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DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

MEDDAC Regulation 40-1

30 January 2006

Medical Services
REPORTING OF REPORTABLE CONDITIONS

1. HISTORY. This document supersedes all previous documents.
2. PURPOSE. To prescribe procedures for identification, epidemiological investigation, and reporting of all mandated reportable conditions. This document supersedes MEDDAC Regulation 40-1, dated 28 November 2000.
3. APPLICABILITY. This policy applies to all health care beneficiaries (HCBs), both military and non-military, within the MEDDAC's health service region who have been identified with a condition that affects the readiness of the fighting force as well as the general health of the community.
4. REFERENCES.
 - a. AR 40-5, Preventive Medicine
 - b. AR 600-110, Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV)
 - c. AR 340-21, The Army Privacy Program System Notices and Exemption Rules
 - d. Mortality and Morbidity Weekly Report (MMWR), 10 May 2002 Vol. 51 No. RR-6 Sexually Transmitted Diseases Treatment Guidelines 2002, New York Sanitary Code (10NYCRR2)
 - e. U.S. Army Medical Command Memorandum, 17 June 1998, Tri-Service Reportable Events List
5. GENERAL.
 - a. Reportable conditions are diseases of major public health concern because of endemicity and/or potential for epidemic spread. These conditions are of command concern because of their occupational relationship and must be reported to Community Health Nursing (CHN), the official reporting agent for MEDDAC. The U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) and the New York State Department of Health (NYSDoH) are the agencies that specify the conditions and mandate reporting of these conditions.

b. Identification of patients with reportable condition (Appendix A) is required so that:

(1) epidemiological information for disease and or condition control may be obtained and exchanged with federal and state public health authorities.

(2) epidemiological investigations are conducted in order to identify and follow-up with contacts to ensure community and intra-family spread of certain communicable diseases is curtailed through the use of treatment, immunization and health education and to educate of the prevention of future diseases or conditions.

6. RESPONSIBILITIES.

a. The Commander will ensure the implementation of the disease reporting system.

b. The Chief, Preventive Medicine (PM), is responsible for:

(1) developing guidelines and monitoring the functioning of the condition reporting system.

(2) investigating reportable conditions reported by health care providers at MEDDAC.

(3) providing guidance to the Commander/Directors/Managers regarding condition reporting and investigating.

c. The Chief, Laboratory, will ensure all diagnostic laboratory test results for reportable conditions are provided in a timely manner to CHN.

d. All health care providers who are responsible for diagnosing and treating patients must report required reportable conditions and assist in the identification and prophylaxis/treatment of disease contacts in accordance with the procedures in this regulation.

e. The Chief, Community Health Nursing, will:

(1) ensure education, counseling, follow-up and contact investigations are conducted on all identified patients when relevant to reportable conditions.

(2) ensure CHNs and designated interviewers are adequately trained, prepared and knowledgeable about reportable conditions and follow-up.

f. The designated Community Health Nurse will:

(1) on a routine basis, survey the Composite Health Care System (CHCS) to identify all confirmed and potential infections.

(2) provide education, counseling, follow-up and contact investigation on all cases referred to PM.

(3) ensure that all information provided by the patient during the interview is documented on an SF 600 and secured as confidential medical information in accordance with AR 340-21.

(4) maintain statistics for monthly reports and report all infections to the appropriate agency for data collection.

7. PROCEDURES. The conditions and diseases that must be reported to CHN are listed in Appendix A. Appendix A further identifies, in bold type, conditions and diseases that need to be reported to CHN immediately.

a. The clinician must notify PM of all reportable diseases, conditions and outbreaks as soon as it is suspected that the disease/condition exists. It is beneficial for the health care provider to contact PM while the patient is present, unless this would significantly delay the notification, to obtain the required information and coordinate a time and place for further interview and education if necessary.

(1) For diseases requiring immediate notification, during duty hours, contact PM at 772-6984. After duty hours, contact the Medical Officer of the Day (MOD), who can contact the PM on-call staff member. For Walter Reed Army Medical Center assistance with disease outbreaks, call DSN 662-3964 or commercial (202) 782-3964 (during duty hours). For CHPPM assistance with disease outbreaks, call DSN 584-1053 or commercial (410) 436-1053 (during duty hours).

(2) The diagnosing and treating health care provider is responsible for reporting to PM and for providing the following information: the patient's name; sponsor's name and social security number; patient's sex; name of the reporting clinic; diagnosis; disease-specific pertinent clinical information when indicated, e.g., Lyme Disease or sexually transmitted diseases; status, e.g., active duty, dependent, civilian; home telephone number and the name of primary health care provider.

b. To report listed conditions and diseases from Appendix A to CHN, practitioners need to fill out the appropriate DA Form 3763, Community Health Nursing – Case Referral (Appendix B), and send it to PM, Clark Hall, or call CHN at 772-6404 with the information described on the DA Form 3763.

c. Management of data:

(1) The laboratory enters positive results in CHCS.

(2) The CHN gathers necessary data to accomplish reporting and follow-up care. This information is loaded into the Reportable Medical Events System. All reports to CHPPM are via this method, unless an outbreak or high priority disease is involved.

Categories will be created for those entities that CHPPM does not require but the civilian community requires to be reported.

(3) Jefferson County Public Health (JCPH): All demographic variables to be reported to the JCPH will be entered on the form DOH-389 (Appendix C) or phoned in the JCPH at 315-786-3720. Mail DOH-389 in small sealed envelope and placed inside a large sealed envelope to:

Jefferson County Public Health
ATTN: Dawn Remington
531 Meade St.
Watertown, NY 13601
(315) 786-3720

8. SAFETY CONSIDERATIONS. None.

APPENDIX A

REPORTABLE CONDITIONS

Report all listed conditions to Community Health Nursing Service
772-6404

****Bold italic diseases = Report immediately***

***Bold type diseases = Report within 24hrs**

Condition/Disease	NY State Department of Health	CHPPM/RMES
Amebiasis	X	X
Animal bites for which rabies prophylaxis is given	X	
<i>Anthrax</i>	X	X
Babesiosis	X	
Biological warfare agent exposure		X
<i>Botulism</i>	X	X
Brucellosis	X	X
Campylobacter/Campylobacteriosis	X	X
Carbon monoxide poisoning		X
Chancroid	X	
Chemical agent exposure		X
Chlamydia, Genital infections	X	X
<i>Cholera</i>	X	X
Coccidioidomycosis		X
Cold weather injury (all) a. CWI, frostbite b. CWI, hypothermia c. CWI, immersion type d. CWI, unspecified		X
Cryptosporidiosis	X	X
Cyclosporiasis	X	X
Dengue fever		X
<i>Diphtheria</i>	X	X
E. Coli 0157:H7	X	X
Ehrlichiosis	X	X
<i>Encephalitis</i>	X	X
Filariasis		X
<i>Foodborne Illness</i>	X	
Giardiasis	X	X
Gonorrhea	X	X
Haemophilus influenzae, type B (invasive disease)	X	X
Hantavirus Disease	X	X
Heat injuries a. Heat exhaustion b. Heat stroke		X
Hemolytic Uremic Syndrome (HUS)	X	
Hemorrhagic Fever		X
Condition/Disease	NY State Department of Health	CHPPM/RMES
Hepatitis A-acute	X	X

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Hepatitis A in a food handler	X	
Hepatitis B, Acute	X	X
Pregnant Hep B Carrier	X	
Hepatitis C-acute	X	X
HIV	X	
Hospital-associated infections	X	
Influenza		X
Lead poisoning		X
Legionellosis	X	X
Leishmaniasis (all)		X
a. Leish, cutaneous		
b. Leish, mucocutaneous		
c. Leish, visceral		
d. Leish, unspecified		
Leprosy		X
Leptospirosis		X
Listeriosis	X	X
Lyme disease	X	X
Lymphogranuloma Venereum	X	
Malaria (all)	X	X
a. Malaria, vivax		
b. Malaria, falciparum		
c. Malaria, malariae		
d. Malaria, ovale		
e. Malaria, unspecified		
Measles	X	X
Meningitis	X	
a. Aseptic or viral		
b. Haemophilus		
c. Meningococcal		
d. Other (specify type)		
Meningococcal disease		X
a. Meningitis		
b. Septicemia		
Meningococcemia	X	
Mumps	X	X
Pertussis	X	X
Plague	X	X
Pneumococcal pneumonia, active duty		X
Poliomyelitis	X	X
Psittacosis	X	
Q fever		X
Rabies, human	X	X
Relapsing fever		X
Rheumatic fever, acute		X
Rift Valley fever		X
Rocky Mountain Spotted Fever	X	X
	X	X
Salmonellosis	X	X
Condition/Disease	NY State Department of Health	CHPPM/RMES
Schistosomiasis		X
Shigellosis	X	X
Smallpox		X

Rubella (include congenital Rubella syndrome)	X	X
Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin)	X	
Streptococcal infection (invasive disease) a. Group A beta-hemolytic strep b. Group B Strep c. Streptococcus pneumoniae	X	X
Syphilis (all) a. Syphilis, prim/sec b. Syphilis, latent c. Syphilis, tertiary d. Syphilis, congenital	X Immediate notification only if any non-treponemal test >1:16 or any positive prenatal or delivery test	X
Tetanus	X	X
Toxic shock syndrome	X	X
Trichinosis	X	X
Trypanosomiasis		X
Tuberculosis, current disease (specify site)	X	X
Tularemia	X	X
Typhoid fever	X	X
Typhus fever		
Urethritis, non-gonococcal (NGU)		X
Vaccine adverse event		X
Varicella, active duty only		X
Vibriosis	X	
Warts, genital		CHN for education
Yellow fever	X	X
Yersiniosis	X	

APPENDIX B

(SEE PRIVACY ACT STATEMENT ON REVERSE)

COMMUNITY HEALTH NURSING – CASE REFERRAL

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General

TO: (Name and location)		FROM: (Name and location)	
1. NAME OF PATIENT (Last, First, Middle Initial)		2. ADDRESS OF PATIENT (Give specific directions)	
3. DATE OF BIRTH	4. HOME PHONE		
5. NAME OF SPONSOR (Last, First, Middle Initial)			
6. GRADE AND SSN	7. OFFICE PHONE		
8. ORGANIZATION			
9. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION I hereby authorize the release of the medical information relevant to this referral to the _____ _____ <div style="display: flex; justify-content: space-between;"> <i>Signature of Patient (or person authorized to consent for patient)</i> <i>Date</i> </div>			
10. REASON FOR REFERRAL; OTHER SIGNIFICANT DATA			
11. SIGNATURE OF INITIATOR			12. DATE
13. LOCATION OF RECORDS (Check applicable box(es)) MEDICAL RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION. FAMILY RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION. <i>This form in and of itself DOES NOT constitute a contract with the Army for payment of services to be rendered.</i>			

DA FORM 3763, SEP 79

REPLACES DA FORM 3763, 1 SEP 75 AND DA FORM 3763-R, 26 SEP 75, WHICH ARE OBSOLETE.

USAPP V1.00

14. REPORT OF FINDINGS AND RECOMMENDATIONS

(This area is intentionally left blank for the report of findings and recommendations.)

15. SIGNATURE OF INDIVIDUAL COMPLETING ITEM 14.

16. DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 US Code 301; 10 US Code 1071; 42 US Code; 44 US Code 3101.
2. PRINCIPAL PURPOSE(S): Provides a means for medical and allied medical personnel to refer individuals and families for Army community health nursing services.
3. ROUTINE USES:
 - a. To refer patients or family units to other military and civilian health and welfare agencies or to Army community health nurses at other military installations.
 - b. A case referral which contains medical information requires written consent of the patient or legal representative prior to release to a civilian agency.
 - c. A doctor's signature is required when medication and/or treatments are ordered.
 - d. To provide continuity of care, minimize duplication of effort and furnish accurate information to other health care providers.
 - e. When case is completed or inactive, one copy of record is returned to the initiator (item 2, above) and duplicate copies of record are destroyed when no longer needed.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary however failure to provide information may prevent continuity of care, cause duplication of effort and prevent accuracy of information to other health care providers.

APPENDIX C

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF COMMUNICABLE DISEASE CONTROL

County of Residence _____

CONFIDENTIAL CASE REPORT

Serial # _____

Date Form Received _____
Supplemental Form Received _____

Patinet's name _____
Last First

Telephone () _____ - _____

Address: (Number & Street) _____
City, Town, or Village _____ Date of Birth _____ Age _____

City Town Village Hamlet

Zip Code _____

Census Tract _____ District _____

Occupation/ Setting: 1 <input type="checkbox"/> Food Service 2 <input type="checkbox"/> Day Care 3 <input type="checkbox"/> Health Care 4 <input type="checkbox"/> Student/School 5 <input type="checkbox"/> Inmate 6 <input type="checkbox"/> Other Occ: _____ 7 <input type="checkbox"/> Unknown	Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian/Alaskan 4 <input type="checkbox"/> Asian/Pacific Islander 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> Unknown	Ethnicity 1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> Non-Hispanic 9 <input type="checkbox"/> Unknown	Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Unknown	Pregnant 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown
	Hospitalized? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N _____ / _____ / _____ Admission Date _____		Name of Hospital _____ PFI Code _____ Chart # _____	Disease Code _____

Disease _____ Disease Code _____

Date of first symptom ____ / ____ / ____ Date of Diagnosis ____ / ____ / ____ Site of Infection _____

Comments (Agent, laboratory data, treatment, etc) _____

Where was disease acquired if not in above municipality _____

Reporting Individual _____ Telephone (____) _____ - _____

Address _____

Date of Report ____ / ____ / ____ Check if you need more cards

For Local Health Unit Use	
Outbreak Related 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	Case Status 1 <input type="checkbox"/> Confirmed 2 <input type="checkbox"/> Probable 3 <input type="checkbox"/> Suspected 9 <input type="checkbox"/> Unknown
Local Health Unit Signature _____ Date Report Received ____ / ____ / ____	

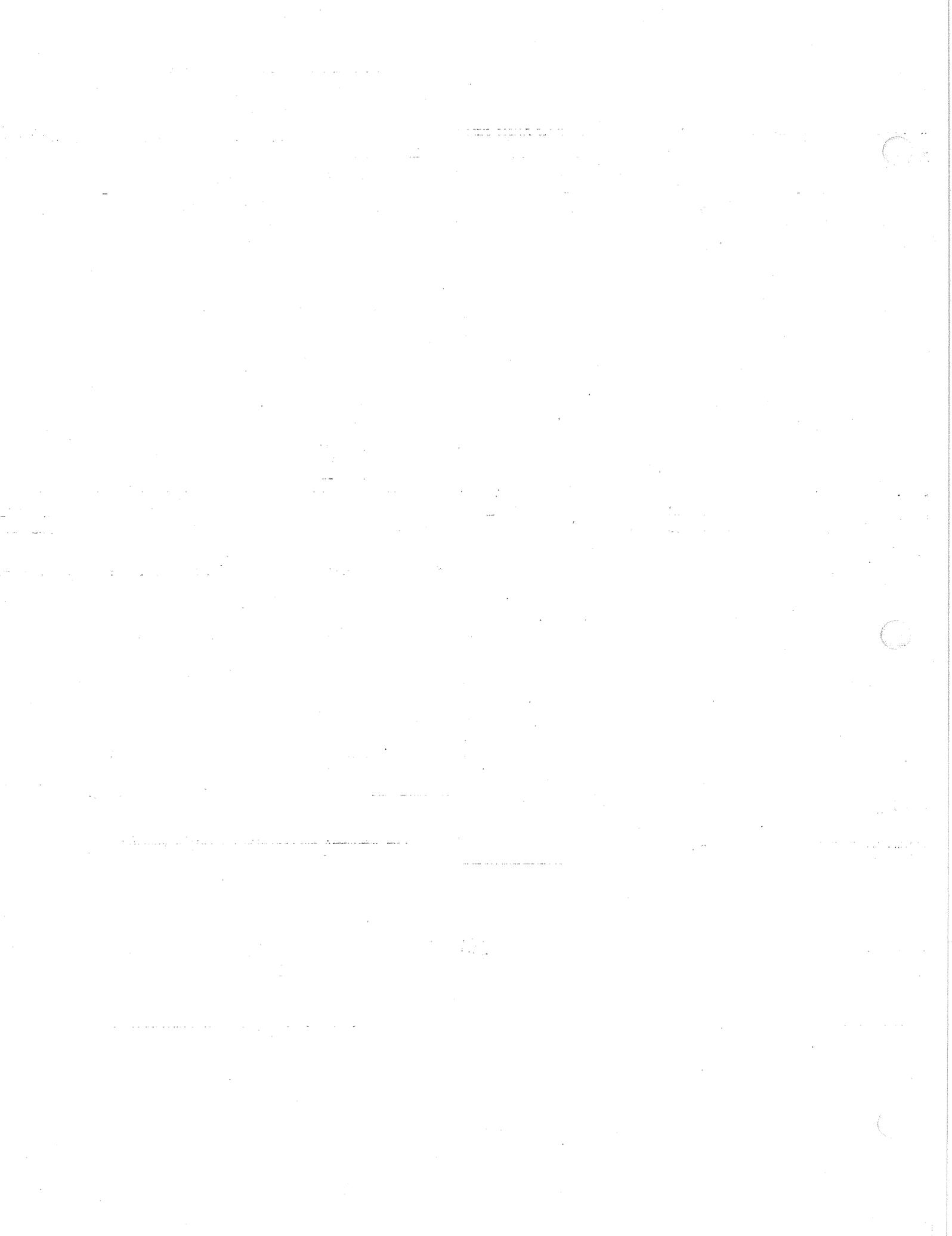
The proponent for this agency is Preventive Medicine Service, the Infection Control Committee, and the MEDDAC Infection Control Officer. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Activity, ATTN: MCID-PM, 11050 Mt Belvedere Blvd, Fort Drum, New York 13602-5004.

FOR THE COMMANDER:

MICHAEL L. KIEFER
LTC, MS
Deputy Commander for Administration

DISTRIBUTION:

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DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL ACTIVITY
FORT DRUM, NEW YORK 13602-5004

FD MEDDAC Regulation 40-4

20 May 1999

Medical Services
MEDDAC AND DENTAC EMPLOYEE HEALTH PROGRAM

1. HISTORY. This regulation supersedes FD MEDDAC Reg 40-4, dated 15 April 1988.
2. PURPOSE. To establish procedures and responsibilities for the implementation of an employee health program for health care personnel at Fort Drum, New York.
3. REFERENCES.
 - a. AR 40-4, Army Medical Department Facilities/Activities
 - b. AR 40-5, Preventive Medicine
 - c. FD MEDDAC Reg 40-17, Infection Control in Health Care Facilities
 - d. FD MEDDAC Reg 40-25, Bloodborne Pathogen Exposure Control Program
 - e. FD MEDDAC Reg 40-30, Tuberculosis and Airborne Pathogen Exposure Control Program
4. SCOPE. The provisions of this regulation apply to all personnel assigned, attached, or otherwise employed by the U.S. Army MEDDAC, U.S. Army DENTAC, and Troop Medical Clinics (TMCs), Fort Drum, New York.
5. GENERAL. The protection of health care providers is of prime importance due to their high potential for exposure to infectious diseases, hazardous substances and dangerous equipment, and the potential for subsequently affecting patients, other health care personnel, members of their families and community contacts. The goal of the MEDDAC/DENTAC Employee Health Program is to foster the health, safety, productivity and wellness of MEDDAC/DENTAC workers, their families and the community, and protection of the environment. This mission is accomplished by the following activities:
 - a. Identification, evaluation, prevention, and management of occupational, environmental, and personal health risks.
 - b. Promotion of the maximum recovery and re-integration of the individual into a fully productive life by the management and treatment of illness and injury.

c. Assurance of quality care, conservation of resources and reduction of unnecessary costs by efficient management of health care.

d. Creation of healthy work cultures and promotion of healthy life-styles.

e. Expansion and application of the knowledge of toxicology, communicable diseases, epidemiology, ergonomics, biostatistics, and related disciplines of occupational and environmental medicine.

f. Promotion of continuous quality improvement by use of outcome assessments, practice guidelines, integrated health data systems, and other methods.

g. Provision of expert counsel to employees, families, labor organizations, and the community.

h. Development and implementation of a pattern of environmental responsibility.

6. RESPONSIBILITIES.

a. Director of Health Services, Fort Drum, NY, will assure implementation of an employee health program for health care personnel at Fort Drum.

b. Chief, Preventive Medicine Service will:

(1) Have overall responsibility for the MEDDAC/DENTAC Employee Health Program.

(2) Supervise the operation of Occupational Health Service.

(3) Provide reports of nosocomial infections and other workplace related infectious exposures to the MEDDAC Infection Control Committee, including any investigative findings.

c. Chief, Occupational Health (OH) will:

(1) Implement the Employee Health Program.

(2) Perform Placement Health Evaluations upon initial appointment or reassignment to a new duty position to ensure that personnel are physically and psychologically suited to perform their job duties with safety for themselves and others.

(3) Conduct annual Standard Army Safety and Occupational Health Inspections (SASOHI), Occupational Health Medical Work Site Visits (OH-MWSV), and evaluate industrial hygiene surveys on all work sites throughout the MEDDAC/DENTAC, and subsequently recognize, evaluate, and prescribe corrective procedures for the control of occupational health hazards.

(4) Investigate special problems and employee complaints related to suspected occupational hazards and coordinate with management and others concerned to alleviate the problem.

(5) Notify supervisors and employees of scheduled job-related medical surveillance examinations.

(6) Notify the supervisor and Chief, Human Resources, for MEDDAC military and civilian personnel, or XO/ISG, DENTAC, for DENTAC military and civilian personnel, when a health evaluation indicates that an employee does not meet the medical fitness requirements or that an employee's continued performance in a specific job will be hazardous to his/her health or the health of others.

(7) Coordinate with military and civilian medical personnel, Civilian Personnel Advisory Center (CPAC), Command Safety Office, and command and supervisory personnel concerning the treatment of and administrative procedures related to occupational illnesses, injuries, and infectious disease exposures that may affect job performance.

(8) Collect and analyze data on occupational illnesses and injuries and perform epidemiological investigations to identify patterns and recommend preventive measures when applicable.

(9) Interview each pregnant employee to determine if hazardous conditions exist in the work environment and provide appropriate recommendations to the supervisor and the Chief, Human Resources, for MEDDAC personnel or XO/ISG, DENTAC, for DENTAC personnel.

(10) Evaluate and monitor the health of employees returning to work following an injury or illness as defined in this regulation.

(11) Provide individual and group education and counseling to supervisors and employees concerning job-related health hazards.

(12) Provide medical evaluation of military and civilian personnel who have a possible infectious disease or infectious disease exposure.

(13) Provide follow-up and continuation of treatment or prophylaxis for military and civilian personnel who are injured or become ill on the job.

(a) Provide comprehensive treatment of occupational illnesses and injuries for military personnel.

(b) Civilian employees who are authorized military medical care will be evaluated and provided comprehensive treatment as resources allow.

(c) Civilian employees who are not authorized military medical care will be referred to civilian health care resources, paid for under the Office of Worker's Compensation Program, if needed treatment will require more than initial plus one follow-up visit.

(14) Determine final work restrictions for the injury, illness, or exposure.

(15) Evaluate military and civilian personnel working in patient care areas to determine suitability to return to duty after an illness.

(16) Investigate cases of work-related, communicable disease exposure in coordination with the Infection Control (IC) Officer and ensure prophylaxis or treatment as appropriate to employees and other contacts.

(17) Provide reports of infectious disease occurrence and investigations to the IC Committee.

d. MEDDAC and DENTAC Safety Managers will:

(1) Conduct annual SASOHIs.

(2) Evaluate and prescribe corrective procedures for the control of occupational safety hazards.

(3) Establish an occupational injury and illness reporting system and provide technical assistance in occupational injury and illness investigation and reporting.

e. Chief, Human Resources, will:

(1) Provide OH monthly with a current list of the in-processing, transfer, or out-processing MEDDAC military and civilian personnel.

(2) Ensure that all new MEDDAC personnel in-process through OH.

(3) Take appropriate administrative actions for personnel found to have temporary or permanent medical conditions affecting job performance.

(4) Provide OH monthly with a current list of personnel other than MEDDAC employees working in the TMCs.

f. Commander, DENTAC, will:

(1) Provide OH monthly with a current list of the in-processing, transfer, or out-processing DENTAC military and civilian personnel.

(2) Ensure that all new DENTAC personnel in-process through OH.

(3) Take appropriate administrative actions for personnel found to have temporary or permanent medical conditions affecting job performance.

g. Employees will:

(1) Report to their supervisor the occurrence of all injuries and illnesses that result from or may affect the performance of their duties. These injuries and illnesses must be reported at the earliest possible time, whether or not they have resolved. Health care workers must report to OH during duty hours or the Immediate Care Clinic (ICC) after duty hours for clearance to return to duty after any illness absence.

(2) Use personal protective measures to prevent or mitigate job-related health hazard exposures.

(3) Notify supervisor of any suspected health hazardous condition.

(4) Report for all scheduled health evaluations and immunizations upon notification.

(5) As applicable inform OH and supervisor of pregnancy as soon as possible.

(6) Comply with the reporting requirements as outlined in the regulation when returning to duty after sick leave.

h. Supervisors will:

(1) Keep their employees informed about occupational health hazards in activities under their control.

(2) Notify OH of suspected health hazards in their work areas.

(3) Enforce the use of personal protective measures by employees.

(4) Ensure that employees report to OH for required health evaluations and immunizations.

(5) Refer all pregnant employees under their supervision to OH as soon as the pregnancy is known for an evaluation and recommendation concerning their employees' work environment.

(6) Provide all personnel under their supervision with the training necessary to perform their jobs in a safe and healthy manner. This training and annual re-training will include informing them of the hazards to which they may be exposed, symptoms following exposure, and measures to prevent or mitigate the hazardous effects of the exposure.

(7) Ensure that all new personnel in-process through OH.

(8) Evaluate their personnel daily for work-related injury or illness.

(9) Refer all personnel with a work-related injury or illness to ICC for initial diagnostic evaluation, treatment and determination of work restriction. The ICC will subsequently refer these personnel to OH for follow-up treatment and final determination of work restriction.

(10) Regardless of duration of absence refer personnel who work in patient care areas prior to return to duty after an illness to OH or ICC for work clearance.

(11) Assist civilian personnel with the completion of forms necessary to file a Workers' Compensation claim as appropriate.

(12) Notify OH of all employees who were placed on work restrictions or exclusion from work by any source of medical care other than OH (i.e., personal physician, hospital, clinic, ICC).

(13) Notify OH of all other employees not involved in paragraph (5), (10) or (12) above who were off work due to an injury or illness in excess of 4 days.

i. Chief, ICC, will:

(1) Provide initial medical evaluation of military and civilian personnel who are injured or become ill on the job.

(2) Provide initial medical evaluation of military and civilian personnel who have a possible infectious disease or infectious disease exposure.

(3) Provide initial treatment or prophylaxis as appropriate.

(4) In the absence of an available OH medical officer, determine initial work restrictions for injury, illness, infectious disease, or infectious disease exposures.

(5) In the absence of an available OH medical officer evaluate military and civilian personnel working in patient care areas to determine suitability to return to duty after an illness.

j. Chief, Logistics Division, and Chief, Clinical Operations, will: Ensure that contractual personnel comply with contract provisions and that the contract contains appropriate specifications for personnel health qualifications and sanitation.

k. Infection Control Officer will:

(1) Provide technical assistance to all sections in prevention and control of infection in patients and personnel.

(2) Monitor infectious disease occurrences among patients and personnel and perform epidemiological investigations of infectious disease outbreaks in coordination with the Preventive Medicine Service.

1. MEDDAC IC Committee will recommend or approve guidelines for protection of employees against communicable disease hazards and monitor infection control practices and procedures among patients and personnel.

7. PROGRAM IMPLEMENTATION.

a. SASOHI Program. Appendix A outlines the procedure for inspections.

b. Placement evaluations and medical surveillance. Appendix B outlines the procedure for health evaluations and screening of employees.

c. Managing injuries, illnesses, and exposures. Appendix C outlines the procedure for evaluating and treating employees hurt or exposed to diseases on the job.

d. Infection Control. Appendix D reviews the role of the Employee Health Program in preventing nosocomial and job-related infectious diseases.

e. Immunization and immunity testing policy. Table 1 lists the appropriate recommendations for immunity-related interventions in employees.

f. Work restrictions. Table 2 lists the appropriate restrictions for clinical, subclinical, and potentially incubating communicable infections among employees.

APPENDIX A

MEDDAC STANDARD ARMY SAFETY AND
OCCUPATIONAL HEALTH INSPECTIONS (SASOHI) PROGRAM.

1. PURPOSE. This program is responsible for identifying all potential occupational health and safety hazards in the workplace and providing guidance for the protection against and abatement of identified hazards.

2. INDUSTRIAL HYGIENE AND SAFETY INSPECTIONS. Annual inspections of all work sites will be conducted by industrial hygiene personnel from the Preventive Medicine Service in coordination with the MEDDAC Safety Manager, who is responsible for performing an annual safety inspection. Occupational health hazards and safety deficiencies identified during these surveys will be evaluated and recommendations for their control will be recorded on DA Form 4754, Violation Inventory Log, which will be incorporated into the SASOHI report. This report will be forwarded to the appropriate activity for corrective action.

3. OCCUPATIONAL HEALTH MEDICAL WORK SITE VISITS (OH-MWSV).

a. OH personnel will conduct annual surveys of all work sites.

b. The purpose of the survey is to:

(1) Familiarize OH medical staff with the workplace:

(2) Evaluate the work environment and assist the supervisor in the detection and appraisal of potential health hazards to derive the maintenance of a safe and healthful work environment.

(3) Discuss health concerns relating to the work environment with the supervisor and workers.

(4) Verify occupational medicine examination programs (if applicable) are necessary and are being complied with by managers.

(5) Identify health hazards that may warrant new program implementation by medical authorities.

(6) Review updated personnel rosters.

APPENDIX B

PLACEMENT HEALTH EVALUATIONS AND
JOB RELATED MEDICAL SURVEILLANCE

1. PURPOSE. The purpose of placement evaluations, which are performed upon initial appointment or reassignment to a new duty position, is to ensure that personnel are physically and psychologically suited to perform their job duties with safety to themselves and others. The purpose of periodic job related health evaluations is to detect early evidence of any adverse effect of the occupational environment upon the worker's health and to assess the worker's physical capabilities in order to ensure continued safe and healthful job performance. The nature and extent of placement evaluations, as well as the necessity, scope, and frequency of periodic evaluations will be determined by OH based on the following.

a. The chemical, biological, and physical hazards of the job.

b. Medical Surveillance Guidelines from the Center for Health Promotion and Preventive Medicine (CHPPM), Department of Defense (DoD), Occupational Safety and Health Administration (OSHA), and National Institute of Occupational Safety and Health (NIOSH).

c. Office of Personnel Management (OPM) regulations.

2. IMMUNIZATIONS AND TB SCREENING. Immunizations against diseases for which certain health care personnel are at increased risk of exposure are listed in Table 1. These will be ordered through OH. Specific immunizations that are job-related requirements are noted. Guidelines for TB testing and control are contained in FD MEDDAC Reg 40-30.

3. PLACEMENT HEALTH EVALUATIONS. Civilian applicants requiring preplacement evaluations will report to OH, who will perform or arrange for the performance of all necessary examinations and will inform CPAC of the results. Applicants for positions not requiring preplacement evaluations will in-process through OH for a baseline health evaluation. Military health care personnel will in-process with their health record through OH, who will coordinate necessary baseline screening and immunizations updates. For all other personnel, prior to the start of duties or assignments, referral will be made to OH for ensuring completion of the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30. As applicable, referrals will be made by:

a. the Contracting Officer's Representative (COR) for personal service health care providers and housekeeping contract personnel.

b. the MEDDAC or DENTAC departments to which students are assigned.

c. the Red Cross Volunteer Coordinator.

4. **MEDICAL SURVEILLANCE.** For military and civilian personnel, OH will identify the positions requiring job-related medical surveillance and will schedule, notify, and perform the necessary evaluations. Notification of the time and location will be provided to personnel and their supervisors. Personnel working in the TMCs will be notified through the Chief, Primary Care. Supervisors will ensure that personnel are released for their medical surveillance evaluations and will provide a site for the evaluations upon request. Occupational Health will provide supervisors with a monthly list of employees who failed to receive their medical surveillance. When the results of an evaluation indicate that a civilian employee does not meet medical fitness requirements or that continued performance in a specific job will be hazardous (to the health of the employee or others), OH will promptly forward written recommendations concerning the employee to CPAC for appropriate action and will notify the employee's supervisor. Every two years, or as indicated by job type, the COR and the Red Cross Volunteer Coordinator will refer personnel to OH for ensuring that they have completed the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30.

5. **PREGNANCY SURVEILLANCE PROGRAM.**

a. **PURPOSE.** To preserve the health of the pregnant employee and her fetus by preventing unnecessary or excessive exposure to hazardous elements in the work environment. Referrals of pregnant employees to the Pregnancy Surveillance Program can be made by calling OH. The Industrial Hygiene (IH) section of Preventive Medicine Service and OH will perform an assessment of the work environment.

b. **CIVILIAN EMPLOYEES.** Civilian employees will make an appointment with OH. After analysis of the employee's work environment and job requirements, OH will forward written recommendations for work modifications, temporary reassignment or administrative leave to the CPAC and the employee's supervisor. The employee should report to OH concerning any complications of pregnancy and notify OH prior to initiating maternity leave. Before returning to work, the employee should bring a certificate from her physician indicating date of delivery and medical clearance to return to assigned duties.

c. **MILITARY PERSONNEL:** Occupational Health will interview military personnel. They will provide appropriate amendments to the temporary pregnancy profile given by the military physician. Coordination with the primary physician will be accomplished prior to any amendments to profiles.

APPENDIX C

MANAGEMENT OF JOB-RELATED ILLNESSES, INJURIES, AND EXPOSURES

1. PURPOSE. The purpose of this program is to protect the health of health care personnel and their patients through the prompt diagnosis and treatment of all job-related illnesses and injuries, prophylaxis for certain preventable disease exposures, and the appropriate work restrictions when required.

2. OCCUPATIONAL AND NON-OCCUPATIONAL ILLNESS AND INJURY TREATMENT.

a. CIVILIAN EMPLOYEES.

(1) All injuries or illnesses sustained in performance of official duties will be reported promptly to the employee's immediate supervisor. For employees with medical conditions requiring emergency medical attention, contact 911 for transfer to a local hospital as soon as medically feasible. All employees with illnesses or injuries affecting their job performance but not requiring immediate emergency care must report to the ICC. All DA civilian employees upon reporting to the ICC must identify themselves as a DA civilian employee with an on the job injury or illness, even if that employee holds a dual status (i.e., DA civilian and active duty Army retiree, DA civilian and active duty Army family member, etc.). The supervisor will accompany the employee to the ICC. Once the employee reports the illness or injury to the ICC and has obtained an initial medical assessment, the employee may choose to continue treatment at the ICC, OH, or by a physician of his or her choice. In the event of a job-related injury or illness, the ICC will ensure that the Civilian Employee Injury/Illness Reporting Packet is provided to the employee for completion at the time of treatment. Employees are responsible for providing the forms to the physician, ensuring their completion and returning them to the Federal Employee Compensation Act (FECA) Administrator (772-5352). If an emergency precludes compliance and the employee proceeds without the Civilian Employee Injury/Illness Reporting Packet, the supervisor will immediately notify the FECA Administrator of this fact and the FECA Administrator and supervisor will initiate the required forms together. In the event of a job-related injury or illness, the ICC will ensure initiation of a SF 513, Medical Consultation. This form will be forwarded to OH for verification of physical limitations and determination of duty status for return to work (i.e., full duty or modified duty).

(2) If a civilian employee sustains a job-related injury and he or she will have civilian medical expenses or will receive time off (past date of injury) they must be referred to the FECA Administrator (772-5352) for case management.

(3) Management of Parenteral and Mucous Membrane Potential Disease Exposure. Any civilian employee sustaining a parenteral (e.g., needlestick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids which is the direct result of

employment should be evaluated and given the appropriate prophylaxis and follow-up as described in FD MEDDAC Reg 40-25.

(4) Non-occupational Illness or Injury Treatment. All non-occupational illnesses or injuries affecting job performance will be reported promptly to the employee's immediate supervisor. For employees with medical conditions requiring emergency medical attention, contact 911 for transfer to a local hospital as soon as medically feasible.

(5) Palliative treatment. Employees with non-occupational illnesses or injuries affecting their job performance but not requiring immediate emergency care may be referred to ICC or OH by their supervisor for palliative care sufficient to enable them to complete the work shift. If further medical care is necessary, employees will be referred to their personal physician. Employees must present a DD Form 689 (Individual Sick Slip) filled out by their supervisor when seeking medical care.

b. MILITARY PERSONNEL.

(1) Illness or Injury Treatment. Military personnel will receive diagnosis and treatment of all illnesses or injuries through their authorized primary medical clinic during normal duty hours and the ICC after normal duty hours, and on weekends and holidays. Illness and injuries that are job-related will be reported to Preventive Medicine Service utilizing DA Form 3075, IAW AR 40-5.

(2) Management of Parenteral and Mucous Membrane Potential Disease Exposure. All military personnel sustaining a parenteral (e.g., needlestick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids which is the direct result of employment should be evaluated and given the appropriate prophylaxis and follow-up as described in FD MEDDAC Reg 40-25.

c. COMMUNICABLE DISEASE EXPOSURE.

(1) Supervisors will evaluate their employees daily for possible communicable disease exposures. The guidelines in Table 2 should be used to identify appropriate work restrictions for diagnosed cases of communicable disease exposure. Supervisors will refer all personnel with a possible exposure to ICC for initial diagnostic evaluation and treatment and determination of work restriction IAW Table 2. The ICC will subsequently refer these personnel to OH for follow-up and final determination of work restriction. During duty hours, the ICC will coordinate the medical evaluation with OH. Civilian employees will be referred to their personal physician for subsequent treatment or to OH. Civilian employees who temporarily must be removed from duty for the good of the clinic during the incubation period of certain diseases listed in Table 2 will be required to take sick or annual leave. Under similar circumstances, military personnel will be placed on convalescent leave.

(2) All patient care personnel returning to duty after an illness, regardless of duration of absence, must have a medical clearance prior to resuming their duties. Supervisors will refer these personnel using a DD 689, Individual Sick Slip, to OH during duty hours or the ICC after duty hours for clearance. The ICC or OH will provide the employee with a DD 689 annotating "Cleared for Duty" to be given to the supervisor. Employees with a work release from a private physician will be allowed to resume work but will be referred to OH with work release statement during normal duty hours.

(3) Occupational Health must maintain surveillance of employee illness absences in order to identify the occurrence of disease outbreaks. Consequently, supervisors of non-patient care personnel must notify OH of all employees who are off work due to illness in excess of 4 days.

(4) Occupational Health will investigate all cases of work-related infectious disease or communicable disease exposure in coordination with the IC Officer and will ensure appropriate prophylaxis and treatment as appropriate for employees and their contacts. OH will provide reports of infectious disease occurrences among the staff and investigation outcomes to the IC Committee.

3. SICKNESS ABSENCE MONITORING PROGRAM.

a. PURPOSE. Monitoring of employees returning after illness or injury is done to assure that they are able to return to work, to identify any physical limitations for work, to identify any communicable disease, to identify any chronic disease or other health problems, and to provide health counseling.

b. ALL EMPLOYEES. Supervisors will evaluate all employees returning to work after sickness absence to ensure that they are able to return to work and that no communicable disease condition exists. All direct care personnel must clear through OH prior to return to duty. In addition, all employees returning to work after absences due to occupational illness or injuries and/or who have been absent in excess of 4 days due to illness will contact OH prior to commencing work. Supervisor should schedule appointments with OH and employees should provide medical documents for approval of return to work.

APPENDIX D

INFECTION CONTROL AND HEALTH EDUCATION PROGRAMS

1. OBJECTIVES OF AN EMPLOYEE HEALTH PROGRAM FOR INFECTION CONTROL.

a. The infection control objectives of an employee health program are part of the MEDDAC'S general program for infection control.

b. For these objectives to be met, the support of the administration, medical staff, and other employees is essential. The objectives include:

(1) Stressing maintenance of sound habits in personal hygiene and individual responsibility in infection control.

(2) Monitoring and investigating infectious diseases, potentially harmful infectious exposures, and outbreaks of infection among personnel.

(3) Providing care to personnel for work-related illnesses or exposures.

(4) Identifying infection risks related to employment and instituting appropriate preventive measures.

(5) Containing costs by eliminating unnecessary procedures and by preventing infectious diseases that result in absenteeism and disability.

2. ELEMENTS OF AN EMPLOYEE HEALTH PROGRAM FOR INFECTION CONTROL.

a. Certain elements of a health program for MEDDAC personnel will assist in effectively attaining infection control goals.

b. These elements are as follows:

(1) Infection control and employee health education.

(2) Immunization programs.

(3) Guidelines for work restriction because of infectious disease.

(4) Protocols for surveillance and management of job-related illnesses and exposures to infectious diseases.

3. EMPLOYEE HEALTH AND INFECTION CONTROL EDUCATION.

a. Personnel are more likely to comply with an infection control program if they understand its rationale. Thus, staff education is the central focus of the infection control program. Clearly written policies, guidelines, procedures and Standard Operating Procedures are needed for uniformity, efficiency, and effective coordination of activities. Since job categories vary, not all personnel require the same degree of instruction in infection control. Education programs are matched to the needs of each group.

b. Education for infection control is required IAW AR 40-5 and 29 CFR 1910.1030, the OSHA Bloodborne Pathogen Standard.

c. Education for infection control is the responsibility of each section. The section IC Coordinator is responsible for coordinating infection control orientation of new personnel and annual training. Procedures for infection control education of in-processing personnel and annual education of all personnel is described in FD MEDDAC Reg 40-17.

d. Occupational Health provides health counseling on an individual basis during placement and periodic medical evaluation. Health education classes are available upon request from OH.

4. IMMUNIZATION PROGRAMS.

a. Since health care providers and other MEDDAC and DENTAC personnel are at risk of exposure to and possible transmission of vaccine-preventable diseases due to their contact with patients or material from patients with infections, maintenance of immunity is an essential part of a health care organization's employee health and infection control program. Immunization guidelines, including required immunization for personnel employed, assigned, attached or otherwise working at USA MEDDAC or DENTAC, Fort Drum, are contained in Table 1.

b. Immunization status of all personnel, including civilian employees, military personnel, students, and Red Cross Volunteers will be determined at the time of in-processing through OH. Immunization requirements for contract personnel will be included in their contract and will be monitored by the COR (e.g., Logistics Division for housekeeping contractors). Occupational Health will determine immunity through review of the employee's medical record and immunization record and by obtaining titers for measles, rubella, mumps, hepatitis B, and Varicella when appropriate.

c. OH or the Immunization Clinic, based on the request of OH, will provide immunizations for all eligible personnel.

5. TUBERCULOSIS AND OTHER AIRBORNE PATHOGENS. Policies pertaining to airborne pathogens are contained in FD MEDDAC Reg 40-30.

6. BLOODBORNE PATHOGENS. Policies pertaining to bloodborne pathogens are contained in FD MEDDAC Reg 40-25.

7. HEALTH EDUCATION PROGRAM.

a. PURPOSE. The purpose of this program is to provide individual and group health education aimed at preventing occupational illness and injury, promoting general health, and familiarizing personnel with available health care resources. The primary responsibility for providing education about job-related health hazards rests with supervisors aided by OH, Safety, IH and IC staff.

b. ORIENTATION OF NEW PERSONNEL. Occupational Health will provide information to newly assigned personnel about the MEDDAC/DENTAC Employee Health Program individually when the employee in-processes through OH and during the MEDDAC Orientation.

c. ORIENTATION AND TRAINING FOR SUPERVISORS. Occupational Health, Safety, IH and IC staff will provide specific training sessions on job-related health hazards and their abatement upon request.

d. HEALTH EDUCATION ABOUT JOB-RELATED HEALTH HAZARDS. Personnel performing potentially hazardous jobs are to be apprised of the health hazards to which they may be exposed, symptoms following exposure, and measures to prevent or mitigate the hazardous effects of the exposure. Supervisors are responsible for providing employees with this training. This can be done through in-service education sessions and by providing written information in the form of pamphlets, bulletin board notices, fact sheets, etc. Technical guidance and educational materials on employee health hazard education to assist supervisors are available from OH, Safety, IH, and the IC Officer. Individual counseling for employees is provided by OH during the job-related medical surveillance examinations and is available upon request from OH, Safety, IH and the IC Officer.

e. GENERAL HEALTH PROMOTION EDUCATION. The provision of information, guidance, and counseling support to assist workers improve and maintain their health is an important aspect of any occupational health program. Occupational Health will give appropriate individual guidance during every medical encounter with the employee. Group sessions concerning specific health topics of interest will be provided, as resources permit, upon request.

TABLE 1
IMMUNIZATION POLICY

DISEASE/AGENT	MILITARY REQUIREMENTS/RECOMMENDATIONS	CIVILIAN REQUIREMENTS/RECOMMENDATIONS
Hepatitis B	<p>Required for all non-immune military personnel. Screening for a protective hepatitis B titer will be performed as appropriate to determine immunity.</p> <p>Pregnancy is not considered a contraindication to the use of the vaccine for persons who are otherwise eligible.</p>	<p>Required to be offered to all non-immune civilian personnel in occupations that involve frequent contact with human blood, blood products or other body fluids. Screening for a protective hepatitis B titer will be performed as appropriate to determine immunity. Civilian personnel who decline to accept hepatitis B immunization must sign a declination statement. The employee may elect at any later time to receive the immunization.</p> <p>Pregnancy is not considered a contraindication to the use of the vaccine for persons who are otherwise eligible.</p>
Influenza	<p>Required for all military personnel annually unless documented allergic to eggs.</p>	<p>Strongly recommended for all civilian personnel, especially direct health care providers, annually.</p>
Measles (Rubeola)	<p>Required for all military personnel born in 1957 or later who have direct patient contact and who:</p> <ol style="list-style-type: none"> 1. Do not have documentation of one of the following: <ol style="list-style-type: none"> a. Physician diagnosed measles. b. Laboratory evidence of measles immunity. c. Adequate immunizations with 2 doses of live measles vaccine after the first birthday. 2. State they are not pregnant (females). <p>Screening for a protective measles titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, measles vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Personnel who have no documentation of vaccination or other evidence of measles immunity will be vaccinated at the time of employment and re-vaccinated or re-tested no less than 1 month later.</p> <p>Measles vaccine will be given in combination with rubella and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and mumps.</p>	<p>Strongly recommended for all civilian personnel, especially direct health care providers, annually.</p> <p>Required for all civilian employees, house-keeping, contract personnel, students, and volunteers born in 1957 or later who have direct patient contact and:</p> <ol style="list-style-type: none"> 1. Do not have documentation of one of the following: <ol style="list-style-type: none"> a. Physician diagnosed measles. b. Laboratory evidence of measles immunity. c. Adequate immunizations with 2 doses of live measles vaccine after the first birthday. 2. State they are not pregnant (females). <p>Screening for a protective measles titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, measles vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Personnel who have no documentation of vaccination or other evidence of measles immunity will be vaccinated at the time of employment and re-vaccinated or re-tested no less than 1 month later.</p> <p>Measles vaccine will be given in combination with rubella and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and mumps.</p>
Mumps	<p>Required for all military personnel who:</p> <ol style="list-style-type: none"> 1. Give a negative history for mumps and have not been immunized. 2. Do not have laboratory evidence of immunity against mumps. 3. Are not pregnant. <p>Screening for a protective mumps titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, mumps vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Mumps vaccine will be given in combination with rubella and measles vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and measles.</p>	<p>Required for all civilian personnel who have direct patient contact and:</p> <ol style="list-style-type: none"> 1. Give a negative history for mumps and have not been immunized. 2. Do not have laboratory evidence of immunity against mumps. 3. Are not pregnant. <p>Screening for a protective mumps titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, mumps vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Mumps vaccine will be given in combination with rubella and measles vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and measles.</p>

TABLE 1 (Continued)
IMMUNIZATION POLICY

DISEASE/AGENT	MILITARY REQUIREMENTS/RECOMMENDATIONS	CIVILIAN REQUIREMENTS/RECOMMENDATIONS
Poliomyelitis	Required for all military personnel to have completed a primary series.	Recommended for civilian personnel who may have direct contact with patients who may be excreting polioviruses to have completed a primary series. The inactivated polio (IPV) vaccine is recommended for personnel requiring polio immunization.
Rabies	Required for military veterinary personnel involved in animal handling to receive initial pre-exposure prophylaxis and a rabies antibody titer evaluation every 2 years with subsequent booster if titer is inadequate.	Required for civilian veterinary personnel involved in animal handling to receive initial pre-exposure prophylaxis and a rabies antibody titer evaluation every 2 years with subsequent booster if titer is inadequate.
Rubella	<p>Required for all military personnel who have direct patient contact and who:</p> <ol style="list-style-type: none"> 1. Do not have documentation of one of the following: <ol style="list-style-type: none"> a. Laboratory evidence of measles immunity. b. Adequate immunizations with live virus vaccine on or after their first birthday. 2. State they are not pregnant (females). <p>Screening for a protective rubella titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, rubella vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Rubella vaccine will be given in combination with measles and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and mumps.</p>	<p>Required for all civilian employees, house-keeping, contract personnel, students, and volunteers who have direct patient contact and:</p> <ol style="list-style-type: none"> 1. Do not have documentation of one of the following: <ol style="list-style-type: none"> a. Laboratory evidence of measles immunity. b. Adequate immunizations with live virus vaccine on or after their first birthday. 2. State they are not pregnant (females). <p>Screening for a protective rubella titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, rubella vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Rubella vaccine will be given in combination with measles and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and mumps.</p>
Tetanus-Diphtheria	<p>Required for all military personnel to have had a primary series and booster every 10 years or as medically indicated for wound management.</p> <p>Tetanus-diphtheria (Td) toxoid is recommended for booster immunizations.</p>	<p>Recommended for civilian personnel to have had a primary series and a booster every 10 years or as medically indicated for wound management.</p> <p>Tetanus-diphtheria (Td) toxoid is recommended for booster immunizations.</p>
Varicella	<p>Required for all military personnel who do not have documentation of one of the following:</p> <ol style="list-style-type: none"> 1. Physician diagnosed varicella. 2. Laboratory evidence of varicella immunity. 3. Immunization for varicella. 	<p>Required for all civilian personnel who do not have documentation of one of the following:</p> <ol style="list-style-type: none"> 1. Physician diagnosed varicella. 2. Laboratory evidence of varicella immunity. 3. Immunization for varicella.

**TABLE 2
GUIDELINES FOR WORK RESTRICTIONS DUE TO INFECTIOUS DISEASE**

Disease/Problem	Relieve From Direct Patient Contact	Work Restriction Instructions	Duration
Acquired Immune Deficiency Syndrome Or AIDS-related complex Or HIV antibody positivity	No	In general, personnel may continue their regular assignments. In situations where it is not indicated to return to a clinical assignment, the Preventive Medicine Service will perform coordination for reassignment. Personnel in clinical assignments who have no exudative lesions or weeping dermatitis will wear gloves for procedures that involve trauma to tissues or direct contact with membranes or non-intact skin of all patients.	
	Yes	Personnel who have exudative lesions or weeping dermatitis will refrain from all direct patient care and from handling patient care equipment.	Until lesions heal.
Conjunctivitis, infectious	Yes	Personnel can be employed in non-patient care areas.	Until discharge ceases.
Diarrhea, Acute Stage (diarrhea with other symptoms)	Yes	Personnel can be employed in non-patient care/non-food service areas. Special attention to hand washing in all areas.	Until symptoms resolve and infection with salmonella is ruled out.
Convalescent stage Salmonella (non-typhoidal)	No	Personnel should not take care of high-risk patients.	Until stool is free of the infecting organism on 2 consecutive cultures not less than 24 hours apart.
Enteroviral infections	No	Personnel should not take care of infants and newborns.	Until symptoms resolve.
Exudative lesions or Weeping dermatitis	Yes	Personnel who have exudative lesions or weeping will refrain from all patient care & from handling patient care equipment.	Until lesions heal.
Hepatitis, viral Hepatitis A	Yes	Personnel can be employed in non-patient care/non-food service areas.	Until 7 days after onset of jaundice.
Hepatitis B Acute	No	Personnel who have no exudative lesions on the hands will wear gloves for procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin.	Until antigenemia resolves.
		Personnel who have exudative lesions on the hands will either wear gloves for all direct patient contact and when handling equipment that will touch mucous membranes or non-intact skin or abstain from all direct patient care.	Until lesions heal.
Chronic antigenemia	No	Same as acute illness	Until antigenemia resolves.
Hepatitis C	No	Same as acute hepatitis B	Period of infectivity has not been determined.
Herpes simplex Genital Hands (herpetic whitlow)	No		
	Yes	(NOTE: It is not known whether gloves prevent transmission.) Lesion should be kept covered with non-occlusive (gauze) dressing. Personnel can be employed in non-patient care areas.	Until lesions heal.
Orofacial	No	Personnel will not take care of high-risk patients. Personnel must not touch their lesions, unless to apply medication and strict handwashing must be practiced after touching lesions. Lesions will be covered.	Until lesions heal.
Mumps Active	Yes	Personnel will be relieved from all duties.	Until 9 days after onset of parotitis.
Postexposure (susceptible personnel)	Yes	Personnel will be relieved from all duties.	From the 12 th through the 26 th day after exposure or until 9 days after onset of parotitis.

TABLE 2 (Continued)
GUIDELINES FOR WORK RESTRICTIONS DUE TO INFECTIOUS DISEASE

Disease/Problem	Relieve From Direct Patient Contact	Work Restriction Instructions	Duration
Pertussis (Whooping Cough) Active	Yes	Personnel will be relieved from all duties.	From the beginning of the catarrhal stage through the 3 rd week after onset of paroxysms or until 7 days after start of effective therapy.
Postexposure (asymptomatic personnel)	No		
Postexposure (symptomatic personnel)	Yes	Personnel will be relieved from all duties.	Same as active pertussis.
Rubeola Active	Yes	Personnel will be relieved from all duties.	Until 5 days after the rash appears.
Postexposure (susceptible personnel)	Yes	Personnel will be relieved from all duties.	From the 7 th through the 21 st day after exposure and/or 5 days after rash appears.
Rubeola (Measles) Active	Yes	Personnel will be relieved from all duties.	Until 7 days after the rash appears.
Postexposure (susceptible personnel)	Yes (Consider Vaccine)	Personnel will be relieved from all duties.	From the 5 th through the 21 st day after exposure and/or 7 days after the rash appears.
Scabies	Yes	Personnel will be relieved from all duties.	Until 24 hours after adequate treatment is started.
Staphylococcus aureus Skin lesions (MRSA or others)	Yes	Personnel can work in non-patient care/non-food service areas.	Until lesions have resolved.
Staphylococcus aureus Colonization (MRSA or others)	Yes (If associated with outbreak)	Personnel can work in non-patient care/non-food service areas.	Must be cleared by OH.
Streptococcal Disease, Group A	Yes	Personnel can work in non-patient care/non-food service areas.	Until 24 hours after adequate treatment is started.
Tuberculosis	Yes	Personnel will be relieved from all duties.	To be handled on a case by case basis by OH.
Upper respiratory infections	No	Good handwashing at all times for patient care.	Until acute symptoms resolve.
Varicella (Chickenpox) Active	Yes	Personnel will be relieved from all duties.	Until all lesions dry and crust.
Postexposure (susceptible personnel-unprotected respiratory and lesion contact)	Yes	Personnel will be relieved from all duties.	From the 10 th through the 21 st day after exposure or if varicella occurs until all lesions dry and crust.
Zoster (Shingles) Active	No	Appropriate barrier must be used (gauze); personnel should not take care of high-risk patients.	Until all lesions dry and crust.

The proponent of this publication is the Preventive Medicine Service. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Activity, ATTN: MCID-PM, 11050 Mt Belvedere Blvd, Fort Drum, New York 13602-5004.

FOR THE COMMANDER:

OFFICIAL:

KEVIN D. WILLIAMS
LTC, MS
Deputy Commander for
Administration

DISTRIBUTION:

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