

MWI 1800.1  
REVISION C-1  
EFFECTIVE DATE: July 11, 2022  
EXPIRATION DATE: July 11, 2027

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# MARSHALL WORK INSTRUCTION

AS01

## MSFC OCCUPATIONAL MEDICINE *With Change 1 (10/2/23)*

**COMPLIANCE IS MANDATORY**  
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### DOCUMENT HISTORY LOG

Status (Baseline/ Revision/ Change/ Revalidation/ Canceled)	Document Revision/ Change	Effective Date	Description
Baseline		1/16/2013	Consolidates portions of MPR 1810.1I, MSFC Occupational Medicine and MPR 1800.1D, Bloodborne Pathogens and Biohazardous Materials, which will be cancelled upon approval of this directive.
Change	1	2/8/2013	On 2/8/13, at the request of the OPRD, an administrative change was made at 5.1.1.1 to remove un-necessary information.
Revision	A	12/18/2013	Revised section 5.8 to include all aspects of the Bloodborne Pathogens program, undated section 4 applicable documents, and Appendix D records, removed physical exam requirements for wellness center in 4.9 and 5.3.
Change	1	6/29/2015	On 6/29/15, at the request of the OPRD, an administrative change was made to update link in Appendix D. Records.
Change	2	4/28/2016	On 4/28/16, at the request of the OPRD, an administrative change was made to add clarification in 5.1.1.8 to changing physical exam classification.
Revision	B	6/1/2020	Added 4.9 MSFC Medical Exam Protocols. At: 5.1.1.3 Changed statement to on-site contractors and civil servants are not eligible for physical exams; 5.1.1.5 modified timeframe to submit MSR; 5.1.1.8 Revised statement regarding contractors' eligibility to obtain physical exams; 5.1.1.9 Added Mandatory physical exams shall be performed in accordance with MSFC Medical Exam protocols; and 5.5, 5.5.1, 5.5.2 Revised instructions on how contractors and civil servants receive treatment for non-occupational illness/injury.
Change	1	5/10/2021	On 5/10/21, at the request of the OPRD, an administrative change was made to update link in Appendix D Records.
Revision	C	7/11/2022	Updated protocols at 4.9, updated 5.0 to reflect current practice, corrected paragraph numbers at 5.7.5.3.1 – 5.7.5.5.2 to a. b. c., etc. per NPR 1400.1.
Change	1	10/2/2023	On 10/2/23, at the request of the OPRD, an administrative change was made to update Section 5 Instructions to reflect current practice.

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## **1. PURPOSE**

The purpose of this Marshall Work Instruction (MWI) is to provide instructions to comply with the requirements set forth in MPR 8500.1, MSFC Environmental Engineering and Occupational Health Program, and delineate the method by which the occupational medical services are provided to Marshall Space Flight Center (MSFC) employees.

## **2. APPLICABILITY**

2.1 This MWI applies to Center personnel, programs, projects, and activities, including contractors and resident agencies to the extent specified in their respective contracts or agreements. (“Contractors,” for purposes of this paragraph, include contractors, grantees, Cooperative Agreement recipients, Space Act Agreement partners, or other agreement parties.)

2.2 This MWI does not apply to the Michoud Assembly Facility (MAF). MAF follows procedures established in organizational issuance AS60-OI-034, MAF Occupational Medicine.

2.3 This MWI applies the following: all mandatory actions (i.e., requirements) are denoted by statements containing the term “shall.” The terms: “may” or “can” denote discretionary privilege or permission; “should” denotes a good practice and is recommended, but not required; “will” denotes expected outcome; and “are/is” denotes descriptive material.

2.4 This MWI applies the following: all document citations are assumed to be the latest version unless otherwise noted.

## **3. AUTHORITY**

MPR 8500.1, MSFC Environmental Engineering and Occupational Health Program

## **4. APPLICABLE DOCUMENTS AND FORMS**

4.1 Occupational Exposure to Bloodborne Pathogens, 29 CFR 1910.1030

4.2 MPR 3410.1, Training

4.3 MPR 8715.1, Marshall Safety, Health, and Environmental (SHE) Program

4.4 MWI 8550.1, Waste Management

4.5 MWI 8621.1, Mishap and Close Call Reporting and Investigation Program

4.6 MWI 8715.15, Ground Operations Safety Assessment Program

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#### 4.7 [MSFC Medical Exam Protocols and Matrix Review](#)

### 5. INSTRUCTIONS

#### 5.1 Obtaining a Mandatory Medical surveillance physical exam at the MSFC Medical Center.

##### 5.1.1 Instructions for receiving a physical exam: Civil servant or on-site contractor employees.

5.1.1.1 For annual mandatory certification or medical surveillance physical exams, supervisors, or their designee, shall complete the SHE Training Assessment, print the Medical Surveillance Requirements form and submit it to the Medical Center. See MPR 3410.1, Training, and MPR 8715.1, Marshall Safety, Health, and Environmental (SHE) Program. Upon receipt of the Medical Requirements form; the Medical Center will schedule the employee for a physical exam.

5.1.1.2 The Medical Center shall be in receipt of the employees' Medical Surveillance Requirements form before a physical exam appointment is issued.

5.1.1.3 Supervisors of employees, civil servant or contractor, that no longer require certification or medical surveillance physical exams will complete a SHE Training Assessment for "Office Worker Only" for those employees and will return it to the MSFC Medical Center scheduler so that those employees may be removed from the mandatory certification or medical surveillance physical exams schedule.

5.1.1.4 The SHE Training Assessment and resulting Medical Surveillance Requirements printout shall be updated annually, or when the job changes, by the supervisor or the designee as referenced in MPR 3410.1, 2.8.5.

5.1.1.5 Mandatory certification or medical surveillance physical exams shall be performed in accordance with MSFC Medical Exam protocols (see link at 4.7).

5.2. Employees that have job certifications and have been away from their regular job assignment because of an illness or injury and are returning to work with restrictions imposed by their personal physician, shall contact the Medical Center scheduler for a consultation appointment with the Medical Center physician before returning to regular job assignments.

#### 5.3 Instructions for receiving medical clearance for work-related international travel.

5.3.1 Civil servants required to travel internationally for NASA business should obtain medical clearance by having their travel orders cleared by the Marshall Travel Office.

#### 5.4 Instructions for receiving treatment for occupational illness or injury.

5.4.1 Civil servants sustaining an occupational illness or injury that is not life threatening shall report the injury according to MPR 8715.1 or come to the MSFC Medical Center for evaluation and documentation of the injury.

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5.4.2 On-site contractor employees sustaining an occupational illness or injury that is not life threatening should report to the MSFC Medical Center for evaluation.

5.5 Civil servants who wish to receive treatment for limited non-occupational injury or illness may do so by signing in at the reception desk.

5.6 Instructions for Exposures to Bloodborne Pathogens.

*NOTE: Job categories where occupational exposures to biohazardous material, blood, and other potentially-infectious material are reasonably anticipated, are considered high risk, and are medical services personnel. Job categories where occupational exposures to biohazardous material, blood, and other potentially-infectious material are reasonably anticipated and are considered low risk are security personnel, childcare personnel, custodial personnel, and Wellness Center employees involved in day to day activities of customers. "Good Samaritan" acts (such as assisting a co-worker with a nosebleed) are not considered occupational exposure and do not require establishment of a program.*

5.6.1 Any organization, civil servant, or contractor with employees who could be reasonably anticipated to have contact with blood, and Other Potentially-Infectious Material (OPIM) as the result of performing their job duties shall comply with Occupational Safety and Health Administration (OSHA) requirements contained in the bloodborne pathogens standard.

5.6.2 Environmental Engineering and Occupational Health (EEOH) Office shall:

5.6.2.1 Upon request, advise and assist organizations in the development of their bloodborne pathogens exposure control plans. A template for this plan including requirements, can be found at <http://www.osha.gov/Publications/osh3186.pdf>

5.6.2.2 Be available to answer questions related to information contained in the Safety, Health, and Environmental (SHE) 204, Bloodborne Pathogens Exposure Control, training.

5.6.2.3 Provide medical exams for those high-risk personnel outlined above and offer Hepatitis B vaccination.

5.6.2.4 Provide vaccination against Hepatitis B post exposure to those employees considered in a low-risk category for exposure to bloodborne pathogens or OPIM.

5.6.2.5 Provide a declination form to those personnel declining the Hepatitis B vaccination regardless of their risk designation.

5.6.2.6 Provide biohazardous waste collection and disposal services for all Center operations involving bloodborne pathogens or OPIM.

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5.6.2.7 Ensure appropriate housekeeping procedures including blood spill clean-up are in place.

5.6.3 Directors/supervisors/team leads shall:

5.6.3.1 Ensure exposure control plans are developed and include all required elements (a template for this plan can be found at <http://www.osha.gov/Publications/osh3186.pdf>) to cover all job categories in their operations where exposure to blood and OPIM is reasonably anticipated.

5.6.3.2 Ensure all biohazardous waste is disposed of in accordance with MWI 8550.1, Waste Management.

5.6.3.3 Ensure all containers with blood, OPIM, contaminated waste, and contaminated clothing are labeled as a biohazard. Standard biohazard labels are acceptable; however, red bags or red containers may be used instead of labels.

5.6.3.4 Ensure employees receive SHE 204 training upon initial assignment to a job involving exposure to bloodborne pathogens and/or OPIM and annually thereafter.

5.6.3.5 Ensure appropriate engineering and work practice controls are in place to minimize potential exposure.

5.6.3.6 Ensure appropriate personal protective equipment is provided, and employees are appropriately trained in its use.

5.6.3.7 Ensure operations involving bloodborne pathogens are documented in accordance with MWI 8715.15, Ground Operations Safety Assessment Program.

5.6.4 The employee shall:

5.6.4.1 Comply with the requirements of any bloodborne pathogen or biohazardous safety program covering their operations.

5.6.4.2 Ensure appropriate personal protective equipment is worn.

5.6.4.3 Ensure all biohazardous waste is disposed of in accordance with MWI 8550.1.

5.6.4.4 Ensure all containers with biohazardous, blood, OPIM, contaminated waste, and contaminated clothing are labeled as a biohazard. Standard biohazard labels are acceptable; however, red bags or red containers may be used instead of labels.

5.6.4.5 Schedule and attend SHE 204 training upon initial assignment to a job involving exposure to bloodborne pathogens and/or OPIM and annually thereafter.

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5.6.4.6 Upon being offered the Hepatitis B vaccination either because of being in a high-risk occupation for bloodborne pathogen exposure, or as a result of an occupational exposure to bloodborne pathogens, either consent to the vaccination or sign a Hepatitis B declination form if the vaccination is declined after medical consultation. The vaccination, however, shall be provided to the employee at no charge at a later date should the employee change their mind.

#### 5.6.5 Procedure for post-exposure

*NOTE: The following instructions assume the source individual is a civil servant or contractor employee. If the source individual is a child from the MSFC Child Development Center (MCDC), the MCDC will notify the parents of the child to make arrangements for source individual testing.*

5.6.5.1 If a civil service employee sustains an occupational exposure to biohazardous material, blood, and OPIM through needlestick, sharps injury, or other method during the normal business hours of the MSFC Medical Center, the employee should:

- a. Wash the needlestick and/or cut with soap and water.
- b. Flush splashes to the nose, mouth, or skin with water.
- c. Irrigate eyes with clean water, saline, or sterile irrigants.
- d. Report the incident to the supervisor.
- e. Report to the MSFC Medical Center, Building 4249 and bring the identification of the source individual to include name, date of birth, and contact phone number unless the employer has established that identification is infeasible or prohibited by state law.

5.6.5.2 The MSFC Medical Center shall contact the source individual for follow-up.

5.6.5.3 If a civil service employee sustains an occupational exposure to biohazardous material, blood, and OPIM through needlestick, sharps injury, or other method after the normal business hours of the MSFC Medical Center:

- a. The employee should:
  - (1) Wash the needlestick and/or cut with soap and water.
  - (2) Flush splashes to the nose, mouth, or skin with water.
  - (3) Irrigate eyes with clean water, saline, or sterile irrigants.
  - (4) Report the incident to the supervisor.
  - (5) Seek medical treatment at a local emergency room.

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b. The employer shall send an information packet with the injured employee to the designated treating physician containing:

- (1) Documentation of routes of exposure and the circumstances under which the incident happened.
- (2) Identification and documentation of the source individual unless the employer can establish that identification is infeasible or prohibited by state law.
- (3) A copy of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen standard, 29 CFR 1910.1030, and description of the exposed employee's duties as they relate to the exposure incident.
- (4) The Hepatitis B vaccination status of the exposed employee if known.

c. The MSFC Medical Center shall contact the source individual within 24 hours from the time of the incident or the next business day for follow-up.

5.6.5.4 If during the normal business hours of the MSFC Medical Center a contractor employee experiences an occupational exposure to biohazardous material, blood, and OPIM through needlestick, sharps injury, or other method:

a. The employee should:

- (1) Wash the needlestick and/or cut with soap and water.
- (2) Flush splashes to the nose, mouth, or skin with water.
- (3) Irrigate eyes with clean water, saline, or sterile irrigants.
- (4) Irrigate eyes with clean water, saline, or sterile irrigants.
- (5) Seek medical treatment through the employer's designated company physician.

b. The employer shall send an information packet with the injured employee to the designated treating physician containing:

- (1) Documentation of routes of exposure and the circumstances under which the incident happened.
- (2) Identification and documentation of the source individual unless the employer can establish that identification is infeasible or prohibited by state law.
- (3) A copy of the OSHA Bloodborne Pathogen standard, 29 CFR 1910.1030.



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(4) A description of the exposed employee’s duties as they relate to the exposure incident.

(5) The Hepatitis B vaccination status of the exposed employee, which is the employer’s responsibility to maintain.

c. Source individuals should report immediately to the MSFC Medical Center for follow-up.

d. The employer shall report all recordable injuries to the MSFC Industrial Safety Branch in accordance with MWI 8621.1, Mishap and Close Call Reporting and Investigation Program.

5.6.5.5 If a contractor employee experiences an occupational exposure to biohazardous material, blood, and OPIM through needlestick, sharps injury, or other method after the normal business hours of the employer’s designated company physician:

a. The employee should:

(1) Wash the needlestick and/or cut with soap and water.

(2) Flush splashes to the nose, mouth, or skin with water.

(3) Irrigate eyes with clean water, saline, or sterile irrigants.

(4) Report the incident to the supervisor.

(5) Seek medical treatment at a local emergency room or other medical agency as specified by the employer.

b. The source individual, if known, should report to the MSFC Medical Center within 24 hours of the incident, or within the next business day.

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## **6. CANCELLATION**

MWI 1800.1C, MSFC Occupational Medicine, dated July 11, 2022.

*Electronically approved by*

Rae W. Meyer for  
Jody Singer  
Director

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## **APPENDIX A DEFINITIONS**

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).

Occupational Medicine: That portion of the medical field devoted to the maintenance and improvement of the health of employees with emphasis on the prevention, diagnosis, treatment, and care of illnesses and injuries caused or aggravated by the work environment. This includes studies directed toward a better understanding of the causes and mechanisms of prevention and care as related to the employee population.

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## **APPENDIX B ACRONYMS**

CFR: Code of Federal Regulations

EEOH: Environmental Engineering and Occupational Health

FAA: Federal Aviation Administration

HBV: Hepatitis B Virus

HIV: Human Immunodeficiency Virus

MAF: Michoud Assembly Facility

MCDC: MSFC Child Development Center

OPIM: Other Potentially-Infectious Material

OSHA: Occupational Safety and Health Administration

SHE: Safety, Health, and Environmental

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**APPENDIX C  
(Reserved for Verification Matrix)**

None.

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## **APPENDIX D RECORDS**

The following records are maintained according to the “List of AS10 Occupational Health Records” located at <https://nasa.sharepoint.com/sites/msfceeoh/SitePages/Records-Management.aspx>

D1 MSFC Form 2805, MSFC Work History Questionnaire

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**APPENDIX E  
REFERENCE DOCUMENT**

AS60-OI-034, MAF Occupational Medicine