disinfectants at the end of each workday.

c. For environmental disinfecting, use a 1:100 dilution of 5.25 percent sodium hypochlorite (household bleach). Store the prepared bleach solution in an opaque plastic bottle for up to 1 month; 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.

**Note:** Do not mix bleach with other detergents or disinfectants as it can cause harmful fumes. Wear appropriate PPE when working with bleach, including gloves and eye protection.

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d. Use equipment (i.e., brush and dustpan, tongs, forceps) to pick up broken glass. Never pick up broken glass by hand.

e. Decontaminate equipment exposed to blood or OPIM before it is used by another employee, serviced, or shipped. If it is impossible to decontaminate any portion of the equipment, attach a biohazard label describing the risk of exposure to the piece of equipment.

f. 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 blood 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.

### **3-8. Medical waste disposal**

a. Disposal of medical waste is controlled by state laws. The AST will obtain state guidance and ensure compliance with those laws. States and territories that operate their own OSHA-approved state programs are required to adopt a Bloodborne Pathogens standard that is at least as effective as the Federal OSHA standard. In most states, unless material is saturated or dripping with blood, it can be thrown in any trash container. Material saturated with blood or OPIM must be disposed of in a red, biohazard-marked bag. Urine may be poured into a sink (flush with water afterward) or toilet. Emptied (used) urine collection containers are regular trash.

b. The OSHA bloodborne pathogen standard requires specimens of blood or OPIM to be placed in a container which prevents leakage during collection, handling, processing storage, transport, and/or shipping. This container must be labeled or color-coded according to OSHA [29 CFR 1910.1030\(g\)\(1\)\(i\)](#). Further, according to OSHA [29 CFR 1910.1030\(d\)\(2\)\(xiii\)](#) of the standard, if contamination of the outside of the primary container occurs, or if the specimen could puncture the primary container, the primary container must be placed in a secondary container which is puncture-resistant in addition to having the above characteristics.

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c. Labeling is required on all containers used to store, transport, ship, or dispose of blood or other potentially infectious materials, except as noted in [OSHA 29 CFR 1910.1030\(g\)\(1\)\(i\)\(F-I\)](#) of the standard. For example, if individual containers of blood or OPIM are placed in a larger container during storage, transport, shipment or disposal and that larger container is either labeled with the OSHA "BIOHAZARD" label or color-coded, the individual containers are exempt from the labeling requirement.

d. OSHA will accept the Department of Transportation's (DOT's) "INFECTIOUS SUBSTANCE" label in lieu of the "BIOHAZARD" label on packages where the DOT requires its label on shipped containers, but will require the BIOHAZARD label where OSHA regulates a material but DOT does not. If the DOT-required label is the only label used on the outside of the transport container, the OSHA-mandated label must be applied to any internal containers containing blood or OPIM. As you know, the BIOHAZARD label is fluorescent orange with lettering and symbols in a contrasting color.

e. The OSHA BIOHAZARD label is distinct from the black-and-white DOT hazard warning labels; it should not be readily confused or conflict with the DOT labels so its appearance on packages in transportation is not prohibited under [49 CFR 172.401\(b\)](#). Also, its appearance on packages in transportation should not give the impression that a DOT-regulated hazardous material is in the package.

### **3-9. Laundry**

If reusable lab coats are used, the medical NCOIC/SUP MTs will:

a. CMO/ACMO may opt, but are not required, to wear white clinician coats (smocks) provided and laundered at government expense.

b. Civilian medical technician 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 medical technicians. Medical technicians must wear either a medical attendant coat or surgical scrubs when in contact with applicants.

c. Military medical technicians should follow their service uniform regulations regarding wearing the white attendant coat. Military medical technicians who both are authorized and desire to wear them will be provided two medical attendant coats, purchased and laundered at government expense.

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 and local or state laws.

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.

### **3-10. 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:

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- a. Containers for regulated medical waste.
- b. Refrigerators or freezers containing blood, urine or OPIM.
- c. Clear sharps container liners and wall cabinets for sharp containers.
- d. Containers for storing, transporting, or shipping blood and OPIM outside the MEPS.

**Note:** Procedures for human immunodeficiency virus (HIV) specimens and HIV related handling are in [USMEPCOM Regulation \(UMR\) 40-8, Human Immunodeficiency Virus \(HIV\) and Department of Defense \(DoD\) Preaccession Drug and Alcohol Testing \(DAT\) Program](#).

- e. Contaminated equipment. Labels will indicate contaminated portions.

### **3-11. Laboratory Refrigerator Controls**

The medical NCOIC/SUP MT must maintain a temperature control log for the laboratory refrigerator. The temperature must be checked and documented every morning prior to applicant processing. The temperature must remain between 36 and 46 degrees Fahrenheit or 2 and 8 degrees Celsius. If the temperature is found to be out of standards, the protein, glucose, and pregnancy controls in the refrigerator must be destroyed and new controls obtained. The MEPS will use [USMEPCOM Form \(UMF\) 40-9-5-R-E, Daily Refrigerator Temperature Log](#). The forms are to be kept for 2 calendar years and then destroyed.

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## **Chapter 4 Hepatitis B Vaccination/Tetanus Immunization**

### **4-1. Hepatitis B Vaccination**

a. MEPS Commanders will ensure that all new employees (paragraph [2-1a and b](#)) provide proof of their hepatitis B vaccinations within 10 workdays of assignment. If vaccinations are needed, the Commander will provide no-cost vaccinations ([paragraph 4-2b](#))

**Note:** Per the FBP contract, FBP's are required to provide proof of their hepatitis B to USMEPCOM via the vendor USMEPCOM will not pay for any hepatitis B vaccine for FBP working at MEPS.

b. New employees who have previously received a complete hepatitis B vaccination series or documented antibody testing indicating immunity (Titer) do not need to sign a [UMF 40-9-1-R-E](#) (Hepatitis B Vaccination Declination). New employees that have a medical contraindication vaccination must sign a [UMF 40-9-1-R-E](#). Hepatitis B vaccination booster is not currently required by the U.S. Public Health Service, Centers for Disease Control and Prevention's.

c. All new employees must show documentation of proper titer level of hepatitis B vaccine two months after series is completed. MEPS will file results in employee health record ([paragraph 5-3a](#)). MEPS will be responsible for payment per [paragraph 4-2b](#). File supporting documents in the employee health record ([paragraph 5-3a](#)). The J-7/MEMD will destroy the employee health record 30 years after termination of employee job.

d. MEPS military and civilian's employees will not administer any immunizations/vaccinations under any circumstances at any time.

### **4-2. Tetanus Immunization**

a. MEPS Commanders will ensure that all new employees ([paragraph 1-3b](#)) provide proof of their tetanus immunization within 10 workdays of assignment. If immunization is needed, the Commander will provide no-cost immunization ([paragraph 4-3b](#)).

**Note:** Per the FBP contract, FBP's are required to provide proof of their tetanus immunization to USMEPCOM via the vendor USMEPCOM will not pay for any tetanus immunization for FBP working at MEPS.

b. New employees who have medical contraindications for immunization need to sign a [UMF 40-9-1-R-E](#).

c. MEPS military and civilian's employees will not administer any immunizations/vaccinations under any circumstances at any time.

### **4-3. Government Employees**

a. MEPS Commanders must ensure vaccination/immunization are available within the specified time frame. Commanders will ensure availability either through a memorandum of understanding with a local healthcare facility, provider, or through contract services. The specific vaccine/immunization type, dosage, and schedule of administration must meet the most current recommendations of the U.S. Public

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Health Service. Immunization status and dates of vaccination must be documented in employee health record ([paragraph 5-3a](#)).

b. If the new employee chooses to receive the hepatitis B vaccination/tetanus immunization from their personal provider, the employee will present the bill to the MEPS Government Purchase Cardholder (GPC). MEPS GPC will make payment to the medical provider.

c. If an employee elects not to be vaccinated, the employee must sign [UMF 40-9-1-R-E](#) but may later choose to be vaccinated at no-cost to them. File form in the employee health record ([paragraph 5-3a](#))

#### **4-4. Military Personnel**

The hepatitis B vaccination\tetanus immunization are mandatory for military personnel assigned to MEPS medical section. Military assigned to the medical section and those outlined in [paragraph 2-1a](#) should have this vaccination\immunization before reporting to duty at the MEPS; if not, he/she must get the vaccination or immunization at a military treatment facility or TRICARE-approved treatment facility within the 10-day window ([paragraph 4-1a](#)).

## Chapter 5 Post-Exposure Evaluation and Follow-Up

### 5-1. Post-exposure procedures

a. Immediately following any exposure incident, the medical NCOIC/SUP MTs will ensure the affected 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. For all exposure incidents, the employee will be sent for medical evaluation immediately after the occurrence. MEPS Commanders will ensure that evaluation and any required follow-up care is available. The employee will obtain a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation for filing in the employee's health record. The post exposure documentation will include the medical evaluation and treatment protocol recommended by the provider.

(1) Military employees will seek treatment at a military medical treatment facility or TRICARE-approved treatment facility as directed by the MEPS Commander.

(2) Government employees must complete a [DOL Form CA-1](#) and report to a treatment facility. After the initial evaluation is complete, the employee will provide the completed [DOL Form CA-1](#) to the J-8/MERM.

c. Determine source individual (usually applicant), if possible. Ensure the [UMF 40-8-1-E](#), HIV Antibody Testing Acknowledgment Form, has been signed by the applicant. Draw another red-top tube of blood, and send blood sample to the local laboratory to test for hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV 1 and 2 infectivity.

d. The medical NCOIC/SUP MTs will ensure the [UMF 40-9-3-E](#), Sharp Injury Record, is properly filled out and provided to the evaluating healthcare provider.

e. The CMO/NCOIC/SUP MT will report the information concerning the exposure incident to the MEPS Commander. Exposure incidents are reportable through the STARNET (see STARNET on the [MEPNET](#)). Exposed employee and source individual privacy act information must be protected.

### 5-2. Root cause analysis

a. **Battalion Support Branch** will investigate exposure incident circumstances. Investigations include, as circumstances dictate:

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- (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) All completed [UMF 40-9-3-E](#) will be forwarded to J-7/MEMD-Battalion Support Branch.

b. If investigation determines changes to the exposure control plan are warranted, the Battalion Support Branch Chief will ensure that appropriate changes are made (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc forward the report to the HQ USMEPCOM, MEMD, with recommendations. Documentation containing any identifying information about the affected employee or the source individual will be encrypted. The Battalion Support Branch Chief will file documents in the J-7/MEMD file system.

### 5-3. 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 [2-1a and b](#). The employee health record must be made using a standard government treatment record jacket. The treatment record jacket must include:

- (1) Name and social security number.
- (2) Hepatitis B vaccination and tetanus immunization status including dates of vaccinations\immunization\titer or any health records relative to medical contraindications for vaccination\immunization. Documentation of proper titer level of hepatitis B vaccine two months after series is completed. 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 will include medical evaluation and recommended treatment protocol.
- (4) [UMF 40-9-3-E](#), if applicable.
- (5) Results of the source individual's blood testing, when available (Ref: [OSHA 3186-06N](#), 2003).

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(6) Signed [DD Form 2005](#) Privacy Act Information form on the inside of an employee treatment record jacket.

**Note:** Employees must understand who has access to this information before they sign [DD Form 2005](#).

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.

#### **5-4. Employee Health Record Disposition**

Employee health records must be maintained for the duration of employment plus 30 years for each employee regardless of occupational exposure ([OSHA 3186-06N](#), 2003). The MEPS must scan and forward the employee health records to HQ-J-7/MEMD for archiving via encrypted email, within ten days of employee departure.

## Chapter 6 Training Requirements

### 6-1. Training requirements

a. Military members, without exception government employees, and FBPs at risk of occupational exposure to blood or OPIM must undergo bloodborne pathogen training.

b. For employees who have received training within the last year through other sources (e.g., continuing education, past employers), the medical NCOIC/SUP MTs will file the training documentation and ensure employee reads this regulation.

c. New employees (paragraph [2-1a and b](#)) may be provisionally assigned pending bloodborne pathogen training, but required training must be completed within 10 workdays of reporting to duty. During the period pending training, new employees will not handle blood products or perform any duty with a risk of exposure.

d. The medical NCOIC/SUP MTs must provide initial (paragraph [2-1a and b](#)) and annual refresher (paragraph [2-1a through c](#)) training for medical employees. The training will include:

- (1) Review of [OSHA Standard 1910.1030](#).
- (2) Review of this regulation and the MEPS exposure control plan.
- (3) Engineering and work practice controls, including methods of recognizing tasks and activities that involve exposure to blood and OPIM.
- (4) Types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- (5) Information about the hepatitis B vaccination and tetanus immunization, including efficacy, safety, administration method, vaccination benefits, and the no-cost vaccination.
- (6) Responses to emergencies involving blood or OPIM, including points of contact and appropriate actions.
- (7) Handling exposure incidents, including reporting methods and available medical follow-up.
- (8) Post-exposure evaluation and required employee follow-up for those involved in exposure incidents.
- (9) Explanation of current signs, labels, and color coding.
- (10) Question and answer period.
- (11) Review BBP DVD and successfully complete the associated test. Test result will be filed in the employee's training record.
- (12) Complete initial and refresher Gloves Training and document in individual training record annually.

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## **6-2. Training records**

a. Training records for MEPS employees ([paragraph 1-3b](#)) is the overall responsibility of the Senior Enlisted Advisor. The medical NCOIC/SUP MT must ensure that all medial training is posted in official training records.

b. The medical NCOIC's/SUP MT will document training by memorandum for record, training checklists, attendance rosters and/or per instructions from tasking and information messages. This will include dates, attendee's names and job titles, program contents or summary, and trainer's name and qualifications. File memorandums in individual six part training folder IAW [UMR 350-1](#), Command Training Program.

c. The FBP 6 part credential folder will be where all FBP training is maintained. FBP credential folders and employee health record will be maintained in the medical section by the NCOIC/SUP MT and/or the CMO.

d. The medical NCOIC/SUP MT's will provide a copy of the training record upon request for examination and provide a copy to employees, employee representatives, supervisors, and Commanders.

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## **Chapter 7 Public Affairs Guidance**

### **7-1. News Media**

The media or special interest groups may take interest in the MEPS concerning bloodborne disease transmission. 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.

### **7-2. Questions about bloodborne disease transmission**

Follow these guidelines when questioned about bloodborne pathogens:

- 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 the FOIA/PA Coordinator at HQ USMEPCOM, MEHR-PRW, 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 section when applicants or employees are not present.
  - (2) Commander's appearance on camera to discuss bloodborne disease transmission.
  - (3) Photography/videotaping of simulated blood draw, safety precautions, or other approved photography/videotaping with participant's written consent. If allowed, the Commander must ensure participants cannot be identified in filming or taping. Do not use applicants or unwilling or unwitting employees for these events. Taping or filming in the female area of the medical section is prohibited. Follow standard rules concerning media visits (per coordination with USMEPCOM MEDC-PA).
- e. Do not allow:
  - (1) Media access to the MEPS without prior coordination with HQ USMEPCOM, MEDC-PA.
  - (2) Any MEPS 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 bloodborne pathogen program.

### **7-3. 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

CDC Morbidity and Mortality Weekly Report (CDCMMWR)

**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

Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), Vol 46, No RR18;001, 26 December 97

Recommendations for Prevention and Control of Hep C Virus (HCV) Infection and HCV-Related Chronic Disease, Vol. 47, No RR-19, 16 October 98

Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedure Vol 40, No RR08;001, 12 July 91

**UMR 40-8**  
Department of Defense (DoD) Human Immunodeficiency Virus (HIV) Testing Program and Drug and Alcohol Testing (DAT) Program

**U.S. Department of Labor, Occupational Safety and Health Administration, 3186-06N**  
Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards

**U.S. Department of Labor, Occupational Safety and Health Administration, 29 CFR Part 1910.1030**  
Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule. Federal Registry, 01 January 01; 66: 5317-5325

**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

U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis Vol 50, No RR11;1, 29 June 01, Updated

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**Section II**  
**Forms referenced in or related to this regulation**

**DA Form 11-2**  
Internal Control Evaluation Certification

**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 40-9-5-R-E**  
Daily Refrigerator Temperature Log

**Section III**  
**Record Numbers/Disposition Instructions**

For Record Numbers and Disposition Instructions, if applicable, contact your local Records Manager.

**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 bloodborne pathogen programs strictly comply with this regulation?
- b. Are Commanders, CMOs, and medical NCOIC's/SUP MT actively managing this program according to this regulation?
- c. Is there a written exposure control plan available to all employees?
- d. Is the Commander aware of the responsibility for ensuring proper work methods, requiring appropriate personal protective equipment, arranging hepatitis B vaccinations at no cost to high-risk employees, and providing post-exposure evaluations?
- e. Are Commanders, CMOs, and NCOIC's/SUP MT conducting quality control inspections for their bloodborne pathogen programs according to this regulation?
- f. Are medical section employees trained in bloodborne pathogen prevention according to this regulation?
- g. Are medical section employees following work practice and exposure is it being updated or reviewed?
- h. Are medical section employees aware of proper work methods, use of appropriate personal protective equipment, availability of hepatitis B vaccinations at no cost, and availability of post-exposure evaluations?
- i. Did medical section employees receive appropriate training by the CMO or designee before performing any duties that could possibly involve disease transmission?
- j. Was annual bloodborne pathogen training properly documented in employees' training records?

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**B-5. Supersession**

Not applicable.

**B-6. Comments**

Submit comments on this inspection program through your sector HQ USMEPCOM, J-7/MEMD.

**B-7. [DA Form 11-2](#), Internal Control Evaluation Certification.**

Use [DA Form 11-2](#) to document management control evaluations. For specific instructions, use [Army Regulation \(AR\) 11-2](#), Manager's Internal Control Program.

## **Glossary**

### **Section I Abbreviations**

**ACMO**  
Assistant Chief Medical Officer

**CDCMMWR**  
Center for Disease Control Morbidity and Mortality Weekly Report

**CMO**  
Chief Medical Officer

**DAT**  
Drug and Alcohol Testing

**DoD, DOD, DD**  
Department of Defense

**DOL**  
Department of Labor

**DOT**  
Department of Transportation

**FBP**  
Fee Basis Provider

**FOIA**  
Freedom of Information Act

**GPC**  
Government Purchase Cardholder

**HBV**  
Hepatitis B Virus

**HCV**  
Hepatitis C Virus

**HIV**  
Human Immunodeficiency Virus

**HQ USMEPCOM**  
Headquarters, United States Military Entrance Processing Command

**MEPS**  
Military Entrance Processing Station

**NCOIC/SUP MT**

Noncommissioned Officer in Charge/Supervisory Medical Technician

**OPIM**

Other Potentially Infectious Materials

**OSHA**

Occupational Safety and Health Administration

**PA**

Privacy Act

**PPE**

Personal Protective Equipment

**STARNET**

Station Advisory Reporting Network

**Titer**

Testing Indicating Immunity

**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. Pathogens include (but are not limited to) HBV, HCV, and HIV.

**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.

[TOC](#)**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.

**National Institute for Occupational Safety and Health**

Federal agency of the Public Health Service, U.S. Department of Health and Human Services; which assists OSHA in occupational safety and health investigations and research.

**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.

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**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 as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

**Work Practice Controls**

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