

Medical
BLOODBORNE PATHOGEN PROGRAM

HISTORY. This is the first printing of this regulation.

SUMMARY. This regulation establishes procedures to eliminate or minimize occupational exposure to bloodborne pathogens (BBP).

APPLICABILITY. This regulation applies to soldiers, Department of Army civilian (DAC) employees and Nonappropriated Fund Activities, and contract employees at Fort Hood.

SUPPLEMENTATION. Supplementation of this regulation is prohibited without prior approval by the Medical Department Activity (MEDDAC), HSXI-PMS-OH.

INTERIM CHANGES. Interim changes to this regulation are not official unless they are authenticated by the Directorate of Information Management (DOIM). Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

SUGGESTED IMPROVEMENTS. The proponent of this regulation is the MEDDAC. Users are invited to send comments and suggested improvements to the Commander, III Corps and Fort Hood, ATTN: HSXI-PMS-OH, Fort Hood, TX 76544-5056.

OVERVIEW

1

Purpose This regulation establishes procedures to eliminate or minimize worker's occupational exposure to BBP.

1a

References AR 40-5 (Preventive Medicine).

Title 29, Code of Federal Regulations (CFR), Occupational Safety and Health Administration (OSHA) Standards, Part 1910.1030, "Bloodborne Pathogens."

1b

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

1c

Bloodborne Pathogens	<p>Bloodborne pathogens are microorganisms in human blood that can cause disease in humans.</p> <p>Two of the the more significant microorganisms are</p> <ul style="list-style-type: none">● hepatitis B virus (HBV) and● human immunodeficiency virus (HIV).
	<u>1d</u>
HIV	<p>The HIV causes Acquired Immune Deficiency Syndrome (AIDS).</p> <p>Although occupational transmission of HIV is relatively rare, the lethal nature of HIV requires all personnel to take appropriate measures to prevent exposure and transmission.</p> <p>Occupational transmission of HBV occurs more frequently, and is less often fatal, but also requires all personnel to take appropriate measures to prevent exposure and transmission.</p>
	<u>1e</u>
ECP Plan	<p>The Exposure Control Plan (ECP) is designed to eliminate or minimize worker exposure to these BBP.</p> <p>The ECP must be</p> <ul style="list-style-type: none">● written and be available for review by all affected workers.● reviewed and updated at least annually and whenever necessary to reflect new or modified occupational exposure and to reflect new or revised worker positions with occupational exposure (see table 1 for a list of potentially exposed occupational codes/military occupational specialties (MOSs)). <p>NOTE: The list at table 1 is not all inclusive and is not intended to suggest that all personnel with these MOSs/job codes must be in the program. Commanders and Directors are responsible for identifying all potentially exposed personnel.</p> <p>Minimum elements of the ECP include</p> <ul style="list-style-type: none">● exposure determination (appendix A).● methods of compliance (appendix B).● methods of communication of hazards to workers (appendix C).● hepatitis B vaccination and post-exposure evaluation and follow-up (appendix D).● methods of record keeping (appendix E).
	<u>1f</u>

Table 1. List of potentially exposed occupational codes/MOSs

01H	Biological Sciences Assistant
35G	Medical Equipment Repairer, Unit Level
35U	Medical Equipment Repairer, Advanced
42C	Orthotic Specialist
42D	Dental Laboratory Specialist
91B	Medical NCO
91C	Practical Nurse
91D	Operating Room Specialist
91E	Dental Specialist
91F	Psychiatric Specialist
91G	Behavioral Science Specialist
91H	Orthopedic Specialist
91J	Physical Therapy Specialist
91L	Occupational Therapy Specialist
91N	Cardiac Specialist
91P	X-Ray Specialist
91S	Preventive Medicine Specialist
91Q	Pharmacy Specialist
91U	Ear, Nose, and Throat Specialist
91V	Respiratory Specialist
91Y	Eye Specialist
91W	Nuclear Medicine Specialist
91X	Health Physics Specialist
92B	Medical laboratory Specialist
92E	Cytology Specialist
95B	Military Police
95C	Corrections NCO
95D	CID Special Agent
0080	Security Specialist
0081	Fire Fighter
4747	Maintenance mechanic (plumber)
	Health Care Providers (direct patient care: medical and dental)
7304	Laundry Worker
7305	Laundry Machine Operator

RESPONSIBILITIES

2

Commander
and Directors

Commanders and Directors shall

- determine whether they have workers with occupational exposures by performing an exposure determination as outlined in appendix A.
- write, implement, and annually review an ECP if required by exposure determination.
- provide appropriate personal protective equipment (PPE) such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.
- ensure that appropriate PPE in the appropriate sizes is readily available at the worksite or is issued to workers.
- ensure that the workers use appropriate PPE except as explained in appendix B, block 2.
- clean, launder, and dispose of required PPE.
- make available within 10 days of employment the Hepatitis B vaccine and vaccination series to all workers who have occupational exposure, and exposure evaluation and follow-up to all workers who have had an exposure incident.
- ensure that civilian employees who decline to accept the hepatitis B vaccine offered, sign the statement in appendix F.
- obtain and provide the worker with a copy of the written opinion from Occupational Health, within 15 days of the completion of an exposure evaluation.
- provide to all workers with occupational exposure training containing the elements outlined in appendix C, block 2.

2a

Chief,
Occupational
Health

Chief, Occupational Health, USA Medical Department Activity (MEDDAC) shall provide

- hepatitis B prophylaxis immunizations to those civilian employees that have occupational exposure to HBV.
- post-exposure evaluation and follow-up to those workers that experience an exposure incident as outlined in appendix D, block 2.
- training (medical portion only) on request to civilian employees regarding information in appendix C, block 2.
- a written opinion to commanders/directors after evaluating an exposure incident, stating
 - whether hepatitis B vaccination is indicated for the exposed worker and if it was given.

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Chief,
Occupational
Health (cont)

- that the worker has been informed of the results of the evaluation.
- that the worker has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation of treatment.

2b

III Corps
Surgeon

Surgeon, III Corps shall act as a coordinator and/or facilitator between USA MEDDAC, Fort Hood, and Fort Hood United States Army Forces Command (FORSCOM) units.

2c

Supervisors

Supervisors shall

- assist commanders/directors in the exposure determination as outlined in appendix A.
- identify and request replacement for unserviceable PPE.
- enforce the use of PPE among their workers.
- maintain the worksite in a clean and sanitary condition.
- investigate and document circumstances under which workers decline to use PPE as described in appendix B, block 3.
- be familiar with the content of this regulation.

2d

Workers

Workers shall

- assist commanders/directors in the exposure determination as outlined in appendix A.
- identify and request replacements for unserviceable PPE.
- use PPE provided for their protection.
- maintain the worksite in a clean and sanitary condition.
- be familiar with the contents of this regulation.
- report to their supervisor the circumstances leading to their not using PPE as described in appendix B, block 3.
- participate in the Hepatitis B vaccination program as desired or sign the "Letter of Declination to Receive Hepatitis B Vaccination," if a decision not to participate in the hepatitis B vaccination program has been made. (Civilian employees have an option to participate, but soldiers do not.)
- report exposure incidents immediately to their supervisor.
- participate in post exposure evaluation and follow-up as desired. (Civilian employees have an option to participate, but soldiers do not.)
- participate in the BBP training program.

2e

Appendix A
EXPOSURE DETERMINATION

General

Exposure determination is the first step in writing the ECP. Units and Directorates that do not have workers that can be categorized as described below are not required to have an ECP.

Exposure determination shall contain a list of all

- job classifications/MOSs in which all workers in those job classifications/MOSs have occupational exposure to BBP,
- job classifications/MOSs in which some workers have occupational exposure, and
- tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by workers in job classifications/MOSs listed above.

This exposure determination shall be made without regard to the use of PPE.

Appendix B
METHODS OF COMPLIANCE

General

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.

Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B-1

Engineering and
Work Practice
Controls

Engineering and work practice controls shall be used to eliminate or minimize worker exposure.

Where occupational exposure remains after institution of these controls, PPE shall also be used.

Engineering controls shall be examined, maintained, or replaced on a regular schedule to ensure their continued effectiveness.

Handwashing facilities shall be readily accessible to workers.

When provision of hand washing facilities is not feasible, appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided.

When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Hand washing shall be performed immediately or as soon as feasible after removal of gloves or other PPE.

Hands and skin shall be washed with soap and water, and mucous membranes shall be flushed with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Contaminated needles and other contaminated sharps shall not be bent, broken, sheared, recapped, or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure and unless such recapping or needle removal is accomplished through the use of a mechanical device or a one-handed technique.

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be

- puncture resistant.
- labeled or color-coded in accordance with (IAW) appendix C, block 1.
- leakproof on the sides and bottom.
- such that workers are not required to reach by hand into the containers where these sharps have been placed.

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Engineering and
Work Practice
Controls (cont)

Eating, drinking, smoking, using smokeless tobacco, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work areas where there is a reasonable likelihood of occupational exposure.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize

- splashing,
- spraying,
- splattering, and
- generation of droplets of these substances.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during

- collection,
- handling,
- processing,
- storage,
- transport, or
- shipping.

The containers for storage, transportation, or shipping shall be labeled or color-coded according to appendix C, block 1.

The containers shall be closed prior to being

- stored,
- transported, or
- shipped.

When universal precautions in the handling of all specimens are in effect, the labeling/color coding of specimens is not necessary provided containers are recognizable as containing specimens.

This exemption only applies while such specimens/containers remain within the facility in which they were generated.

Labeling or color-coding is required when such specimens/containers leave the facility.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping, and is to be properly labeled or color-coded.

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

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**Engineering and
Work Practice
Controls (cont)**

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.

A readily observable biohazard label shall be attached to the equipment stating which portions remain contaminated.

This information shall be conveyed to all affected workers, the servicing representatives, and/or the manufacturer as appropriate, prior to handling, servicing, or shipping so that appropriate precautions can be taken.

B-2
**Personal
Protective
Equipment**

Prior to an occupational exposure, the worker shall be provided, without cost, PPE such as but not limited to

- gloves,
- gowns,
- laboratory coats,
- face shields or masks, and eye protection, and
- mouth pieces, resuscitation bags, pocketmasks, or other ventilation devices.

PPE will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach worker's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.

Workers may decline to use PPE when its use will

- prevent the delivery of health care or public safety services or
- pose an increased hazard to the safety of the worker or co-worker.

NOTE: When the worker makes this judgement, the circumstances shall be investigated and documented by the commander/director to determine whether changes can be instituted to prevent such occurrences in the future.

Appropriate PPE in the appropriate sizes shall be readily accessible at the worksite or shall be issued to workers.

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those workers who are allergic to the gloves normally provided.

PPE shall be cleaned, laundered, and disposed of by the activity/unit.

PPE shall be repaired or replaced as needed to maintain its effectiveness and will be done so at no cost to the worker.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

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Personal
Protective

Equipment (cont)

All PPE shall be removed prior to leaving the work area.

When PPE is removed it shall be placed in an appropriately designated area or container for

- storage,
- washing,
- decontamination, or
- disposal.

Gloves shall be worn when it can be reasonably anticipated that the worker may

- have hand contact with blood or potentially infectious materials, mucous membranes, and non-intact skin;
- be performing vascular access procedures; and
- be handling or touching contaminated items or surfaces.

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced

- as soon as practical when contaminated or
- as soon as feasible if they are
 - torn,
 - punctured, or
 - unable to function as a barrier.

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised; however, they must be discarded if they are

- cracked,
- peeling,
- torn,
- punctured,
- exhibiting other signs of deterioration, or
- unable to function as a barrier.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriate protective clothing such as, but not limited to gowns, aprons, laboratory coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations.

NOTE: The type and characteristics will depend upon the task and degree of exposure anticipated.

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

Housekeeping

The worksite shall be maintained in a clean and sanitary condition.

The schedule for cleaning and method of decontamination shall be written and based upon

- the type of surface to be cleaned,
- type of soil present, and
- tasks or procedures being performed.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant

- after completion of procedures.
- immediately or as soon as feasible when surfaces are overtly contaminated.
- after any spill of blood or other potentially infectious materials.
- at the end of the workshift if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have been contaminated during the shift.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of having been contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly with the hands; it shall be cleaned up using mechanical means, such as

- a brush and dust pan,
- tongs or
- forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires workers to reach by hand into the containers where these sharps have been placed.

Regulated
Waste

Disposal of regulated waste shall be IAW applicable Federal, State, and local regulations.

Regulated waste shall be placed in containers which are

- closable.
- constructed to contain all contents and prevent leakage of fluids during shipping.

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Regulated
Waste (cont)

- properly labeled or color-coded.
- closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

If outside contamination of the regulated waste container occurs, it shall be placed in a second container as described above.

Contaminated disposable sharps shall be discarded immediately or as soon as feasible in containers that are

- closable.
- puncture resistant.
- leakproof on sides and bottom.
- labeled or color-coded IAW appendix C, block 1.

During use, containers for contaminated sharps shall be

- easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
- maintained upright throughout use.
- replaced when 3/4 full and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be

- closed and sealed immediately prior to removal or replacement to prevent spillage or protrusion of contents during
 - handling,
 - storage,
 - transport, or
 - shipping.
- placed in another container if leakage is possible. This second container shall be as described above.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose workers to the risk of puncture injury.

B-4

Laundry

Contaminated laundry shall be handled as little as possible.

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

Contaminated laundry shall be placed and transported in bags or containers properly labeled or color-coded unless transportation is to a facility that routinely uses universal precautions to handle laundry.

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Laundry (cont) Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leaking from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior.

Contact with contaminated laundry shall require the use of protective gloves and other appropriate PPE.

When shipping contaminated laundry off-site to a second facility which does not utilize universal precautions in the handling of all laundry, the organization generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded according to appendix C, block 1.

B-5

Appendix C
COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels

Warning labels shall be affixed to

- containers of regulated waste,
- refrigerators/freezers containing blood or other potentially infectious materials, and
- other containers used to store, transport, or ship blood or other potentially infectious materials except as noted below.

Red bags or red containers may be substituted for labels.

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusions or other clinical use are exempted from the labeling requirement.

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

Labels shall include the following legend



HAZARD IDENTITY:

BH302

- labels shall be fluorescent orange or orange-red or predominantly so with lettering or symbols in a contrasting color.
- labels shall be affixed as close as feasible to the container by
 - wire,
 - string,
 - adhesive, or
 - other method that prevents their loss or unintentional removal.
- labels required for contaminated equipment shall be in accordance with above paragraphs and shall also state which portions of the equipment remains contaminated.

Regulated waste that has been decontaminated need not be labeled or color-coded.

C-1

Information and Training

BBP training shall be provided by the activity/unit at no cost to the worker and during working hours.

Training shall be provided as follows

- At the time of initial assignment to tasks where occupational exposure may take place.
- At least annually thereafter.

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Information
and Training
(cont)

- Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the worker's occupational exposure. The additional training may be limited to addressing the new exposures created.

Material appropriate in content and vocabulary to educational literacy and language of workers shall be used.

The training program shall contain as a minimum the following elements

- accessible copy of the 29 CFR 1910.1030, "Bloodborne Pathogen" standard and an explanation of its contents.
- accessible copy of the activity's/unit's ECP and an explanation of its contents.
- general explanation of the
 - epidemiology,
 - symptoms of bloodborne disease, and
 - modes of transmission of bloodborne pathogens.
- explanation of the hepatitis B vaccine, including its efficacy, safety, method of administration, and benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and that post-exposure evaluation and follow-up procedures are available at Occupational Health, USA MEDDAC.
- explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate
 - engineering controls,
 - work practices, and
 - PPE.
- explanation of the PPE

<ul style="list-style-type: none"> ● types, ● proper use, ● location, ● removal, 	<ul style="list-style-type: none"> ● handling, ● decontamination, and ● disposal.
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- explanation of the basis for selection of PPE.
- explanation of the labels and/or color-coding.

There shall be an opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Appendix D
HEPATITIS B VACCINATION AND POST EXPOSURE EVALUATION AND FOLLOW UP

**Hepatitis B
 Vaccination**

Hepatitis B vaccination shall be made available within 10 days of employment to all workers who have occupational exposure and have received BBP training unless

- the worker has previously received the complete Hepatitis B vaccination series,
- antibody testing has revealed that the worker is immune, or
- the vaccination is contraindicated for medical reasons.

If the civilian employee initially declines the Hepatitis B vaccine, but at a later date decides to accept the vaccination, the Hepatitis B vaccine shall be given at that time.

Civilian employees that decline to accept Hepatitis B vaccination shall sign the letter of declination at appendix F.

Soldiers can not decline the Hepatitis B vaccination unless it is medically contraindicated.

**Post exposure
 Treatment and
 Follow-Up
 Procedures**

Procedures related to source individual.

- Document route(s) of exposure, the circumstances under which the exposure incident occurred, and identify and document the source individual unless source individual is unknown or identification is prohibited by law.
- Obtain consent from source individual and perform testing of HBV and HIV infectivity. Legal or practical inability to obtain consent must be documented. If consent is not required by law, source individual's blood shall be tested and results documented.
- When source individual is already known to be infected with HBV or HIV do not repeat testing.
- Results of source individual's testing shall be made available to the exposed individual and the worker shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Procedures related to exposed individuals.

- Obtain consent to collect blood and perform HIV testing.
 - If the exposed worker consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the worker elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - Give exposure prophylaxis when medically indicated as recommended by the United States Public Health Service.
 - Counsel.
 - Provide commander/director a written opinion stating
 - whether hepatitis B vaccine is indicated and if it was given.
 - that results of the evaluation have been provided to the employee.
 - that information regarding need for further medical treatment has been provided.
-

Appendix E
RECORD KEEPING

- Medical Records An accurate medical record for each worker with occupational exposure shall include a copy of
- the worker's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations and any medical records relative to the worker's ability to receive Hepatitis B vaccination.
 - all results of examinations, medical testing, and follow-up procedures as required by appendix D, "post-exposure evaluation and follow-up."
 - the Chief, Occupational Health's written opinion regarding the exposure incident.
-

Training Records Training records shall include the following information

- dates of the training sessions.
- content or a summary of the training session.
- names and qualifications of persons conducting the training.
- names and job titles of all workers attending the training sessions.

Training records shall be maintained for 3 years from the date on which the training occurred.

Worker training records required by this regulation shall be provided upon request for examination and copying to workers and to worker representatives.

Worker medical records required by this regulation shall be provided upon request for examining and copying to the subject worker and to anyone having written consent from the subject worker.

Appendix F
EMPLOYEE LETTER OF DECLINATION TO RECEIVE HEPATITIS B VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with hepatitis B vaccine, I may receive the vaccination series at no charge to me.

SIGNATURE: _____

PRINTED NAME: _____

Glossary

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BBP	bloodborne pathogens
DAC	Department of Army civilian
DEH	Directorate of Engineering and Housing
DOIM	Directorate of Information Management
ECP	Exposure Control Plan
FH	Fort Hood
FORSCOM	United States Army Forces Command
HBV	hepatitis B virus
HIV	human immunodeficiency virus
IAW	in accordance with
MEDDAC	Medical Department Activity
MOSs	military occupational specialty
PPE	personal protective equipment
USA	United States Army

TERMS

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

bloodborne pathogens

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

clinical laboratory

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

contaminated

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

contaminated laundry

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

contaminated sharps

Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

decontamination

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

engineering controls

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

exposure incident

A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a worker's duties.

handwashing facilities

A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV hepatitis B virus.

HIV human immunodeficiency virus.

occupational exposure

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

other potentially infectious materials

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

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

parenteral

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

personal protective equipment

Specialized clothing or equipment worn by a worker for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

regulated waste

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.

source individual

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

sterilize

The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

universal precautions

An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

work practice controls

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

worker

Soldiers, civilian employees of the Department of Army and Nonappropriated Fund Activities, and contract employees at Fort Hood.

The proponent of this regulation is the Medical Department Activity.

FOR THE COMMANDER:



WILLIAM E. PARKER
LTC, SC
DOIM

LEON J. LAPORTE
Brigadier General, USA
Chief of Staff

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