

MILPERSMAN 1300-1300

ASSIGNMENT OF PERSONNEL WITH BLOODBORNE PATHOGENS (BBP)

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Reference (s)	(a) DODINST 6485.01 (b) SECNAVINST 5300.30E (c) SECNAVINST 1850.4E (d) SECNAVINST 5211.5E (e) NAVMED P117, Manual of the Medical Department (f) BUMED 1300.2A
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1. **Policy**. Assignment policy for personnel infected with bloodborne pathogens (BBP) is governed by references (a) and (b). The procedures outlined herein ensure personnel infected with BBP have the opportunity to fill valid billets.

a. Military personnel who demonstrate no evidence of unfitting medical conditions associated with human immunodeficiency virus (HIV) infection shall be retained in the service, unless some other reason for separation exists.

b. HIV-infected service personnel, who may not be considered fit for continued naval service due to a non-HIV condition which may constitute a disability, shall be referred to the Integrated Disability Evaluation System (IDES) under reference (c).

c. 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), Career Management Department (PERS-454) per reference (b).

2. Definitions

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

b. **HIV:** Either of two retroviruses which infect and destroy helper-T cells of the immune system causing the marked reduction in their numbers that is diagnostic of acquired immunodeficiency syndrome (AIDS).

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

a. Electronic correspondence (e-mail) regarding BBP infected personnel containing names, social security numbers, or other personally identifying information (PII) shall be digitally signed and public key infrastructure-encrypted. In the event encryption is not possible, the only authorized means of electronically transmitting PII is through use of Safe Access File Exchange (SAFE). SAFE can be accessed via the following web link: <https://safe.amrdec.army.mil/safe/Welcome.aspx>.

b. Hard-copy correspondence must be pre-coordinated before mailing to NAVPERSCOM (PERS-454). If used, all hard-copy correspondence regarding BBP personnel which contains names, social security numbers, or other PII shall:

(1) Be double wrapped with the inner layer labeled "FOR OFFICIAL USE ONLY-PRIVACY SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal penalties."

(2) Use DD 2923 "Privacy Act Data Cover Sheet" as appropriate.

(3) Be mailed to only those with an official need to know.

(4) Be sent via a mailing service that can provide tracking information.

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

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

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

(1) For a new diagnosis of an HIV positive member, the CO will arrange for the timely notification of the Service Member and transfer to a HIV Evaluation Unit (HETU).

(2) A newly diagnosed HIV positive Service Member may require immediate reassignment to comply with reference (b). If qualified, rating conversion may be an additional option; see MILPERSMAN 1440-010 for information on rating conversion.

(3) Per reference (e), Chapter 15, personnel in special communities such as aviation duty, diving duty, special warfare, or submarine duty who are diagnosed HIV positive also need a Bureau of Medicine and Surgery (BUMED) waiver of medical standards to continue in these programs.

(4) Service Members who are initially diagnosed with chronic Hepatitis B or C are evaluated by either infectious disease or gastroenterology specialty physicians at a local Navy medical treatment facility (MTF). Treatment will follow appropriate clinical guidelines. Service Members with chronic Hepatitis B or C who 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 rank and rate, are referred to the Integrated Disability Evaluation System (IDES).

b. Service Members who have been identified as having a BBP and are approaching their projected rotation date (PRD) shall contact their detailer to negotiate appropriate orders. NAVPERSCOM (PERS-4) detailers will coordinate with NAVPERSCOM (PERS-454) to ensure the healthcare at the receiving command is capable of supporting the member. Privacy Act standards must be adhered to in this process.

c. Per reference (b), the Secretary of the Navy shall be advised 30 days in advance of the assignment of a Service Member of each type of limitation in assignment or duties and the specific reasons therefor.

d. Any questions regarding assignments should be referred to NAVPERSCOM (PERS-454).

5. **Procedures for Outside the Continental United States (OCONUS) or Operational Orders.** On a case-by-case basis, in consultation with the treating HETU, NBIMC, and NAVPERSCOM (PERS-454), certain personnel who are considered to have controlled BBP infection, per reference (b), may be considered for assignment to commands described in Exhibit 1. Personnel with a BBP will not be considered for overseas Individual Augmentee (IA) tours, given the austere environments and limited medical facilities where they potentially could be placed. The process for personnel with a BBP infection to request and receive OCONUS or operational orders is outlined below.

a. In consultation with his or her infectious disease physician, a member with a BBP desiring an OCONUS or operational assignment shall:

(1) Submit a request (see Exhibit 2) to NAVPERSCOM (PERS-454).

(a) The member will acknowledge in the request that he or she understands that the process will require additional personnel to know of their medical condition, and that he or she will be prohibited from taking liberty, leave, or temporary duty in countries that have entry restrictions applicable to persons with BBP, such as HIV.

(b) The member should consult with Web site www.hivtravel.org 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 that have restrictions that may be applicable to the OCONUS or operational assignment desired.

(2) Follow normal procedures to determine potential OCONUS or operational assignment to commands described in Exhibit 1.

(a) Enlisted members will follow regular procedures of Career Management System Interactive Detailing (CMSID) entry.

(b) Officers will contact their detailers directly.

b. Upon receipt of Exhibit 2 and notification from the member's detailer of a requested OCONUS or operational assignment, NAVPERSCOM (PERS-454) shall:

(1) Inform the CO of the proposed gaining command that the member has requested assignment to his or her command, and request a response per Exhibits 3 and 4 within 10 calendar days.

(2) Inform the senior medical officer (SMO) or senior medical department representative (SMDR) of the proposed gaining command, or who supports the proposed gaining command, that the member has requested assignment to his or her command or a supported command, and direct Exhibit 4 be provided to the CO of the proposed gaining command within 5 calendar days.

c. The CO of the proposed gaining command shall, within 10 calendar days of notification, submit Exhibit 3 to NAVPERSCOM (PERS-454) stating whether or not he or she will accept the member at the command. The SMO/SMDR letter of recommendation (Exhibit 4) shall be an enclosure to Exhibit 3. Letters signed "By direction" will not be accepted. A negative response must be thoroughly explained and notification made to the CO's immediate supervisor in command.

(1) In determining if the assignment at his or her command is appropriate, the CO must take into consideration the legal restrictions on travel of HIV positive persons in various countries and the impact such a restriction would have on mission accomplishment. The CO must consult Web site www.hivtravel.org for current information on a country's entry restrictions for HIV positive persons.

(2) Based on the CO's understanding of his or her operational mission and the billet, he or she can determine the likelihood that the member would be required to enter a country prohibiting entry of HIV positive persons, due to TAD, deployment, a port visit, etc. The fact that a member will be unable to have liberty in a particular port(s) (if visited) will normally not justify a negative response on its own because the member is agreeing to forgo such liberty in order to obtain the requested orders.

d. Upon receipt of the CO's decision on acceptance of the member, NAVPERSCOM (PERS-454) will:

(1) If the CO's response was positive, notify the detailee that orders can be issued.

(2) If the CO's response is negative, examine the justification to determine if the command has a valid operational or medical concern. If the concern is medical, NAVPERSCOM (PERS-454) will work with the proposed gaining command CO/SMO/SMDR to resolve the medical concern if possible.

(3) If the concerns of the proposed gaining command CO cannot be resolved, then NAVPERSCOM (PERS-454) will notify the detailee that the member will not be given orders to the requested billet and must continue to negotiate orders to other potential billets. If the next requested billet is OCONUS or operational, the detailee will again notify NAVPERSCOM (PERS-454) of the requested billet, and the above process will be followed.

e. Upon receipt of orders or letter of intent, the member will initiate the overseas screening, sea duty screening process immediately per references (f), MILPERSMAN 1300-300, 1300-302, 1300-304, 1300-800, and 1306-801 (as applicable).

6. **Responsibilities**. All personnel must ensure the medical information of a member is protected per 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 the commands' manning levels and prioritization of outstanding requisitions.

a. Member:

(1) Negotiate CONUS orders via CMSID.

(2) Prior to negotiating OCONUS or operational orders with detailer or requesting such an assignment via CMSID, must submit a request, per Exhibit 2, to NAVPERSCOM (PERS-454) and receive confirmation of receipt.

b. NAVPERSCOM (Pers-454):

(1) Set BBP assignment policy;

(2) Track Exhibits 2 through 4 and apply appropriate privacy safeguard measures to these documents;

(3) Coordinate assignment with detailers, gaining command CO/SMO/SMDR, and Service Members;

(4) Upon notification from detailer of a request for OCONUS or operational assignment, promptly advise proposed gaining command CO and SMO/SMDR of member's request and the required CO decision, with SMO/SMDR recommendation, within 10 calendar days of the notification.

c. Detailer:

(1) Coordinate with constituents and NAVPERSCOM (PERS-454) for assignments.

(2) Obtain approval from NAVPERSCOM (PERS-454) prior to accepting constituent requests for OCONUS or operational assignments.

(3) (Enlisted detailers) shall notify NAVPERSCOM (PERS-40) immediately, if the processing time for the exhibits exceed the requisition take-up time (requisition ages out) which was negotiated with the member.

(4) Shall immediately notify NAVPERSCOM (PERS-454) if a member who negotiated orders to an OCONUS or operational assignment is subsequently found to be unsuitable.

d. BUMED:

(1) Code (M3/5) shall provide guidance to commands upon initial detection of members who are positive for HIV or other BBP.

(2) Code (M8) shall provide travel for initial evaluation and treatment of HIV positive members.

e. SMO/SMDR:

(1) Ensure the member has been approved through the overseas screening or operational screening process (references (f), MILPERSMAN 1300-300, 302, 304, 1300-800 and 1306-801 for all conditions other than BBP.

(2) Upon notification by NAVPERSCOM (PERS-454), SMO/SMDR for the proposed gaining command must determine whether the command is capable of treating the member with BBP and make recommendations to the proposed gaining command CO regarding acceptance of the member using Exhibit 4. Exhibit 4 must be personally signed and submitted to the CO within 5 calendar days of notification by NAVPERSCOM (PERS-454) of intent to assign a Service Member with BBP to a command under his or her cognizance. Signature authority may **not** be delegated. A negative placement recommendation must be justified.

f. Proposed Gaining Command CO:

(1) Upon notification by NAVPERSCOM (PERS-454) and within 10 calendar days of notification, shall submit their decision in the form of Exhibit 3 with Exhibit 4 enclosed, to NAVPERSCOM (PERS-454) stating whether or not he or she will accept the member at the command. "By direction" authority will **not** be accepted. Negative placement decisions must be justified and notification made to the CO's immediate supervisor in command.

(2) Utilize information contained in Web site www.hivtravel.org on countries with entry prohibitions for persons who are HIV positive in making decision provided to NAVPERSCOM (PERS-454).

(3) Acknowledge in decision (Exhibit 3) that if an HIV positive member is given orders to his or her command, the CO will ensure the member does not enter a country that prohibits entry of persons who are HIV positive, whether on liberty, leave, or in a duty status.

7. **Navy Personnel Command Support and Reporting Requirements**

a. NAVPERSCOM (PERS-454) will establish and maintain offline electronic records (as necessary) to administer the BBP Program and respond to regular and ad hoc inquiries regarding Service Members with BBP. Appropriate privacy safeguard measures will be exercised per (DoD) directives. Any command inquiries, regarding personnel with BBP, should be referred to NAVPERSCOM (PERS-454) for coordination of the response.

b. NAVPERSCOM (PERS-3), Records/Data Maintenance Quality Division will provide query support from existing military personnel systems to NAVPERSCOM (PERS-4), as needed.

EXHIBIT 1

**LIST OF COMMAND TYPES ELIGIBLE FOR OVERSEAS OR OPERATIONAL ASSIGNMENT OF
MEMBERS WITH BLOODBORNE PATHOGENS**

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

NAVHOSP ROTA SP
NAVHOSP NAPLES IT
NAVHOSP SIGONELLA IT
NAVHOSP GUAM MI
NAVHOSP YOKOSUKA JA
NAVHOSP OKINAWA JA
NHLTHCLINIC HAWAII HI (TRIPLER Army Medical Center)

2. Members with BBP may request assignment to OCONUS/operational commands supported by and within a 2 hour driving radius of the naval hospitals listed above.

3. Members with BBP may also request assignment to arduous sea duty aboard CVNs, LHAs, or LHDs.

EXHIBIT 2

(Date]

From: HM1 Navy A. Sailor, USN or USNR
To: Commander, Navy Personnel Command (PERS-454)
Subj: OCONUS/OPERATIONAL ASSIGNMENT REQUEST/ACKNOWLEDGEMENT
Ref: (a) MILPERSMAN 1300-1300

1. Per reference (a), I request an OCONUS/operational assignment.
2. As a Service Member with an identified bloodborne pathogen, I make this request voluntarily, acknowledging and understanding the following:
 - a. I have read and understand reference (a).
 - b. Placement in an OCONUS/operational assignment will necessitate disclosure of health information to additional personnel due to the screening process for such an assignment. However, per the Health Insurance Portability and Accountability Act and the Privacy Act, my medical information will only be shared with those having a need to know to process my request.
 - c. I must not donate blood to the blood programs/blood agencies within CONUS and OCONUS, or participate in the "walking blood bank."
 - d. There are countries that restrict or prohibit entry, stay, or residence of persons who are HIV positive, and I can refer to www.hivtravel.org for information on each country's HIV related travel restrictions. These laws may impact whether or not I receive the OCONUS/operational orders requested. I acknowledge that if I receive OCONUS/operational orders and such a restriction or prohibition applies to me, I will not be allowed to enter such a country on liberty, leave, or any duty status.
 - e. I am under no obligation to request an OCONUS/operational assignment; however, not serving in an operational assignment may have an impact on my ability to be competitive for promotion. By submitting this request, I understand that I may receive orders to an OCONUS/operational assignment and be subject to the restrictions outlined above.
3. To further discuss assignments, I may be reached at (123)456-7890 or navy.sailor@navy.mil.

N. A. Sailor

EXHIBIT 3

1300
Ser
[Date]

From: Commanding Officer, [USS FUTURE SHIP/COMMAND]
To: Commander, Navy Personnel Command (PERS-454)

Subj: ACCEPTANCE OF SERVICE MEMBER WITH BLOODBORNE PATHOGEN

Ref: (a) MILPERSMAN 1300-1300

Encl: (1) [SMO/SMDR Recommendation]

1. I have been advised that [Rank/Rate Name, USN or USNR, designator for officers] with an identified Bloodborne Pathogen has been selected for assignment to my command.

2. I have read reference (a), and completely understand my obligation under the Privacy Act to protect this member's health information. Information regarding this member will only be discussed on an as needed basis and only with those possessing a need to know.

3. I have consulted my [senior medical officer/senior medical department representative] regarding the ability to provide care for this member. [His/Her] recommendation is provided as enclosure (1).

4. (Include this paragraph if BBP of member is HIV) In making this decision, I have taken into consideration country restrictions on entry of HIV positive persons found at www.hivtravel.org and the impact such restrictions would have on mission accomplishment should this member be accepted into the proposed billet. I understand that I must ensure an HIV positive member of my command does not enter a country that prohibits entry of persons who are HIV positive, whether on liberty, leave, or in a duty status.

5. I [am/am not] willing to accept placement of [Rank/Rate Name] at my command. [Provide justification for a negative response.]

6. For further discussion of this matter, I may be reached at commanding.officer@futureship.navy.mil or (123)456-7890.

C. O. FUTURESHIP

EXHIBIT 4

[Date]

From: [Senior Medical Officer/Senior Medical Department Representative],
[USS FUTURE SHIP/COMMAND]

To: Commanding Officer, [USS FUTURE SHIP/COMMAND]

Subj: ACCEPTANCE OF SERVICE MEMBER WITH BLOODBORNE PATHOGEN

Ref: (a) MILPERSMAN 1300-1300

1. I have been advised [Rank/Rate Name, USN or USNR, designator for officers] with an identified Bloodborne Pathogen has been selected for assignment to [USS FUTURE SHIP/Command Name].

2. I have read reference (a), and completely understand my obligation under the Health Insurance Portability and Accountability Act and Privacy Act to protect this member's health information. Information regarding this member will only be discussed on an as needed basis and only with those possessing a need to know.

3. As the [senior medical officer/senior medical department representative], I understand the care requirements for this individual. I [am/am not] capable of providing the medical resources necessary for this Sailor to maintain his or her health. [If stating not capable, provide explanation.]

4. I [recommend/do not recommend] placement of [Rank/Rate Name] on board [USS FUTURE SHIP/Command Name]. [Provide justification for a negative recommendation.]

5. For further discussion of this matter, I may be reached at SMO@futureship.navy.mil or (123)456-7891.

I. B. DOCTOR