

8 March 2004

USMEPCOM Regulation 40-9

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND
2834 GREEN BAY ROAD, NORTH CHICAGO, ILLINOIS 60064-3094

USMEPCOM Regulation
No. 40-9

8 March 2004

Effective: 8 April 2004
Medical Services
BLOODBORNE PATHOGEN PROGRAM

FOR THE COMMANDER:

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Summary. This regulation establishes policies and procedures for management of the bloodborne pathogen programs for the United States Military Entrance Processing Command (USMEPCOM) 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 (OSHA). This regulation also prescribes USMEPCOM Form 40-9-1-R-E (Hepatitis B Vaccination Declination), USMEPCOM Form 40-9-2-R-E (Viral Testing Consent), and USMEPCOM Form 40-9-3-R-E (Sharps Injury Record).

Applicability. This regulation applies to USMEPCOM employees (including military members, civilian employees, fee-basis practitioners, and other contract employees) 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: MMD, 2834 Green Bay Road, North Chicago, IL 60064-3094.

Suggested improvements. The proponent of this regulation is HQ USMEPCOM, Medical Plans and Policy Directorate, Medical Superintendent (MMD-PD). 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: MMD-PD, 2834 Green Bay Road, North Chicago, IL 60064-3094.

Management control process. This regulation contains management control provisions and provides a management control evaluation checklist at appendix B.

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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” means military members, civilian employees, fee-basis practitioners, and other contract employees who work in the medical section of the military entrance processing stations (MEPSs).

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 United States Military Entrance Processing Command (HQ USMEPCOM), Medical Directorate, will—
 - (1) Provide training assistance to the sectors and MEPSs as needed.
 - (2) Review this regulation and update as necessary to ensure compliance with current OSHA guidance.
- c. The sector surgeon will—
 - (1) Monitor MEPS programs for compliance with this regulation.
 - (2) Assist MEPSs 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 his/her MEPS has a specific exposure control plan (par. 3-4).
 - (3) Implement engineering controls (par. 3-3).

(4) Establish a memorandum of understanding with a local healthcare facility, provider, or through contract services for employee vaccinations (par. 4-2a).

e. MEPS chief medical officers (CMOs) will provide oversight of orientation and periodic training for new employees.

f. MEPS medical noncommissioned officers in charge (NCOICs) will—

(1) Maintain and provide the necessary PPE, engineering controls (e.g., for sharps containers), labels, and red bags with biohazard labels, as required by this regulation.

(2) Train and document training for MEPS medical employees.

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

(4) Maintain employee health and OSHA records, including USMEPCOM Form 40-9-3 (Sharps Injury Record).

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

(6) Prepare and implement a housekeeping schedule for the MEPS medical section.

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

g. MEPS military members, civilian employees, fee-basis practitioners, contract employees assigned to medical section, and any other MEPS employees 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:** 91series, healthcare specialist.
- (2) **Navy:** HM, hospital corpsman.
- (3) **Air Force:** 4N0XX, medical service technician.
- (4) **Coast Guard:** HS, health services technician.

b. Civilian.

- (1) Health technician.
- (2) Lead health technician.
- (3) Health technician supervisor.
- (4) Assistant chief medical officer.
- (5) Chief medical officer.

c. Contractor.

- (1) Fee-basis practitioners.
- (2) In-house consultants.

Chapter 3

Methods of Implementation and Control

3-1. Universal precautions

MEPS employees will observe universal precautions (glossary) to prevent contact with blood or OPIM. If distinction between body fluid types is in question, consider fluids to be potentially infectious materials.

3-2. Annual review

MEPS medical NCOICs 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 NCOICs will forward the comments, through their sector surgeons, to HQ USMEPCOM, MMD, for consideration during annual review.

3-3. Work practice controls

MEPS commanders will ensure work practice controls are observed. MEPS employees will—

a. Not eat, drink, apply cosmetics or lip balm, smoke, or insert contact lenses in work areas determined to have a reasonable likelihood of exposure to blood or OPIM.

b. Wash their hands before beginning work, frequently during the day and specifically after performing potentially contaminating procedures, after using the latrine, before eating, and when leaving work. It is essential to wash hands immediately or as soon as feasible after removal of gloves or other PPE.

(1) Commanders will ensure employees have hand-washing facilities and liquid hand cleaner 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 as soon as feasible.

c. Discard contaminated needles and other contaminated sharps in tact in the proper receptacle. Employees will not bend, recap, or remove needles or sharps from syringes or needle holders and will not shear or break contaminated needles.

d. 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. Place specimens of blood or urine 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.

g. Not perform at-risk duties or handle medical equipment if infected with ailments (i.e., skin conditions that may increase the risk of contamination such as weeping dermatitis or inflamed lesions).

3-4. Exposure control plan

Each MEPS commander will prepare and initiate an exposure control plan (sample plan in fig. 3-1.). The MEPS CMO will—

a. Ensure plan is briefed during initial and refresher bloodborne pathogen training (see training in par. 6-1).

b. Post plan on the medical section bulletin board.

MEPS Exposure Control Plan

1 March 2004

For blood or other potentially infectious material (OPIM) spills, the spill clean-up kit is located in room 276, cabinet 2.

If an employee has an exposure to blood or OPIM—

Initiate first-aid.

Notify the employee's immediate supervisor. Supervisor will initiate Department of Labor Form CA-1, if employee is civilian or contractor.

Identify source individual if possible.

Obtain consent for viral testing (USMEPCOM Form 40-9-2-R-E).

Draw blood.

Transport blood to the St. George County Hospital:

2687 Willow Oaks Rd
Sheboygan, Idaho 23669
POC: Mr. Donald Adams (111) 789-3467

If this is a civilian or contract employee, transport affected employee to:

Dr. Kenneth Woodman
8335 Terre Haute Avenue
Sheboygan, Idaho 23735
(111) 830-4783

Military members will be evaluated at Sheboygan Clinic; POC Maj Jane Doe (111) 356-4976.

Notify the MEPS Commander or Operations Officer with information to complete STARNET report.

Figure 3-1. Sample Exposure Control Plan**3-5. Engineering controls**

MEPS commanders are responsible for implementing engineering controls to reduce risk of exposure. Medical NCOICs will ensure required supplies and equipment are in place to ensure compliance with the engineering controls.

a. Employees must not reach into a sharps container or transfer contents of a sharps container for any reason. Sharps containers must—

- (1) Be puncture resistant and leak proof on sides and bottom.
- (2) Have a locking holder permanently fixed to wall or work surface.

(3) Be replaced when 3/4 full.

(4) Be within easy reach so the employee drawing blood can reach the sharps container while still maintaining contact with the applicant.

(5) Be labeled with a biohazard label.

(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.

b. When performing venipuncture, employees must use a single-use disposable needle holder with a needle sheathing mechanism that can be operated with one hand.

c. When performing fingerstick to obtain blood samples, employees will use a lancet that incorporates an automatic retraction mechanism.

3-6. Personal protective equipment

a. The commander will ensure that employees use appropriate PPE; the medical NCOIC will maintain the PPE. PPE will include, at a minimum: masks, face shields, gowns, 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-servicable.

b. Employees (see list in chap. 2) must—

(1) Wear gloves on both hands while performing venipuncture or handling blood or urine specimens. 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 using centrifuges.

(3) Wear nonpermeable gowns over clothing when collecting or processing blood or other 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 sector surgeon will investigate and document the circumstances to determine if procedural changes can be instituted to prevent such occurrences in the future.

3-7. Housekeeping

a. The medical NCOIC 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 immediately after any blood or other body fluids spill and at the end of the 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.

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 1:10 dilution of 5.25 percent sodium hypochlorite (household bleach) and water. Follow these steps:

- (1) Block off area to prevent slipping in or tracking blood throughout the area.
- (2) Wear appropriate PPE.
- (3) 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.
- (4) Blot up as much of the spill and bleach solution as possible with disposable towels. Dispose of towels in a labeled biohazard bag.
- (5) 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.
- (6) Repeat flooding and mopping procedures as long as gross blood or body fluids are visible.
- (7) 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

Disposal of medical waste is controlled by state laws. The medical NCOIC will obtain state guidance and ensure compliance with those laws. 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 containers are regular trash.

3-9. Laundry

If reusable lab coats are used, the medical NCOIC will—

- a. Provide cleaning, laundering, and disposal service through contracted services at no cost to employees.

- b. Prohibit employees from taking PPE garments home for laundering or cleaning.
- c. Ensure contaminated laundry is placed and transported in appropriately marked or colored bags in accordance with contractual agreement and local or state laws.
- d. 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:

- a. Containers for regulated medical waste.
 - b. Refrigerators or freezers containing blood 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 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.

Chapter 4 Hepatitis B Vaccination

4-1. Hepatitis B vaccination

a. MEPS commanders will ensure that medical employees (par. 4-1d) have their hepatitis B vaccinations up to date within 10 workdays of assignment. If vaccinations are needed, the commander will provide no-cost vaccinations.

b. MEPS employees will not administer immunizations under any circumstances.

c. Employees who have previously received a complete hepatitis B vaccination series, documented antibody testing indicating immunity, or medical contraindications for vaccination do not need to sign a USMEPCOM Form 40-9-1-R-E (Hepatitis B Vaccination Declination). File supporting documents in the employee health record under record number 40-50a1 (Disposition: T30. Keep in central files area (CFA) until no longer needed for conducting business, then retire to records holding area (RHA)/Army Electronic Archives (AEA). The RHA/AEA will destroy record when the record is 30 years old.)

4-2. Civilian and contract employees

a. MEPS commanders must ensure vaccinations 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, dosage, and schedule of vaccinations must meet the most current recommendations of the U.S. Public Health Service. Immunization status and dates of vaccination must be documented in employee health records.

b. If an employee chooses to receive the hepatitis B vaccination from their personal provider, the employee will present the bill to the budget technician. The budget technician will mail the bills for civilian or contract employee vaccinations to HQ USMEPCOM, ATTN: MRM-PB-FS. USMEPCOM funds cover civilian and contract employees only.

Note: USMEPCOM will present contract employee invoices to the contractor for reimbursement.

c. If an employee elects not to be vaccinated, the employee must sign USMEPCOM Form 40-9-1-R-E, but may later choose to receive a no-cost vaccine. File form in the employee health record under record number 40-5a1 (Disposition: T30. Keep in CFA until no longer needed for conducting business, then retire to RHA/AEA. The RHA/AEA will destroy record when the record is 30 years old.)

d. If the U.S. Public Health Service recommends a routine booster dose, the MEPS commander also will provide boosters at no cost to the employees.

4-3. Military employees

The hepatitis B vaccination is mandatory for active-duty military in the medical field. Military assigned to the medical section should have this vaccination before reporting to duty at the MEPS; if not, he/she must be vaccinated at a military treatment facility or TRICARE-approved treatment facility within the 10-day window (par. 4-1a).

Chapter 5

Post-Exposure Evaluation and Follow-Up

5-1. Post-exposure procedures

a. Immediately following any exposure incident, the medical NCOIC will ensure the affected employee is given appropriate first aid. First aid procedures include the following:

(1) Wash skin areas with warm water and disinfectant soap. Do not use bleach or betadine to disinfect skin or mucous membranes.

(2) If eyes are affected, flush 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.

(5) Apply antibiotic salve and bandage, as necessary.

b. For simple uncontaminated injuries, the CMO must check the employee's tetanus vaccination status and provide recommendations regarding vaccination.

c. For all other exposures, the employee should be sent for medical evaluation within 2 hours after the occurrence. MEPS commanders will ensure that evaluation and any required follow-up care is available at all times through a memorandum of understanding with a local healthcare facility, provider, or through contract services.

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

(2) Civilian employees must complete a Department of Labor (DOL) form CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) and report to a treatment facility. After the initial evaluation is complete, the employee will provide the completed CA-1 to the MEPS budget technician. The budget technician will forward the completed DOL form CA-1 to HQ USMEPCOM, ATTN: MRM-PB-FS, for payment processing.

d. Determine source individual, if possible. Obtain consent on USMEPCOM Form 40-9-2-R-E (Viral Testing Consent) to draw and test blood, 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. MEPS commanders will document circumstances where legally required consent cannot be obtained. File form in the applicant's file under record number 40-400s1 (Disposition: T2. Keep in CFA until no longer needed for conducting business, then retire to RHA/AEA. The RHA/AEA will destroy record when the record is 2 years old. Earlier disposal is authorized.) If the applicant does not give consent for another blood draw, use the previously obtained HIV specimen for the local testing if available. Inform the applicant that no further processing can occur until another blood specimen is obtained.

e. The medical NCOIC will ensure the following documents are provided to the evaluating healthcare provider:

(1) A copy of OSHA Standard 1910.1030.

(2) A description of the exposed employee's duties as they relate to the exposure incident.

(3) Documentation of the route of exposure and circumstances under which exposure occurred.

(4) Results of the source individual's blood testing, when available.

Note: Do not provide any identifying information such as name or social security number, only the test results.

(5) Documentation of the employee's HBV vaccination status.

f. The CMO will report the information concerning the exposure incident to the MEPS commander. Exposure incidents are reportable through the STARNET (see STARNET on the MEPNET, <https://mepcom.mepnet.army.mil>, COMMAND INFO, USMEPCOM Programs, STARNET). Exposed employee and source individual privacy act information must be protected.

g. The CMO will obtain and provide a copy of the evaluating healthcare provider's written opinion to the employee within 15 days of the completion of the evaluation. The opinion will include the following information, as applicable:

(1) Whether hepatitis B vaccination is indicated and if the employee has received such vaccination.

(2) Documentation that the employee has been informed of the results of the evaluation.

(3) Documentation that the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

5-2. Root cause analysis

a. Sector surgeons will investigate exposure incident circumstances. Investigations include, as circumstances dictate:

(1) Work practices followed.

(2) Description of device being used.

(3) Protective equipment or clothing that was used.

(4). Procedure being performed.

(5). Employee's training.

(6) Any unusual occurrence (e.g., equipment failure, power outage).

b. If investigation determines changes to the exposure control plan are warranted, forward the report to the HQ USMEPCOM, MMD, with recommendations. Documentation should not contain any identifying information about the affected employee or the source individual. File documentation of the exposure analysis under record number 385-10f4 (Disposition: T2. Keep in CFA until no longer needed for conducting business, then retire to RHA/AEA. The RHA/AEA will destroy record when the record is 2 years old. Earlier disposal is authorized.)

5-3. Health records

a. The medical NCOIC will establish and maintain an employee health record for each medical section employee. Each record must include:

- (1) Name and social security number.
- (2) Hepatitis B vaccination status including dates of vaccinations or any health records relative to medical contraindications for vaccination.
- (3) Results of examinations, medical testing, and follow-up procedures for exposure incidents.
- (4) Healthcare provider's written opinion following any exposure incident.
- (5) A copy of the information provided to the healthcare provider (see par. 5-1e).
- (6) DD Form 2005 (Privacy Act Information).

Note: Employees must understand who has access to this information before they sign DD Form 2005.

b. Records must be kept confidential. Information may not be disclosed to anyone except the employee, anyone with express written employee consent, or as required by law.

c. Employee health records must be maintained for the duration of employment plus 30 years for each employee regardless of occupational exposure. Dispose of records in accordance with OSHA standard covering record access.

5-4. USMEPCOM Form 40-9-3-R-E (Sharps Injury Record)

The medical NCOIC will use USMEPCOM Form 40-9-3-R-E to record percutaneous injuries from contaminated sharps. The information will not include any identifying information about source individuals or exposed employees. File form under record number 385-10f4 (Disposition: Keep in CFA until no longer needed for conducting business, then retire to RHA/AEA. The RHA/AEA will destroy record when the record is 2 years old. Earlier disposal is authorized.)

Chapter 6

Training Requirements

6-1. Training requirements

a. Military members, civilian employees, fee-basis practitioners, and other contract employees at risk of occupational exposure to blood or OPIM must undergo bloodborne pathogen training before beginning work; there are no exceptions.

b. Occasionally, employees will receive training through other sources (e.g., continuing education, past employers). The medical NCOIC will review training documentation to ensure compliance with the requirements of this regulation. If the training complies with USMEPCOM requirements and was in the past year, the NCOIC may designate refresher training rather than full training. Expired or obsolete training will not apply toward MEPS training requirements.

c. New employees 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 must provide initial and annual refresher training for medical employees. Initial 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, 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 employer follow-up for those involved in exposure incidents.
- (9) Explanation of current signs, labels, and color coding.
- (10) Question and answer period.

6-2. Training records

The medical NCOIC will document training by memorandum for record and include dates, attendee's names and job titles, program contents or summary, and trainer's name and qualifications. File memorandums in a separate file under record number 40-657d (Disposition: K6. Keep in CFA until no longer needed for conducting business, but not longer than 6 years, then destroy.) The medical NCOIC will provide a copy of the training record upon request for examination and provide a copy to employees, employee representatives, supervisors, and commanders.

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 (MPA). After duty hours, HQ USMEPCOM, MPA, 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, MPA.
 - b. Do not discuss numbers or events with news media or persons outside the work environment unless authorized by HQ USMEPCOM, MPA. 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, MCEA-SS, ATTN: FOIA/PA Coordinator.
 - d. With consent of the Commander, USMEPCOM, and HQ USMEPCOM, MPA, coordination, 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 MPA).
- d. Do not allow—
- (1) Media access to the MEPS without prior coordination with HQ USMEPCOM, MPA.
 - (2) Any MEPS members, other than commanders, to be interviewed or filmed as Department of Defense representatives without prior HQ USMEPCOM, MPA, approval.
 - (3) Speculation on any portion of any bloodborne pathogen program.

7-3. After action reports

Submit reports to HQ USMEPCOM, MPA, for each media contact giving the caller's name, media affiliation, data requested, and action taken.

Appendix A References

Except where otherwise indicated below, the following publications and forms are available on their service or agency Web sites:

Department of Defense (<http://www.defenselink.mil/pubs>)

Army (<http://www.usapa.army.mil>)

Marine Corps (<http://www.usmc.mil/marinelink/ind.nsf/publications>)

Navy (<http://www.neds.nebt.daps.mil>)

Air Force (<http://afpubs.hq.af.mil>)

Coast Guard (<http://www.uscg.mil/hq/g-wk/g-wkh/g-wkh-1/pubs/pubs.direct.htm>)

USMEPCOM MEPNET (<https://mepnet.mepcom.army.mil>) or Web (<http://www.mepcom.army.mil>)

GSA and Standard Forms

http://www.gsa.gov/Portal/content/offerings_content.jsp?contentOID=116369&contentType=1004

Section I (The publication(s) needed to comply with this regulation.)

Required Publications

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 Jan 01; 66: 5317-5325, (<http://www.OSHA-slc.gov>). Cited in paragraphs 5-1e(1) and 6-1d(1).

USMEPCOM Regulation 11-4

Management Control. Cited in paragraph B-7.

Section II (The following publication(s) are a source of additional information. Users may read it (them) to better understand the subject, but do not have to read it (them) to comply with this regulation.)

Related Publications

CDC Morbidity and Mortality Weekly Report (CDCMMWR):

Recommendations for Prevention and Control of Hep C Virus (HCV) Infection and HCV-Related Chronic Disease, Vol. 47, No RR-19, 16 Oct 98, (<http://www.cdc.gov/mmwr/PDF/RR/RR4719.pdf>)

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 Dec 97, (<http://www.cdc.gov/mmwr/PDF/RR/RR4618.pdf>)

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 Jul 91, (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm>)

Updated 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 Jun 01, (<http://www.cdc.gov/mmwr/PDF/RR/RR5011.pdf>)

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, 27 Nov 01, (<http://www.OSHA-slc.gov>)

USMEPCOM Regulation 40-8

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

***Section III
Required Forms***

(Form(s) required by this regulation. Users must use the form(s) to comply with this regulation.)

CA-1 (a DOL form) (<http://www.dol.gov>)

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Cited in paragraph 5-1c(2).

DA Form 11-2-R

Management Control Evaluation Certification Statement. Cited in paragraph B-3.

***Section IV
Prescribed Forms***

USMEPCOM Form 40-9-1-R-E

Hepatitis B Vaccination Declination

USMEPCOM Form 40-9-2-R-E

Viral Testing Consent

USMEPCOM Form 40-9-3-R-E

Sharps Injury Record

***Section V
Prescribed Records***

40-5a1

Occupational health reports. Cited in paragraph 4-1c, 4-2c, and 5-3c.

40-400s1

Entrance examinations. Cited in paragraph 5-1d.

40-657d

technical training files. Cited in paragraph 6-2.

385-10f4

Accident and incident cases. Cited in paragraphs 5-2b and 5-4.

Appendix B
Management 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-R (Management Control Evaluation Certification Statement).

B-4. Test questions

a. Are commanders, CMOs, and medical NCOICs aware of their responsibility for ensuring their bloodborne pathogen programs strictly comply with this regulation?

b. Are commanders, CMOs, and medical NCOICs 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 NCOICs 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 controls?

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?

B-5. Supersession

Not applicable.

B-6. Comments

Submit comments on this inspection program through your sector HQ USMEPCOM, MMD-MS.

B-7. DA Form 11-2-R (Management Control Evaluation Certification Statement). Use DA Form 11-2-R to document management control evaluations. (For specific instructions, use USMEPCOM Reg 11-4).

Glossary

Section I

Abbreviations

AEA

Army Electronic Archives

CDCMMWR

Center for Disease Control Morbidity and Mortality Weekly Report

CFA

central files area

CMO

chief medical officer

DAT

drug and alcohol testing

DOL

Department of Labor

FOIA

Freedom of Information

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

OPIM

other potentially infectious materials

OSHA

Occupational Safety and Health Administration

PA

Privacy Act

PPE

personal protective equipment

RHA

records holding area

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.

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.

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).