



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
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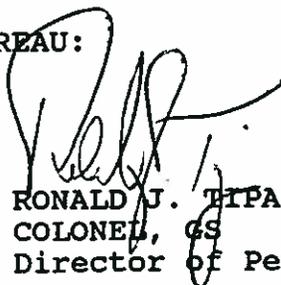
25 APR 1995

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: (All States Log Number I95-0153) Sample Medical
Infectious Waste Management Plan

1. Reference All States Policy Letter (#I95-0033), dtd 2 Jan 95,
subject: Prevention of Bloodborne Pathogens
2. Attached is an example of a State Medical Infectious Waste
Management Plan. All medical/dental treatment facilities and
laboratories must have a formal state program for prevention of
bloodborne disease transmission to include an exposure control
plan.
3. The enclosed VAARNG Pamphlet Number 40-1, subject: "Medical
Infectious Waste Management Plan" is one example to emulate of an
exposure control plan cited in the reference above that satisfies
the Occupational Safety and Health Administration's (OSHA)
compliance standard on bloodborne pathogens.
4. Point of contact for this action is your state's Occupational
Health Nurse; MAJ Gant, NGB-AVN-SOH, DSN 327-7733, COMM 703-607-
7733; or MAJ DuRant, NGB-ARP-H, DSN 327-7146, COMM 703-607-7146.
Virginia state POC is LTC Sinclair, CN, VAARNG. A gratitude of
thanks is expressed for the tremendous amount of work required to
prepare the document. Special thanks to Virginia for granting
NGB permission to use the document as an example.

FOR THE CHIEF, NATIONAL GUARD BUREAU:


RONALD J. TIPA
COLONEL, GS
Director of Personnel

DISTRIBUTION:
POTO
MILPO
State Surgeon
Chief Nurse
Occupational Health Nurse

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VaARNG PAM 40-1

VaARNG Pamphlet
Number 40-1

18 August 1994

MEDICAL

MEDICAL INFECTIOUS WASTE MANAGEMENT PLAN

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CHAPTER 1

GENERAL

1-1. PURPOSE This pamphlet is designed to establish a Medical Infectious Waste Management Plan (MIWMP) for the Virginia Army National Guard (VaARNG).

1-2. REFERENCES Required and related references are listed in Appendix A.

1-3. POLICY

a. It is the policy of the VaARNG to manage Regulated and Potential Infectious Waste in an environmentally acceptable manner which protects the public health and safety IAW all Federal, State and local regulations.

b. This MIWMP is meant to be a functional, standard operating procedural guide and therefore is written in greater detail than typical in order to assure strict compliance.

c. This MIWMP is required reading and adherence for all unit commanders, medical personnel and others who may come in contact with or handle Potential and Regulated Infectious Waste throughout the VaARNG.

1-4. RESPONSIBILITIES

a. The Adjutant General

The Adjutant General (TAG) is responsible for the overall establishment and execution of the MIWMP and for:

(1) Ensuring VaARNG compliance with Federal and State statutory requirements.

(2) Ensuring that the Assistant Chiefs' of Staff have the support and logistics necessary to carry out the requirements of this MIWMP.

b. Assistant Chief of Staff for Personnel. The Assistant Chief of Staff for Personnel Division (VAPA) will act as TAG's representative for the daily operations management of the VaARNG MIWMP. The VAPA responsibilities are:

(1) Coordinate the required annual training of all personnel exposed to and involved in the handling of RIW.

(2) Coordinate the administration or declination of the Hepatitis B vaccine.

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provisions of this MIWMP.

(6) Facilitate availability of supplies and resources for requesting unit commanders who are having difficulty acquiring supplies and services necessary to meet requirements of MIWMP.

f. State Safety Manager. The State Safety Manager responsibilities are:

(1) Review and maintain file of submitted DA Form 285, "U.S. Army Accident Report".

(2) Maintain statistics and identify high incident rates for sharps injury and other incidences of risk exposure to controlled infectious waste.

(3) Provide quarterly summary report of above to State Surgeon and State Occupational Health Nurse.

g. State Occupational Health Nurse. The State Occupational Health Nurse responsibilities are:

(1) Provide advice and guidance on issues pertaining to this MIWMP.

(2) Maintain file copies of 29 CFR 1910.1030, "Bloodborne Pathogen Standard", for use by consulting health care professionals.

(3) Direct an exposed individual to a health care professional and provide case management for medical evaluation and care.

(4) Provide 29 CFR 1910.1030, "Bloodborne Pathogen Standard" and medical report guidance from PAM 40-1, "Medical Infectious Waste Management Plan" to the health care professional evaluating and treating the post-exposure individual.

(5) Investigate, provide case management in consultation with VACS-SG and other appropriate health care providers, regulate management of, and follow-up for post-exposure incidents and spills.

(6) Determine requirements for specific Personnel Protective Equipment (PPE) and environmental controls for personnel performing tasks which may potentially result in exposure.

h. Commanders. The Commanders responsibilities are:

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- (1) Ensure that their work practices are IAW with the requirements of this MIMWP.
- (2) Comply with the collection, labeling and packaging provision of this MIMWP.
- (3) Comply with the training and Hepatitis B vaccination requirements of this MIMWP.
- (4) Comply with the Universal Precautions accepted methods of practice.
- (5) Comply with the "PROCEDURES FOR SPILLS AND EXPOSURE" provisions of this MIMWP.
- (6) Provide necessary supplies and services to requesting units IAW provisions of this MIWMP. Health care personnel must go to a unit fully equipped and supplied to deliver the agreed-to services. The responding health care personnel are not to rely on requesting units to have the required supplies and equipment necessary to meet the demands of this MIWMP. Health care personnel must not leave the generated potential infectious waste (PIW) for the Unit to package and transport. The health care personnel must either package the PIW for shipment to the incinerator on the next workday by Unit personnel or take the PIW with them back to the health care personnel's assigned duty station.

CHAPTER 2

ADMINISTRATION

2-1. DEFINITIONS Abbreviations and special terms used in this MIWMP are explained in the glossary.

2-2. TYPES OF WASTE

a. Potential infectious waste. Potential Infectious Waste (PIW) will become regulated infectious waste when the holding container has been determined to have reached its capacity or is no longer in use and is ready for final sealing prior to transport for incineration. PIW may be transported in military vehicles/aircraft over public highways and right-of-ways. PIW may not be transported in privately owned vehicles. Transported PIW to include a Sharps container must be contained in a red 3.0 mils thick bag with the neck secured as described in Appendix L.

b. Regulated infectious waste. Potential Infectious Waste (PIW) becomes Regulated Infectious Waste (RIW) once the Sharps container is determined 3/4 full and/or no longer available for use. The unit commander or medical personnel must utilize one of the two listed transport method for RIW. Prior to transport, the RIW must be packaged IAW the packaging instructions.

2-3. COMMUNICATION

a. Labels. Individuals will be informed of potential infectious waste and bloodborne pathogens through the use of red packaging and the biohazard symbol on labels. Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the biohazard symbol and the text biohazard.



BIOHAZARD Symbol

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- 1 Shipping Manifest and Return Mailer
- 2 Certificate of Mailing
- 3 Generator ID Label

(3) Resuscitation equipment. Pocket masks or other ventilation devices should be housed in strategic locations where the need for resuscitation is likely.

(4) Bleach. Prepare a bleach solution of 1 part bleach (5.25% sodium hypochlorite) to 10 parts water. The solution is effective against HIV, Hepatitis, and Tuberculosis Organisms. The solution loses its potency after eight hours and must then be discarded.

(5) Emergency Spill Kit, NSN (MCN) 6530-00-X51-0048, which contains the following items:

<u>Quantity</u>	<u>Item</u>
1 Ea	Full-length Impervious Open-back Gown
1 Ea	Pair of Latex Medical Gloves
1 Ea	Mask with Splash Guard Visor
1 Ea	Pair Impervious High-Tox Shoe Covers
1 Ea	Liquid Treatment System
1 Ea	Pair Disposable Waste Scoops
1 Ea	Surface Disinfectant Wipe
1 Ea	Antimicrobial Wipe
1 Ea	Biohazard Waste Bag

b. Special Equipment.

(1) Gowns, NSN (MCN) 6532-00-421-7828. The use of gowns, aprons or lab coats is required when splashes to the skin or clothing with body fluids is likely to occur.

(2) Masks, NSN (MCN) 6515-00-982-7493, and Eye Protectors, NSN (MCN) 6515-00-663-9801. The use of masks and face shields is required when contamination with body fluids is likely to occur through splashes or aerosolization (i.e. communicable disease).

CHAPTER 3

METHODS OF COMPLIANCE

3-1. UNIVERSAL PRECAUTIONS All blood or other potential infectious materials (as defined in the glossary under "Controlled Infectious Waste", "Infectious Waste", and "Regulated Infectious Waste" definitions) shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

3-2. HAND WASHING AND OTHER HYGIENE MEASURES Hand washing is a primary infection control measure which protects both the individual and the patient. Appropriate hand washing must be diligently practiced. Individuals shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves and/or other personal protective equipment.

a. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membrane shall be flushed with water as soon as possible.

b. When hand washing facilities are not immediately accessible, the individual shall use either an antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

c. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.

d. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potential infectious materials are present.

e. Mouth pipetting/suctioning of blood or other potential infectious materials is prohibited.

f. Individuals shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potential infectious materials.

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protection devices (goggles or glasses with solid side shields) or chin-length face shields whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

f. Reference guide. Refer to Appendix B, "Examples of Recommended Personal Protection Equipment (PPE) for Worker Protection".

3-5. SHARPS MANAGEMENT

a. All potentially contaminated needles and sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.

b. Sharps containers must be closable, puncture resistant, labeled or color-coded red, leakproof on sides and bottom, and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found.

c. All disposable sharps shall be discarded, as soon as possible after use into the disposable sharps containers. Contaminated broken glass is to be placed in disposable sharps containers.

d. Over-filling of sharps containers creates a hazard when needles protrude from openings. When the sharps container reaches 3/4 full, it must be capped, sealed and packaged for shipment (refer to paragraph 4-2) prior to leaving work for the day. The enclosed potential infectious waste becomes Regulated Infectious Waste (RIW) when the infectious waste container is sealed to prohibit further use.

e. Liquids should not be placed in the sharps containers. A sharps container must not contain in excess of 50ml of liquid.

f. Sharps containers which have not reached the cap and seal point (3/4 full) may continue to be used from event-to-event. When not in use, the sharps container must be secured as described in paragraph 3-5(g) to prevent misuse or access by unauthorized personnel.

g. Sharp containers which are still in use, and therefore not classified as Regulated Infectious Waste (RIW), may be taken in military vehicles from one facility to another over public right-of-ways for the purpose of continued use. A privately owned vehicle is not to be used for the transport of

CHAPTER 4

PACKAGING, TRANSPORT AND DISPOSAL

4-1. OVERVIEW The packaging and transporting of potential infectious medical waste is different from that of regulated infectious waste. The proper handling of each is a significant factor in the exposure risk of the individual. It is the intent of the VaARNG to move all regulated infectious medical waste to a licensed disposal facility in a manner consistent with all applicable regulations and public safety. For most units, the preferred method will be utilization of the U.S. Postal Service and the mail packaging kit. Other units may prefer to transport the RIW via a military vehicle to a local federal medical facility. Either method is acceptable as long as the guidelines in this chapter are adhered to.

4-2. DISPOSAL OPTIONS The medical personnel delivering the medical services in conjunction with the Unit Commander may select one of the following two options for disposal of the generated potential infectious medical waste. It is the responsibility of the AMEDD personnel to properly prepare the RIW for transport/shipment. The Unit Commander should assume responsibility for transport/shipment to the disposal facility.

a. Local medical facility disposal.

(1) Military vehicle. RIW may be transported only in a military vehicle to a federal health care facility that has agreed to properly dispose of VaARNG RIW provided the military vehicle does not leave the confines of government property. RIW is NOT to be transported in military vehicles/aircraft on public/commercial right-of-ways unless it is packaged for shipment as outlined in para 4-2b(2).

(2) Packaging. RIW to be transported within government property by a military vehicle/aircraft must be enclosed by a secondary container. That is, RIW contained in a red bag must be enclosed in a leakproof secured second container such as a second 3.0 mils thick red plastic bag prior to transport to the receiving point of the RIW for disposal. Liquid material must not be contained in the red bags. RIW contained in a sharps container may not include more than 50 ml of liquid material. The sharps container must be no more than 3/4 full, capped and lid taped to secure the sharps container. The sharps container is to be then placed in a 3.0 mils thick red bag which contains sufficient absorbent to absorb three times the amount of liquid in the sharps container with neck twisted then doubled down and secured with wire tie or tape to prevent leakage. Several primary containers may be enclosed in a single secondary container if there is adequate

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packaging and arrangement for transportation of the generated medical waste upon completion of mission. The generated medical waste is not to be left at the serviced unit unless additional medical service will be provided to the same unit at the same location within a 60 day period and the generated medical waste can be secured in an area with limited access.

4-4. PACKAGING AND TRANSPORT OF IN-USE SHARPS CONTAINERS For economy purposes, sharps containers should be used until they are 3/4 full prior to being sealed and transported for destruction. In order to protect the public safety and the AMEDD personnel from accidental exposure to potential infectious waste, the in-use sharps container must be maintained and transported in a controlled manner. The following guidance is to be followed for in-use sharps container.

a. Closure. The sharps container lid must be firmly reattached and taped to the main body of the sharps container.

b. Transport. The sharps container may be transported to another site for continued use by means of military vehicle/aircraft but not by a private vehicle in accordance with AR 40-5. Prior to transport, the sharps container must be placed in a red biohazard bag, the neck of which is twisted, doubled over and secured by tape or wire to prevent leakage.

c. Inactive sharps containers. A sharps container which is not used for a long period of time (generally more than 90 days) should be permanently sealed, packaged and shipped for destruction.

d. Temporary storage. The properly capped in-use sharps container must be maintained in a locked limited access location to prevent pilferage and accidental exposure to potential infectious waste.

CHAPTER 5

SPILL AND EXPOSURE INCIDENT PROCEDURES

5-1. EMERGENCY SPILL KIT Each unit with assigned medical personnel is required to keep an emergency spill kit, NSN (MCN) 6530-00-X51-0048, as described in paragraph 2-4 within the vicinity of any area where potential infectious wastes are generated and packaged for transport. The location of the kit shall provide for rapid and efficient cleanup of spills within the area. All vehicles transporting potential infectious waste (PIW) and RIW must also keep an emergency spill kit on board.

5-2. SPILL CONTAINMENT AND CLEANUP Following a spill of potential infectious waste or RIW or its discovery, the following procedures shall be implemented:

a. Secure the area from further traffic and leave the area until the aerosol from the broken containers settle (no more than a few minutes delay).

b. Retrieve the emergency spill kit.

c. The cleanup crew will don gloves, gown and a disposable surgical mask.

d. Cover the broken containers of potential infectious waste and RIW with the Liquid Treatment System from the emergency spill kit.

e. Spread sufficient absorbent (found in the emergency spill kit) to fully absorb all liquid.

f. Place broken containers and spillage residue inside Biohazard sharps container. Use extreme caution to minimize exposure. Clean up broken glass and absorbent material, which may be contaminated, using mechanical means such as a brush, dustpan, tongs or forceps and place into a sharps container. DO NOT pick up directly with the hands. Refer to Chapter 4 for packaging and transport directions.

g. Disinfect the area with the Surface Disinfectant Wipe or bleach solution and take other clean up steps deemed appropriate.

h. Clean and disinfect non-disposable items.

i. Remove clean up outfits and place disposable items in Biohazard Waste Bag or sharps container used during clean up for broken containers and spillage residue.

their proper processing.
Forward to State Safety
Manager.

*Manage the post exposure
medical care and reporting
requirements.

*Notify the VaARNG State
Surgeon and Chief Nurse of
the incident.

*Maintain records of
incident and post-exposure
action.

d. State Safety
Manager

*Maintain DA 285 in file.
*Prepare incident report and
render to Safety Council
meeting and State Surgeon.

e. Chief Nurse

*Determine need for additional
training, modification of
methods of operation to prevent
recurrence of incident. Take
appropriate action.

5-5. EXPOSURE MEDICAL FOLLOW-UP AND COUNSELING

a. Medical care. All personnel who have been exposed will be provided with medical evaluation and counseling at no cost to the individual in accordance with this MIWMP including at minimum the following elements (see Appendix O):

(1) Documentation of the routes of exposure and the circumstances under which the exposure incident occurred.

(2) Identification and documentation of the source individual (unless infeasible or prohibited by law).

(3) The source individual's blood is to be tested as soon as feasible to determine HBV and HIV infectivity status.

(4) Collect and test the blood of the exposed worker for HBV and HIV status.

(5) Results of the source individual's testing shall be made available to the exposed worker. At that time, the worker will be made aware of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

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(1) "U.S. Army Accident Report", DA Form 285 (Appendix F). Forward completed form to VaARNG Safety Officer (VACS-S).

(2) "Post-Exposure Evaluation Form", Top Portion (Appendix G). Forward completed form to VaARNG Occupational Health Nurse (VACS-N).

(3) Initiate a Line of Duty document. Forward form through command channels to this headquarters, ATTN: VAPA-PA-M, with an information copy to VACS-N.

b. Reference guide. Refer to the following appendixes for assistance in ensuring inclusive coverage for the individual who has sustained an exposure incident.

(1) Appendix D - "Hepatitis B Prophylaxis".

(2) Appendix E- "Recommended Treatment".

(3) Appendix F -"U.S. Army Accident Report".

(4) Appendix G -"Post Exposure Evaluation" and "Health Care Professional's Written Opinion" forms.

(5) Appendix H -"Post Exposure Evaluation and Follow-up".

c. Medical Recordkeeping. All clinical notations made under the provisions of this MIWMP will be entered into and maintained in the individual's military medical record. At minimum, the individual's military medical record will have, as applicable, the following entries:

(1) Exposure incidents involving traditional M-day soldiers will be documented in the military health record maintained by the unit personnel. Medical records for VaARNG civilian technician personnel involved in exposure incidents will be maintained by the State Occupational Health Nurse.

(2) Medical records associated with an exposure incident will include:

(a) Name.

(b) Social security number.

(c) Hepatitis B vaccination status to include:

1. Vaccination dates.

2. Titer results.

CHAPTER 6

HEPATITIS B VACCINATION

6-1. ELIGIBLE PERSONNEL Hepatitis B vaccination shall be made available to all individuals who, because of their VaARNG assignment, potentially have an occupational exposure to bloodborne pathogens. The Unit Commander is responsible for determining the positions that potentially have occupational exposure to bloodborne pathogens. The State Occupational Health Nurse should be resourced to assist in this decision.

6-2. TIMELINESS AND RECORDKEEPING The initial dose of the vaccine is to be given to the individual following the required training and information session and prior to completion of the 10th VaARNG duty day in the potential exposure assignment. The "Hepatitis B Vaccination Form" will be completed by soldiers who decline the vaccine and retained in the individual's military medical record file. Refer to Appendix I. The administration of the vaccine along with the series number and lot number of the vaccine will be recorded in the soldiers military medical record and immunization record.

6-3. VACCINE SERIES The vaccination is a series of three injections administered into intramuscular tissue. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. At this time a routine booster dose is not recommended. Should the U.S. Public Health Service, at some future date recommend a booster, it will be made available at no cost to potentially exposed individuals.

6-4. PREVIOUS VACCINATION, CONTRAINDICATION AND DECLINATION

a. Individuals who have previously received the series and the antibody testing has revealed that the individual is immune do not require the vaccine. Documentation of the immunity is to be provided by the individual for retention in the soldier's military medical record and recorded on "Previous Receipt of Vaccine" form (refer to Appendix I).

b. Vaccine will not be administered when contraindicated for medical reasons and the reason for contraindication will be documented in the individual's military medical record.

c. The vaccine series will be made available to the soldier who initially declined the vaccine, then decides to take the vaccine if the soldier is still assigned to a designated VaARNG occupational at-risk position.

d. Individuals who choose not to receive the vaccine

CHAPTER 7

TRAINING REQUIREMENTS

7-1. FREQUENCY AND CONTENTS Training will be conducted annually by a qualified health care professional for all personnel identified as occupationally exposed IAW OSHA Standard 29 CFR, Part 1910.1030, "Occupational Exposure to Bloodborne Pathogens", and will include the following:

a. A review of the federal rules and regulations regarding bloodborne pathogens with a copy accessible to the participants.

b. A copy of VaARNG Pamphlet 40-1, "Medical Infectious Waste Management Plan".

c. Discussion of the practical work site implementation of the MIWMP provisions.

d. Discussion of bloodborne pathogens: method of transmission, explanation of epidemiology and symptoms of bloodborne disease.

e. Discussion of work site situations and the use of recommended Universal Precautions by VaARNG personnel during armory and field operations.

f. Information of the Hepatitis B vaccine including information on its safety, effectiveness, and the benefits of being vaccinated.

g. An opportunity for interactive questions and answers with the instructor.

7-2. INITIAL ASSIGNMENT AND TRAINING Training must occur within 10 workdays of initial assignment to tasks where occupational exposure to bloodborne pathogens may take place.

7-3. INDIVIDUAL PROFICIENCY Individuals must demonstrate proficiency in handling potential infectious waste prior to being cleared to work in an area where occupational exposure may take place.

7-4. Recordkeeping Training records in compliance with this MIWMP and the Annual Review Certification shall be maintained by the individual's unit for three years from the date of training. The training record shall include as a minimum the following:

a. Dates of training sessions.

APPENDIX A

REFERENCES

1. AR 40-5 Preventive Medicine, chapter 11.
2. U.S. Department of Labor, Occupational Safety and Health Administration, "Occupational Exposure to Bloodborne Pathogens", 29 CFR, Part 1910.1030.
3. Commonwealth of Virginia, Department of Environmental Quality, Waste Division, "Regulated Medical Waste Management Regulations", VR 672-40-01.
4. U.S. Department of Transportation, Office of Hazardous Materials Standards, 49 CFR, Ch. 1, Part 173, "Regulated Medical Waste".
5. U.S. Postal Service, Part 111, 39 CFR.
6. U.S. Postal Service, Domestic Mail Services Directive 124.38, "Etiologic Agent Preparations, Clinical Specimens, and Biological Products".
7. Centers for Disease Control, MMWR UPDATE, "Universal Precautions for the Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus and Other Bloodborne Pathogens in Health Care Settings".

APPENDIX B

PERSONAL PROTECTIVE EQUIPMENT FOR NON-HOSPITAL SETTINGS¹

<u>Task of Activity</u>	<u>Disposable Gloves</u>	<u>Gown</u>	<u>Mask</u> ²	<u>Protective Eyewear</u>
Bleeding control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimal bleeding	Yes	No	No	No
Emergency childbirth	Yes	Yes	Yes ³	Yes
Blood drawing	Yes ⁴	No	No	No
Starting an intra- venous (IV) line	Yes	No	No	No
Endotracheal intubation, esophageal obturator use	Yes	No	No ³	No ³
Oral/nasal suctioning, manually cleaning airway	Yes ⁵	No	No ³	No ³
Handling and cleaning instruments with microbial contamination	Yes	No ⁶	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

Source: Guidelines for Prevention of Transmission of HIV and HBV to Health-Care and Public-Safety Workers, reprinted from DHHS (NIDSH) Centers for Disease Control, 1987, HHS Publications No. 89-107, Table 4, page 28.

*****Footnotes*****

1. The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces).

APPENDIX C

LABELING REQUIREMENTS

ITEM	Bio-Hazard Label	Red Container
Regulated waste container	x	or x
Reusable contaminated sharps container	x	or x
Refrigerator/freezer holding blood or other potentially infectious material	x	
Containers used for storage, transport or shipping of blood	x	or x
Blood/blood products for clinical use	No	No
Individual specimen containers of blood or other potentially infectious material remaining in facility	x	or x
Contaminated equipment needing service	x label to specify where the contamination exists	
Specimens and regulated waste shipped from the primary facility to another for service/disposal	x	or x
Contaminated laundry	x	or x
Contaminated laundry sent to another facility that does not use universal precautions	x	or x

****Footnote****

1. No label if universal precautions are used and specific use of container/item is known to all employees.

SOURCE: OSHA Instructions CPL 2-2.44C, Office of Health Compliance Assistance.

APPENDIX D

HEPATITIS B PROPHYLAXIS

RECOMMENDATIONS FOR HEPATITIS B PROPHYLAXIS FOLLOWING
PERCUTANEOUS OR PREMUCOSAL EXPOSURE

Situation: Exposed person has already been vaccinated against hepatitis B, and anti-HBsAg response status is known.

a. If the exposed persons is known to have had adequate response in the past, the anti-HBsAg level should be tested unless an adequate level has been demonstrated within the last 24 months. Although current data show that vaccine-induced protection does not decrease as antibody level wanes, most experts consider the following approach to be prudent.

(1) If anti-HBsAg level is adequate, no treatment is necessary.

(2) If anti-HBsAg level is inadequate, a booster dose of hepatitis B vaccine should be given.

b. If the exposed person is known not to have responded to the primary vaccine series, the exposed person should be given either a single dose of HBIG and a dose of hepatitis B vaccine as soon as possible after exposure, or two doses of HBIG (0.06 ml/kg), one given as soon as possible after exposure and the second 1 month later. The latter treatment is preferred for those who have failed to respond to at least four doses of vaccine.

Notes:

An adequate antibody level is +10 milliInternational Units (mIU)/ml, approximately equivalent to 10 sample ratio units (SRU) by RIA or positive by EIA.

SOURCE: OSHA Instruction CPL 2-2.44C, Office of Health Compliance Assistance.

APPENDIX E

RECOMMENDED TREATMENT

Exposed Person	Treatment When Source Is Found To Be:		Source Not Known or Unknown
	HBsAg-Positive	HBsAg-Negative	
Unvaccinated	HBIG x 1 and initiate HB vaccine	Initiate HB vaccine	Initiate HB vaccine
Previously vaccinated	Test exposed for anti-HBsAg 1. If adequate, no treatment 2. If inadequate, HB vaccine booster dose.	No treatment	No treatment
Known nonresponder	HBIG x 2 or HBIG x 1 plus 1 dose HB vaccine dose	No treatment	If known high risk source, may treat as if source were HBsAg positive
Response Unknown	Test exposed for anti-HBsAg 1. If inadequate, HBIG x 1 plus HB vaccine booster dose 2. If adequate, no treatment	No treatment	Test exposed for anti-HBsAg 1. If inadequate, HB vaccine booster dose. 2. If adequate no treatment

HBIG dose 0.06 ml/kg IM.

Adequate anti-HB is +10 SRU by RIA or positive by EIA.

Source: OSHA Instructions CPL 2-2.44C, Office of Health Compliance Assistance.

U.S. ARMY ACCIDENT REPORT Instructions

General. The unit having the accident must investigate it and complete this report. Complete the shaded-portions only for: Military off-duty, non-fatal accidents; and military on-duty accidents resulting in less than 20 lost workdays, accidents involving 20 or more lost workdays or total property damage of \$2,000 or more. Require completion of the entire report. Type legibly print the report. Items may be continued on a blank sheet of paper and attached to the report. Items listed below are keyed to the block numbers of DA Form 285, May 91. Items not listed here are self-explanatory. Specific questions concerning this form should be referred to the local safety office.

SECTION A - Accident Information

Note: This section should be completed for the initial report and for any changes to a previously submitted report.

1. Check "INITIAL" if this is the first report on the accident. Check "CHANGE" if this report is a change to a previously submitted report of the accident.
2. Enter the 6-digit Unit Identification Code (UIC) for the unit responsible for the accident (e.g., WXXXXX).
3. Provide military unit information for the unit listed in Block 2.
 - a. Full military address (e.g., C Troop, 1117 Cavalry, Ft. Bragg, NC 12345-6789).
 - b. Provide the unit branch (e.g., Armor, Infantry, Transportation).
4. Enter the year, month, and day of the accident (e.g., 90 11 07 (7 November 1990)).
5. Enter the military time the accident occurred (e.g., 0815, 2300).
7. Check either item a or b, depending on the location of the accident.

If item a is checked, state name of post or location (e.g., Ft. Bragg, NC; Federal Center, Atlanta, GA; Ft. Hood, TX; Shaw AFB, SC).
9. Check item a if accident occurred in a theater of hostile fire or enemy action, but not as a result of such fire/action. This includes direct preparation for combat, actual combat, or redeployment from a combat theater.
10. Check "Yes" if explosives (C-4, TNT), ammunition, or pyrotechnics were involved and explain in Block 63 its involvement and specify the National Stock Number (NSN).
11. Give enough detail to find the exact location of the accident (e.g., building number, street or highway name, state and/or country). Also state the type of location (e.g., road intersection, tank trail, family housing, firing range).

SECTION B - Personnel Information

Note: Complete this section for each individual involved and/or injured in the accident. "Involved" means any person who was injured, or who took actions, or made decisions which caused or contributed to the accident. If more than one person was involved, enter information on one person on the initial form and complete only Sections A and B on additional forms for others. Staple all forms together.

16. Enter individual's rank/grade (e.g., E5/SGT, O3/CPT, GS-11, WG-8). Complete for all Government personnel.
17. Enter individual's full MOS/Job Series (e.g., 54E20, 11B40, GS-301).
18. Provide individual's full Military address for all Government personnel. If this address is not the same as that in Block 3a, provide the unit

State how many continuous hours without rest this individual was on-duty prior to the accident.

22. Indicate how many hours of continuous sleep this individual had in the past 24 hours.

23. State the estimated number of days this individual will be away from work (totally unable to perform any work, bed rest/quarters). Does not include days hospitalized.

24. State the estimated (or actual) number of days this individual is hospitalized (inpatient/admitted) receiving treatment. Days hospitalized for "observation only" are not reported.

25. State the estimated number of days this individual will not be able to perform his or her regular duties (light duty, profile).

26. Check appropriate block. If more than one applies, check the most severe.

28. For this individual's "most severe injury", check the appropriate block(s) (no more than 3) that indicate the cause of the injury.

29. Number the body part(s) most seriously injured (no more than 3) in their order of priority (the most serious first). Be as specific as possible.

30. For each body part numbered in block 29, place a corresponding number to indicate the type of injury received (select only the most serious).

31. Check the appropriate block that best describes the individual's action at the time of the accident. If Block 31gg is checked, complete Blocks 76 and 77 of Section H, as indicated by these instructions.

32. Provide a short but detailed explanation of the item checked in Block 31.

Note: For this report, the following definitions apply:

Tactical Training - Training in a field environment that uses or develops combat or combat support skills.

Field Exercise and Tactical Training - This begins when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

33. Check "Yes" if activity listed in Block 31 was part of a field exercise. State name of exercise if it has a name (e.g., Team Spirit, Reforger).

42. If vision enhancement device(s) were used, specify type and model numbers, and whether they caused the accident (e.g., Night Vision Goggles, AN-PVSSA).

43. Provide standard or reference (Soldier's Manual, AR, TM, etc.), if it exists, that covers performance of the activity identified in Block 31.

46. Provide a simple explanation of the mistake(s) or how the activity or task was performed incorrectly (e.g., SGT Smith improperly backed his M915 truck without a ground guide).

47. In your opinion, why was the mistake made or the activity performed incorrectly? Check the most important reason.

51. Check the block corresponding to the piece of equipment associated with the person in Block 12 (e.g., SGT Adams was driving the "at-fault" HMMWV; his name will be in Block 12, and his vehicle will be item a in Section C below).

SECTION C - Property/Material Involved

Complete Blocks 52-59 on each piece of property or item of equipment involved in the accident (whether damaged or not). Include Army and non-Army, as well as equipment whose use or misuse contributed to the accident. Include up to 3 items of equipment on the initial form. Use additional blank sheets of paper for other equipment if necessary, continuing letter sequence (e.g., A, B, C, D, and E).

52. Type of equipment (e.g., sedan, truck, generator).

53. Full military equipment model number or civilian make (e.g., M109A2, M80A2, Ford Taurus, M16 Rifle).

55. Estimated cost of damage (ECOD) or actual cost of damage (ACOD) for each piece of property, which includes costs of parts and labor.

57. Indicate if this specific item was being towed at the time of the accident.

58. If Block 57 is "yes", indicate which item was doing the towing.

60. Complete for each component or part whose failure or malfunction contributed to the accident. Include the EIR/QDR number in Block 60e.

61. Indicate how and why each component (or part failed or malfunctioned) by selecting from the lists provided and entering the appropriate number in the blocks provided.

SECTION D - Environmental Conditions Involved

62. Check the environmental conditions present at the time of the accident (no more than 3) by checking appropriate blocks, whether contributing to the accident or not. Also check whether they caused or contributed to the accident.

SECTION E - Accident Description/Narrative

63. Fully describe the sequence of events that lead up to and caused the accident. Explain how and why the accident occurred. Also include information required from Blocks 10 and 47.

SECTION F - Corrective Action and Command Review

Note: The level of command review (Company, Battalion, Division, etc.) is determined by either the major Army command (MACOM) or installation policy.

65. Fully describe all actions taken, planned, or recommended to eliminate the cause(s) of this accident. Actions should be identified as appropriate at unit level, and all the way up to HQDA level.

SECTION G - SAFETY OFFICE USE ONLY

71. MACOM responsible for this accident (FORSCOM, TRADOC, etc.).

SECTION H - Special Interest/Supplemental Information

This section is for use by the U.S. Army Safety Center, MACOMs, or interested safety offices to obtain additional "Special Interest/Supplemental Information" on this accident as needed (e.g., M1 tank fires, tactical parachute accidents, etc.). Blocks 76 and 77 have been designated for collection of supplemental information on parachuting accidents.

Blocks 76 and 77. If Block 31gg was checked, provide the following supplemental information for each individual:

- a. Name of jumper;
- b. Jumper height;
- c. Jumper weight;
- d. Type of jump (static line, non-tactical; static line, mass technical; freefall, non-tactical; freefall, tactical);
- e. Type of parachute and model;
- f. Jumper's equipment (list);
- g. Weight of equipment;
- h. Wind direction and speed at
 - (1) Jump height;
 - (2) Drop zone;
- i. Jump altitude;
- j. Jumper's position in stick and door exit;
- k. Time pre-jump conducted;
- l. Date of last jump and type of jump;
- m. Number of previous jumps;
- n. Date graduated from basic airborne training (year and month);
- o. Type of aircraft;
- p. Accident cause(s): Improper exit, static line injury, broken static line, parachute malfunction, entanglement, lost or stolen air, oscillation, unstable position, dragged on DZ, tree landing, drop zone hazard (specify), or other

SECTION B - PERSONNEL INFORMATION (Continued)

31. Person's activities at time of accident (Check one and explain in Block 32.)

a. Scattering	j. Test/Study/Experiences	s. Feinting	aa. Hobbies
b. Combat Soldiering	k. Educational	t. Handling Material/Passages	ab. Passenger
c. Physical Training	l. Instruction and Arts	u. Janitorial/Maintenance/Grounds Keeping	ac. Horse movement
d. Weapons Firing	m. Food and Drug Inspection	v. Food/Drink Preparation	ad. Horseplay
e. Engineering or Construction	n. Laundry/Dry Cleaning Services	w. Supervisory	ae. Operating/Inspecting
f. Communications	o. Post/Place Control	x. Other	af. Personal Hygiene/Personal Consumption/Shopping
g. Security/Law Enforcement	p. Operating Vehicle or Vehicle	y. Counseling/Advocacy	ag. Participating (See instructions)
h. Fire Fighting	q. Handling Animals	z. Sports	
i. Patient Care (People/Animals)	r. Maintenance/Repair/Service		

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

33. ON FIELD EXERCISE (Check one) <input type="checkbox"/> a. Yes (If YES, specify nature of exercise.) <input type="checkbox"/> b. No	34. ACTIVITY PART OF TACTICAL TRAINING (Check one) <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	35. Type of training facility being used (Check one)		
		<input type="checkbox"/> a. Camp	<input type="checkbox"/> b. NTC	<input type="checkbox"/> c. Sit camp facility (see 36)
		<input type="checkbox"/> d. Live training area	<input type="checkbox"/> e. JTF	<input type="checkbox"/> f. Other (Specify)
		<input type="checkbox"/> g. Maintenance area	<input type="checkbox"/> h. CTR	

36. Type of training participating in at the time of accident (Check/specific)

a. School (Specify)			
b. Unit	(1) Recruit	(2) Class	(3) Individual
c. On-the-job training	d. Other (Specify)		

37. Last time finished received training prior to accident on activity specified in Block 37 (Check one)

<input type="checkbox"/> a. 0-3 months	<input type="checkbox"/> b. 1-2 years
<input type="checkbox"/> c. 3-6 months	<input type="checkbox"/> d. More than 2 years
<input type="checkbox"/> e. 6-12 months	<input type="checkbox"/> f. Not specified

38. Required protective equipment

CHECK APPROPRIATE BLOCKS	AVAILABLE		USED		N/A
	YES	NO	YES	NO	
a. Seat belts					
b. Harness					
c. Goggles					
d. Gloves					
e. Ear plugging					
f. Other (Specify)					

39. [Illegible text]

<input type="checkbox"/> a. [Illegible]	<input type="checkbox"/> b. [Illegible]	<input type="checkbox"/> c. [Illegible]
<input type="checkbox"/> d. [Illegible]	<input type="checkbox"/> e. [Illegible]	<input type="checkbox"/> f. [Illegible]
<input type="checkbox"/> g. [Illegible]	<input type="checkbox"/> h. [Illegible]	<input type="checkbox"/> i. [Illegible]

43. Standard/Reference covering activity/task

a. Soldier's Manual (Task No.)
b. CTT (Task No.)
c. AR/TMPM (Specify)
d. SOP

44. [Illegible text]

<input type="checkbox"/> a. Yes	<input type="checkbox"/> b. No (If No, complete blocks 45-47)
<input type="checkbox"/> c. [Illegible]	<input type="checkbox"/> d. [Illegible]

45. What was the mistake/deficiency/condition that caused the accident? (Specify details in narrative)

47. Why was mistake/deficiency/condition performed incorrectly? (Check the most important reason and specify in Block 48)

a. Inadequate initial training (environment)	b. In a hurry	c. Inadequate briefing
d. Inadequate unit training (environment)	e. Poorly defined attitude	f. Inadequate equipment design
g. Inadequate on-the-job training (environment)	h. Lack of oversight	i. Inadequate written procedures (AR, TM, SOP)
j. Fear/panic	k. Effects of alcohol/drugs	l. Inadequate supervision
m. Overconfidence in own/other's abilities	n. Inadequate facilities	o. Other (Specify in narrative)

SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED

62. Environmental conditions. (Check environmental conditions present and indicate if condition caused/contributed to the accident.)

PRESENT	CAUSED/ CONTRIBUTED	CONDITION	PRESENT	CAUSED/ CONTRIBUTED	CONDITION
		a Clear/dry, visibility unlimited			k Wind gust/turbulence
		b Bright glare			l Vibrate, shimmy, sway, shake
		c Dark, dim			m Radiation, laser, sunlight
		d Fog, condensation, frost			n Holes, rocky, rough, rutted, uneven
		e Mist, rain, sleet, hail			u Inclined/sloped
		f Snow, ice			p Slippery (not due to precipitation)
		g Dust, fumes, gasses, smoke, vapors			q Air pressure (bends, decompression, altitude hypoxia)
		h Noise, bang, static			r Lightning, static electricity, ground
		i Temperature/humidity (cold, heat)			s OTHER (Specify)
		j Storm, hurricane, tornado			

SECTION E - ACCIDENT DESCRIPTION/NARRATIVE (From blocks 10, 47)

63. GIVE THE SEQUENCE OF EVENTS THAT IMPLY/EXPLAIN WHAT HAPPENED LEADING UP TO AND INCLUDING THE ACCIDENT. (Explain why accident happened.)

[This section contains a very faint and illegible narrative description of the accident sequence of events.]

64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT	64b. RANK	64c. TITLE
SIGNATURE	64d. DATE OF SIGNATURE (Y/M/D)	64e. TELEPHONE NO.

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APPENDIX G

POST EXPOSURE EVALUATION FORM

Name: _____ SSN: _____

VaARNG Unit and PRN: _____

Job Title: _____

Date of Exposure: _____ Date form completed: _____

Hepatitis B Vaccine Status

Has individual received the Hepatitis B vaccine? yes ___ no ___

If yes, when? 1st _____ if no, why? _____

2nd _____ if no, why? _____

3rd _____ if no, why? _____

Results of source individual's blood testing:

HIV: _____ HBsAG: _____ RPR: _____ Other: _____

Description of exposure incident _____

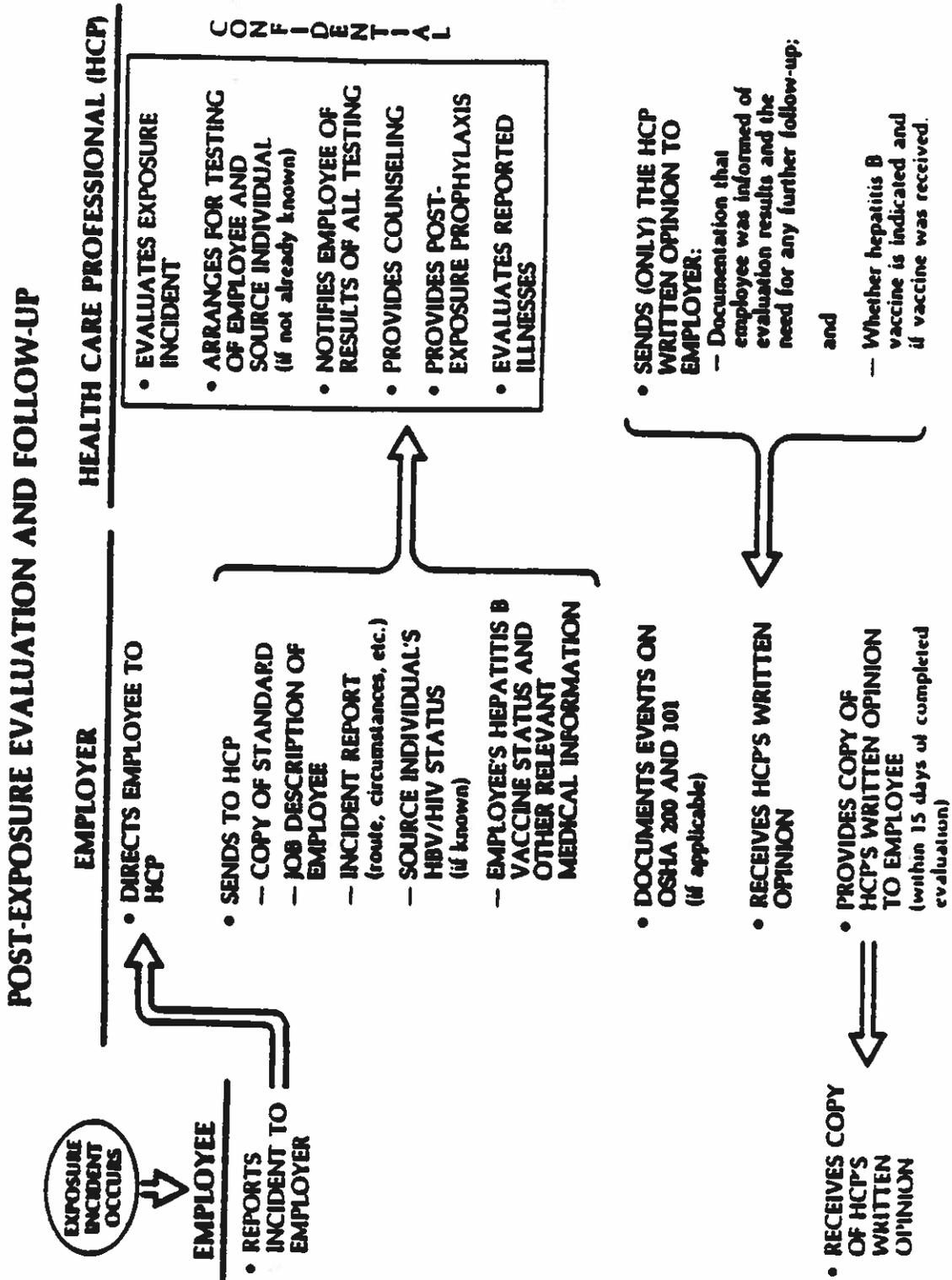
Comments:

Name of Preparer:

Telephone #:

APPENDIX H

POST EXPOSURE EVALUATION AND FOLLOW-UP



18 August 1994

VaARNG PAM 40-1

APPENDIX I

HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupying a position in the VaARNG that has been designated as having potential occupational exposure to blood or other infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potential infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. I have not previously received the three injections of the HBV vaccine.

Name: _____

Signature: _____

SSN: _____

Military Job Title: _____

Unit and PRN: _____ Date: _____

APPENDIX J

ANNUAL REVIEW CERTIFICATION POLICY

POLICY: All primary generators (AMEDD personnel) and those unit personnel responsible for maintaining "limited access" to short-term storage of infectious waste shall be responsible for reviewing VaARNG Pamphlet No. 40-1, "Medical Infectious Waste Management Plan" on an annual basis. The purpose of this review is to assure knowledge, understanding and compliance of the desired infectious waste management procedures in the VaARNG. If there are questions or areas needing clarification, these should be addressed to the State POC for implementing this policy, VAPA-PA-M, prior to signature and submission of this document.

The annual review shall be documented by completion of the certification below and submission to the State Surgeon's office (VACS-CN) and the Medical Services Section (VAPA-PA-M) NLT 1 January of each year. A copy of each certification must be retained at the unit for a period of three years.

I CERTIFY THAT:

1. I have read and understand the policy set forth by the Virginia Army National Guard as it related to the Management of Medical Infectious Waste as specified in Pamphlet 40-1.

2. I have read and understand the procedures set forth in VACS-CN memorandum, subject: Memorandum of Instruction - Implementation of Medical Infectious Waste Management Plan for the VaARNG.

3. The original of this document is being forwarded to VAPA-PA-M and a copy to VACS-CN. A copy has been retained at my unit.

Signature: _____ Date: _____

Printed/Typed Name: _____

Rank: _____ SSN: _____ Unit and PRN: _____

DISTRIBUTION:
Unit
1-VACS-CN
1-VAPA-PA-M

18 August 1994

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APPENDIX K
TRAINING ROSTER

Date: _____

Training Topic: Occupational Exposure to Bloodborne Pathogens
and Management of Infectious Waste.

VaARNG Unit and PRN:

Name of Trainer(s):

Qualifications of Trainer(s):

Summary of Content:

Name of Participants

SSN

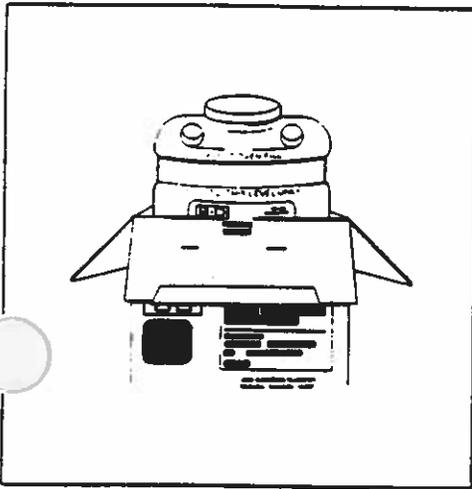
Job Title

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX L

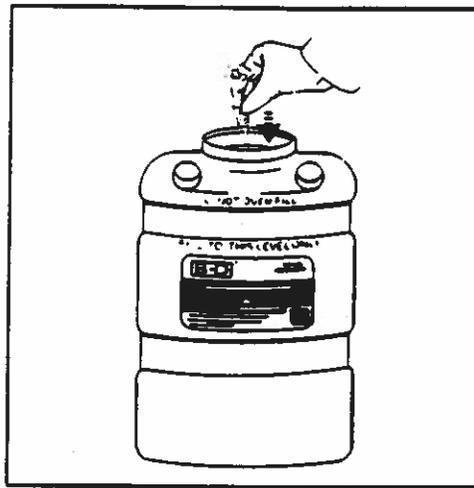
INSTRUCTIONS FOR PACKAGING BIOMEDICAL WASTE

Mail Disposal Service



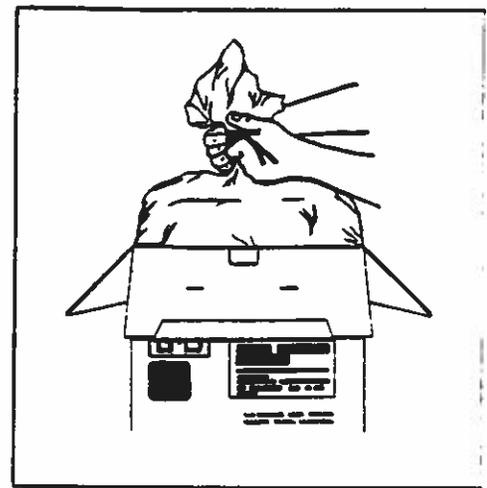
Installation

- Thoroughly read the instructions manual.
- Install the B-D GUARDIAN™ sharps collector as near as possible to the site of use. You can wall-mount the collector and lock it in place.
- Save the shipping carton and its contents for mailing. Make sure it contains an inner box, a red plastic bag, a wire tie, and a four-part manifest tracking form with return mailer.



Disposing of sharps

- Do not reshield used sharps.
- Carefully discard all sharps point-first into the collector.
- Check the fill level often. Do not overfill. Re-order when the collector is half full and replace it when it is three-quarters full.
- Note: Do not place any bulk liquids in the collector.



Preparing for mailing

- Secure lid to the sharps collector.
- Complete the generator ID label and affix it to the sharps collector.
- Place the three-quarters-full collector in the inner box. Do not place anything except the sharps collector in the brown inner box.

NOTE: CONTAINERS ARE AVAILABLE BY SUBMITTING A DA FORM 2765-1, IAW PARA 1-4h(4) OF THIS PAM.

MAIL DISPOSAL SERVICE MANIFEST

FOR U.S. POSTAL SERVICE DELIVERY TO DESTINATION FACILITY

B10691

18 August 1994

VaARNG PAM 40-1

1 GENERATOR'S INSTRUCTIONS
INSTRUCTIONS FOR COMPLETING THIS FORM

- ENSURE SECTION 2 BELOW IS COMPLETE AND CORRECT THEN SIGN AND DATE GENERATOR'S CERTIFICATION.
- KEEP COPY #4 FOR YOUR RECORDS AND RE-INSERT REST OF MANIFEST INTO RETURN MAILER WITH RETURN ADDRESS VISIBLE THROUGH WINDOW.
- SEAL RETURN MAILER.
- DELIVER PACKAGE TO LOCAL POSTAL AUTHORITY.
- COPY #1 WILL BE RETURNED TO YOU WITHIN THIRTY (30) DAYS.
- IF NOT RECEIVED, PLEASE CALL 1-800-234-7869.

COMMENTS - DISCREPANCIES

IN CASE OF EMERGENCY, OR THE DISCOVERY OF DAMAGE OR LEAKAGE, CALL 1-800-234-7869

2 GENERATOR'S ADDRESS

NAME: _____
 ADDRESS: _____
 (NO P.O. BOXES)
 ZIP: _____

SAMPLE MANIFEST

GENERATOR'S CERTIFICATION

USED MEDICAL SHARPS

I certify that this carton has been approved for the mailing of used medical sharps, has been prepared for mailing in accordance with the directions for that purpose, and does not contain excess liquid or nonmailable material in violation of the applicable postal regulations. I AM AWARE THAT FULL RESPONSIBILITY RESTS WITH THE GENERATOR (MAILER) FOR ANY VIOLATION OF 18 U.S.C. 1716 WHICH MAY RESULT FROM PLACING IMPROPERLY PACKAGED ITEMS IN THE MAIL. I also certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and in proper condition for carriage by air according to the applicable national governmental regulations.

DATE MAILED: _____

PRINTED/TYPED NAME: _____ SIGNATURE: _____ DATE: _____

3 FOR DESTINATION FACILITY USE ONLY

DESTINATION FACILITY - CERTIFICATION OF RECEIPT, TREATMENT AND DISPOSAL

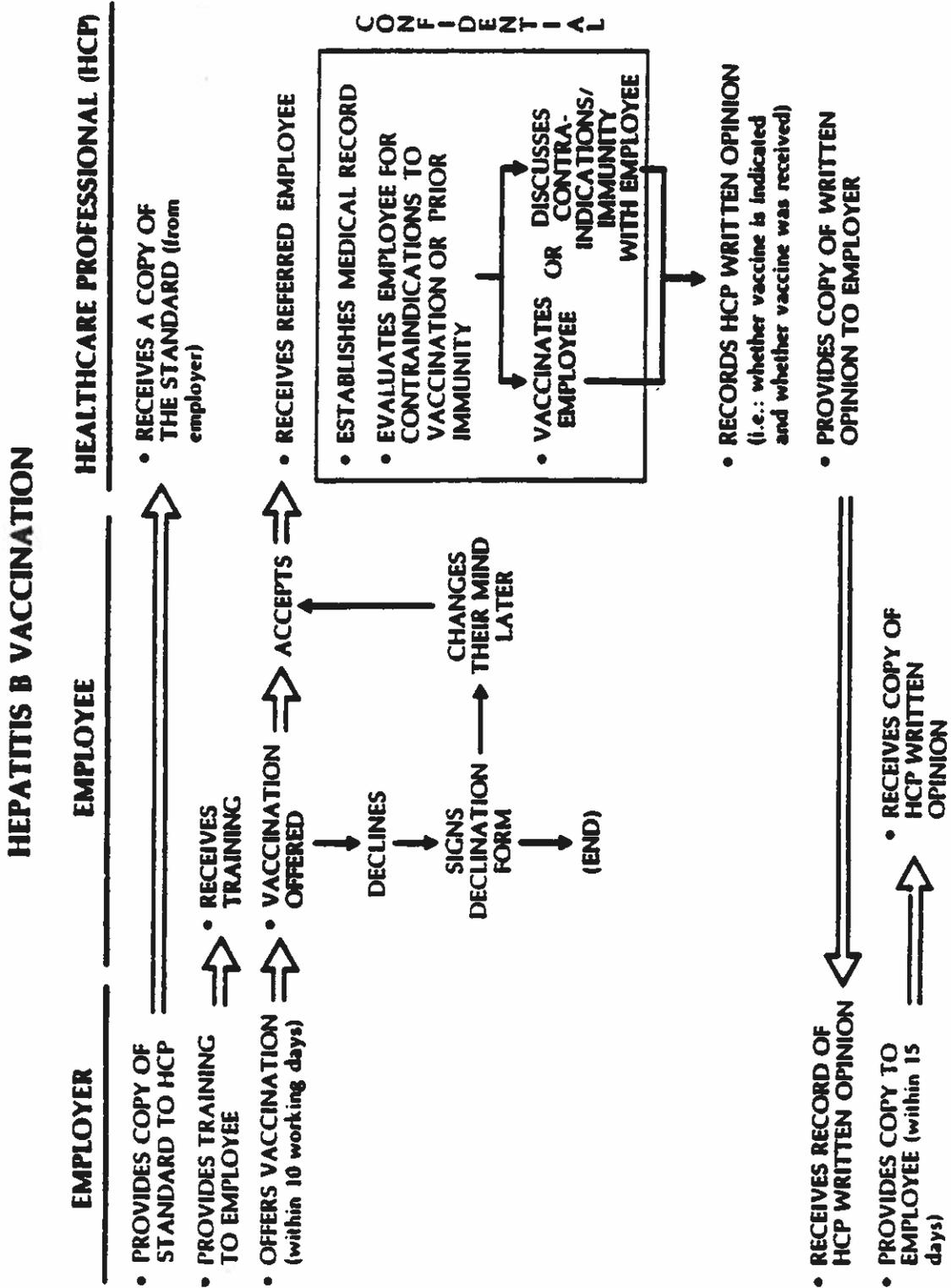
I certify that the contents of this package have been received, treated, and disposed of in accordance with all local, state, and federal regulations.

PRINTED/TYPED NAME (AUTHORIZED RECIPIENT) SIGNATURE DATE

COPY #1 - RETURN COPY (White): Will be RETURNED to Generator by Destination Facility.
 COPY #2 - DESTINATION FACILITY COPY (Yellow): Retained by Destination Facility.
 (State Permit Number: _____)
 COPY #3 - FILE COPY (Pink): For use by destination facility
 COPY #4 - GENERATOR COPY (Greenrod): Retained by Generator.

APPENDIX M

HEPATITIS B VACCINATION



ANNEX N

GLOSSARY

Absorbent: Material used for spill control, such as pads, or powder like substance which will absorb hazardous material.

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

Controlled Infectious Waste:

a. Other Potential Infectious Materials: The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardium fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Also, any un-fixed tissue or organ (other than intact skin) from a human (living or dead), and HIV-containing cell or tissue cultures, organ cultures, and HIV or HIV-containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV; and any material that contains unabsorbed free flowing blood.

b. Isolation Waste: Generated by individuals isolated to protect others from communicable disease.

c. Cultures of Stocks of Infectious Agents and Associated Biologicals: Specimens from medical and pathology laboratories include discarded live and attenuated vaccines.

d. Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

e. Pathological Waste: Tissues, organs, body parts, and body fluids removed during surgery and autopsy.

f. Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique, prohibiting the cutting/breaking of needles).

APPENDIX O

BLOODBORNE PATHOGENS

POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
o Employee furnished with documentation regarding exposure incident.	_____
o Source individual identified. (_____) Source individual	_____
o Source individual's blood tested and results given to exposed employee. _____ Consent has not been able to be obtained.	_____
o Exposed employee's blood collected and tested.	_____
o Appointment arranged for employee with healthcare professional. (_____) Professional's name	_____
Documentation forwarded to healthcare professional.	_____
_____ Bloodborne Pathogens Standard.	
_____ Description of exposed employee's duties.	
_____ Description of exposure incident, including routes of exposure.	
_____ Result of source individual's blood testing.	
_____ Employee's medical records.	

18 August 1994

VaARNG PAM 40-1

VACS

The proponent office of this pamphlet is VACS. Users are invited to send comments and suggested changes to TAG-VA, ATTN: VACS-SG

BY THE ORDER OF THE GOVERNOR:

CARROLL THACKSTON
Major General, VaARNG
The Adjutant General



LLOYD R. SCOTT
COL, GS, VaARNG
Chief of Staff

DISTRIBUTION:

Each Div, Bde, Gp Command (3)
Each Battalion Command (3)
Each Medical Unit, Det, Activity (3)
Each STARC Staff Section (1)