



# Department of Defense Education Activity ADMINISTRATIVE INSTRUCTION

NUMBER 4800.05  
DATE: JUN 26 2013

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OFFICE OF SAFETY AND SECURITY

SUBJECT: Bloodborne Pathogen Exposure Control Program

- References:
- (a) DoDEA Regulation 4800.5, "Department of Defense Education Activity Bloodborne Pathogen Exposure Control Program," September 13, 1999 (hereby canceled)
  - (b) Subpart 1910.1030 of title 29, Code of Federal Regulations
  - (c) Air Force Joint Instruction 48-110, Army Regulation 40-562, BUMEDINST 6230.15A, CG COMDTINST, M6230.4F, "Immunization and Chemoprophylaxis," October 29, 2006
  - (d) DoD Manual 6055.05, "Occupational Medical Examinations and Surveillance Manual," May 2, 2007
  - (e) DoDEA Regulation 4800.1, "Safety Program," March 6, 2001
  - (f) DoD Manual 1342.6, "Administrative and Logistic Responsibilities for DoD Dependent Schools," August 1995

1. PURPOSE. This Administrative Instruction:

- a. Reissues Reference (a) to standardize bloodborne pathogen exposure controls, policy, procedures, and responsibilities for the Department of Defense Education Activity (DoDEA).
- b. Conveys the DoDEA Bloodborne Pathogen Exposure Control Program (ECP) and communicates authorization for selective medical services support in accordance with References (b), through (d).
- c. Authorizes and encourages coordination with host Service component medical service officials in support of joint Military Service efforts to control exposure to bloodborne pathogens.

2. APPLICABILITY. This Administrative Instruction applies to:

- a. The Office of the Director, DoDEA; the Director, Domestic Dependent Elementary and Secondary Schools, and Department of Defense Dependents Schools, Cuba (DDESS/DoDDS-Cuba); the Director, Department of Defense Dependents Schools, Europe (DoDDS-E); the Director, Department of Defense Dependents Schools, Pacific, and Domestic Dependent Elementary and Secondary Schools, Guam (DoDDS-P/DDESS-Guam), (hereafter collectively

referred to as “Area Directors”); and all DoDEA District Superintendents, School Principals, Teachers, and Support Staff.

b. All DoDEA personnel responsible for, or concerned with, the safety and health of DoDEA students, staff, or visitors, or with conditions which could promote illness, degrade biological health, or cause death.

3. DEFINITIONS. See Glossary.

4. POLICY. It is DoDEA policy that:

a. Education and support programs and other activities promote a safe, healthful environment and protect students, staff, and visitors from safety and health hazards.

b. DoDEA shall comply with Occupational Safety and Health Administration (OSHA) standards (Reference (b)) on occupational exposure to bloodborne pathogens and any applicable host installation requirements or host nation statutes.

c. DoDEA will adhere to this Administrative Instruction in the event that it should be in conflict with the provisions of a rule or plan prescribed by a state in which a DoDEA school operates.

5. RESPONSIBILITIES. See Enclosure 1.

6. PROCEDURES. Enclosure 2 provides procedures and requirements for the Bloodborne Pathogens ECP. Forms used in the maintenance and continuity of this program are provided in Enclosure 3.

7. EFFECTIVE DATE. This Administrative Instruction is effective immediately.

  
Marilee Fitzgerald  
Director

Enclosures

1. Responsibilities
2. Procedures
3. Hepatitis B Vaccination Declination
4. Medical Consultation Sheet

Glossary

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ENCLOSURE 1

RESPONSIBILITIES

1. DIRECTOR, DODEA. The Director, DoDEA, shall:

a. Establish and direct the implementation of this Administrative Instruction as the DoDEA Bloodborne Pathogen Exposure Control Program (ECP) in accordance with the OSHA Bloodborne Pathogen Standard (Reference (b)).

b. Provide assistance to DoDEA Area Directors and District Superintendents to achieve compliance with the provisions of this Administrative Instruction.

2. DODEA HEADQUARTERS SAFETY AND OCCUPATIONAL HEALTH (HQ SOH) PROGRAM MANAGER. The DoDEA Safety and Occupational Health Program Manager shall:

a. Advise the Director, DoDEA, on the OSHA standards, DoD standards, and host nation statutes that are applicable to DoDEA's Bloodborne Pathogen ECP.

b. Advise the Director, DoDEA, promptly of changes recommended for the Employee Occupational Exposure Matrix. (See Enclosure 2)

c. Monitor the establishment, implementation, and compliance of the Bloodborne Pathogen ECP.

d. Perform an annual review of the Bloodborne Pathogen ECP, and update as necessary.

e. Coordinate with the DoDEA Chief, Special Education and Student Services, or designee, to establish a working group to meet at least annually or more often as necessary, to identify categories of employees according to their risk of exposure to bloodborne pathogens, evaluate work practice controls, and identify appropriate commercially available and more effective and safer medical devices designed to eliminate or minimize occupational exposure. The DoDEA HQ SOH Program Manager shall, at least annually, solicit input from non-managerial employees who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the input in the ECP. (See Enclosure 2)

3. DODEA CHIEF, SPECIAL EDUCATION AND STUDENT SERVICES. The DoDEA Chief, Special Education and Student Services shall:

a. Advise the Director, DoDEA, on staff development and activities related to the Bloodborne Pathogen ECP.

b. Assist in the procurement of resources necessary for the implementation of the Bloodborne Pathogen ECP.

c. Integrate universal precautions into policy governing student health services.

4. DODEA AREA DIRECTORS. The DoDEA Area Directors shall:

a. Implement the Bloodborne Pathogen ECP within their respective areas of responsibility.

b. Designate the DoDEA Area SOH Manager as the coordinator for the Bloodborne Pathogen ECP in accordance with DoDEA Regulation 4800.1 (Reference (e)).

5. DODEA AREA SOH MANAGER. The DoDEA Area SOH Manager shall:

a. Maintain oversight of the ECP to ensure that it is implemented in accordance with the provisions of this Administrative Instruction and host nation requirements.

b. Maintain a record of the total number of personnel trained on bloodborne pathogens.

c. Coordinate and/or provide assistance to the DoDEA District Safety and Security Officer for the maintenance and compliance of this program in accordance with Reference (e).

d. Advise the Area Director on the status of the program.

6. DODEA DISTRICT SUPERINTENDENTS. The DoDEA District Superintendents shall:

a. Oversee the implementation of the Bloodborne Pathogen ECP at schools within the district to ensure compliance with this Administrative Instruction and host nation requirements.

b. Designate the District Safety and Security Officer to monitor the implementation of and compliance with this Administrative Instruction and the Bloodborne Pathogen ECP in accordance with Reference (e) and report to the district superintendent.

7. THE DODEA SCHOOL PRINCIPALS. The DoDEA School Principals shall:

a. Designate a Bloodborne Pathogen Exposure Control Advisor (ECA) in writing, who shall be a nurse, or other person who is qualified by training or experience with the OSHA Bloodborne Pathogen Standard. This person shall provide technical guidance in the development and implementation of the Bloodborne Pathogen ECP.

- b. Ensure that the Bloodborne Pathogen ECP is reviewed for effectiveness by the ECA.
- c. Ensure that all school staff are trained by informed/qualified trainers as noted in paragraph 7.a. above to follow the Bloodborne Pathogen ECP, in accordance with Enclosure 2, paragraph 8. of this Administrative Instruction.
- d. Provide protective equipment in good repair to teachers and staff.
- e. Oversee the inventory, procurement, use, and disposal of equipment and supplies at appropriate intervals.
- f. Be familiar with the current safety requirements concerning bloodborne pathogens (i.e., human immunodeficiency virus (HIV), hepatitis B (HBV), and acquired immune deficiency syndrome (AIDS), this Administrative Instruction, and the Bloodborne Pathogen ECP).
- g. Ensure that work practice controls are followed, including the management of contaminated sharps and needles, appropriate placement of authorized sharps disposal containers (See Enclosure 2), and adherence to universal precautions when handling human blood and body fluids.
- h. Ensure that an annual evaluation of engineering and work practice controls is conducted.

8. SCHOOL BLOODBORNE PATHOGEN ECA. The Bloodborne Pathogen ECA shall:

- a. Know and implement the current safety requirements concerning bloodborne pathogens, in accordance with Reference (b), this Administrative Instruction, and the DoDEA Bloodborne Pathogen ECP.
- b. Conduct regular inspections of emergency equipment (i.e., gloves and mouthpieces for cardiopulmonary resuscitation (CPR)).
- c. Conduct or facilitate the provision of Bloodborne Pathogen ECP occupational exposure training to DoDEA personnel, as necessary; and obtain, review, and propose changes to training provisions contained in the work statements of contracted personnel.
- d. Report suggested changes through the appropriate chain of supervision to the DoDEA HQ SOH Program Manager.
- e. Coordinate these Bloodborne Pathogen ECP efforts through host installation military medical health officials for inclusion with the local Military service's bloodborne pathogen exposure control efforts.
- f. Serve as point of contact for and advisor to both school program management and host installation military medical officials.

g. Ensure that work practice controls are followed, including the management of contaminated sharps and needles, appropriate placement of authorized sharps disposal containers (See Enclosure 2), and adherence to universal precautions when handling human blood and body fluids.

h. Provide the necessary personal protective equipment (PPE) to all employees with potential occupational exposure to bloodborne pathogens at the beginning of each school year, and replace items as necessary.

i. Maintain and evaluate engineering and work practice controls when necessary, but not less than annually. The ECA shall coordinate with the host installation medical treatment facility (MTF) to determine the type and availability of safe medical devices designed to eliminate or minimize occupational exposure. The ECA shall forward input from such actions to the principal and the DoDEA HQ SOH Program Manager through the DoDEA Pupil Personnel Services Coordinator for assessment and annual review of this Administrative Instruction and the master ECP.

9. DODEA TEACHERS. The DoDEA Teachers shall:

a. Coordinate with the Principal to obtain annual bloodborne pathogen training.

b. Ensure that appropriate protective equipment is on hand and in good working order in the classroom.

c. Report missing or damaged equipment to the designated Bloodborne Pathogen ECA.

d. Ensure that work practice controls are followed, including the management of contaminated sharps and needles and appropriate placement of authorized sharps disposal containers. (See Enclosure 2)

e. Follow universal precautions when handling human blood and body fluids.

ENCLOSURE 2

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN PROCEDURES

1. IDENTIFICATION OF EMPLOYEE CATEGORIES AT HIGH RISK OF EXPOSURE TO BLOODBORNE PATHOGENS PRESENT IN HUMAN BLOOD AND BODY FLUIDS, AND OTHER POTENTIALLY INFECTIOUS MATERIALS.

a. Annual Identification. The DoDEA HQ SOH Program Manager, in coordination with the DoDEA Pupil Personnel Services Coordinator, shall meet at least annually, or more often as needed, to review the ECP and information suggesting the need to revise the categories of workers identified to be at higher risk of exposure, as described in the Employee Occupational Exposure Matrix below.

b. Risk Exposure Determination Process. The following occupational tasks increase the risk of exposure to bloodborne pathogens.

(1) Category 1: Administration of First Aid

(2) Category 2: Administration of CPR

(3) Category 3: Cleaning Blood/Body Fluid Spills

(4) Category 4: Assisting with Injured Students/Staff

(5) Category 5: Intervening in Violent Incidents

(6) Category 6: Working with students who are at greater risk of injury than the general population. For example, students who are unable to ambulate or take other steps to minimize exposure to a known risk or engaged in dangerous activities.

c. Risk Exposure Matrix. Employee risk will be determined based on the tasks they are required to perform in paragraph 1.b.(1) through (6) above. The high risk group will be personnel that have exposure to at least three of the categories listed. The risk exposure matrix in the appendix to this enclosure will be reviewed annually by the DoDEA HQ SOH Program Manager and the Pupil Personnel Services Coordinator. All changes shall be approved by the Director, DoDEA.

d. No Risk of Exposure. DoDEA personnel performing duties unrelated to the direct care and contact with students, such as District, Area, and Headquarters administrative duties, are deemed to have no occupational risk of exposure to bloodborne pathogens.

e. High Risk of Exposure. Categories of employees at high risk of exposure to hepatitis B are eligible for HBV immunization at no cost to the employee.

f. Additional Occupational Categories. Local military medical authority and DoDEA school authorities may identify additional occupational categories through local agreement and augment the matrix for local application. Those local agreements are not specified in this matrix unless added by the Director, DoDEA, in accordance with subparagraph 1.c. above.

2. NOTIFICATION OF EXPOSURE.

a. The ECA or the school nurse shall notify employees with high risk of possible occupational exposure to hepatitis B within 10 days of the employee's assignment to such a position that they are entitled to receive HBV vaccination. Vaccine shall be provided at no cost to the employee through host military medical services. Laboratory testing for evidence of pre-existing immunity to HBV may be part of the HBV vaccination program of the host military medical services.

b. Employees with a high risk who do not wish to receive the HBV vaccine must sign a waiver (Enclosure 3) within the 10-day period declining the immunization. However, an employee may elect to receive the HBV vaccine at a later date. If an employee refuses to sign the waiver, the school nurse shall annotate the waiver form by noting the date(s) the employee was asked to execute the waiver and the dates the employee refused or failed to present the signed waiver and place that form in the employee's official personnel file.

c. Vaccine for HBV immunization shall not be given if the employee has previously had the vaccine, is immune, or has a medical condition that precludes receiving the vaccine.

3. UNIVERSAL PRECAUTIONS. Universal precautions shall be followed to prevent contact with blood and other potentially infectious materials. Personnel handling or having to clean up human blood, body fluids, or other potentially infectious material shall wear PPE. The ECA shall assist in selection and procurement of the PPE as described in subparagraphs 5.d. and 5.i. of this enclosure.

4. EMERGENCY STEPS TO TAKE IN EVENT OF A POTENTIAL EXPOSURE. In the event of a potential bloodborne pathogen exposure to sharps, needle sticks and bites, immediate first aid shall be initiated. Contaminated skin shall be vigorously scrubbed for 15 minutes using soap and copious amounts of water. This method is used to promote bleeding and help prevent contaminants from entering the body. Contaminated eyes or mucous membranes should be irrigated for 15 minutes using normal saline or water. The supervisor shall be notified immediately. Exposed individual shall report to the host medical services within one hour of exposure for further evaluation.

5. WORK PRACTICE CONTROLS.

a. Procedures Involving Blood and Other Potentially Infectious Materials. All procedures involving blood or other potentially infectious materials shall be performed in such a manner

as to minimize splashing, spraying, spattering, and the generation of droplets of these substances. Personnel shall use PPE when there is a possibility for exposure, even when engineering and work practice controls are in place. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

b. Washing Hands. Employees shall wash their hands with soap and water as soon as possible after each potential infection contact, and after removal of gloves and other PPE.

c. Needles and Sharps. Wherever a DoDEA employee uses sharps, it is the responsibility of that employee to properly dispose of contaminated sharps in appropriate sharps disposal containers. These containers must be puncture-resistant, leak-proof, and red in color. The container shall be able to be closed securely. Coordinate with the ECA or host service component medical officials for assistance.

(1) Sharps containers shall be closed and sealed when they are three-quarters full.

(2) Sharps containers shall be as close to the point of use as possible.

(3) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated sharps is prohibited.

d. Elimination or Minimization of Occupational Exposure. The use of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure should be implemented whenever possible. The ECA shall coordinate with the host installation military MTF to determine the availability and best devices to use. The school principal will procure safer medical devices upon the advice of the ECA and the host installation medical treatment facility.

e. Food and Drink. Food and drink shall not be kept in refrigerators or freezers or stored in areas where blood or other possibly infectious materials are present. Eating shall not be allowed in these areas.

f. Cosmetics. Cosmetics, including lip balm, shall not be applied in areas where there is a possibility of contact with blood or other potentially infectious materials.

g. Contaminated Equipment. A method of identifying/markings contaminated equipment will be coordinated with host installation and medical officials. This shall be done by labeling, color-coding, and/or isolation prior to moving it to another site for cleaning or decontamination.

h. Disposal of Contaminated Materials. All contaminated sharps and broken glass shall be put in puncture resistant containers that have been approved by the local medical facility. These containers must be disposed of as required by local guidance. Biological hazardous waste labels shall be put on containers. Contaminated clothing shall be placed in a plastic disposable bag and properly identified. The bag shall be sealed and disposed of as required by local guidance. The hazardous label shall be attached. Coordinate with host military medical officials for assistance.

i. PPE. Personal protective equipment (PPE) shall be used by all personnel with potential exposure to bloodborne pathogens. PPE includes such items as disposable gloves, face shields, eye protection, mouthpieces, and resuscitation bags. Other items may be added as needed. PPE shall be appropriate to the situational need and shall not be used or worn away from the site where it is required.

j. When gloves are torn or punctured during the handling of contaminated materials, the gloves shall be removed as soon as possible, discarded properly, and replaced.

k. Hands shall be washed when gloves are removed. Soap and water shall be used as the cleaning agent.

#### 6. HOUSEKEEPING/CUSTODIAL SERVICES.

a. The housekeeping/custodial staff shall be provided specific training annually (by the ECA for DoDEA employees and the contractor for contracted employees) on the safe handling and cleaning, as well as decontamination, of various types of surfaces and soils; as recommended by the school nurse or ECA. A disinfectant recommended and approved by host installation medical officials shall be used to clean all equipment that has been contaminated.

b. When housekeeping or custodial functions are contracted, the contracting officer's representative shall provide the ECA with documentation that the specific training procedures/requirements and the cleaning materials specified in the contract have been met.

7. POST-EXPOSURE PROCEDURE. Employees who believe they have received an occupational exposure to a bloodborne pathogen must initiate the actions described in paragraph 4 above. When a post-exposure incident is reported, the incident will be confirmed by the supervisor or ECA immediately, and an employee examination/evaluation (Enclosure 4) shall be requested by the supervisor through the host medical services. This examination/evaluation shall not be chargeable to the employee.

#### 8. BLOODBORNE PATHOGENS TRAINING.

a. All employees identified at risk of potential exposure on the Employee Occupational Exposure Matrix shall receive training from the school nurse or the ECA regarding bloodborne pathogens on their entry to duty, and annually thereafter.

b. Bloodborne pathogens training shall be provided by a nurse, or other person who is qualified by training or experience with the OSHA Bloodborne Pathogen Standard. The training shall include a review of the requirements of this administrative instruction and provide knowledge of transmission, symptoms of bloodborne pathogen diseases, control methods, and personal protective equipment. Information shall also be provided outlining how to report possible exposures, as well as conduct medical follow-up procedures.

c. The ECA shall provide the school principal with the names and number of personnel that received bloodborne pathogen training. This information shall be forwarded to the respective Area SOH Manager.

9. RECORD-KEEPING.

a. Training records/attendance rosters shall be maintained for 3 years from the date that training was given. Training records shall be kept of the course content, lesson plan, and type of material used in conjunction with the training, and the name and position of the trainer providing the training/classes. These records shall be maintained by the ECA in a separate file in the ECA office. The total number of employees trained during the fiscal year (October 1 thru September 30) will be forwarded to the Area SOH Manager upon request.

b. In accordance with DoD Manual 1342.6 (Reference (f)), medical records of exposure to bloodborne pathogens shall be retained at the host installation MTF conducting the evaluation and treatment for the duration prescribed by the regulation of that military component.

c. All sharps related injuries are to be reported to the DoDEA HQ Office of Safety and Security on the Accident and Injury Report using the DoDEA Serious Incident Report (SIR)/Accident Injury Report (AIR) Reporting System in accordance with current policy in reference (e). Information on exposure to bloodborne pathogens is confidential and will not be disclosed or reported without the employee's express written consent to any person not authorized access by Reference (e). All sharps related injuries will include information on the type and brand of sharp device in the AIR either in the description of the incident or in the remarks section.

10. BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN REVIEW. A local compliance review of the Bloodborne Pathogen ECP shall be performed annually by the designated ECA for local applicability. The DoDEA HQ SOH Program Manager shall review the work practices and the instruction and plan annually and amend or revise as needed.

Appendix  
Employee Occupational Exposure Matrix

## APPENDIX TO ENCLOSURE 2

EMPLOYEE OCCUPATIONAL EXPOSURE MATRIX

<b>**Occupational Category</b>	1	2	3	4	5	6
Regular Education Teacher				X		
Special Education Teacher				X		
<b>Special Education Teacher (EI)*</b>				X	X	X
<b>Special Education Teacher (LIS)*</b>				X	X	X
<b>School Nurse*</b>	X	X		X		X
<b>Health Technician*</b>	X	X		X		X
School Secretary				X		
Principal				X	X	
Assistant Principal				X	X	
<b>Physical Education Teacher*</b>	X			X		X
Special Education Para Educator				X		
<b>Special Education Para Educator (EI)*</b>				X	X	X
<b>Special Education Para Educator (LIS)*</b>				X	X	X
<b>Athletic Coach*</b>	X	X		X		X
Housekeeping Staff/Custodian			X	X		
Preschool Para Educator				X		
Kindergarten Para Educator				X		
Playground Para Educator				X		
School Counselor				X	X	
<b>School Social Worker*</b>				X	X	X
School Psychologist				X	X	
Cafeteria Worker				X		
Teachers that work with Sharps or other				X		X

\* Selected for HBV immunization

EI - Emotionally Impaired

LIS – Learning Impaired Moderate to Severe

NOTE: Local military medical authority and DoDEA school authorities may identify additional occupational categories through local agreement and augment the matrix for local application. Those local agreements are not specified in this matrix unless added by the Director, DoDEA, in accordance with Enclosure 2, paragraph 1.c.

**\*\*Risk Exposure Determination Process.** An “x” in the above matrix denotes potential risk of exposure to bloodborne pathogens.

Category 1. Administration of First Aid

Category 2. Administration of CPR

Category 3. Cleaning Blood/Body Fluid Spills

Category 4. Assisting with Injured Students/Staff

Category 5. Intervening in Violent Incidents

Category 6. Working with students who are at greater risk of injury than the general population. For example, students who are unable to ambulate or take other steps to minimize exposure to a known risk or engaged in dangerous activities.

ENCLOSURE 3

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

HEPATITIS B VACCINE DECLINATION MEMORANDUM

Date

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 vaccine 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 want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(Place of work or job title)  
(Printed or typed name of employee)  
(Employee signature)

(Printed or typed name of witness)  
(Witness signature and date)

PRIVACY ACT STATEMENT

AUTHORITY: 20 USC Sections 902, 903; 10 USC 2164; 29 CFR 1910.1030 and DoDEA Instruction 4800.5, Department of Defense Education Activity Bloodborne Pathogen Program, December 2009.

PRINCIPAL PURPOSE: To obtain employee declination of hepatitis B vaccination following occupational risk of exposure.

ROUTINE USE(S): In addition to the disclosures generally permitted within DoD under 5 U.S.C. 552a(b) of the Privacy Act, information contained in this record may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) and the Government-wide, DoD Blanket and DoDEA Routine Uses as described at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices, located at: <http://www.defenselink.mil/privacy/notices/osd/>.

DISCLOSURE: Execution of this memorandum is voluntary. There are no consequences for failure to disclose the information collected in this memorandum.

ENCLOSURE 3

ENCLOSURE 4

REQUEST FOR MEDICAL EXAMINATION/EVALUATION

FOUO - THIS DOCUMENT CONTAINS INFORMATION PROTECTED BY THE PRIVACY ACT. DO NOT DISCLOSE TO UNAUTHORIZED PERSONNEL.

AUTHORIZED FOR LOCAL REPRODUCTION

<b>MEDICAL RECORD</b>	<b>CONSULTATION SHEET</b>		
<b>REQUEST</b>			
TO:	FROM: <i>(Requesting physician or activity)</i>	DATE OF REQUEST	
REASON FOR REQUEST <i>(Complaints and findings)</i> The employee named below has reported an incident that may have exposed him/her to bloodborne pathogens. In accordance with 29 CFR 1910.1030, a post exposure to bloodborne pathogens medical examination/evaluation is requested for this employee. A written copy of the examination/evaluation results is to be provided to the referring school/office and to the employee within 15 days of the evaluation per 29 CFR 1910.1030(f)(5).			
PROVISIONAL DIAGNOSIS Potential exposure to bloodborne pathogens.			
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE 72 HOURS <input checked="" type="checkbox"/> TODAY EMERGENCY

<b>CONSULTATION REPORT</b>			
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEMEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO	

In addition to the post exposure medical examination/evaluation, please address the following by circling the appropriate answer:  
 Was source of exposure confirmed? Yes No  
 Was the employee's blood collected for serological testing for HBV and HIV? Yes No

*(Continue on reverse side)*

SIGNATURE AND TITLE		DATE
HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT DoD Education Activity
RELATION TO SPONSOR	SPONSOR'S NAME <i>(Last, first, middle)</i>	SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
PATIENT'S IDENTIFICATION <small><i>(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)</i></small>	REGISTER NO.	WARD NO.

**CONSULTATION SHEET**  
Medical Record

**STANDARD FORM 513** (REV. 4-98)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

FOUO - THIS DOCUMENT CONTAINS INFORMATION PROTECTED BY THE PRIVACY ACT. DO NOT DISCLOSE TO UNAUTHORIZED PERSONNEL.

NOTE: Substitute the supervisor's signature for the doctor's signature in the request section.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immune deficiency syndrome
CPR	Cardiopulmonary resuscitation
ECA	Exposure control advisor
ECP	Exposure control plan
HBV	Hepatitis B virus
HIV	Human immunodeficiency virus
MTF	Medical Treatment Facility
OSHA	Occupational Safety and Health Administration
PPE	Personal protective equipment
SOH	Safety and Occupational Health

### PART II. DEFINITIONS

AIDS. AIDS results in the breakdown of the immune system so the body does not have the ability to fight off other diseases.

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

biological 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 a 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 wastes containing blood or other potentially infectious materials.

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, HBV and HIV.

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

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.

employee. An individual employed in a health care, industrial, or other facility or operation who may be exposed to bloodborne pathogens in the course of their assignments.

engineering controls. Controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needleless systems, etc.) that isolate or remove the bloodborne pathogens hazard from the workplace.

exposure incident. A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials that affects the performance of an employee's duties.

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

HBV. The disease can produce a mild to chronic infection, liver damage such as cirrhosis, liver cancer, or death due to liver failure.

HIV. The precursor to AIDS. AIDS results in the breakdown of the immune system so the body does not have the ability to fight off other diseases. Currently, no vaccination exists to prevent infection of HIV, and there is no known cure.

human body fluids. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any 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. Also other potentially infectious material could be any unfixed tissue or organ (other than intact skin) from a human (living or dead).

licensed health care professional. A person whose legally permitted scope of practice allows him or her to independently perform the activities required by HBV and post-exposure evaluation, and follow-up of the Bloodborne Pathogen Standard.

medical referral. A meeting that takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious material, as well as any further evaluation or treatment that is required.

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 an employee's duties.

OSHA. Occupational Safety and Health Administration of the United States Department of Labor, the Federal agency with safety and health regulatory and enforcement authority of most United States industries and businesses.

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

PPE. Personal protective equipment is specialized equipment or clothing worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, scrub suits, pants, shirts, and blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

sharps with engineered sharps injury protections. A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

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: hospitals and clinic patients, clients in institutions for 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.

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 infected.

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).