

MILPERSMAN 1300-1300

ASSIGNMENT OF ACTIVE DUTY PERSONNEL WITH BLOODBORNE PATHOGENS (BBP)

Responsible Office	NAVPERSCOM (PERS-454)	Phone:	DSN COM	882-4734 (901) 874-4734
MyNavy Career Center		Phone: Toll Free		1-833-330-MNCC (6622)
		E-mail:		askmncc@navy.mil
		MyNavy Portal:		https://my.navy.mil/

References	(a) DoD Instruction 6485.01 of 7 June 2013 (b) SECNAVINST 5300.30F (c) OPNAVINST 1300.20 (d) DoD Instruction 1332.45 of 30 July 2018 (e) SECNAVINST 5211.5F (f) NAVMED P117, Manual of the Medical Department October 2020 (g) SECNAVINST 1850.4F
-------------------	---

1. **Policy.** Assignment policy for personnel infected with bloodborne pathogens (BBP) is governed by references (a) through (c). This policy outlines the assignment and distribution processes for active duty Service members infected with a BBP. The policy that outlines the assignment and distribution process for Navy Reserve Service members infected with BBP can be found in reference (b). The procedures outlined herein ensure that Service members (Active Component and full time support) infected with BBP have the opportunity to fill valid operationally and overseas billets.

a. Service members who have a BBP will be retained in the Service unless they demonstrate an unfitting medical condition(s). Service members who demonstrate an unfitting medical condition(s) shall be referred to the Integrated Disability Evaluation System (IDES) per reference (d).

b. Assignment restrictions cannot be imposed on BBP-infected Service members, except as delineated by this article and by reference (b). Any proposed changes in assignment policy which affect BBP-infected Service members must be coordinated

with Navy Personnel Command (NAVPERSCOM), Deployability Assessment and Assignment Branch (PERS-454) per reference (b).

2. **Definition.** BBP: Pathogenic microorganisms, transmitted via human blood, which cause disease in humans. They include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

3. **Confidentiality.** Maintaining the confidentiality of Service members infected with BBP is absolutely essential. Correspondence, electronic mail (e-mail), and verbal or phone discussions regarding BBP-infected Service members will be limited to the following personnel: the BBP-infected Service member, personnel within NAVPERSCOM who have a demonstrated need to know in order to perform their duties and assign these Service members, the commanding officer (CO) of the proposed gaining command, and the senior medical officer or senior medical department representative of the proposed gaining command. Strict compliance with the provisions of the Privacy Act is required per reference (e).

a. E-mails regarding BBP-infected Service members containing names, Social Security numbers, Department of Defense Identification/Electronic Data Interchange Personal Identifier (DODID/EDIPI) or other Personally Identifying Information (PII) shall be digitally-signed and public key infrastructure-encrypted.

b. Hard-copy correspondence must be pre-coordinated before mailing to PERS-454. If used, all hard-copy correspondence regarding BBP Service members which contains names, Social Security numbers, DODID/EDIPI or other PII will:

(1) Be double wrapped with the inner layer marked as Controlled Unclassified Information (CUI) and include a SF-901, CUI cover sheet should be used.

(2) Be mailed to only those with an official need to know,

(3) Be sent via a mailing service that can provide tracking information, and

(4) Be handled and destroyed per Department of Defense privacy directives.

4. **Assignment Procedures.** The Assistant Commander, Navy Personnel Command for Career Management (PERS-4) will coordinate policy and assignment for Service members infected with BBP. Service members with BBP may not be assigned or reassigned without PERS-454 approval.

a. Personnel with a BBP infection will be detailed according to the normal assignment policies (i.e., sea/shore flow and career progression) and will be screened for assignment in exhibit (1). PERS-4 detailers will coordinate with PERS-454 for all orders affecting BBP.

b. Any questions regarding assignments should be referred to PERS-454.

c. HIV:

(1) When a Service member is initially identified as having HIV during overseas screening, operational screening, or in the normal course of healthcare services, the Navy Bloodborne Infection Management Center (NBIMC) will notify PERS-454 and the Service member's CO.

(2) For a new diagnosis of an HIV positive member, the CO will arrange for the timely notification of the Service member per reference (b).

(3) A newly diagnosed HIV-positive Service member will be placed on temporary limited duty (TLD) upon checking into the HIV Evaluation Treatment Unit per references (b) and (e). COs may contact PERS-454 via points of contact listed. Upon reaching stability, the Service member will be screened by the NBIMC and complete a medical assignment screening as outlined in [MILPERSMAN 1300-800](#), Transfer of Personnel to Operational Duty (Operational Screening). Service members who require more than 12 months of TLD will be referred to the IDES per references (c) and (e). If qualified, rating conversion or lateral transfer may be an additional option, refer to [MILPERSMAN 1440-010](#), Conversion Authorization; and [1440-011](#), Forced Conversion; for enlisted personnel and current naval administrative (NAVADMIN) message for officer lateral transfer.

(4) Newly diagnosed Service members must be thoroughly educated on their condition and the permanent assignment limitations outlined in exhibit 1 due to their medical status, to include possible port visit restrictions by host nations.

For the most current information on country restrictions on entry, stay, and residence of HIV-positive persons to ensure he or she understands the scope of countries with restrictions that may be applicable to Outside continental United States (OCONUS) or operational assignment.

d. Chronic Hepatitis:

(1) Service members initially diagnosed with chronic hepatitis B or C will be placed on TLD until dispositioned by either infectious disease or gastroenterology. Treatment will follow appropriate clinical guidelines.

(2) Service members with chronic HBV or HCV who go beyond 12 months of treatment, have failed treatment, who are not candidates for treatment, or who have complications from the infection which impair their ability to perform the required duties of rate, rank or office, will be referred to the IDES.

5. **Procedures for OCONUS or Operational Orders.** Service members with a BBP infection will be detailed according to the normal assignment policies (i.e., sea/shore flow and career progression) and will be screened for assignment to commands described in exhibit 1. Due to potential austere environments and limited medical facilities, Service members with a BBP will not be considered for overseas individual augmentee tours or remote duty assignments.

a. The Service member will acknowledge during the screening process that additional personnel will need to know of their medical condition(s). BBP Service members will also acknowledge that they may be prohibited from taking liberty, leave, or temporary duty in countries that have entry restrictions applicable to persons with BBP, such as HIV.

b. For the most current information on country restrictions, the Service member should visit the following Web sites: www.hivtravel.org and <https://travel.state.gov/content/passports/en/country.html>.

c. Assignment applications:

(1) Enlisted members will follow regular procedures of MyNavy Assignments (MNA) System entry.

(2) Officers will contact their detailers directly.

d. If the Service member is not medically cleared from NBIMC after 12 months of TLD, they will be referred to IDES per reference (e).

6. **Responsibilities**. All personnel must ensure that Service member medical information is protected per the Health Insurance Portability and Accountability Act and the Privacy Act (as appropriate). Adherence to the process timelines for OCONUS and operational orders is very important to Navy command manning levels and prioritization of outstanding requisitions.

a. Service member:

(1) Enlisted Service members will negotiate orders via MNA.

(2) Officers will contact detailers directly.

b. PERS-454:

(1) Execute BBP assignment policy.

(2) Coordinate with NBIMC.

(3) Coordinate assignment with detailers and Service members.

(4) Inform prospective CO of Service members' assignment to their commands.

c. Detailer:

(1) Coordinate with Service member and PERS-454 for assignments.

(2) Notify PERS-454 if a Service member who negotiated orders to an operational assignment is found unsuitable.

d. NBIMC:

(1) The NBIMC will provide guidance to commands upon initial detection of Service members who are positive for a BBP.

(2) The NBIMC will provide formal notification of approval or disapproval to PERS-454 for operational duty

utilizing exhibit 2. Exhibit 2 will be scanned into appropriate electronic health record for review.

(3) The Bureau of Medicine and Surgery (BUMED) Resource Management Department will provide travel for initial evaluation and treatment of BBP active duty Service member.

(4) The NBIMC and treating HIV evaluation and treatment units will ensure all newly diagnosed and unstable BBP Service members are placed on TLD and/or referred to IDES as outlined above.

(5) Per reference (f), chapter 15, personnel in special communities such as aviation duty, diving duty, special warfare, or submarine duty who are diagnosed HIV-positive, require a BUMED waiver of medical standards to continue in these programs.

e. Screening command:

(1) Ensure the Service member has been approved through the overseas screening or operational screening process per reference (g), [MILPERSMAN 1300-300](#), Overseas/Remote Service General Information; [1300-302](#), Suitability and Selection for Overseas Service; [1300-304](#), Suitability for Overseas Assignment Screening and Reporting; [1300-800](#) and [1306-801](#), Enlisted Assignment Screening for all BBP conditions. Exhibit 2 will be used as formal clearance for operational duty in regards to the BBP specifically.

(2) For the most current information on country restrictions, the screening command should visit the following Web sites: www.hivtravel.org and <https://travel.state.gov/content/passports/en/country.html>.

f. Prospective commands will notify PERS-454 regarding acceptance of assignment, within 48 hours of notification of prospective gain. Any command inquiries, regarding personnel with BBP, should be referred to PERS-454 for response coordination.

EXHIBIT 1

**LIST OF COMMANDS ELIGIBLE FOR OVERSEAS OR OPERATIONAL ASSIGNMENT
OF MEMBERS WITH BLOODBORNE PATHOGENS (BBP)**

1. The following OCONUS medical facilities are capable of providing medical services to members with identified BBP:

NAVAL HOSPITAL ROTA SPAIN
NAVAL HOSPITAL NAPLES ITALY
NAVAL HOSPITAL SIGONELLA ITALY
NAVAL HOSPITAL GUAM MARIANA ISLAND
NAVAL HOSPITAL YOKOSUKA JAPAN
NAVAL HOSPITAL OKINAWA JAPAN
NAVAL HOSPITAL GUANTANAMO BAY CUBA
NAVAL HEALTH CLINIC HAWAII HAWAIIAN ISLAND (TRIPLER Army Medical Center)

2. Service members with BBPs can be detailed to operational assignments and sea duty squadrons that have a permanently assigned medical officer. No Fleet Marine Force billets will be authorized.

EXHIBIT 2

**NAVY BLOODBORNE INFECTION MANAGEMENT CENTER (NBIMC) OPERATIONAL
/OVERSEAS SCREENING**

1. This Service member requires additional screening for operational/overseas duty. I have determined that this member's medical suitability with consideration of ONLY his or her bloodborne pathogen condition is (approved/not approved) for operational/overseas duty. Member's screening is valid for 6 months prior to receipt of orders. If it is determined that the member is not suitable for operational duty he or she will be directed to be placed on TLD until he or she can successfully screen for operational duty. If it is determined that the Service Member has been non-deployable for a period equal to or greater than 12 months, who have failed treatment, or who have complications from the infection which impair his or her ability to perform the required duties of rate, rank or office will be directed to be referred to the Integrated Disability Evaluation System (IDES).

2. For further discussion of this matter, the Officer in Charge, NBIMC can be reached at dha.bethesda.j-11.mbx.nbimc-oic@mail.mil.

OIC NBIMC