BY ORDER OF THE COMMANDER
59TH MEDICAL WING

59TH MEDICAL WING INSTRUCTION
48-105

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Aerospace Medicine

MEDICAL EMPLOYEE HEALTH PROGRAM

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This instruction implements Air Force Policy Directive 48-1, *Aerospace Medicine Enterprise*, and AFI48-101, *Aerospace Medicine Enterprise*. It establishes procedures for the Medical Employee Health Program in order to promote optimum employee and patient health. This instruction applies to all medical personnel assigned, attached, or under contract, memorandum of understanding (MOU), Training Affiliation Agreement, or other Agreement to the 59th Medical Wing's Affiliated Medical Clinics at all Joint Base San Antonio locations. This instruction does not apply to the 959th Medical Group or 59th Training Group (Joint Base San Antonio-Fort Sam Houston), Air National Guard or Air Force Reserve. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: **http://dpclo.defense.gov/privacy/SORNs/SORNs.html**. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 48-105 includes updated responsibilities and Hepatitis B Vaccinations.

1. Responsibilities.

1.1. 59th Medical Wing (MDW) Group and Squadron Commanders:

1.1.1. Ensure personnel in all departments, including, but not limited to, volunteers, students, contracted personnel, and Independent Mobility Augmentees in-process the Medical Employee Health Program through Public Health (PH) within 10 duty days of arrival at the military treatment facility (MTF) and out-process upon termination. Personnel whose duties involve direct patient care will complete all required screening tests prior to starting duties involving direct patient care.

1.1.2. Ensure all medical personnel comply with the procedures outlined in this instruction and ensures service contracts contain provisions to comply with the Medical Employee Health Program. (Refer to Section 2.3., Contract Workers). Contract workers must provide documentation of medical requirements when in-processing through PH, Medical Employee Health Program (MEHP) section.

1.1.3. Ensure, through the Volunteer Coordinator (VC), all volunteers in-process through the MEHP section and comply with the periodic screening requirements written in this instruction. Initial immunization and/or laboratory test result documentation must be brought to PH, MEHP section during in-processing. The VC will also inform PH within 5 duty days of notification that a volunteer has resigned or is no longer active.

1.1.4. Ensure, through the Civilian Liaison Officer, all civilian employees onboarding into 59 MDW medical facilities complete in-processing through PH, MEHP section and that all civilians out-process through the MEHP section as well.

1.1.5. Ensure personnel working for or studying with any organization associated with the 59 MDW comply with the requirements of this instruction.

1.1.6. Ensure medical personnel diagnosed with a communicable disease are evaluated by a healthcare provider, and are medically cleared before returning to work in accordance with Attachment 2, Work Restrictions for Hospital Workers Exposed To or Infected with Selected Infectious Diseases.

1.2. Infection Prevention & Control Office (IPC).

1.2.1. Provides oversight and consultation to the Infection Control Coordinators to ensure a formal orientation and annual in-service training program on principles of infection control including the training required by 29 Code of Federal Regulations (CFR) 1910.1030, *Bloodborne Pathogens.*

1.2.2. Annually analyzes and evaluates influenza vaccination rates and the reason given for declining the influenza vaccination. In concert with the Infection Control Function (ICF) takes steps to increase influenza vaccination rate and assures health care workers (HCW) at a minimum are educated on the influenza vaccine, non-vaccine control, prevention measures, diagnosis, transmission and the impact of influenza.

1.2.3. ICF Chair consults with Public Health to determine classification of medical employees as High Risk or Exposure Prone according to AFI 44-108, *Infection Prevention and Control Program*, CFR 1910.1030, and Attachment 4.

1.3. Public Health Flight.

1.3.1. Screens medical employees for compliance with the Medical Employee Health Program Health Requirements (Table 1.1) upon initial assignment and periodically based on risk and as prescribed by Air Force and the Centers for Disease Control and Prevention.

Table 1.1. Pre-Employment and Periodic Health Requirements.

Immunization & Screening Type	**Pre-employment Requirements**	**Periodic Requirements**
Tuberculosis Skin Test or Approved Blood Assay Screening	IAW Centers for Disease Control and Prevention Testing Guidelines (2-step testing protocol or an approved blood assay screening) Must be performed within the last 12 months for new employees to the Military Healthcare System. If the member has a history of previous latent TB or treated active TB, a chest radiograph may be required before cleared to work based on physician discretion.	Based on Annual tuberculosis (TB) Risk Assessment.
Influenza	IAW Centers for Disease Control and Prevention, immunize all HCW unless previously immunized for the current influenza season.	Immunize all personnel annually.
Tdap (tetanus, diphtheria, acellular pertussis)	IAW Centers for Disease Control and Prevention, regardless of age, all medical employees are required to be immunized for Tdap (1X requirement) if it has been 10 yrs or greater since their last Td.	Td is every 10 yrs.
Human Immunodeficiency Virus (HIV)	Active duty personnel are tested every 2 years unless otherwise indicated for medical or deployment reasons. Testing for non-active duty high-risk personnel will be IAW AFI44-178 *Human Immunodeficiency Virus Program*.	Active duty are screened every 2 years.

Mumps/Rubeola/Rubella	IAW Centers for Disease Control and Prevention, all in processing personnel are screened for laboratory evidence of immunity (IgG in serum for each disease), or documented 2 doses of live mumps virus containing vaccine, or laboratory confirmation of disease or born before 1957. Those that do not meet one of the above are immunized with mumps/measles/rubella.	No annual requirements.
Varicella	IAW Centers for Disease Control and Prevention, verify provider-confirmed history of Chickenpox (medical employee's recollection of history is not sufficient), varicella vaccination (2 doses) or positive varicella titer.	No annual requirements.
Hepatitis B (HBV)	Personnel are immunized and tested IAW 48-110 *immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,* and IAW HQ USAF/SG guidance. Refer to Section 2. Hepatitis B Vaccination.	No annual requirements.
Hepatitis A (HAV)	All active duty personnel are immunized IAW 48-110 *immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,* and IAW HQ USAF/SG guidance, Vaccine Policy Guidance for Adults and Accessions.	No annual requirements.

1.3.2. Maintains Aeromedical Services Information Management System (ASIMS) database of medical employee health immunization and test dates for all medical personnel; tracks compliance with immunization and laboratory testing requirements and notifies personnel and chain of command of delinquent personnel. Reports program compliance to the ICF.

1.3.3. Validates that the ASIMS is documented for medical employees who are classified as High Risk or Exposure Prone.

1.3.4. Conducts an annual TB Risk Assessment.

1.3.5. Reports MEHP status to the Aerospace Medicine Council, ICF, and as required, to other forums.

1.4. Bioenvironmental Engineering Flight. Conducts respiratory protection fit-testing for all respirators (to include N-95) and performs responsibilities as listed in AFI 44-108.

1.5. Supervisors.

1.5.1. Ensure patients are protected from exposure to employee illnesses and have the authority to dismiss an ill employee from their work shift as applicable.

1.5.2. Ensure personnel receive initial bloodborne pathogen and tuberculosis training within 10 days of assignment and/or prior to patient care.

1.5.3. Ensure personnel in-process the Medical Employee Health Program within 10 days of assignment and/or prior to patient care.

1.5.4. Ensure all female employees (excluding volunteers and contractors) who are pregnant report to PH to establish work restrictions and limitations after confirmation of pregnancy. Initial pregnancy profiles (AF Form 469, *Duty Limiting Condition Report*) are required by AFI 10-203, *Duty Limiting Conditions*.

1.5.5. Apply protective restrictions as outlined in Attachment 3 to pregnant HCWs caring for patients with selected infectious diseases.

1.5.6. Ensure civilian compensation for occupational injuries and illnesses is handled properly IAW form CA-810, *Injury Compensation for Federal Employees*.

1.6. All Personnel.

1.6.1. Review and comply with this instruction and the requirements of the Medical Employee Health Program and location specific Bloodborne Pathogen and Respiratory Pathogen Exposure Control Plans (ECPs).

1.6.2. In-process the Medical Employee Health Program within 10 duty days of arrival at the MTF and prior to direct patient care.

1.6.3. Immediately report any signs and symptoms of infectious or communicable diseases or potential bloodborne pathogen exposures to their immediate supervisor. Must be compliant and notify their supervisor with recommended duty restrictions as outlined in Attachment 2.

1.6.3.1. Notify their immediate supervisors as soon as possible of any restrictions or limitations placed upon their duty performance by a healthcare provider as a result of infectious or communicable disease.

1.6.3.1.1. Civilians notify immediate supervisors on a form CA-17, *Duty Status Report*, of any restrictions or limitations placed on their duty performance by their healthcare provider. They notify their own physician of restrictions referencing Attachment 2 and Attachment 3, ensuring the same guidelines are used for follow-up.

1.6.3.1.2. All others will call their immediate supervisor to notify them of their status.

1.6.4. Excluding emergencies, all personnel will access their primary care manager for medical evaluation of an illness. If an ill employee is required to work after being

evaluated by a provider, the appropriate personal protective equipment (PPE) is donned or the HCW is reassigned to a non-patient contact activity.

1.6.5. Use ICF-approved safety devices to prevent occupational exposures.

1.6.6. Accomplish pre-employment and periodic medical employee health examinations to include follow-up for TB or bloodborne pathogen exposures, clinical laboratory testing, and/or other testing as deemed necessary by appropriate medical authorities.

1.6.7. Who have HIV, hepatitis C virus, or HBV will be referred to the Chief, Medical Staff and should be relieved from patient care responsibilities until an expert review panel has met to advise the healthcare worker on work restrictions, privileges, and/or scope of practice IAW AFI 44-178 *Human Immunodeficiency Virus Program*.

1.7. Providers.

1.7.1. Provide treatment to all employees as authorized and, IAW Attachment 2, will document all duty restrictions on appropriate forms.

1.7.2. Notify PH of any military treatment facility employee diagnosed with a reportable communicable disease within 24 hours.

1.7.2.1. Initiate a 59 MDW Form 3520, *Provider Reportable Condition*.

1.7.2.1.1. If at a Joint Base San Antonio (JBSA)-Lackland location, contact Lackland PH at fax 292-9635 or call 292-9626/9618/9544.

1.7.2.1.2. If at a JBSA-Randolph location, contact Randolph PH at fax 652-6022 or call 652-1876.

1.8. Family Emergency Center (FEC).

1.8.1. Provides immediate Bloodborne Pathogen (BBP) exposure assessment for all employees, to include care and treatment, and documents all care given and appropriate duty restrictions.

1.8.2. Will follow all procedures as outlined the JBSA-Lackland Bloodborne and Respiratory ECPs.

1.9. Immunization Department.

1.9.1. Provides a non-compliance list of HCWs with the Influenza vaccination to the offices administratively responsible for the employee.

1.9.2. Reviews immunization records of all medical employee personnel and administers required immunizations.

1.9.3. Enters all active duty immunizations into ASIMS.

1.9.4. Transcribes immunizations records provided by medical employees into ASIMS.

2. Hepatitis B Vaccination.

2.1. IAW AFI 44-108, para. 3.2.2.1.1 all HCWs to include: active component, civilian employees, contractor personnel, trainees, volunteers and other temporary staff with exposure to blood or other body fluids must have documentation of hepatitis B antibody or a record of completion of the 3-dose or CDC approved hepatitis B vaccination series.

2.1.1. New employees who have no documentation of immunity against HBV or a record of completion of the hepatitis B vaccination series will start the series within 10 working days of in-processing. The hepatitis B virus vaccination series should be completed within six months of the start of duties. An HBsAB test will be drawn 30-60 days following completion of the series to confirm a positive antibody.

2.1.2. Hepatitis B Virus vaccine and immunity will be required IAW AFI 44-108, Section 3.2.2.1.

2.2. High Risk and Exposure Prone Personnel (see Attachment 4 for definition).

2.2.1. Hepatitis B virus vaccination and lab testing for hepatitis B surface antibody (HBsAb) is a condition of employment for all high risk and exposure prone personnel.

2.2.2. All exposure-prone personnel will have a positive HBsAb or will be required to have a negative hepatitis B surface antigen (HBsAg) and hepatitis B envelope antigen (HBeAg) prior to working in direct patient care.

2.2.3. Exposure prone personnel having a positive HBsAg will be referred to Infectious Disease for further evaluation.

2.3. Contract, MOU and Other Agreement Employees.

2.3.1. Contracts and agreements will specify the tasks and or duty positions that are at risk of exposure, require the hepatitis B vaccination to be a condition of employment, and identify who will provide/pay for the hepatitis vaccination.

2.3.2. The 59 MDW will provide the hepatitis B virus vaccination series to high risk or exposure prone contractors only if stated in the contract.

2.4. Civilian Employees.

2.4.1. The hepatitis B vaccination series is available to low-risk civilian employees not in direct patient care. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

2.4.2. An employee who is not reasonably expected to come into contact with blood or bodily fluids and declines the hepatitis B vaccination must sign a declination form (Attachment 6) found in AFI 44-108. Employees who decline may request and obtain the vaccination at a later date. Documentation of declination of the vaccination is placed in the employee's health record.

2.5. Hepatitis B vaccination will be provided to military service members by the Immunization Clinic at each location.

3. Bloodborne Pathogen Exposure Procedures.

3.1. Infection Control procedures to prevent and control blood borne pathogen exposures are addressed in 59 MDWI 44-157, I*nfection Prevention and Control Program*. Infection Control Prevention and Control Guide Procedures for responding to a potential pathogen exposures are outlined in location-specific Bloodborne Pathogen Exposure Control Plans.

3.1.1. For JBSA-Lackland: All employees can review this plan at any time during their work shifts by contacting 559 AMDS/SGPM (Public Health). Or by viewing at

https://clinical.sammc-eis.lackland.af.mil/559_MDG/AMDS/Pub%20Health/Shared%20Documents/Forms/AllItems.aspx. This plan contains the implementation guidance for 59 MDW Form 147, *Bloodborne Pathogens (BBP) Exposure Worksheet* which is to be used when a BBP incident occurs.

3.1.2. For JBSA –Randolph: All employees can review this plan at any time during their work shifts by contacting 359 AMDS/SGPM (Public Health) at 210-652-1876. Or by viewing on the 359 MDG Share Drive at: W:\Public\359MDSS\CSS\359 MDG PUBLICATIONS AND FORMS\MDGIs.

4. Tuberculosis Exposure Control Procedures.

4.1. IC Prevention and Control Guide Procedures for responding to a potential TB or other respiratory exposure are outlined in location-specific Respiratory Pathogen Exposure Control Plans.

4.1.1. For JBSA-Lackland: All employees can review this plan at any time during their work shifts by contacting 559 AMDS/SGPM (Public Health). Or by viewing at **https://clinical.sammc-eis.lackland.af.mil/559_MDG/AMDS/Pub%20Health/Shared%20Documents/Forms/AllItems.aspx**

4.1.2. For JBSA–Randolph: All employees can review this plan at any time during their work shifts by contacting 359 AMDS/SGPM (Public Health) at 210-652-1876. Or by viewing on the 359 MDG Share Drive at: W:\Public\359MDSS\CSS\359 MDG PUBLICATIONS AND FORMS\MDGIs.

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Chief of the Medical Staff

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 48-1, *Aerospace Medicine Enterprise,* 23 August 2011

AFI 10-203, *Duty Limiting Conditions,* 20 November 2014

AFI 44-102, *Medical Care Management,* 17 March 2015

AFI 44-178 *Human Immunodeficiency Virus Program,* 4 March 2014

AFI 48-101, *Aerospace Medicine Enterprise,* 8 December 2014

AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health and Military Significance,* 15 July 2014

AFI 44-108, *Infection Prevention and Control Program*, 11 December 2014

AFI 48-137, *Respiratory Protection Program,* 12 September 2018

DoD 5400.7, *Freedom of Information Act*, 2 January 2008

DoD 6025.18-R, *DoD Health Information Privacy Regulation*, 24 January 2003 Privacy Act of 1974

Privacy Act System of Record F044 AF SG D, *Automated Medical/Dental Record System*, 29 August 2003

F044 AF SG E, *Medical Record System*, 18 June 2010

59 MDWI 44-157, *Infection Prevention and Control Program,* 16 May 2018

AFMOA/CC Memorandum, *Discontinue Requirement to Notify Dental Clinic of Patients Diagnosed with Infectious Diseases*, 4 October 2002

AF/SGO *Memorandum Vaccine Policy and Guidance for Adults and Accession*, 7 June 2006

HQ USAF/SG, *Letter Air Force Mumps Vaccination Guidance,* 30 Nov 2016

HQ USAF/SG, *Letter Hepatitis B Immunization and Screening Policy for Air Force Medical and Dental Personnel*. (SG Policy letter 03-004), 11 September 2003

Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases*,13th Ed., May 2015, Aka "The Pink Book"

Centers for Disease Control and Prevention. *Guideline for Infection Control in Health Care Personnel*, June 1998

MMWR, Vol 54, RR-17, *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings*, 30 December 2005

MMWR, Volume 55, RR-17, *Preventing Tetanus, Diphtheria, and Pertussis Among Adults*, 15 December 2006

MMWR, Volume 55, RR-16, *A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B virus infection in the USA*, 8 December 2006,

Hepatitis B Immunization Policy for DoD Medical and Dental Personnel, 23 October 1996

29 CFR 1910.1030, *Bloodborne Pathogens*, 1 July 1999

Prescribed Form

59 MDW Form 147, *Bloodborne Pathogens (BBP) Exposure Worksheet*

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

AF Form 469, *Duty Limiting Condition Report*

CA-17, *Duty Status Report*

CA-810, *Injury Compensation for Federal Employee*

59 MDW Form 3520, *Provider Reportable Condition*

Abbreviations and Acronyms

ASIMS—Aeromedical Services Information Management System

BBP—Bloodborne Pathogen

CDC—Centers for Disease Control and Prevention

CFR—Code of Federal Regulations

ECP—Exposure Control Plan

HBeAg—Hepatitis B Envelope Antigen

HBsAb—Hepatitis B Surface Antibody

HBsAg—Hepatitis B Surface Antigen

HBV—Hepatitis B Virus

HCW—Health Care Worker

HIV—Human Immunodeficiency Virus

IAW—In Accordance With

ICF—Infection Control Function

IPC—Infection Prevention & Control Office

JBSA—Joint Base San Antonio

MDW—Medical Wing

MEHP—Medical Wing Employee Health Program

MOU—Memorandum of Understanding

MTF—Military Treatment Facility

PH—Public Health

PPE—Personal Protective Equipment

TB—Tuberculosis

Tdap—Tetanus, Diphtheria, Acellular Pertussis

VC—Volunteer Coordinator

Terms

Blood—Means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens—Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogenic organisms include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Bloodborne Pathogen Exposure—An exposure that might place the exposed patient at risk for HIV infection is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object) or contact of mucous membrane or nonintact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. In addition to blood and visibly bloody body fluids, semen and vaginal secretions also are considered potentially infectious.

Exposure—Prone HCW (Indicative of risk is to the patient)—Medical and dental providers, nurses, and technicians who perform invasive procedures with sharp instruments in a poorly visualized or highly confined anatomic site. The Centers for Disease Control and Prevention (CDC) defines invasive procedures as "surgical entry into tissues, cavities or organs or repair of major traumatic injuries associated with operating or delivery room, urgent care center, or outpatient setting (dental and physician), cardiac catheterization and angiographic procedures; vaginal/cesarean delivery or other invasive obstetric procedure where bleeding occurs; or manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists." All exposure-prone personnel are also high-risk.

Health Care Worker—Any 59 MDW (including active duty and reserve personnel), Red Cross Volunteers, 59 MDW Volunteers, Chapel Volunteers, Contract Workers, civilians, and students as applicable.

High—Risk HCW (Indicative of risk is to the HCW)—Personnel working in, or under jurisdiction of Air Force medical units who have direct contact with patients or blood/body fluids, and are at ongoing risk for injuries with sharp instruments/needlesticks.

Serologic evidence of immunity against HBV—Hepatitis B surface antibody titer $\geq$ 10 mIU/mL.

Standard Precautions and Use of Personal Protective Equipment—Standard precautions shall be implemented to eliminate/minimize employee contact with blood and other potentially infectious materials. All patients and patient specimens are considered to be potentially infectious.

59th Medical Wing (MDW)—The term 59 MDW shall encompass 59 MDW Staff, 359 MDG, 59 MDOG, 59 MDSG, 59 DG, 559 MDG and all outlying medical facilities on JBSA-Lackland.

Attachment 2

WORK RESTRICTIONS FOR HOSPITAL WORKERS EXPOSED TO OR INFECTED WITH SELECTED INFECTIOUS DISEASES

Table A2.1. Work Restrictions for Hospital Workers Exposed to or Infected with Selected Infectious Diseases.

Disease Or Problem	Relieve From Direct Patient Contact	Mode Of Transmission/ Infective Material	Partial Work Restrictions	Duration
Conjunctivitis	YES	Purulent drainage	NO	Until discharge ceases
Cytomegalo-virus (CMV)	NO	Direct contact with urine or respiratory secretions	NO	Until resolution of fever and other symptoms of infection
Diarrhea (*Salmonella*/*Shigella* infections)				
--Acute stage diarrhea	YES and contact with the patient's environment or food handling	Fecal/oral	Personnel do not care for high-risk (Immuno-suppressed, BMT) patients	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures
--Convalescent stage	NO	Fecal/oral	Personnel do not care for high-risk (Immuno-suppressed, BMT) patients	Until symptoms resolve; consult with local and state health authorities regarding need for negative stool cultures
Epstein-Barr virus (mono-nucleosis)	NO	Person to person spread via saliva exchange, kissing, blood transfusion.	HCW may be limited by fatigue—provider and supervisor may use discretion for duty hours	Usually 2-4 weeks
Enteroviral infections	NO	Fecal/oral route	Personnel do not care for infants and newborns or immunocompromised patients	Until symptoms resolve
Fever	POSSIBLY -If	Direct/indirect		Until acute

	personnel has a fever >100.5 F (38 C), removed from duty unless the cause of fever is known to be non-infectious	contact with respiratory secretions most common mode		symptoms resolve
Hepatitis A (HAV)	YES Restrict from patient contact, contact with patient's environment, and food handling	Fecal/oral		Until 7 days after onset of jaundice
Hepatitis B (HBV) -- acute	NO (**Note:** may not do invasive procedures)	Blood, saliva, infected body fluid	-Standard Precautions apply (cannot do invasive procedures during acute phase)	Until antigenemia resolves
Hepatitis B (HBV) --post exposure	NO	Blood, saliva, infected body fluid	Standard Precautions apply	NONE
Hepatitis B (HBV) --chronic antigemia	-NO (**Note** may not do exposure prone invasive procedures)	Blood, saliva, infected body fluid	Use Standard Precautions, may not do exposure prone procedures	Until antigenemia resolves. Refer to SGH
Hepatitis C	NO	Blood	Use Standard Precautions	Period of infectivity has not been established. Refer to SGH
Herpes Simplex (HSV I, II)				
-- Genital	NO	Direct/indirect contact with lesions, vesicles fluid		
-- Hands (Herpectic Whitlow)	YES and contact with patient environment	Direct/indirect contact with lesions, vesicles fluid	Gloves do not prevent transmission	Until lesions are dry
-- Orofacial	NO	Direct contact with lesions, vesicle fluid and saliva	Personnel do not care for high-risk patients	Until lesions are dry
Human immuno-Deficiency virus	NO (**Note:** cannot assist or	Blood, contaminated		Duration of illness. Refer to

(HIV)	perform invasive prone procedures)	body fluids		SGH.
Immuno-suppression (Determined by Primary Care Provider)	NO		Personnel who are immuno-suppressed are not assigned care of patients with infectious and/or communicable disease	Until no longer immuno-suppressed
Measles				
-- Active	YES	Droplet, direct contact of resp. secretions		Until 7 days after rash appears
-Postexposure (susceptible person)	YES	Droplet, direct contact of resp. secretions		From the 5th through the 21st day after exposure, or 4 days after the rash appears
Meningococcal Disease	YES	Droplet, direct contact of nose and throat secretions		Until 24 hrs. after effective treatment
Mumps				
-- Active	YES	Droplet, direct contact of resp. secretions		Until 9 days after onset of parotitis
-Postexposure (susceptible personnel)	YES	Droplet, direct contact of resp. secretions		From the 9th through 26 day after exposure, or until 9 days after onset of parotitis
Pertussis (whooping cough)				
-- Active	YES	Droplet, direct contact with resp secretions		From the beginning of the catarrhal stage through the 3rd week after onset of paroxysms or until 5 days after start of effective therapy
-Postexposure	YES	Droplet, direct		5 days after

(symptomatic HCWs)		contact with resp secretions		effective treatment
-Postexposure (asymptomatic HCWs)	NO	Droplet, direct contact with resp secretions		
Pharyngitits (Sore Throat, Group A Strep)	YES and contact with the patient's environment or food handling	Direct/indirect contact with resp. secretions		Until 24 hrs. after adequate treatment
Pneumonia	YES	Resp. secretions, discharge from nose or throat	Personnel do not care for high-risk patients	Until acute symptoms resolve
Rubella-				
-- Active	YES	Direct/indirect contact of nasopharyngeal secretions, or urine		Until 5 days after the rash appears
-- Post-exposure (susceptible HCW)	YES	Direct/indirect contact of nasopharyngeal secretions, or urine		From the 7th day through the 21st day after exposure and/or 5 days after rash appears
Scabies (mites)	YES	Direct/indirect contact with mite or infective material		Until cleared by medical evaluation
Staphylococcus aureus				
-- Active, draining skin lesion	YES and contact with the patient's environment or food handling	Direct/indirect contact with purulent drainage		Until lesions have resolved
-- Carrier State	NO (unless personnel is epidemiologically linked to transmission of organism)			
Tuberculosis (TB) Pulmonary				
-- Active	YES	Airborne particles, sputum		Until proven non-infectious
-- PPD converter	NO	Non-infectious		
Viral respiratory	NO	Droplet/direct	Personnel with VRIs	Until acute

infections (VRIs) excluding Influenza		contact resp. secretions	do not care for high risk patients or contact with their environment during outbreak if RSV or influenza	symptoms resolve
Influenza	YES	Droplet/direct contact resp. secretions		Restrict from work until without fever for 24 hrs in the absence of fever reducing agent. Personnel who care for high risk patients should be considered for removal for 7 days from the onset of symptoms
Varicella (Chickenpox)				
-- Active	YES	Direct/indirect contact with resp. secretions, vesicle fluid		Until all lesions dry and crust
-- Post-exposure (susceptible personnel)	YES	Direct/indirect contact with resp. secretions, vesicle fluid		From the 10th through the 21st day after exposure or from the 10th through the 28th day if VZIG is given. If varicella occurs, until the lesions dry and crust over.
-- Post-exposure (immunized)	NO (unless symptoms occur)	Direct/indirect contact with resp. secretions, vesicle fluid		Monitor daily during days 10-21 after exposure. Daily screen for fever, skin lesions and

				systemic symptoms.
Zoster (shingles)				
-- Active	NO (if lesions on trunk, not on arms, and covered)	Contact or aerosolization of vesicle fluid	Appropriate barriers, personnel do not care for high-risk patients regardless of the lesions are covered	Until lesions dry and crust
-- Post-exposure (personnel susceptible to chickenpox)	YES	Contact or aerosolization of vesicle fluid	Personnel do not care for high-risk patients regardless of the lesions are covered	From the 10th through the 21st day (28th day if VZIG given) after exposure, and if varicella occurs, until all lesions dry and crust

Attachment 3

WORK RESTRICTIONS FOR PREGNANT HEALTHCARE WORKERS CARING FOR PATIENTS WITH SELECTED INFECTIOUS DISEASES

Table A3.1. Work Restrictions for Pregnant Healthcare Workers Caring for Patients with Selected Infectious Diseases.

Disease	Mode of Transmission & Infective Material	Precautions (In Addition to Standard Precautions and Hand Washing)	Reassignment of Pregnant Worker
Cytomegalovirus (CMV)	Direct contact with urine or respiratory secretions, blood, semen	None (except mask, if CMV pneumonia)	No
Hepatitis A	Fecal/oral/blood rare	Avoid contact during active phase	No
Hepatitis B	Blood, infected body fluid	None	No
Hepatitis C	Blood	None	No
Herpes simplex types I and II	Direct/indirect contact with vesicular fluid	Contact precautions	No
Herpes zoster (shingles)			The nonimmune HCW, pregnant or not, should not have patient contact
- Localized	Contact with open, weeping lesions	None	
- Disseminated in any patient Localized in immunocompromised patient until disseminated infection ruled out	Aerosolization of vesicle fluid	Contact precautions and airborne precautions	
HIV/AIDS	Blood, contaminated body fluids	None	No
Parvovirus B19	Respiratory secretions and possibly blood	Droplet precautions Contact	Yes
Rubella (German Measles)	Direct/indirect contact of nasopharyngeal secretions, or urine	Droplet and contact Immunization available for non-pregnant worker	The nonimmune HCW, pregnant or not, should not care for rubella patients
Rubeola (Measles)	Droplet, direct contact of respiratory secretions	Airborne precautions Immunization available for non-pregnant worker	The nonimmune HCW, pregnant or not, should not care for rubeola patients
Smallpox	Direct/indirect contact of respiratory secretions or	Contact and Airborne precautions	Yes

	aerosolization of vesicular fluid		
Toxoplasmosis	Raw meat, cat feces; Transmission through ingestion; no human-to-human spread	None	No
Tuberculosis	Airborne particles, sputum	Airborne precautions	No
Varicella (Chicken Pox)	Direct/indirect contact with respiratory secretions or vesicle fluid	Airborne precautions And contact	The nonimmune HCW, pregnant or not, should not have patient contact

Attachment 4

BLOODBORNE EXPOSURE RISK DETERMINATION

A4.1. Exposure Risk Determination.

A4.1.1. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of PPE (i.e. employees are considered to be exposed even if they wear PPE). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. **The below listing identifies high-risk and exposure prone job classifications.**

A4.1.2. Exposure-prone personnel: medical and dental providers, nurses, and technicians who perform invasive procedures with sharp instruments in a poorly visualized or highly confined anatomic site, as defined by the most current CDC guidelines.

A4.1.3. High-risk personnel: personnel who have direct contact with patients or blood/body fluids, and are at ongoing risk for injuries with sharp instruments/needlesticks.

Table A4.1. High-Risk and Exposure Prone Job Classifications.

AFSC	AFSC TITLE	HR	EP
042B	Physical Therapist	X	
042E	Optometrist	X	
042F	Podiatrist	X	
042G	Physician Assistant	X	
042N	Biomedical Specialist	X	
042P	Clinical Psychologist	X	
042S	Clinical Social Worker	X	
042T	Occupational Therapist	X	
043T	Biomedical Laboratory Officer	X	
044A	Staff Clinician	X	
044D	Pathologist	X	
044EX	Emergency Medicine Physician	X	
044F	Family Practice Physician	X	
044G	General Practice Physician	X	
044KX	Pediatrician	X	
044MX	Internal Medicine/Subspecialty Physicians	X	
044NX	Neuroligist	X	
044P	Psychiatrist	X	
044R	Radiologist	X	
044SX	Dermatologist (and subspecialties)	X	
044YX	Critical Care Physician	X	
045XX	Anesthesiologist	X	
045B	Orthopedic Surgeon	X	X
045E	Ophthalmologist	X	X
045S	Surgeon	X	X

046A	Nursing Administrator	X	
046N	Clinical Nurse	X	
047G	Dental Officer	X	X
047K	Pediatric Dentist	X	X
048A	Aerospace Medicine Physician	X	
048E	Occupational Medicine Specialist	X	
048F	Aerospace Medicine – Family Practice	X	
048P	Preventive Medicine Physician	X	
048X	Flight Surgeon	X	
047EX	Endodontist	X	
047H	Periodontist	X	
047P	Prosthodontist	X	
047S	Oral Surgeon	X	
4A2XX	Biomedical Equipment Technician	X	
4H0XX	Cardiopulmonary	X	
4J0X2	Physical Therapy Technician	X	
4N0XX	Medical Service Technician/Paramedics	X	
4N1XX	Surgical Service	X	
4R0XX	Radiology	X	
4T0XX	Medical Laboratory Technician	X	
4V0XX	Optometry/Ophthalmology	X	
4Y0XX	Dental Technician	X	X
4Y1XX	Dental Laboratory Technician	X	

Job Series	Job Series Title	HR	EP
N/A	Athletic Trainer	X	
180	Psychologists	X	
185	Social Workers	X	
403	Microbiologists	X	
404	Biological Tech/Aid	X	
456	Paramedics	X	
601	General Health Sciences	X	
602	Medical Officers	X	
603	Physician Assistant	X	
610	Nurses	X	
620	Practical Nurses	X	
621	Nurse Assistant	X	
622	Medical Supply Aids & Technicians	X	
631	Occupational Therapists	X	
633	Physical Therapists	X	
636	Physical Therapy Assistant	X	
640	Health Aids and Technicians	X	
644	Medical Technologists	X	

645	Medical Technicians	X	
649	Medical Instrument Technicians	X	
662	Optometrists	X	
680	Dentists	X	X
681	Dentist Assistants	X	X
682	Dental Hygienists	X	X
685	Preventive Medicine Technicians	X	
673	Housekeeping Staff	X	