
U

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

FD MEDDAC Regulation 40-4

28 February 2006

Medical Services
MEDDAC AND DENTAC EMPLOYEE HEALTH PROGRAM

1. HISTORY: This issue publishes a revision of this publication. This regulation supersedes FD MEDDAC Reg 40-4, 1 February 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, 22 July 2005
 - c. FD MEDDAC Reg 40-43, Infection Control Manual, current edition
 - d. FD MEDDAC Reg 40-25, Bloodborne Pathogen Exposure Control Program, 21 February 2006
 - e. FD MEDDAC Reg 40-30, Tuberculosis and Airborne Pathogen Exposure Control Plan, 21 February 2006
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, Occupational Health (OH) Services, Fort Drum, NY, will assure implementation of an employee health program for health care personnel at Fort Drum.

b. Chief, Preventive Medicine (PM) Service, will:

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

(2) Supervise the operation of Occupational Health Services.

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

c. Chief, 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, in conjunction with the Facility Epidemiologist, 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 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 Facility Epidemiologist and the Infection Control Committee.

d. MEDDAC and DENTAC Safety Officers will:

(1) Conduct annual SASOHIs.

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

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

e. Chief, 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 in-process through OH.

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

(4) Provide OH monthly 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 inprocess 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 6g(5), 6g(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 WORK SITE VISITS (OH-MWSV):

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 in-process through OH for a baseline health evaluation. Military health care personnel will in-process with their health record through OH, who will coordinate necessary baseline screening and immunizations updates. For all other personnel, prior to the start of duties or assignments, referral will be made to OH for ensuring completion of the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30. As applicable, referrals will be made by:

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

- b. The MEDDAC or DENTAC departments to which students are assigned.
- c. The Red Cross Volunteer Coordinator.

4. **MEDICAL SURVEILLANCE:** For military and civilian personnel, OH will identify the positions requiring job related medical surveillance and will schedule, notify, and perform the necessary evaluations. Notification of the time and location will be provided to personnel and their supervisors. Personnel working in the 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 3075 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 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 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 (TST) and reading of that test as outlined below. Individuals with a documented history of a positive TST skin test, i.e., TB infection, will be exempt from TB skin testing. A history of Bacille Calmette-Guerin (BCG) vaccination 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 Mycobacterium 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 TST 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.

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.

	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 TST on inprocessing to MEDDAC/ DENTAC. Two-step testing is required under conditions noted below. +	Required for all personnel to receive a baseline TST test on inprocessing to MEDDAC/ DENTAC unless they have documentation of a TST done within the previous 12 months. Two-step testing is not required.	Baseline TST 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 TST within the last 12 months.	Required for all personnel who have direct patient contact or provide direct patient services# to receive a baseline TST on inprocessing to MEDDAC/ DENTAC. Strongly recommended for all other personnel without a documented negative TST within the last 12 months. Two-step testing will be done for personnel without a documented negative TST 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 TST 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 TST 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 TST within the last 5 years will require a second TST (two step TST) 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.

**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	<p>Required for all military personnel annually unless documented allergic to eggs.</p>	<p>Strongly recommended for all civilian personnel, especially direct HCPs, annually.</p>
Measles (Rubeola)	<p>Required for all military personnel born in 1957 or later who have direct patient contact and who:</p> <ol style="list-style-type: none"> 1. Do not have documentation of one of the following: <ol style="list-style-type: none"> a. Physician diagnosed measles. b. Laboratory evidence of measles immunity. c. Adequate immunizations with 2 doses of live measles vaccine after the first birthday. 2. State they are not pregnant (females). <p>Screening for a protective measles titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, measles vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 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 1 (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 (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.

FOR THE COMMANDER:

OFFICIAL:

MICHAEL L. KIEFER
LTC, MS
Deputy Commander for Administration

DISTRIBUTION:

A

V

Position Description

PD#: DM97183

Replaces PD#:

Sequence#: VARIES

CLINICAL PHARMACIST COORDINATOR

GS-0660-12

Servicing CPAC: FORT KNOX, KY

Agency: VARIES

MACOM: VARIES

Command Code: VARIES

Region: SOUTHWEST

Citation 1: OPM PCS PHARMACIST SERIES, GS-660, FEB 68

PD Library PD: NO

COREDOC PD: NO

Classified By: ROSEMARY DEATON

Classified Date: 09/23/2000

FLSA: EXEMPT

Drug Test Required: VARIES

DCIPS PD: NO

Career Program: 00

Financial Disclosure Required: NO

Acquisition Position: NO

Functional Code: 81

Requires Access to Firearms: VARIES

Interdisciplinary: NO

Competitive Area: VARIES **Position Sensitivity:** VARIES

Target Grade/FPL: 12

Competitive Level: VARIES **Emergency Essential:** VARIES

Career Ladder PD: NO

Bus Code: VARIES

PD Status: VERIFIED

Duties:

NEEDS PERCENTAGE OF TIME SPENT ON EACH DUTY ADDED

SUPERVISORY CONTROLS

Receives general administrative supervision from the chief or Pharmacy Service who sets overall operating policy for the office. Work is performed independently, without technical direction or review. Professional assessments and recommendations are accepted as authoritative. Work, including therapeutic regimens, is subject to only general review for effectiveness in achieving desired results.

MAJOR DUTIES

This position is responsible for the clinical pharmacy functions of the military treatment facility (MTF).

1. Serves as the MTF expert on pharmaceuticals, pharmacokinetics, and pharmacotherapeutics. Using an extensive and intensive knowledge of the drugs and other pharmaceuticals available, their nature, action and interaction, provides tentative instructions, advice and assistance to prescribing and dispensing officials on effectiveness, suitability, hazards, and appeals of their use. As subject matter expert to the Therapeutic Agents Board, recommends which items will be stocked based on their effectiveness, economy, and appropriateness for the intended use. Serves on a variety of committees, and other bodies representing the pharmacy specialty and providing authoritative input on pharmacy related matters.
2. Monitors the dispensing of pharmaceuticals in the MTF and allied facilities. Analyzes patterns and trends to determine appropriate, effective, and economical prescribing and dispensing of drugs. Where improvement in these areas can be identified, counsels or recommends alternatives that will still satisfy the medical needs of the situation. Looks for indications of misuse or abuse of pharmaceuticals and recommends corrective or remedial action. Inspects pharmacy operations in the main and any remote facilities (e.g., troop medical clinics) to ensure compliance with operating instructions and quality assurance criteria and procedures. As tasked, provides pharmacy input to quality assurance reviews and similar processes.
3. Develops, with the attending physician, pharmacotherapeutic regimens for especially difficult or complex cases. Of particular concern are cases involving multiple serious or life threatening conditions with conflicting drug requirements, serious drug reactions or interactions, or other factors not receptive to standard or more common specialized approaches. Monitors progress and response to the regimen, modifying or methods of administration as necessary. In emergency dosage situations may change medications or significantly alter regimen without prior approval of physician, but subject to post action review.
4. Participates in, conducts, or approves studies involving pharmaceuticals and pharmacy related issues. Designs and conducts studies intended to evaluate particular drugs, their effectiveness and suitability, or to study the reaction of diseases, patients, and conditions to drug based treatment. Reviews and approved pharmacy aspects of protocols and investigative studies. Closely monitors and controls pharmacy aspects of experimental and investigative drug use. Prepares related reports and documentation.
5. Prepares and conducts or oversees training of physicians, pharmacists, and other health care providers on the use of drugs and other pharmaceuticals. Monitors training of residents, interns, and fellows to ensure drug related issues are fully and correctly dealt with in their curriculum and that the required initiatives are levels of skill have been attained. Recommends or changes and updates to instructions, regulations and other guidance as needed.
6. Serves as the Ambulatory Care Pharmacist performing the services of clinical pharmacist in accordance with Health Service Command Technical Memorandum, (PM&C No - 2 - 89) - - Clinical Pharmacist, GS-0660, dated 17 May 1989, and local medical treatment facility (MTF) Standard Operating Procedures. These professional and administrative duties shall consist of, but are not limited to, the following activities: Daily interactions with prescribers, pharmacist interventions, academic detailing, formulary review, target drug programs, drug use evaluation (DUE) and cost-effectiveness studies, physician and patient education, monitoring for drug overuse/abuse. Provides the DOD Pharmacoeconomic Center (PEC) with reports detailing the nature and economic impact of these activities. Promotes MTF and allied facility

use of formularies, policies, prefer-red drug lists, and treatment guidelines developed by the PEC.

7. Contributes to the publication of pharmacy newsletters for distribution to hospital staff. As tasked, provides pharmacoeconomic input to MTF continuous quality improvement process and, the development of JCAHO drug use indicators.

8. Develops for MTF Pharmacy and Therapeutics Committee, with the coordination of expert physician consultants, prescribing guidelines for a variety of drug categories or Diagnosis Related Groups. Prepares DUE criteria. Develops educational tools to facilitate cost containment efforts and optimal patient outcomes for high cost drugs, polypharmacy (patients receiving a greater number of drugs concurrently than is appropriate for their medical condition), drugs that have a narrow therapeutic index, drugs that have multiple drug interactions, drugs whose failure to achieve efficacy may lead to hospitalization, age (very young, elderly), and other drug/patient, groups as needed. Evaluates and prepares reports on the impact of alternative drug therapies employing pharmacoeconomic tools, such as cost-benefit analysis, cost-effectiveness analysis, cost-utility analysis, or costminimization analysis.

Performs other duties as assigned.

Evaluation:

COMP LEVEL: 0000

checked 4/27/01 rt