

COMSCINST 6230.1.	COG CODE N00M	DATE 12 OCT 1993
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DEPARTMENT OF THE NAVY
COMMANDER MILITARY SEALIFT COMMAND
WASHINGTON NAVY YARD BLDG 210
901 M STREET SE
WASHINGTON DC 20398-5540

COMSCINST 6230.1
N00M
12 October 1993

COMSC INSTRUCTION 6230.1

Subj: PRECAUTIONS FOR THE TRANSMISSION OF BLOODBORNE
PATHOGENS (BBPs)

- Ref: (a) Control of Communicable Diseases In Man, American Public Health Association, 15th Edition, 1990
(b) NAVMEDCOMINST 6230.3
(c) COMSCINST 6000.1B
(d) 29 CFR 1910.1030
(e) NEHC ltr 6260 Ser 3212/2145 dtd 11 Mar 1992 OSHA Guidelines on Bloodborne Pathogens (BBPs) (NOTAL)
(f) COMSCINST 5090.2
(g) COMSCINST 5100.17B

Encl: (1) Sample Exposure Control Plan

1. Purpose. To discuss the direct or indirect transmission of BBPs by infected persons, vectors or inanimate objects among occupationally exposed personnel; and to implement policies and procedures to reduce risks associated with handling material potentially infected with BBPs.
2. Scope. This instruction applies to MSC health care workers and other employees at risk. Personnel at risk include those who have direct patient contact or handle potentially contaminated waste.
3. Background. The spread of BBPs is preventable. Basic sanitation techniques and immunizations have greatly reduced diseases transmitted by personal contact, food, water or insect vectors. Diseases spread by BBPs such as Human Immunodeficiency Virus (HIV) and hepatitis B virus (HBV) have recently become of significant importance in the workplace. Additionally, malaria and syphilis are of significant importance as

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transmittable bloodborne diseases. Education and training in prevention are therefore paramount to limit disease transmission. References (a) through (e) contain U. S. Navy, U. S. Public Health Service and Occupational Safety and Health Act (OSHA) guidance concerning the prevention of infectious diseases.

4. Policy. All personnel at risk will be properly trained in BBP precautions and will comply with the preventative measures of this instruction.

5. Action

a. Commander, Military Sealift Command (COMSC). The Special Assistant for Medical, Environmental Protection, Safety and Occupational Health (N00M) shall:

(1) administer the COMSC BBPs program; and

(2) provide oversight of Area Commanders' programs which limit occupational exposure to BBPs and monitor exposed personnel.

b. MSC Area Commanders shall:

(1) identify Area Command personnel ashore and afloat at risk;

(2) develop and implement an Exposure Control Plan (ECP) regarding prevention of the transmission of BBPs, using enclosure (1) as a guide;

(3) develop and implement a training program regarding transmission of BBPs to include all personnel at risk of occupational exposure; and

(4) ensure all personnel at risk are offered immunization against HBV per reference (b).

Distribution:

COMSCINST 5000.19

List I (Case A, B)

SNDL 41B (MSC Area Commanders)
41C (MSC Subarea Commanders)
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41G (COMFSRON)
41K (MSC Units)
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41M (MSC TAGOS Units)
T-100 (Masters, civil service manned ships)

SAMPLE EXPOSURE CONTROL PLAN

1. Introduction

1-1. Purpose. The Military Sealift Command developed this Exposure Control Plan (PLAN) to comply with current Navy standards and the intent of the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030. The purpose is to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other potentially infectious materials (OPIM) in the workplace.

1-2. Definitions

a. "Occupational Exposure" means reasonably anticipated skin, eye mucus membrane or parenteral contact with blood or OPIM that may result from the performance of an employee's normal duties. This determination is made without regard to use of personal protective equipment.

b. Other Potentially Infectious Material (OPIM) includes:

(1) the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (during dental procedures only), any body fluid visibly contaminated with blood and all body fluids where differentiation between body fluids is difficult or impossible; and

(2) any unfixed tissue or organ from a human (living or dead).

c. "Parenteral" (for the purpose of the PLAN) means the piercing of mucous membranes or skin.

1-3. Exposure Determination

a. Job classifications in which all or some personnel have actual or potential occupational exposure to blood or OPIM are:

**Medical Officer
Hospital Corpsman
First Officer/MDR**

**Occupational Health Nurse
Medical Service Officer
Steward**

b. Medical personnel providing direct patient care may be exposed to BBPs during various tasks and procedures while examining and treating patients. First Officer/Medical Department Representatives may also be at risk of exposure to BBP,

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especially while providing trauma care. Stewards may be at risk when handling infectious medical waste or other waste containing body fluids.

2. Methods of Compliance

2-1. Universal Precautions

a. Universal precautions (included at Appendix A) are intended to supplement, rather than replace, routine infection control recommendations, such as hand washing and use of gloves, in the prevention of microbial contamination of hands. Hand washing facilities must be readily available. In instances where facilities are not, and cannot be made available, an appropriate antiseptic hand cleaner in conjunction with clean towels or antiseptic towelettes will be available. Packages of antiseptic hand cleaner will be stocked at First Aid Boxes, Portable Medical Lockers and Battle Dressing Stations, and hands will be washed with soap and running water as soon as feasible.

b. Universal precautions shall apply to blood, OPIM and other body fluids containing visible blood. Blood is the single most important source of HIV, HBV and other pathogens in the occupational setting. Universal precautions do not apply to feces, nasal secretions, sputum, saliva, sweat, tears, urine and vomitus, unless they contain visible blood.

2-2. Engineering and Work Practice Controls

a. All personnel will practice good medical techniques to prevent accidental exposure to bloodborne pathogens. This includes utilizing sharps containers appropriately, utilizing hand washing facilities and appropriate disposal of contaminated materials.

b. Work practice controls shall be in place to eliminate or minimize employee exposure to bloodborne pathogens. The following procedures shall be adopted to ensure compliance with reference (d):

(1) Employees shall wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.

(2) Following any contact of body areas with blood or any other infectious materials, employees shall wash their hands and any other exposed skin with soap and water as soon as possible. They shall also flush exposed mucous membranes with water.

(3) Contaminated disposable needles and other contaminated sharps shall not be bent, recapped or removed. (Knife blades which must be removed from non-disposable handles will be removed by using a hemostat or other clamping devise.)

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(4) Contaminated reusable sharps shall be placed in appropriate containers immediately, or as soon as possible, after use.

(5) Eating, drinking, smoking, applying lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to BBPs.

(6) Food and drink shall not be kept in refrigerators, freezers, on countertops or in other storage areas where blood or OPIM are present.

(7) Mouth pipetting/suctioning of blood or OPIM is prohibited.

(8) All procedures involving blood or OPIM shall minimize splashing, spraying or other actions generating droplets of these materials.

(9) Specimens of blood or OPIM shall be placed in designated leak-proof containers, appropriately labeled, for handling and storage.

2-3. Personal Protective Equipment (PPE)

a. Some PPE items may not be included in the AMAL. Additional items shall be ordered and placed as below:

(1) Hospital spaces/treatment areas shall have a face shield, a protective gown, disposable surgical masks and surgical/patient examining gloves available for immediate use.

(2) First Aid Boxes shall have two pair of patient examining gloves and two surgical masks added to their inventory lists.

(3) Portable Medical Lockers shall have two surgical masks and a face shield added to their inventory lists.

b. PPE will be periodically inspected and repaired or replaced as needed to maintain its effectiveness.

c. The following precautions will be adhered to whenever PPE is selected and worn:

(1) Any garments penetrated by blood or OPIM are removed immediately or as soon as feasible.

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(2) All personal protective equipment is removed prior to leaving a work area.

(3) Gloves are worn in the following circumstances:

a. during all patient contacts.

b. whenever employees anticipate hand contact with potentially infectious material;

c. when handling or touching contaminated items or surfaces.

(4) Disposable or surgical gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier." They will not be reused.

(5) Utility gloves are decontaminated for reuse unless they are cracked.

2-4. Housekeeping. Each medical treatment facility will be maintained in a clean and sanitary condition. Medical department personnel will perform all cleaning with the exception of decks, bulkheads and common areas.

a. All equipment and working surfaces shall be disinfected after contact with blood or OPIM because of the survivability of HBV on dry surfaces at room temperature. Current standard sterilization and disinfectant procedures are adequate for instruments, devices or other items contaminated with blood or OPIM from persons infected with a BBP. Instruments and devices that enter sterile tissue or the vascular system of any patient or through which blood flows will be sterilized before reuse. Devices or items that contact intact mucous membranes must be sterilized or receive high level disinfection. Broken glassware shall not be picked up by hand.

b. Disinfection will be completed immediately after each procedure, when surfaces are overly contaminated during a procedure, if feasible, or immediately after a spill of OPIM.

c. Wescodyne or bleach, prepared at recommended dilutions, is sufficient for disinfection purposes. Visible material should be removed prior to disinfection. Gloves shall be worn during the disinfection procedure.

d. Normally, bulkheads, decks and other like surfaces are not associated with transmission of BBP. Therefore, extraordinary attempts to disinfect them are unnecessary and cleaning should be done routinely.

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e. Soiled linen will be handled as little as possible, without sorting and with minimal agitation, to prevent gross microbial contamination of the air and workers. Soiled linen shall be placed into clear plastic non-permeable bags at the location where contaminated. It shall not be laundered with any other items, however, normal laundering and drying is sufficient to destroy any BBP.

2-5. Regulated Waste

a. Regulated waste includes contaminated items that would release blood or OPIM in liquid or in a semiliquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps and pathological and microbiological waste containing blood or OPIM.

b. Immediately after use, all sharps will be placed in closable, leakproof and puncture resistant disposable containers which are color coded red or which are imprinted with a biohazard label. These containers shall be maintained upright through use, be easily accessible to personnel and located as close as feasible to the immediate area of use. They shall be replaced routinely and not allowed to overfill.

c. All other wastes will also be placed in closable, leakproof containers which are color coded red or which are imprinted with a biohazard label. When moving waste containers from the area of use, they will be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping. Removable containers will not be opened, emptied or cleaned in any manner which would expose personnel to the risk of percutaneous injury.

d. All waste will be disposed of in accordance with reference (f).

2-6. Labels and Signs. Biohazard warning labels will be affixed to all containers used to store, contain, transport or ship blood or OPIM. This includes sharps disposal containers and biohazard bags (if not preprinted), laundry bags and refrigerators.

3. Medical Surveillance

3-1. Hepatitis B Vaccination (HBV)

a. Employees at risk will be informed of the availability of HBV, the efficacy and safeness of the vaccine, and scheduling requirements.

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b. HBV shall be offered to employees who may be occupationally exposed to blood or OPIM as part of their normal duties unless the employee had a previous HBV or unless antibody testing reveals the employee is immune or the vaccine is contraindicated for medical reasons.

c. An employee may decline the vaccine. If so, the employee will be required to read and sign a declination statement.

d. All HBV documentation will be on the Hepatitis B Virus Consent Form (MSC 6230/2). (See Appendix D) which will be included in the medical record.

3-2. Post Exposure and Follow-up

a. An employee with an exposure to blood or OPIM will have a confidential medical evaluation following the protocol of Appendix C, Exposure Incident Reporting Procedure.

b. After exposure, both the exposed employee and the potential BBP source will be encouraged to be tested for HIV and HBV. Testing will be done at the earliest opportunity in order to expedite follow-up for the exposed employee. Consent to testing must be in writing (see Appendix C).

c. If consent for testing is not obtained at the time of the exposure, the employee(s) will be counseled regarding BBP transmission.

d. A referral will be made to a federal medical treatment facility on a non-emergent basis to evaluate the employee(s)'s medical status. This will include an evaluation of current medical conditions/illnesses as well as recommended treatments.

e. After evaluation, the physician will furnish the Area Command Medical Officer a written opinion of the employee(s)'s condition. The Area Command Medical Officer will personally provide the following information to the employee within 15 days of receipt:

(1) medical findings, including current physical condition, current illnesses, and current therapies and HIV/HBV test results;

(2) further evaluation and treatment recommendations;

(3) test results of the source employee may be provided to the exposed employee; and

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(4) all other findings or diagnoses will remain confidential and will not be included in the written report to the employee.

f. A written report will be forwarded to the employee(s) within 10 working days of the verbal report.

4. Training and Recordkeeping

4-1. Training

a. All non-medical employees identified at risk by this PLAN shall be trained in BBP precautions prior to assignment. The training for afloat steward personnel shall be done by the Medical Services Officer assigned to the ship or by the Area Command medical staff prior to transfer to the ship. Training for all other non-medical personnel shall be done by the Area Command medical staff. Regardless of the source, this training should last 60-90 minutes and must address subjects included in Appendix D.

b. Medical Service Officers will receive bloodborne pathogens training during the required REFTRA course. Additionally, they will attend an American Red Cross HIV Sensitivity Course.

4-2. Recordkeeping

a. Medical Records

(1) The medical record will include:

(a) MSC 6230/2, a report of the HBV status, including dates of all vaccinations and any medical information relative to the employee's ability to receive the vaccination;

(b) a statement as to the employee's ability to wear protective clothing and equipment;

(c) a copy of all results of post-exposure examinations, medical testing and follow-ups;

(d) a copy of the physician's written opinion;

(e) a copy of any information required by the PLAN;

(f) a copy of all consent forms; and

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(g) a report of all BBP training.

(2) Medical records will be maintained in accordance with OPM FPM Chapter 293 and COMSCINST 6000.1B. Confidentiality of the medical records will be maintained in accordance with the Privacy Act.

b. Training Records. Training in BBP Precautions shall be reported on the Training and Drill Report Form (MSC 12410/5) and forwarded to the Area Command Training Division with a copy to the Area Command Medical Officer. Both the Training Record and Medical Record will be annotated regarding BBP training.

APPENDIX A

UNIVERSAL PRECAUTIONS FOR INFECTIOUS DISEASES

1. Definitions

a. Isolation: The separation of persons infected with a communicable disease during the period of communicability, to prevent direct or indirect transmission of the infectious agent to a susceptible person.

b. Quarantine: The practice of restricting contact of healthy persons who have been exposed to a communicable disease from those who have not been exposed.

2. Basic Precautions

a. Thoroughly wash hands with soap and hot water using disposable towels after contact with the infected patient or potentially contaminated clothing, bedding or other articles.

b. Contaminated clothing, bedding, bandages or other articles contaminated with infectious material shall be properly discarded in accordance with reference (f).

c. Sterilize non-disposables.

NOTE: The basic precautions shall be used in addition to the specific precautions listed in the following universal precautions.

3. Categories for Isolation/Precautions. The following precautions are designed for afloat units.

a. Strict Isolation: Designed to prevent transmission of highly contagious or virulent infections spread by both air and direct contact. Precautions include the following:

- (1) single stateroom;
- (2) masks, gloves and gowns for all persons entering the room;
- (3) masks for the patient to prevent droplet spray; and
- (4) follow basic precautions.

b. Contact Isolation: Designed to prevent less transmissible or serious diseases which are primarily spread by close or direct contact. Precautions include the following:

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- (1) single stateroom (patients infected by the same pathogen may share a room);
- (2) masks for persons in close contact with patient;
- (3) gowns and gloves are indicated for persons that are likely to touch infectious material; and
- (4) follow basic precautions above.

c. Respiratory Isolation: Designed to prevent transmission of airborne infectious diseases. Precautions include the following:

- (1) single stateroom (patients infected by the same pathogen may share a room);
- (2) masks for persons in close contact with patient;
- (3) masks for patient to prevent droplet spray;
- (4) gowns and gloves are not indicated; and
- (5) follow basic precautions above.

d. Tuberculosis Isolation: Designed for patients with Pulmonary Tuberculosis who have a positive PPD that strongly suggests active TB. Precautions include the following:

- (1) single stateroom;
- (2) medical personnel will use masks when patient is coughing and does not reliably cover their mouth;
- (3) medical personnel will use gowns to prevent gross contamination, gloves are not indicated; and
- (4) follow basic precautions above.

e. Enteric Precautions: Designed for infectious diseases transmitted by direct or indirect contact with feces. Precautions include the following:

- (1) single stateroom;
- (2) masks are not indicated;

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- (3) gowns and gloves are used when handling contaminated materials; and
- (4) follow basic precautions above.

f. Drainage/Secretion Precautions: Designed for protection from infections transmitted by direct or indirect contact with purulent materials from an infected body site. Precautions include the following:

- (1) single stateroom and masks are not indicated;
- (2) gowns and gloves are used if contact is to be made with infectious materials;
and
- (3) follow basic precautions above.

g. Blood/Body Fluid Precautions: Designed for prevention of infectious diseases transmitted by direct or indirect contact with infected body fluid. The Center for Disease Control recommends that these precautions be used consistently for patients in both inpatient and outpatient situations. Any visible body fluids (including but not limited to semen, vaginal secretions, tissue, CSF, synovial, pleural, urine, blood peritoneal, pericardial and amniotic fluids) of all patients could be potentially infected with HIV or HBV. Precautions include the following:

- (1) single staterooms and masks are not indicated;
- (2) gloves and gowns are to be used if touching materials contaminated with blood or other body fluids; and
- (3) follow basic precautions above.

h. During certain procedures when cross contamination with parenteral, mucous membrane and non-intact skin exposures results in potential exposure to BBPs, protective barriers for medical personnel should include masks, protective eyewear or faceshields.

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PRECAUTIONS FOR OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

1. Introduction. These precautions are written for personnel who may be exposed to BBPs as a result of performing their job-related duties. The most significant BBPs in the workplace are HIV and HBV. Other significant diseases caused by BBPs are malaria and syphilis.

2. Transmission. BBPs escape the carrier by blood or other body fluids from open wounds, cuts, abrasions or sexual contact. Body secretions such as saliva, semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial and amniotic fluids may be infected with HIV or HBV.

a. Direct Transmission. The infective agent may be transmitted to the host by direct contact with contaminated body fluids into open wounds, cuts and abrasions, acne, dermatitis or by sexual intercourse.

b. Indirect Transmission. The infective agent may be transmitted to the host by inanimate objects (fomites) such as clothing, bandages, needles, broken glass or other sharp objects contaminated with body fluids.

c. Environment. HBV can survive desiccation at room temperature on inanimate surfaces for 5 days. HIV must have direct contact via body fluids to infect a susceptible host and can not readily survive in the open environment as does HBV. Malaria and syphilis may be transmitted via contaminated human blood.

3. Exposure Control Plan

a. Identification of Personnel at Risk. MSC personnel that have direct patient contact, handle medical equipment, linen or medical waste are considered at risk.

b. Risk Exposure. Area Commanders will provide risk exposure education on HIV and HBV. Additionally, they will develop follow-up procedures for actual exposure incidents.

4. Risk Management. The following controls are employed in the workplace to reduce exposure to BBPs. These procedures must be strictly adhered to by all personnel to ensure effective protection against disease transmission.

a. Physical Controls. Physical control includes the proper use of items such as bio-hazard bags and sharps containers that physically separate potentially contaminated objects from the working environment.

b. Workplace Practices. Proper sanitation and personal hygiene habits are the basic practices limiting all disease transmission. Wash hands frequently and each time contaminated objects are handled. Do not eat, smoke, drink, apply cosmetics, handle contact lenses or store food/drinks in areas where there is potential exposure to infectious materials. Daily workplace procedures also include the proper handling of sharps/needles, contaminated clothing/bandages and other medical waste.

c. Personal Protective Equipment (PPE). PPE means any equipment that protects an individual from contact with infectious agents. PPE includes such equipment as gloves, masks, gowns, protective eyewear/face shields and resuscitation bags. The type of PPE worn or used must be appropriate for the given task and degree of exposure anticipated. PPE must be removed and properly disposed of/decontaminated before leaving the work area.

d. HBV Vaccination. References (b) and (e) establish immunization requirements for MSC civilian personnel. Area Command medical officers will identify at risk personnel under their cognizance and ensure they are immunized against HBV per reference (b).

5. Good Samaritan. MSC employees not considered at risk may accidentally come into contact with BBPs by giving first aid to an injured person. Employees should report all such incidents to their supervisors immediately. Supervisors will report the details of the incident to the cognizant medical authority for review. The cognizant medical authority will provide a written opinion, regarding risk of exposure to BBPs and recommendations for follow-up evaluation within 15 days of the completion of the evaluation.

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HEPATITIS B VIRUS CONSENT FORM

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I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a Hepatitis B viral (HBV) infection. I understand that I may be vaccinated with Hepatitis B Vaccine, at no charge to me.

GG I have been instructed as to the methods of vaccination, the periodicity of the vaccination, and the risks and benefits associated with the vaccination.

Each employee must acknowledge the counseling provided.

_____ I do not desire to be vaccinated at this time. I understand that by refusing the vaccine, I continue to be at risk of acquiring Hepatitis B. If in the future I continue to be assigned duties which place me at risk of exposure to blood or other potentially infectious materials and I want to be vaccinated, I can begin the vaccination series at that time.

_____ I do not desire to be vaccinated at this time, but agree to be screened for Hepatitis B Antibodies.

GG I desire to begin the vaccination series. I understand that if I am positive for Hepatitis B antibodies, I will not begin the series of vaccinations.

Each employee counseled must initial the option chosen.

EMPLOYEE'S FULL NAME: *(last, first, middle name)*

GROSS, GEORGE NMN

EMPLOYEE'S SIGNATURE:
(SIGNATURE)

DATE:
8-30-93

WITNESS'S PRINTED NAME AND SIGNATURE:
SAMUEL I. DELACROIX (SIGNATURE)

DATE:
8-30-93

RESULTS OF HEPATITIS B ANTIBODY SCREENING:

HBs Ag NOT PRESENT IN BLOOD SERUM (SIGNATURE) (DATE)

	FIRST VACCINATION	SECOND VACCINATION	THIRD VACCINATION
DATE:	9-5-93		
MANUFACTURER:	Abbott		
LOT NUMBER:	RN743B2		
EXPIRATION DATE	7/95		

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APPENDIX C

POST-EXPOSURE INCIDENT PROCEDURES

1. Documentation

a. When an exposure to BBPs occurs, document the incident using the BBP Exposure Worksheet (MSC 6230/3). This information will be used by the physician during the medical evaluation.

b. Further documentation will include medical record entries made as part of the procedures below.

2. Counsel the Source Employee

a. Discuss the need for a blood test to determine his/her HBV/HIV status in order to properly evaluate the risk of BBPs to the exposed employee. Consent is required for all tests and shall be in writing using the Bloodborne Pathogens Consent Form (MSC 6230/4). This blood test will usually be performed by a naval medical treatment facility through the Occupational Health Division. If such a facility is not immediately available, the Area Command Medical Officer will determine the appropriate referral site.

b. Complete a Consultation Form (SF 513) and attach MSC 6230/4. The form shall include, as the Reason for Request, only the following information. No other information is to be released on this form.

"Occupationally related body fluids exposure. Request Hepatitis B SAG and SAB. Request HIV serology. Report results personally and confidentially to the Area Command Medical Officer."

3. Counsel the Exposed Employee

a. Discuss the exposure incident and the confidentiality of information for both the source and exposed employee.

b. Recommend referral for testing, evaluation and counseling, including the need for a blood test to determine his/her HBV/HIV status in order to properly evaluate the risk of BBPs. Consent is required for all tests and shall be in writing using MSC 6230/4. This blood test will usually be performed by a naval medical treatment facility through the Occupational Health Division. If such a facility is not immediately available, the Area Command Medical Officer will determine the appropriate referral site.

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c. Complete an SF 513 and attach MSC 6230/4. The form shall include, as the Reason for Request, only the following information. No other information is to be released on this form.

"Occupationally related body fluids exposure. Request Hepatitis B SAG and SAB. Request HIV serology. Report results personally and confidentially to the Area Command Medical Officer."

4. Reporting Requirement. The incident will be reported in the format of the Personal Injury Report described in reference (g), but will be forwarded via confidential mail to the Area Command Medical Officer.

BLOODBORNE PATHOGENS EXPOSURE WORKSHEET

FULL NAME/POSITION: JOHNSON, ABRAHAM STEWARD UTILITY	
DATE OF INCIDENT: 9-30-93	TIME OF INCIDENT: 0930
LOCATION OF EXPOSURE: USNS SHARPE (T-ARM 32) - HOSPITAL SPACE	
TYPE OF INFECTIOUS MATERIAL: BLOODY GAUZE	
SOURCE: UNKNOWN.	
WHAT WAS THE ROUTE OF EXPOSURE? I HAD A CUT ON MY ARM AND GOT BLOOD ON MY CUT.	
DESCRIBE YOUR DUTIES BEING PERFORMED AT TIME OF EXPOSURE: EMPTYING TRASH CANS.	
HOW WAS THE INCIDENT CAUSED? TRASH CAN HAD STUFF IN IT THAT SHOULD HAVE BEEN IN AN ORANGE BAG FOR HAZARDOUS MATERIAL.	
WAS PPE USED? DESCRIBE FULLY: NO. I FORGOT TO WEAR MY GLOVES.	
HAVE YOU STARTED THE HEPATITIS B VACCINATION SERIES? NO	DATE SERIES COMPLETED:
ANTI-HBSA RESULT: <i>(IF KNOWN)</i> UNKNOWN	
RECOMMENDATIONS FOR AVOIDING SIMILAR INCIDENT: 1. WEAR GLOVES 2. PROPERLY SORT TRASH	

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BLOODBORNE PATHOGENS CONSENT

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1. I consent to have my blood tested for antibodies to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

2. I have been informed about the limitations and implication of the test. I have had a chance to ask questions which were answered to my satisfaction. I understand that the test's accuracy and reliability are not 100% certain due to the incubation period for both viruses, and that further periodic testing is recommended.

3. I understand that whether the test results are positive or negative:

a. the results will be released by the testing facility to the Area Command Medical Officer only:

b. the results will not be released by the Area Command Medical Officer without written authorization, unless such disclosure is made to health care personnel directly responsible for my care and treatment;

c. my employment is not in any way jeopardized by the results of these tests;
and

d. I will be provided counseling and follow-up examinations, relative to this exposure, as soon as possible after my request, and that operational requirements may delay counseling or examinations.

4. By my signature below, I acknowledge that I understand the information above, that I understand the benefits and risks of testing, and that I consent for my blood to be tested for bloodborne pathogens.

EMPLOYEE'S FULL NAME: *(last, first, middle name)*

MILLER, LAVERNE ALICE

EMPLOYEE'S SIGNATURE:
(SIGNATURE)

DATE:
10-6-93

WITNESS'S PRINTED NAME AND SIGNATURE:

SAMUEL I. DELACROIX (SIGNATURE)

DATE:
10-6-93

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APPENDIX D

**BLOODBORNE PATHOGENS TRAINING REQUIREMENTS
FOR NON-MEDICAL EMPLOYEES**

Definition of bloodborne pathogens.

Discussion of occupational tasks and activities that may involve exposure to blood or OPIM.

Explanation of the modes of transmission of bloodborne pathogens.

Explanation of methods (and their limitations) to prevent or reduce exposure (engineering controls/work practices/personal protective equipment).

Information of types, proper use, location, removal and decontamination and disposal of PPE. Explanation of the basis for selection of PPE.

Explanation of post-exposure procedures, including reporting requirements, consent form completion, medical examinations, counseling, treatment and follow-up examinations.

Explanation on use of signs, labels and on packaging requirements.

Information regarding Hepatitis B vaccine.

There must be a discussion period during the training session which encourages employee questions.