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

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7 April 2000

Medical Services 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 Medical Department Activity (MEDDAC) and Dental Activity (DENTAC), 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.

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b. Promotion of the maximum recovery and reintegration 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 lifestyles.

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 (MEDDAC Commander), 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.

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(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 Division, for MEDDAC military and civilian personnel, or XO/1SG, 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/1SG, 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

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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 Infection Control Committee.

d. MEDDAC and DENTAC Safety Managers will:

(1) Conduct annual SASOHs.

(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 Division, 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.

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(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 retraining 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 the UCC for initial diagnostic evaluation, treatment and determination of work restriction. The UCC 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 UCC 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, UCC).

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

i. Chief, UCC, 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.

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(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.

l. MEDDAC Infection Control 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 1 lists the appropriate restrictions for clinical, subclinical, and potentially incubating communicable infections among employees.



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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 the survey 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 complied with by managers.

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

(6) Review updated personnel rosters.

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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 healthy job performance. OH determines the nature and extent of placement evaluations, as well as the necessity, scope, and frequency of periodic evaluations 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.

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- b. The MEDDAC or DENTAC sections 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. 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 2 years, or as indicated by job type, the COR and the Red Cross Volunteer Coordinator will refer personnel to OH to ensure completion of 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.

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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 UCC. All DA civilian employees, upon reporting to the UCC, 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 UCC. Once the employee reports the illness or injury to the UCC and has obtained an initial medical assessment, the employee may choose to continue treatment at the UCC, OH, or by a physician of his or her choice. In the event of a job-related injury or illness, the UCC 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 UCC will ensure initiation of a SF 513, Medical Consultation (contained in the Civilian Employee Injury/Illness Reporting Packet). 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.

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(3) Management of Parenteral and Mucous Membrane Potential Disease Exposure. Any civilian employee sustaining a parenteral (e.g., needle stick 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 UCC 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 UCC 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, in accordance with (IAW) AR 40-5.

(2) Management of Parenteral and Mucous Membrane Potential Disease Exposure. All military personnel sustaining a parenteral (e.g., needle stick 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 1 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 UCC for initial diagnostic evaluation and treatment and determination of work restriction IAW Table 1. The UCC will subsequently refer these personnel to OH for follow-up and final determination of work restriction. During duty hours, the UCC will coordinate the medical evaluation with OH.

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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 1 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 Form 689, Individual Sick Slip, to OH during duty hours or the UCC after duty hours for clearance. The UCC or OH will provide the employee with a DD Form 689 annotating "Cleared for Duty," to be given to the supervisor. Employees with a work release from a private physician will be allowed to return to work during normal duty hours with a 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 administrative 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 Infection Control 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.

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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) Ensuring 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.

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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 AND TUBERCULOSIS SCREENING PROGRAMS.

a. **PURPOSE.** These programs outline the immunizations and tuberculosis screening requirements for all military personnel permanently assigned to the MEDDAC, DENTAC, and Veterinary Services (VET SVCS), Fort Drum, NY, and other military personnel, civilian employees, contractors, students, and volunteers with duty within the buildings at MEDDAC, DENTAC, and VET SVCS, Fort Drum, NY, where patient care is provided. These programs do not cover additional deployment immunizations that would be required for specific deployment situations.

b. **APPLICABILITY:** The provisions of these programs apply to:

(1) All MEDDAC and DENTAC permanently assigned military personnel.

(2) Any other military personnel not mentioned above working/training or observing at the MEDDAC and DENTAC on temporary or permanent basis.

(3) MEDDAC and DENTAC civilian employees, contract personnel, students and volunteers.

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c. REFERENCES.

(1) DODI 6205.2, Immunization Requirements, 9 Oct 86.

(2) AR 40-5, Preventive Medicine, 15 Oct 90 and Change 1, 28 Jan 91.

(3) AR 40-562, Immunizations and Chemoprophylaxis, 1 Nov 95.

(4) Hepatitis B Immunization Policy for Department of Defense Medical and Dental Personnel, 23 Oct 96.

(5) Centers for Disease Control and Prevention, Immunization of Health Care Workers—Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) *MMWR* 1997, 46 (No. RR-16).

(6) Centers for Disease Control and Prevention, Guideline for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994, *MMWR* 1994; 43 (No. RR-13).

(7) Department of Labor, Occupational Safety and Health Administration, 29 CFR Part 1910.1030, Bloodborne Pathogens.

d. TERMS.

(1) **Direct Patient Contact.** Personnel with direct patient contact are those personnel whose work may require physical contact with the patient for the provision of patient care e.g., physicians, nurses, physical therapists, respiratory therapists.

(2) **Direct Patient Services.** Personnel who provide direct patient services or personnel whose work requires them to provide services directly to the patient but does not entail physical contact for the provision of services, e.g., pharmacists, clinic receptionists, social workers, dieticians.

e. PROCEDURES.

(1) Military Personnel and Civilian Personnel.

(a) Military personnel and civilian personnel will be screened for immunity, provided applicable immunizations and tested for TB at the time of in-processing/initial assignment by OH. Annual review of immunity and TB skin test status will be performed by OH for civilian personnel and during Soldier Readiness Processing (SRP) for military personnel.

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(b) For required immunizations and TB skin testing, non-immune personnel and negative TB skin test personnel, respectively, will be required to have the immunization and TB skin test as a condition of employment.

(c) For recommended immunizations and TB skin testing, immunizations and TB skin testing will be provided at the time that personnel process through OH (i.e., in-processing and annually) or SRP unless the person requests not to receive a specific immunization or TB skin test. For recommended immunizations (except influenza) and TB skin testing, documentation of whether the employee received or opted not to receive an immunization/TB skin test will be maintained in the employee health record. Influenza vaccine will be offered to all MEDDAC and DENTAC personnel annually during a mass immunization program. All immunizations and TB skin tests administered will be documented on the SF 601, Immunization Record, and PHS 731, International Certificates of Vaccination.

(d) Immunizations will only be provided to Reserve Component or other than MEDDAC and DENTAC active duty personnel who can be assured of completing the immunization series; however, the unit is responsible for ensuring that their personnel meet the requirements prior to in-processing to MEDDAC and DENTAC.

(2) Contractors, Volunteers and Students. The provisions of this policy will be incorporated into all contracts and agreements, and compliance will be monitored by the OH.

f. IMMUNIZATIONS.

(1) Immunization requirements and recommendations are outlined below.

(2) Non-immune individuals will be exempt from the required immunizations only if they have a documented medical contraindication to the immunization.

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	Permanent Party Military	Reserve Component & Other Temporary Military	Civilian Employees	Contractors/Volunteers/Students
Hepatitis A	Required for all non-immune personnel.	Recommended for non-immune personnel who work with live Hepatitis A virus in laboratory setting.	Recommended for non-immune personnel who work with live Hepatitis A virus in a laboratory setting.	Recommended for non-immune personnel who work with live Hepatitis A virus in a laboratory setting.
Hepatitis B	Required for all non-immune service members who hold qualifications or assignments in medical or dental fields or have occupational exposure to bloodborne pathogens.	Required for all non-immune service members who hold qualifications or assignments in medical or dental career fields or have occupational exposure to bloodborne pathogens.	Required for all non-immune personnel with duties involving direct patient contact who were hired on or after 1 Jan 97. Required to be offered to all personnel identified as having occupational exposure to bloodborne pathogens and strongly encouraged for currently employed personnel with duties involving direct patient contact. Statement of declination must be on file.	Required for all non-immune personnel with duties involving direct patient contact who began their activity on or after 1 Jan 97. Required to be offered to all personnel identified as having occupational exposure to bloodborne pathogens and strongly encouraged for current personnel with duties involving direct patient contact. Statement of declination must be on file.

Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties in accordance with 29 CFR 1910.1030, Bloodborne Pathogens Standard.

Personnel who have any of the following three conditions are exempt from the Hepatitis B immunization requirement: (1) known positive Hepatitis B surface antigen, (2) past history of recovery from Hepatitis B, with known positive Hepatitis B surface antibody, or (3) disease or medical conditions that would make Hepatitis B immunization inadvisable in the judgement of the person's physician.

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	Permanent Party Military	Reserve Component & Other Temporary Military	Civilian Employees	Contractors/Volunteers/ Students
Influenza	Required for personnel annually.	Required for all other active duty personnel and for RC personnel on active duty for 30 days or more during Influenza season.	Strongly recommended for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel.	Required for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel.
Measles	Required for all non-immune personnel.	Required for all non-immune personnel.	Strongly recommended for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel.	Required for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel.

Immunity to measles requires documentation of one of the following: (1) physician-diagnosed measles, (2) laboratory evidence of measles immunity, or (3) receipt of two doses of live measles vaccine on or after the first birthday for personnel born during or after 1957 and one dose of live measles vaccine on or after the first birthday for personnel born before 1957.

	Permanent Party Military	Reserve Component & Other Temporary Military	Civilian Employees	Contractors/Volunteers/ Students
Mumps	Required for all non-immune personnel.	Required for all non-immune personnel.	Strongly recommended for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel.	Required for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel.

Immunity to mumps requires documentation of one of the following: (1) physician-diagnosed mumps, (2) laboratory evidence of mumps immunity, or (3) receipt of one dose of live mumps vaccine on or after first birthday. Personnel born before 1957 can be considered immune. Mumps vaccine will be given in combination with measles and rubella vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and rubella.

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	Permanent Party Military	Reserve Component & Other Temporary Military	Civilian Employees	Contractors/Volunteers/ Students
Polio	Required for all personnel to have completed the basic 3-dose series. Recommended that personnel who may be potentially exposed to patients who may be excreting wild polio viruses or laboratory personnel handling specimens that may contain wild polio viruses have a single booster dose.	Required for all personnel to have completed the basic 3-dose series.	Recommended that personnel who may be potentially exposed to patients who may be excreting wild polio viruses or laboratory personnel handling specimens that may contain wild polio viruses have completed a basic 3-dose series and if previously vaccinated a single booster dose.	Recommended that personnel who may be potentially exposed to patients who may be excreting wild polio viruses or laboratory personnel handling specimens that may contain wild polio viruses have completed a basic 3-dose series and if previously vaccinated a single booster dose.

Primary vaccination and boosters will be with inactivated polio vaccine (IPV)

	Permanent Party Military	Reserve Component & Other Temporary Military	Civilian Employees	Contractors/Volunteers/ Students
Rubella	Required for all non-immune personnel.	Required for all non-immune personnel.	Strongly recommended for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel.	Required for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel.

Immunity to Rubella requires documentation of one of the following: (1) laboratory evidence of rubella immunity, or (2) receipt of one dose of live rubella vaccine on or after first birthday.

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.

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	Permanent Party Military	Reserve Component & Other Temporary Military	Civilian Employees	Contractors/Volunteers/ Students
Tetanus- Diphtheria	Required for all personnel to have the basic 3-dose series and a booster every 10 years.	Required for all personnel to have the basic 3-dose series and a booster every 10 years.	Recommended for personnel with jobs that put them at increased risk for bites, puncture wounds, lacerations, e.g., veterinary animal care providers, maintenance/construction workers, and housekeepers to have a basic 3-dose series and a booster every 10 years. Health care providers, except veterinary animal care providers, are not at substantially higher risk than the general adult population of acquiring diphtheria or tetanus; therefore, civilian personnel must seek this immunization from their private physician.	Recommended for personnel with jobs that put them at increased risk for bites, puncture wounds, lacerations, e.g., veterinary animal care providers, maintenance/construction workers, and housekeepers to have a basic 3-dose series and a booster every 10 years. Health care providers, except veterinary animal care providers, are not at substantially higher risk than the general adult population of acquiring diphtheria or tetanus; therefore, civilian personnel must seek this immunization from their private physician.
Varicella	Recommended for all non-immune personnel.	Recommended for all non-immune personnel.	Recommended for all non-immune personnel.	Recommended for all non-immune personnel.

Immunity to varicella requires documentation of one of the following: (1) a positive history of disease, (2) laboratory evidence of varicella immunity, or (3) receipt of two doses of varicella vaccine.

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g. TUBERCULOSIS (TB) SCREENING.

(1) Tuberculosis screening consists of the placement of a TB skin test (PPD) and reading of that test as outlined below. Individuals with a documented history of a positive PPD skin test, i.e., TB infection, will be exempt from TB skin testing. A history of vaccination with Bacillus of Calmette and Guerin (BCG) is not a contraindication to TB skin testing.

(2) Baseline TB skin testing will be administered upon in-processing as described below.

(3) Periodic TB skin testing will be performed based on risk assessment of ~~personnel~~ will be skin tested or offered skin testing at least annually as outlined below. Personnel ~~in processing designated as High or Intermediate Risk based on CDC criteria will be tested~~ every 3 months or 6 months respectively and will be tested within 30 days of the termination of employment or leaving the military.

(4) Tuberculosis testing will also be performed when an employee undergoes an exposure incident (unless there is a documented negative TB skin test within the past 3 months) and if the result is negative, another skin test 3 months later. Employees who are identified by job title or location as part of a cluster investigation of PPD conversions, will be tested every 3 months until it is determined that there are no new converters and/or no identifiable cause for the conversions. Testing of the group(s) will return to their baseline frequency of testing after two tests, 3 months apart, with no new converters.

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Permanent
Party
Military

Reserve
Component
& Other
Temporary
Military

Civilian
Employees

Contractors/Volunteers/
Students

	Permanent Party Military	Reserve Component & Other Temporary Military	Civilian Employees	Contractors/Volunteers/ Students
Baseline TB Skin Test	Required for all personnel to receive a baseline PPD upon in-processing to MEDDAC and DENTAC. Two-step testing is required under conditions noted below. ¹	Required for all personnel to receive a baseline PPD test upon in-processing to MEDDAC and DENTAC unless they have documentation of a PPD done within the previous 12 months. Two-step testing is not required.	Required for all personnel to be offered a baseline PPD. Strongly recommended for all personnel who have direct patient contact or provide direct patient services. ³ Recommended for all other personnel. Two-step testing will be done for personnel without a documented negative PPD within the last 12 months.	Required for all personnel who have direct patient contact or provide direct patient services ³ to receive a baseline PPD upon in-processing to MEDDAC and DENTAC. Recommended for all other personnel without a documented negative PPD within the last 12 months. Two-step testing is not required.
Periodic TB Skin Test	Required for all personnel to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. ² Two-step testing is required under conditions noted below. ¹	Not applicable	Required for all personnel to be offered TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. ² Strongly recommended for all personnel who have direct patient contact or provide direct patient services. ³ Recommended for all other personnel. Two-step testing will be done under conditions noted below. ²	Required for all personnel who have direct patient contact or provide direct patient services ³ to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. ² Recommended for all other personnel.

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1 Persons age 35 years or older who have not had a documented negative PPD within the last 5 years will require a second PPD (two step PPD) if the first test is less than 10mm.

2 Staff permanently assigned to the following areas are considered to be at moderate risk: UCC, CTMC, and Laboratory (Mycobacterial Section). High risk areas or occupational groups are those in which: (1) the PPD test conversion rate is significantly greater than areas or groups in which the occupational exposure to M. tuberculosis is unlikely or than previous conversion rates for the same area or group, and epidemiologic evaluation suggests nosocomial transmission; (2) a cluster of PPD conversions has occurred, and epidemiologic evaluation suggests nosocomial transmission of M. tuberculosis; or (3) possible person-to-person transmission of M. tuberculosis has been detected.

3 Direct patient contact: Personnel with direct patient contact are those personnel whose work may require physical contact with the patient for the provision of patient care, e.g., physicians, nurses, physical therapists, respiratory therapists.
Direct patient services: Personnel who provide direct patient services are personnel whose work requires them to provide services directly to the patient but does not entail physical contact for the provision of service, e.g., pharmacists, clinical receptionists, social workers, dietitians.

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

6. **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 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.

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APPENDIX E

LATEX SAFETY POLICY

1. PURPOSE. This policy outlines guidelines for identifying, reducing and/or eliminating the health risks associated with latex sensitivity and allergy in MEDDAC and DENTAC patients and employees.

2. APPLICABILITY. The provisions of this policy apply to assigned and attached elements of MEDDAC and DENTAC, its tenant activities, and to other commands, installations, and activities provided occupational health support by MEDDAC and DENTAC, Fort Drum. The term "employee" refers to both military, civilian personnel, and volunteers unless otherwise stated.

3. BACKGROUND. Natural rubber latex hypersensitivity is a growing health problem since the late 1980s, affecting certain high-risk patient groups as well as occupations to include health care providers on Active Duty and other personnel working with natural rubber products. Sensitization among health care workers has increased from below 3% in the early 1980s to over 10-15% in the 1990s. There is a well-recognized organizational and institutional requirement to identify patients and employees at risk and to provide latex safe patient care areas and employee working conditions (when possible). The major sources of latex allergens are sterile and non-sterile gloves; however, both the home and work environment have other potential hazards for those subjects with a life-threatening anaphylaxis history or potential risk. Measures to reduce latex-allergen exposure are gaining widespread recognition as the risks to patients and employees are being identified and documented. Significant costs have been attributed to liabilities of organizations and retraining of personnel. Supervisors at all levels must be aware of latex hazards in the workplace and ensure that the guidance from this policy is followed.

4. DEFINITIONS.

a. Latex - Natural latex rubber is a particular type of rubber that has been manufactured from the sap of the *hevea brasiliensis* tree. The sap contains low molecular weight soluble proteins, which are the likely allergen cause. New rubber products, especially very soft ("dipped") products, contain the greatest proportion of these soluble proteins.

b. Latex Sensitive Populations/High Risk Population for Latex Reactions and Anaphylaxis - It is reported that there is a higher risk of sensitivity in health care workers especially surgical personnel, patients with a history of congenital anomalies i.e., Cystic Fibrosis, Spinal Bifida, etc., people who have undergone multiple surgical procedures, rubber plant workers, janitorial workers, food handlers, and individuals allergic to avocados, bananas or chestnuts (due to cross reactivity). Patients with a history of

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intraoperative anaphylaxis of uncertain etiology may be at increased risk for latex reaction.

5. SPECTRUM OF SENSITIVITY.

a. Irritant Contact Dermatitis (non-immunologic) versus allergic contact hypersensitivity due to latex or other sensitizing antigens - the development of dry, itchy irritated areas on the skin, usually the hands. This reaction is caused by skin irritation from using gloves and possibly by exposure to other workplace products and chemicals. This reaction can also be caused from repeated hand washing and drying, incomplete hand drying, use of cleaners and sanitizers, and exposure to powders added to the gloves. This is not a true allergy.

b. Chemical Sensitivity Dermatitis - Allergic contact dermatitis (delayed hypersensitivity) results from exposure to chemicals added to latex during harvesting, processing, or manufacturing. These chemicals can cause skin reactions similar to those caused by poison ivy. As with poison ivy, it can begin 24 to 48 hours after contact and may progress to oozing skin blisters or spread away from the area of skin touched by the latex.

c. Latex Allergy - This is a more serious reaction to latex than Irritant Contact Dermatitis or Allergic Contact Dermatitis. Certain proteins in latex may cause sensitization (positive blood or skin test, with or without symptoms). Although the amount of exposure needed to cause sensitization or symptoms is not known, exposures at even very low levels can trigger allergic reactions in some sensitized individuals. Reactions usually begin within minutes of exposure to latex, but they can occur hours later and can produce various symptoms. Mild reactions to latex involve skin redness, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (i.e., difficult breathing, coughing spells, and wheezing). Shock may occur.

6. RESPONSIBILITIES.

a. Supervisors will:

(1) Be aware of environmental risks that exist with regard to latex exposure and arrange for latex-free alternatives as deemed necessary for patients and staff.

(2) Encourage all employees with suspected latex allergy to report to Occupational Health.

(3) Maintain proper documentation of employee work status.

(4) Ensure that latex-free personal protective equipment is available in all work sites with latex allergy.

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b. Primary Health Care Providers will:

- (1) Perform initial evaluation of suspected latex allergy of any patient/staff member.
- (2) Refer patients to Allergy Service and employees to Occupational Health for evaluation if indicated.

c. Chief, Occupational Health, will:

- (1) Screen all employees in-processing and annually thereafter, using the Occupational Health Latex/Rubber Hypersensitivity Screening Questionnaire.
- (2) Provide education-training materials on latex allergy issues.
- (3) Evaluate employees with symptoms suspected to be due to latex allergy using the Latex Allergy Case Report Form.
- (4) Refer employees to Allergy Service for specialist evaluation if indicated.
- (5) Evaluate work site of employees diagnosed with latex allergy.
- (6) Notify supervisors of employee's need for accommodation for latex allergy if indicated.
- (7) Keep statistics on workforce, latex allergy incidence and prevalence.

d. Employees will:

- (1) Become familiar with procedures for preventing latex allergy.
- (2) Take all necessary steps to protect themselves from excessive latex exposure and allergy in the workplace.
- (3) Follow good housekeeping practices and ensure that areas contaminated with latex dust (i.e., upholstery, carpets, surfaces and equipment) are kept dusted.
- (4) Opt for nonlatex gloves for activities not likely to involve contact with infectious materials if available.
- (5) Wash hands after using gloves.
- (6) Learn to recognize the symptoms of latex allergy: skin rashes; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and shock.

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- (7) Report to their supervisor and OH any suspicion of development of latex allergy.
- (8) Inform their supervisor and co-workers of any documented latex allergy.
- (9) Consider wearing a medical alert bracelet to alert your co-workers.

e. Chief, Logistics Division, will develop a system to ensure that non-latex products are identified, procured, and available to patient care areas.

7. PATIENT MANAGEMENT.

a. Identify patients at risk. All patients and significant others should be questioned regarding allergy to latex products. Sample questions include:

(1) Have you experienced allergic itching, erythema, swelling, shortness of breath, feeling faint, nausea, vomiting or wheezing after surgery, dental work, or contact with a latex product (such as rubber gloves, balloons, toys, condoms, diaphragm, infant nipples)?

(2) Have you undergone three or more operations with general anesthesia?

(3) Do you have asthma, hay fever, eczema or recurrent hives?

(4) Do you experience a rash, swelling, itching or breathing problems after eating bananas, avocados, chestnuts, kiwi, apricots, peaches, cherries, pineapple, grapes or passion fruit?

(5) Are you exposed to latex products, especially latex gloves, during the performance of your routine job duties?

b. Precautions should be taken on patients when a latex allergy is suspected or identified. Ensure all personnel on the ward/clinic are aware of the allergy. The following steps should be taken:

(1) Document Latex Allergy in patient's record.

(2) Educate patient and family of reasons for special precautions.

(3) Place clear, visible signs in any areas where the patient will receive care (i.e., door, bed/gurney, chart, etc.) to warn of potential for latex reaction.

(4) If patient is to be scheduled for surgery, patient should be scheduled as first case of the day.

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c. Promote a Latex-free Safe Environment.

- (1) Remove all latex products from the patient's environment.
- (2) If there are latex products or surfaces remaining, cover them.
- (3) If the patient is to be transferred to another area, notify personnel in advance of the patient's arrival so that the appropriate equipment can be gathered and the proper environment established prior to the patient's arrival.

d. Provide Latex-free Alternatives for Care of Allergic Patients.

- (1) Non-latex gloves will be available and worn at all times when caring for a latex-allergic patient. For activities not requiring sterility or sterile latex-free gloves, use vinyl or nitrile.
- (2) Use a non-latex blood pressure cuff or gently wrap patient's arm with cotton-roller gauze or batting.
- (3) Cover areas of rubber-exposed stethoscope tubing.
- (4) Use a silastic foley if a urethral catheter is ordered.
- (5) Use a vinyl glove or velcro tourniquet in place of latex.
- (6) Do not puncture rubber medication stoppers with needle or a needleless system.
- (7) Tape all ports, insert stopcocks for IV medications.
- (8) Do not infuse antibiotics in minibags with rubber stoppers. Request that pharmacy premix antibiotics or other medications in IV bags without latex stoppers.

e. Discharge Planning. The patient and the family should have discharge teaching made available regarding latex in their environment. Instructions should include:

- (1) Counseling at risk individuals to avoid contact with latex items as much as possible to prevent sensitization.
- (2) Educational teaching materials
- (3) Procurement of Medic Alert Bracelet
- (4) Follow-up consultation with Allergy Immunology Service, if needed.

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- (5) In event of an emergency, inform health care team of latex allergy/sensitivity.
- (6) Consult for follow-up home visit for further evaluation of environment.

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OCCUPATIONAL HEALTH LATEX/RUBBER HYPERSENSITIVITY SCREENING QUESTIONNAIRE

AGE ___ SEX ___ TODAY'S DATE _____ WORK TELEPHONE _____
MEDDAC EMPLOYEE (circle) YES NO
WORK AREA LOCATION _____

LATEX EXPOSURE LOCATION _____

TYPE OF LATEX PRODUCT _____

Job Category: (please circle) specialty _____
Physician, Physician Assistant, Nurse Practitioner, ~~Nurse~~, Laboratory worker, Housekeeping,
~~Medical Waste~~,
other _____

1. How many years have you worked in a hospital or clinic? _____

2. Have you ever had an ADVERSE reaction to a LATEX PRODUCT at home or work?
YES NO

If YES, complete 3 and 4. If NO, skip to number 5.

3. Indicate the symptoms you have experienced with rubber or other latex containing products.
(circle)

- a. Skin: hives rash swelling redness irritation
- b. Mouth, Nose: itchy tears watery redness
- c. Lungs: asthma wheezing cough shortness of breath chest discomfort
- d. Heart: chest pain palpitations low blood pressure fast pulse lightheadedness
- e. Stomach: nausea vomiting diarrhea abdominal pain

4. Have you been previously evaluated for latex allergy (blood or skin test)?
YES NO

5. How frequent is (or has been) your contact with latex materials?
RARE WEEKLY DAILY

6. Do you have a history of seasonal allergic rhinitis?
YES NO

7. Do you have a history of asthma?
YES NO

8. Do you have a history of year-round allergic rhinitis (constant runny nose)?
YES NO

9. Do you have a history (current or past) of eczema, atopic dermatitis or allergic skin rashes?
YES NO

10. Do you have any food allergies? Bananas kiwi avocado chestnuts papaya
other _____ YES NO

11. Do you have any chronic medical problems where repeated exposure to latex containing
products occurs?

YES NO

If yes, describe:

STAFF USE ONLY BELOW THIS LINE

Previous documented latex allergy:

YES NO

Referred to allergy clinic:

YES NO

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LATEX ALLERGY CASE REPORT FORM

NAME _____ DATE _____

DATE OF BIRTH _____ CLINIC _____

SEX _____
INDEX DATE (date of onset of symptoms) _____

MEDDAC EMPLOYEE (yes or no) _____ PATIENT (yes or no) _____

OCCUPATION _____

WORK AREA LOCATION _____

LATEX EXPOSURE LOCATION _____

TYPE OF LATEX PRODUCT _____

Reaction Type

- Urticaria
- Contact Dermatitis
- Rhinitis
- Asthma
- Systemic reaction
- Laryngeal edema

Fast Contact Dermatitis To Gloves YES NO

Skin Test to Latex Extract _____ mm wheal _____ mm flare

Latex Specific IgE Antibody _____ % negative control

Prior Atopic Disease

- Rhinitis
- Drug allergy
- Systemic reaction
- Contact dermatitis
- Urticaria
- Angioedema
- Eczema
- Conjunctivitis
- Asthma
- Food allergy

Treatment Prescribed

- Avoidance
- ID Bracelet
- Antihistamines
- Topical Steroids (skin)
- Topical Steroids (Respiratory)
- Modification of Present Work Environment
- Change of Work Location
- Carry Epinephrine
- Pre-operative medications
- Bronchodilators

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

FD MEDDAC Regulation 40-4

1 March 2004

Medical Services
MEDDAC AND DENTAC EMPLOYEE HEALTH PROGRAM

1. HISTORY: This regulation supersedes FD MEDDAC Reg 40-4, dated 1 Feb 2003.
2. PURPOSE: To establish procedures and responsibilities for the timely and prompt management 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, 1 January 1980
 - b. AR 40-5, Preventive Medicine, 5 October 1990
 - c. FD MEDDAC Reg 40-43, Infection Control Manual
 - 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 Medical Department Activity (USA MEDDAC), U.S. Army Dental Activity (USA 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 reintegration of the individual into a fully productive life by the prompt 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 lifestyles.

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. Chief of Occupational 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) maintain 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 (HR) Division, for MEDDAC military and civilian personnel or Executive Officer (XO)/First Sergeant (1SG), 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, once the employee has declared pregnancy to Occupational Health, to determine if hazardous conditions exist in the work environment and provide appropriate recommendations to the supervisor and the Chief, HR, for MEDDAC personnel or XO/1SG, 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) arrange for 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, this will be paid for under the Office of Workers' 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 Infectious Control (IC) Officer and arrange prophylaxis or treatment as appropriate to employees and other contacts.

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

(18) develop and oversee new tobacco cessation program.

d. MEDDAC and DENTAC Safety Officers will:

(1) conduct annual SASOHs

(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, HR, will:

(1) provide OH monthly a current list of inprocessing, transferring, or out-processing MEDDAC military and civilian personnel.

(2) ensure that all new MEDDAC personnel inprocess through OH .

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

(4) provide OH monthly a current list of 10th Mountain Division medical personnel other than MEDDAC employees working in the TMCs.

f. Commander, DENTAC, will:

(1) provide OH monthly a current list of the inprocessing, transferring, 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 been resolved. Health care workers must report to OH during duty hours or the Urgent Care Clinic (UCC) after duty hours for clearance to return to duty after any absence due to illness.

(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) if they wish to declare pregnancy, 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 and safety hazards in activities under their control.

(2) notify OH and the Safety Officer 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 employee declares their pregnancy 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 annual 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 injuries or illnesses
 - (9) refer all personnel with a work-related injury or illness to UCC for initial diagnostic evaluation, treatment and determination of work restriction. The UCC 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 to OH or UCC for work clearance prior to return to duty after an illness.
 - (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, UCC).
 - (13) notify OH of all other employees not involved in paragraphs 5g(5), 5g(10) or 6g (12) who were off work due to an injury or illness in excess of 4 days.
 - (14) promptly notify OH and the Safety Officer of all on-the-job injuries.
- i. Chief, UCC, 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.

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.

l. 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'S 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: Routine inspections of all work sites will be conducted by industrial hygiene personnel from the Preventive Medicine Service in coordination with the MEDDAC Safety Officer, who is responsible for performing quarterly safety inspections. 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 WORKSITE VISITS (OH-MWV);

a. OH personnel will conduct routine 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), the Department of Defense (DoD), the Occupational Safety and Health Administration (OSHA), and the National Institute of Occupational Safety and Health (NIOSH).

c. Office of Personnel Management (OPM) regulations.

2. **IMMUNIZATIONS AND TUBERCULOSIS (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 inprocess through OH for a baseline health evaluation. Military health care personnel will inprocess 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 Troop Medical Clinic's 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 2 years, or as indicated by job type, the COR and the Red Cross Volunteer Coordinator will refer personnel to OH to ensure 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.** OH services are available to civilian employees who wish to declare their pregnancy. Civilian employees can 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 UCC. All DA civilian employees upon reporting to the UCC 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 UCC. Once the employee reports the illness or injury to the UCC and has obtained an initial medical assessment, the employee may choose to continue treatment at the UCC, OH, or by a physician of his or her choice. In the event of a job-related injury or illness, the UCC 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 UCC 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 exposure (e.g., splash to the eye or mouth) 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 UCC or OH by their supervisor for palliative care 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 UCC after normal duty hours, and on weekends and holidays. Illnesses and injuries that are job related will be reported to Preventive Medicine Service, Occupational Health utilizing DA Form 3875 and in accordance with (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 exposure (e.g., splash to the eye or mouth) 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 UCC for initial diagnostic evaluation and treatment and determination of work restriction IAW Table 2. The UCC will subsequently refer these personnel to OH for follow-up and final determination of work restriction. During duty hours, the UCC 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 (0700 – 1530) or the UCC after duty hours and weekends for return to work clearance. The UCC 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 IC:

a. The employee health program is 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 IC.

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

(3) providing care to personnel for work-related illness and injury.

(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 IC

a. Certain elements of a health program for MEDDAC personnel will assist in effectively attaining IC 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 IC EDUCATION:

a. Personnel are more likely to comply with an IC program if they understand its rationale. Thus, staff education is the central focus of the IC 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 IC. Education programs are matched to the needs of each group.

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

c. Education for IC is the responsibility of each section. The section IC Coordinator is responsible for coordinating IC orientation of new personnel and annual training. Procedures for IC education of inprocessing personnel and annual education of all personnel are described in FD MEDDAC Reg 40-43.

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 HCPs 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 IC 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 and immunization records 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 (TB) AND OTHER AIRBORNE PATHOGENS: Policies pertaining to airborne pathogens are contained in FD MEDDAC Reg 40-30.

a. Tuberculosis screening consists of the placement of a TB skin test (PPD) and reading of that test as outlined below. Individuals with a documented history of a positive PPD skin test, i.e., TB infection, will be exempt from TB skin testing. A history of vaccination with Bacillus of Calmette and Guerin (BCG) is not a contraindication to TB skin testing.

b. Baseline TB skin testing will be administered upon inprocessing as described below.

c. Periodic TB skin testing will be performed based on risk assessment of potential for exposure to *M. tuberculosis*. All personnel with a potential for TB exposure will be skin tested or offered skin testing at least annually as outlined below. Personnel in areas designated as high or intermediate risk based on Center for Disease Control (CDC) criteria will be tested every 3 or 6 months, respectively and will be tested within 30 days of the termination of employment or leaving the military.

d. TB testing will also be performed when an employee undergoes an exposure incident (unless there is a documented negative TB skin test within the past 3 months) and if the result is negative, another skin test 3 months later. Employees who are identified, by job title or location, as part of a cluster investigation of PPD conversions will be tested every 6 months until it is determined that there is no identifiable cause for the conversions. Testing of the group(s) will return to their baseline frequency of testing after two tests, 3 months apart, with no new converters.

	Permanent Party Military	Reserve Component & Other Temporary Military	Civilian Employees	Contractors/Volunteers/ Students
Baseline TB Skin Test	Required for all personnel to receive a baseline PPD on inprocessing to MEDDAC/DENTAC. Two-step testing is required under conditions noted below. +	Required for all personnel to receive a baseline PPD test on inprocessing to MEDDAC/DENTAC unless they have documentation of a PPD done within the previous 12 months. Two-step testing is not required.	Baseline PPD required for all civilian personnel who have direct patient contact or provide direct patient services.# It is strongly recommended for all other civilian personnel. Two-step testing will be done for personnel without a documented negative PPD within the last 12 months.	Required for all personnel who have direct patient contact or provide direct patient services# to receive a baseline PPD on inprocessing to MEDDAC/DENTAC. Strongly recommended for all other personnel without a documented negative PPD within the last 12 months. Two-step testing will be done for personnel without a documented negative PPD within the last 12 months.
Periodic TB Skin Test	Required for all personnel to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. Two-step testing is required under conditions noted below. +	Not applicable	Required for all civilian personnel who have direct patient contact or provide direct patient services# to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category.* Strongly recommended for all other civilian personnel. Two-step testing will be done under conditions noted below. +	Required for all personnel who have direct patient contact or provide direct patient services# to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. Strongly recommended for all other personnel.

*Staff permanently assigned to the following areas is considered to be at moderate risk: Urgent Care Clinic and Laboratory. High risk areas or occupational groups are those in which (a) the PPD test conversion rate is significantly greater than areas or groups in which the occupational exposure to M.tuberculosis is unlikely or previous conversion rates for the same area or group, and epidemiologic evaluation suggests nosocomial transmission; (b) a cluster of PPD conversions has occurred, and epidemiologic evaluation suggests nosocomial transmission of M.tuberculosis; or (c) possible person-to-person transmission of M.tuberculosis has been detected.

+ Persons age 35 years or older who have not had a documented negative PPD within the last 5 years will require a second PPD (two step PPD) if the first test is less than 10mm.

Direct patient contact: Personnel with direct patient contact are those personnel whose work may require physical contact with the patient for the provision of patient care, e.g., physicians, nurses, physical therapists, and respiratory therapists.
Direct patient services: Personnel who provide direct patient services are personnel whose work requires them to provide services directly to the patient but does not entail physical contact for the provision of service, e.g., pharmacist, clinical receptionist, social worker, and dietitian.

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 inprocesses 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 and guidance and counseling support to assist workers improve and maintain their health are important aspects 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 hired before Jan 97 in occupations that involve frequent contact with human blood, blood products and 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>Required by all employees with direct patient contact hired after January 1997.</p> <p>Pregnancy is not considered a contraindication to the use of the vaccine for persons who are otherwise eligible.</p>
Influenza	Required for all military personnel annually unless documented allergic to eggs.	Strongly recommended for all civilian personnel, especially direct HCPs, annually.
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 1 month.</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>Required for all civilian employees who have direct patient contact and:</p> <ol style="list-style-type: none"> 1. Give a negative history of measles and have not been immunized. 2. Do not have laboratory evidence of immunity against measles. 3. Are not pregnant. <p>Required for all civilian employees, housekeeping, 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 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 1 month.</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. 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>

TABLE 4 (Continued)

DISEASE/ AGENT	MILITARY REQUIREMENTS/RECOMMENDATIONS	CIVILIAN REQUIREMENTS/ RECOMMENDATIONS
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 1 month.</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 1 month.</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>
Poliomyelitis	<p>Required for all military personnel to have completed a primary series.</p>	<p>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 vaccine (IPV) is recommended for personnel requiring polio immunization.</p>
Rabies	<p>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.</p>	<p>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.</p>
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 1 month.</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 1 month.</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>

TABLE 1 (Continued)

DISEASE/ AGENT	MILITARY REQUIREMENTS/RECOMMENDATIONS	CIVILIAN REQUIREMENTS/ RECOMMENDATIONS
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	Work Restriction Instructions
Acquired Immune Deficiency Syndrome Or AIDS-related complex Or HIV antibody positivity	No Yes	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. 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	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
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. 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 antigenemia resolves 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) Urotical	No Yes No	(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. 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.	Until lesions heal Until lesions heal

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

Disease/Problem	Relieve From Direct Patient Contact	Work Restriction Instructions	Work Restriction Instructions
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.
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.
Rubella 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.

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

Disease/Problem	Relieve From Direct Patient Contact	Work Restriction Instructions	Work Restriction Instructions
Scabies	Yes	Personnel will be relieved from all duties.	Until 24 hours after adequate treatment is started.
Staphylococcus aureus Skin lesions (MRSA or others)	No	Appropriate barrier must be used (gauze); personnel should not take care of high-risk patients.	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.

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