

MS 520 Peace Corps Staff Occupational Safety and Health Procedures

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Table of Contents

- 1.0 Purpose
- 2.0 Definitions
- 3.0 Mishap Reporting
 - 3.1 General Requirements
 - 3.1.1 Injury/Illness Mishaps
 - 3.1.2 Motor Vehicle Mishaps
 - 3.2 Roles & Responsibilities
 - 3.3 References
- 4.0 Mishap Investigations
 - 4.1 Other than Serious Mishaps
 - 4.2 Serious Mishaps
 - 4.3 References
- 5.0 Safety Committees
- 6.0 Recordkeeping
 - 6.1 References
- 7.0 Bloodborne Pathogens Program
 - 7.1 Exposure Determination
 - 7.2 Universal Precautions
 - 7.3 Work Practices and Engineering Controls
 - 7.4 Personal Protective Equipment
 - 7.5 Training
 - 7.6 HBV Vaccination
 - 7.7 Post-Exposure Evaluation and Follow-Up
 - 7.8 Sharps Injury Log
 - 7.9 Recordkeeping
 - 7.10 References
- 8.0 Respiratory Protection Program
 - 8.1 General
 - 8.2 Program Administration
 - 8.3 Medical Clearance
 - 8.4 Fit Testing and Training
 - 8.5 Face-Piece Seal Leakage
 - 8.6 Types of Respirators for Use by Peace Corps Staff
 - 8.6.1 Filtering Face-Piece Respirators (Disposable Particulate Filter Mask)
 - 8.6.2 Half-Face Air Purifying Respirators

- 8.6.3 Full-Face Air Purifying Respirators
 - 8.6.4 Powered Air Purifying Respirators (PAPRs)
 - 8.7 Storage & Cleaning
 - 8.8 Recordkeeping
 - 8.9 References
 - 9.0 Hazard Communication Program
 - 9.1 Hazardous Materials Inventory
 - 9.2 Identifying Hazardous Chemicals & Safety Data Sheets
 - 9.3 Container Labeling
 - 9.4 Training
 - 9.5 Recordkeeping
 - 9.6 Pictograms (Hazard Symbols) and Classes
 - 9.7 References
 - 10.0 Motor Vehicle Safety Management Program (MVSMP)
 - 10.1 General
 - 10.1.1 Scope
 - 10.2 Requirements
 - 10.3 Other Requirements
 - 11.0 General Provision
 - 12.0 OSHWG Review
-

Attachments

- A – Report of Mishap
 - B – Mishap Investigation Report (Sample)
-

Trainings

All Occupational Safety and Health (OSH) –related trainings (mandatory and role-based) to carry out Manual Section (MS) 520 and its Procedures can be found on LearningSpace.

1.0 Purpose

The purpose of these Procedures is to provide guidance for the implementation of MS 520 *Peace Corps Staff Occupational Safety and Health*.

2.0 Definitions

- (a) **Peace Corps Staff (Staff)**, as defined in MS 520 Subsection 2.0, are U.S. Direct Hires (USDHs), Personal Services Contractors (PSCs), Foreign Service Nationals (FSNs), and Experts/Consultants. Employees of private entities from which Peace Corps contracts for goods or services are not considered as Peace Corps Staff for purposes of this Manual Section (MS 520).

Terms for Mishaps, Mishap Reporting, and Mishap Investigations

- (b) **Mishap**, building off the definition provided in the Manual Section, means any unplanned, unexpected, or undesirable event that results in:
 - (i) injury, illness, or disease (regardless of the extent of injury or illness);
 - (ii) damage to U.S. Government property (including motor vehicles,) regardless of cost;
 - (iii) damage to non-U.S. Government property as a result of Peace Corps activities or operations; or
 - (iv) a spill or release of a hazardous material to the indoor or outdoor environment.
- (c) **Serious Mishap** means a Mishap that results in a fatality, in-patient hospitalization of a Staff member, amputation, loss of an eye, or spill or release of a hazardous material that cannot be readily contained and abated (including environmental contamination incidents and improper pesticide applications).
- (d) The **Mishap Review Board** is the body appointed by the Chief of the Office of Management's Office of Administrative Services (M/AS) to investigate Serious Mishaps. The Mishap Review Board shall consist of two or more individuals, and of as many additional members as may be deemed appropriate by the appointing authority.
- (e) **Responsible Manager** is defined in MS 520 Subsection 2.0 as follows: "In the United States, the most senior manager at each Regional Recruiting Office (RRO); at Headquarters, the A Delegates for each office; and at each overseas Post, the Country Director. Responsible Managers will ensure that the requirements described in this policy are met." A Responsible Manager can designate another individual to carry out all roles and duties set forth in MS 520 and detailed in these Procedures.
- (f) **Root causes** are the underlying reasons why unsafe conditions exist and reveal how a procedure or safety rule was not followed in a workplace. Root causes generally reflect management, design, planning, organizational, or operational failings (e.g., the lack of a guardrail for a warehouse mezzanine or lack of a handrail on stairs in an office that was not detected by workplace inspections).

Terms for the Bloodborne Pathogens Program

- (g) **Blood** means human blood, human blood components, and products made from human blood.
- (h) **Bloodborne pathogens** means 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).

- (i) **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- (j) **Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- (k) **Engineering controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens Hazard (*see* MS 520 Subsection 2.0 for definition of Hazard) from the workplace.
- (l) **Exposure incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a Staff member's duties.
- (m) **HBV** means hepatitis B virus.
- (n) **HIV** means human immunodeficiency virus.
- (o) **Occupational exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a Staff member's duties.
- (p) **Other potentially infectious materials** means:
 - (i) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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;
 - (ii) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
 - (iii) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and
 - (iv) Blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- (q) **Parenteral** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- (r) **Regulated waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials that are capable of releasing these materials during handling;

contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

- (s) **Sharps with engineered sharps injury protections** means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- (t) **Source individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to Staff.
- (u) **Universal precautions** is 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.
- (v) **Work practice controls** means 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).

Terms for the Hazard Communication Program

- (w) **Exposure or exposed** means that a Staff person is subjected in the course of employment/engagement to a chemical that is a Physical or Health Hazard, and includes potential (e.g., accidental or possible) exposure. "Subjected" in terms of Health Hazards includes any route of entry (e.g., inhalation, ingestion, skin contact or absorption).
- (x) **Hazardous chemical** means any chemical which is classified as a Physical Hazard or a Health Hazard, a simple asphyxiate, combustible dust, pyrophoric gas, or Hazard not otherwise classified.
- (y) **Health Hazard** means a chemical which is classified as posing one of the following hazardous effects: acute toxicity (any route of exposure); skin corrosion or irritation; serious eye damage or eye irritation; respiratory or skin sensitization; germ cell mutagenicity; carcinogenicity; reproductive toxicity; specific target organ toxicity (single or repeated exposure); or aspiration Hazard. The criteria for determining whether a chemical is classified as a Health Hazard are detailed in [Appendix A to 1910.1200 Health Hazard Criteria](#).
- (z) **Physical Hazard** means a chemical that is classified as posing one of the following hazardous effects: explosive; flammable (gases, aerosols, liquids, or solids); oxidizer (liquid, solid or gas); self-reactive; pyrophoric (liquid or solid); self-heating; organic peroxide; corrosive to metal; gas under pressure; or in contact with water emits flammable gas. *See [Appendix B to 1910.1200 Physical Hazard Criteria](#).*
- (aa) **Safety Data Sheet (SDS)** means written or printed material concerning a hazardous chemical. These are typically provided by the manufacturer or supplier of the hazardous

chemical and contain basic information on the nature of the material, properties, and potential Hazards.

3.0 Mishap Reporting

3.1 General Requirements

All Peace Corps Establishments, as defined in MS 520, are required to report and investigate all Mishaps. All Staff and contractors must comply with the responsibilities and procedures outlined below to ensure proper Mishap reporting and investigation.

The reporting requirements include any Mishap that occurs on Peace Corps-owned or -leased premises (including Staff residences), or during the conduct of U.S. Government business. A Mishap may involve:

- (i) Staff,
- (ii) Family members of Staff,
- (iii) Visitors (including Volunteers visiting a Peace Corps Establishment), or
- (iv) Contractors.

All Mishaps, regardless of the extent of injury or cost of associated property damage, shall be reported to leadership at each Peace Corps Establishment and then to HQ through M/AS.

3.1.1 Injury/Illness Mishaps

All Staff shall contact their supervisor as soon as possible after they become aware that any Mishap has occurred. For Mishaps involving injuries or illnesses that require immediate medical attention, all Staff shall seek appropriate medical care with assistance from their supervisor, if necessary.

Supervisors shall notify the Responsible Manager, as soon as possible after becoming aware of a Mishap, but not later than the end of the work shift on the day the Mishap was reported to them.

The Responsible Manager shall notify the Chief, M/AS about all Serious Mishaps within:

- (i) 8 hours after the death of a Staff member as the result of a work-related mishap; and
- (ii) 24 hours for all other Serious Mishaps.

M/AS will respond within 24 hours of notification.

The immediate supervisor, in conjunction with the individual involved in the Mishap, shall complete the Peace Corps Report of Mishap form (*see* Attachment A). The completed form should be forwarded to the Responsible Manager for signature and submittal to M/AS via AskOSH@PeaceCorps.gov.

The Mishap Review Board, if appointed, shall conduct a Mishap investigation, and issue a Mishap Investigation and Analysis Report to the Chief, M/AS required for a Serious Mishap or for other Mishaps as directed by the Chief, M/AS.

The Responsible Manager in conjunction with the appropriate supervisor shall ensure that corrective actions are implemented to prevent a recurrence of a Mishap.

Peace Corps Establishments are responsible for maintaining the OSHA Log of Injury/Illness (OSHA 300 form) and the Summary (OSHA 300A) covering their locations.

3.1.2 Motor Vehicle Mishaps

Motor vehicle Mishaps shall be reported and investigated in accordance with the procedures established in the Peace Corps Vehicle Fleet Management Guide. The Peace Corps Report of Mishap form (*see* Attachment A) must be completed and submitted for any injuries resulting from a motor vehicle Mishap regardless of the extent of the injury.

3.2 Roles & Responsibilities

- (a) **Staff:** Any Staff member who experiences a Mishap shall report the occurrence to their supervisor immediately. Staff are also responsible for reporting Mishaps involving family members, visitors, or contractors injured on Peace Corps-owned or -leased property. If the Mishap occurs after working hours, the report shall be made as soon as reasonably possible thereafter. Failure to report a Mishap may result in disciplinary action.
- (b) **Supervisors:** All supervisors are responsible for the following in the event of a Mishap:
 - (i) recommending that prompt and appropriate medical treatment for Staff involved in a work-related Mishap be sought;
 - (ii) notifying the Responsible Manager as soon as possible, but no later than the end of the workday on which the Mishap was reported by the Staff member;
 - (iii) completing the Report of Mishap form (*see* Attachment A) and submitting it to the Responsible Manager for their review and signature;
 - (iv) participating in Mishap investigations; and
 - (v) implementing corrective actions to prevent recurrence of the Mishap.

- (c) **Contractors:** Contractors working under a contract, other than a personal services contract, on U.S. Government owned or leased property, or under a Post-managed construction contract, shall report immediately any Mishaps to the Contracting Officer or Contracting Officer Representative (COR).
- (d) **Responsible Manager:** The Responsible Manager shall ensure all Mishaps are appropriately investigated and corrective actions are implemented to prevent a recurrence of the Mishap. The Responsible Manager is further responsible for complying with the reporting and notification requirements outlined in these Procedures. *See* also MS 520 Subsection 4.2 for Responsible Manager roles and responsibilities.
- (e) **Safety Committee:** The Safety Committee should review reports of Mishaps to ensure they have been adequately investigated, root causes and corrective actions have been reasonably identified and implemented, and that reporting requirements have been met.

3.3 References

- (a) Department of State Foreign Affairs Manual (FAM) [15 FAM 964 Mishap Investigation and Reporting Abroad](#)
- (b) 14 FAM 431.5, within [14 FAM 430 Managing Official Vehicles at Posts Abroad](#)
- (c) [29 CFR 1960 Subpart I Recordkeeping & Reporting Requirements for Federal Agencies](#)

4.0 Mishap Investigations

All Mishaps reported to Post, HQ, or Regional management, will be investigated to determine the root causes and identify appropriate corrective actions to prevent a recurrence of the Mishap.

Investigating a Mishap— a fatality, injury, illness, or close call/near miss— provides an opportunity to identify Hazards in Peace Corps operations and shortcomings in our safety and health programs. Most importantly, it enables us to identify and implement the corrective actions necessary to prevent future occurrences.

Mishap investigations shall focus on identifying root causes and are not conducted for the purpose of finding fault or establishing blame. The primary goal is to understand how and why the existing control measures against the Hazards were non-existent, failed, or otherwise proved insufficient.

4.1 Other than Serious Mishaps

The Responsible Manager will be responsible for investigating as soon as possible all Mishaps, including bloodborne pathogen exposure incidents, and ensuring that appropriate corrective actions are implemented. Assistance with the investigation is available if needed by contacting the OSH Expert at AskOSH@peacecorps.gov or by referencing Attachment B.

The following are guidelines for conducting the Mishap investigation:

- (a) Preserve the scene and keep unauthorized Staff away, if possible. The use of cones, warning tape, and/or guards may be helpful.
- (b) Document the scene. Take notes and use photos, video, and/or drawings to describe the who, what, where, when, and how regarding the incident.
- (c) Collect information from witnesses. Obtain other relevant information such as equipment manuals, SDSs, and Peace Corps policy documents (i.e., safety policies, operating procedures, training and injury records, logs, reports, etc.).
- (d) Determine the root causes and best corrective actions. This requires technique (e.g., keep asking “Why” questions) and time for a deep evaluation, but will make it easier to focus on the most effective corrective actions to implement to prevent further occurrences.

The Responsible Manager shall prepare a Mishap investigation report that includes: findings; contributing factors; root causes of the Mishap; and recommendations for corrective actions. *See* Attachment B for a sample report. The report shall be submitted to the Chief, M/AS via email to AskOSH@PeaceCorps.gov.

4.2 Serious Mishaps

In accordance with the Procedure for Mishap Reporting, the Responsible Manager shall notify the Chief, M/AS about all Serious Mishaps within:

- (i) 8 hours after the death of a Staff member as the result of a work-related mishap; and
- (ii) 24 hours for all other Serious Mishaps.

M/AS will send a response to the Responsible Manager notifying them if M/AS will establish a Mishap Review Board. As soon as the Mishap information is gathered after the initial notification, this must be submitted to the Chief, M/AS by email to AskOSH@PeaceCorps.gov.

A Mishap Review Board may consist of two or more individuals, as deemed appropriate by the Chief, M/AS.

The Mishap Review Board, if appointed, shall conduct a Mishap investigation, and issue a Mishap Investigation and Analysis Report to the Chief, M/AS as required for a Serious Mishap. The Mishap Review Board shall submit a detailed Mishap report to the Chief, M/AS within 30 days after the team has convened. A copy of the report will be provided to the Responsible Manager who will ensure that appropriate corrective actions are implemented. Reports may be submitted electronically in Word format via email to AskOSH@PeaceCorps.gov.

Mishap Review Board reports shall be signed by each team member and shall include the following five main sections:

- (a) **General information:** Documentation of factual data that relates to the Mishap and the Staff involved, and includes a chronology of events leading up to the Mishap, information on specific injuries and property damage, policies and procedures relevant to the Mishap, records and other relevant facts;
- (b) **Analysis and conclusions:** Analysis of the factual information and conclusions drawn from that information to establish the contributing factors of the Mishaps;
- (c) **Recommendations:** Outline the corrective action plan to prevent a recurrence based on key contributing factors and the conclusions drawn in the previous section;
- (d) **Actions taken:** List of the actions taken and their completion dates (or projected completion dates), and an implementation plan for any continuing actions; and
- (e) **Appendices:** Relevant supporting documentation, which may include the following:
 - (i) Maps, diagrams and/or photographs of the Mishap scene;
 - (ii) Victim and witness interviews;
 - (iii) Relevant Establishment policy documents;
 - (iv) Records, such as inspection reports, maintenance records, police reports, training records, copies of licenses, certifications, etc.;
 - (v) Medical information or autopsy reports;
 - (vi) Copies of material safety data sheets; and
 - (vii) Any other documents pertinent to the investigation.

The Chief, M/AS will review Mishap Review Board reports and may develop additional corrective measures for inclusion in an action memorandum. With fire-related Mishaps that involve illness, injury, or death, the Chief, M/AS will coordinate with the Director of the Office of Fire Protection at the Department at the U.S. Department of State in developing this memorandum. Recommendations usually relate to organizational and operational changes needed to prevent the occurrence of similar Mishaps.

Mishap Review Board reports will be distributed on a need-to-know basis to preserve the independence and integrity of the investigation process, confidentiality, and the privacy of involved Staff.

4.3 References

- (a) [15 FAM 964 Mishap Investigations and Reporting Abroad](#)
- (b) [29 CFR 1960.29 Accident Investigation](#)

5.0 Safety Committees

HQ and each overseas Post and Regional Recruiting Office shall establish a Safety Committee composed of representatives from management, Staff selected by the Agency, and Staff representatives (including from any labor organizations, if any, representing the Staff). These committees serve to provide a forum for Staff and management to work collaboratively to discuss and solve occupational safety and health (OSH) problems/issues, communicate OSH information to Staff, and promote implementing OSH procedures. The size of the Safety Committee should be appropriate for the Establishment, but have no fewer than three members, with the total number of members always being an odd number. Members shall serve staggered two-year terms and may be reappointed, with the members alternating annually based on term expiration. Members shall be provided the necessary time and training to perform any duties associated with the Safety Committee.

Safety Committees shall meet at least quarterly. A majority of the Committee will decide on the date and time of meetings. The chairperson shall be responsible for preparing the minutes of each meeting, making those minutes available to Staff at the location, and sending a copy of the minutes to the OSH Expert at HQ. This committee may:

- (a) Make recommendations to local management and the Designated Agency Safety and Health Official on safety and health matters;
- (b) Review safety suggestions;
- (c) Review the reports of lost-time Mishaps and the corrective measures taken to prevent a recurrence;
- (d) Accompany the inspector during the annual inspection to identify health or safety Hazards;
- (e) Formulate recommendations to local management and the Agency for improving the safety and health program;
- (f) Provide suggestions for promotion of health and safety awareness for supervisors and Staff; and
- (g) Participate in Mishap investigations.

6.0 Recordkeeping

The Responsible Manager shall ensure the timely completion and submittal of required form OSHA 300 (Log of Work-Related Injuries and Illnesses) and form OSHA 301 (or Peace Corps Report of Mishap form) to M/AS via AskOSH@peacecorps.gov. The Responsible Manager also certifies the form OSHA 300A, which is the summary of the injuries and illnesses recorded the previous year at their Establishment, and provides it to M/AS by January 31st of each following year.

Annually, from February 1st through April 30th, the Responsible Manager shall post the form OSHA 300A for Staff at their Establishment.

The Responsible Manager shall maintain safety and occupational health records in accordance with the records retention requirements in MS 892 *Records Management*. Occupational safety and health records may include, but are not limited to the following:

- (a) Injury/Illness reports (OSHA 300, 300A, 301) and Mishap investigation reports;
- (b) Inspection findings and reports related to safety Hazards, Health Hazards, fire Hazards, environmental Hazards, asbestos conditions, indoor air quality, etc.;
- (c) Staff exposure records including environmental (workplace) monitoring or measuring of a toxic or otherwise hazardous substance or harmful physical agent and material Safety Data Sheets (MSDSs) for any chemical or product measured or monitored (also applies to asbestos monitoring results);
- (d) Staff occupational medical records related to or required by the hazardous nature of the individual's job;
- (e) Hazard condition notifications and Staff requests to investigate hazardous conditions;
- (f) Annual hazardous materials inventory and SDSs;
- (g) Training records;
- (h) Safety and health planning analyses;
- (i) All policies, procedures, and other safety and health information promulgated by M/AS;
- (j) All policies, procedures, and other safety and health directives promulgated by Establishments;
- (k) All drinking water testing; and
- (l) All underground storage tank assessment, remediation, and closure reports.

6.1 References

- (a) [29 CFR 1960 Subpart I Recordkeeping & Reporting Requirements](#)
- (b) [29 CFR 1904 Subpart D Other OSHA Injury & Illness Recordkeeping Requirements](#)
- (c) [15 FAM 966 Record Keeping](#)

7.0 Bloodborne Pathogens Program

7.1 Exposure Determination

The following job classifications may have occupational exposure to bloodborne pathogens:

- (a) PCMOs,
- (b) Custodial Staff, and
- (c) Medical assistants and medical secretaries that assist with patient care.

Each Establishment is responsible for determining Staff that have potential occupational exposure and ensuring they are included in the Agency's Bloodborne Pathogens Program.

If a Staff person that is not considered as having occupational exposure to bloodborne pathogens was not included in the program and has a subsequent exposure incident, they should follow the post-exposure procedure outlined in Subsection 7.7 of this procedure.

7.2 Universal Precautions

All Staff with occupational exposure to blood or other potentially infectious materials shall utilize universal precautions, including the use of PPE and work practices that minimize the risk of exposure.

The Agency has a written Exposure Control Plan (*see [Technical Guide \(TG\) 260 Infection Prevention and Control Plan](#)*), as required by [29 CFR 1910.1030](#). This plan can be obtained from the Library section for [Medical TGs](#) on the Peace Corps intranet.

7.3 Work Practices and Engineering Controls

Engineering and work practice controls shall be used to eliminate or minimize Staff exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, PPE shall also be used. This shall include, but is not limited to, sharps disposal containers, self-sheathing needles, and safer medical devices that isolate or remove bloodborne pathogens from

the workplace. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Sharp Containers: Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be closable, puncture resistant, leak-proof on the sides and bottom, and labeled or color-coded.

Other work practices to prevent or minimize exposure shall include:

- (a) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- (b) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- (c) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- (d) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- (e) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- (f) All PPE shall be removed prior to leaving the work area and shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

For additional details, consult [TG 260](#).

7.4 Personal Protective Equipment

Peace Corps shall provide, at no cost to Staff, appropriate PPE such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach Staff’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Peace Corps shall repair or replace PPE as needed to maintain its effectiveness.

Staff shall wear appropriate PPE to prevent exposure to blood and other potentially infectious materials.

7.5 Training

All Staff who have occupational exposure to bloodborne pathogens will receive initial and annual training.

A record is completed for each Staff member upon completion of training. These documents will be kept for at least three years. The training records include the:

- (a) Dates of the training sessions;
- (b) Contents or a summary of the training sessions;
- (c) Names and qualifications of persons conducting the training sessions; and
- (d) Names and job titles of all persons attending the training sessions.

Staff training records are to be provided upon request of the Staff member or their authorized representative within 15 working days of the request.

7.6 HBV Vaccination

Peace Corps shall make available the HBV vaccine and vaccination series to all Staff who have occupational exposure, and post-exposure evaluation and follow-up to all Staff who have had an exposure incident. All medical evaluations and procedures including the HBV vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, will be provided at no cost to Staff.

HBV vaccination shall be made available after the individual has completed the training required in Subsection 6.6 of this procedure and within 10 working days of initial assignment, unless the individual has previously received the complete HBV vaccination series, antibody testing has revealed that the Staff member is immune, or the vaccine is contraindicated for medical reasons. If the Staff person initially declines HBV vaccination, but at a later date, while still covered under the standard, decides to accept the vaccination, Peace Corps shall make available HBV vaccination at that time.

Staff who decline the HBV vaccination shall sign a statement declining the vaccine. (*See [Appendix A of 29 CFR 1910.1030](#) for a sample statement.*)

7.7 Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, contact:

- (a) The Responsible Manager where the exposure occurred; and

(b) M/AS at AskOSH@peacecorps.gov.

Following initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.), the Responsible Manager shall begin a Mishap investigation. At a minimum, the following activities will be performed:

- (i) Document the routes of exposure and how the exposure occurred.
- (ii) Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by local law).
- (iii) Obtain consent, arrange to have the source individual tested as soon as possible to determine HIV, hepatitis C virus (HCV), and HBV infectivity, and document that the source individual's test results were conveyed to the Staff member's health care provider. NOTE: If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- (iv) Assure that the exposed Staff member is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- (v) After obtaining consent, collect exposed Staff member's blood as soon as feasible after the exposure incident and test blood for HBV and HIV serological status.
- (vi) If the Staff member does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed Staff member elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

The Responsible Manager will review the circumstances of all exposure incidents to determine:

- (1) Engineering controls in use at the time,
- (2) Work practices followed,
- (3) A description of the device being used (including type and brand),
- (4) Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.),
- (5) Location of the incident,
- (6) Procedure being performed when the incident occurred,
- (7) Staff member's training, and

- (8) Corrective Actions designed to prevent future Mishaps.

The Responsible Manager will record all injuries from contaminated sharps by completing the following:

- a. Sharps Injury Log,
- b. Peace Corps Report of Mishap, and
- c. OSHA 300 Form (Log).

7.8 Sharps Injury Log

All percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least the:

- (a) Date of the injury,
- (b) Type and brand of the device involved,
- (c) Work area where the incident occurred, and
- (d) An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program, and it is maintained for at least five years following the end of the calendar year that it covers. If a copy is requested by anyone, it must have any personally identifiable information (PII) removed from the report.

7.9 Recordkeeping

Requirements for maintaining Staff immunization status, OSHA recordkeeping, and the Sharps Injury Log are detailed in the written Exposure Control Plan.

7.10 References

- (a) [29 CFR 1910.1030 Bloodborne Pathogens](#)
- (b) [TG 260 Infection Prevention & Control Plan \(Peace Corps Medical Technical Guideline\)](#)

8.0 Respiratory Protection Program

8.1 General

Respirator use at the Peace Corps will generally involve one of the following conditions:

- (a) **Medical Staff** that interact with patients that have (or may be infected) with diseases spread by infectious aerosols. For example: COVID 19, measles, TB, etc.
- (b) **Drivers** that may transport individuals infected with a disease spread by infectious aerosols (similar to the Medical Staff above). Overseas Posts don't need to have ALL of the drivers in the program, but an adequate number so someone is available when needed to transport a patient/person of concern.
- (c) **Maintenance or Custodial Staff** that are required to use a respirator. This is rare for Staff in the Peace Corps, but any individual that might be exposed to a hazardous material (that is an inhalation Hazard) in excess of a safe limit (i.e., OSHA Permissible Exposure Limits (PEL) or ACGIH Threshold Limit Values (TLV)) would be required to use a respirator. Some examples might be painters that sand lead-based paint or use thinners or solvent-based paints, gardeners who spray pesticides, etc.
- (d) **Staff that want (personal choice) to use a respirator to minimize exposure:** This is generally referred to as "voluntary use" in that a respirator is not actually required under OSHA regulation, but we want to be conservative and minimize any exposure to dusts or other contaminants. Under the "voluntary use" provision, OSHA requires that the individual is medically able to wear a respirator (hence the medical clearance process) and that we train them on the selection, use, care, and proper fit of a respirator. Note: OSHA provides for an exception if the voluntary use of a respirator is limited to N95 filtering face pieces (masks) and thus these individuals would NOT need to be included in the Respiratory Protection Program and would not need the Peace Corps to provide medical clearance, training, and fit testing. This exception is limited to the voluntary use of N95 filtering face pieces/disposable particulate filter masks. If the use of a respirator is mandated to limit exposure, the individual must be included in the Respiratory Protection Program. Respirators, when required, and medical reviews of users shall be provided at no cost to Staff.

Questions regarding any aspect of the Respiratory Protection Program should be referred to the Peace Corps OSH Expert at AskOSH@PeaceCorps.gov.

8.2 Program Administration

Each Peace Corps Establishment that requires Staff to use a respirator or has Staff that request "voluntary use" of a respirator is required to participate in the Peace Corps Respiratory Protection Program. The Responsible Manager will appoint a Respiratory Protection Program Administrator (RPPA) to coordinate with Peace Corps HQ and provide oversight of the program.

The Responsible Manager is responsible for identifying Staff that will participate in the program and ensure compliance with Peace Corps policy and procedures regarding the use of respirators.

The RPPA will coordinate the medical reviews of individual respirator users, oversee required training, and ensure that fit testing is conducted prior to use of any type of respiratory protection.

Respirator users are responsible for compliance with the requirements for medical clearance, training, inspection, and safe use of the assigned respirator.

8.3 Medical Clearance

Using a respirator may place a physiological burden on Staff that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the Staff member. The Peace Corps will medically clear Staff for respirator use *prior to* adding individuals to the program. Supervisors wishing to issue a respirator shall contact the RPPA to arrange for an online medical clearance with the Agency's vendor. The vendor shall provide a written recommendation to the RPPA, the OSH Program Manager, and the Staff member regarding their ability to use the identified respirator. The recommendation shall only provide the following information: whether or not the Staff member is medically able to use the respirator, any limitations on respirator use, and the need, if any, for follow-up medical evaluations. The RPPA will communicate the approval status to the Supervisor or other Responsible Manager.

Upon receiving the medical clearance, the RPPA shall schedule a qualitative fit test.

Additional medical evaluations for respirator users may be needed in the following circumstances:

- (a) The medical provider recommends it,
- (b) the OSH Expert determines additional testing is warranted,
- (c) A Staff member shows signs of breathing difficulty, or
- (d) Changes in work conditions increase the physical stress on the user (such as high temperatures or greater physical exertion).

8.4 Fit Testing and Training

Staff who receive medical clearance must complete training on the use, limitations, care and fit of a respirator. This is provided through the Respiratory Protection Program's course on LearningSpace—*Respiratory Protection*. Once completed, the Staff member shall provide the certificate of completion to the RPPA who will conduct or arrange for the fit test. It is the Staff member's responsibility to schedule the fit test after obtaining medical clearance and completing the required training. Respirator fit testing and training shall occur upon initial enrollment in the Respiratory Protection Program and every twelve (12) months thereafter. More frequent training and/or fit testing may be performed, if needed, at the request of a supervisor (for example, upon observation of improper use of respiratory protection, etc.) The RPPA shall notify the OSH Program Manager (via email at AskOSH@PeaceCorps.gov) upon completion of the fit testing.

Staff members shall be fit tested with the same make, model, style, and size respirators to be used in connection with their official duties. If the Staff member doesn't fit the make, model, style, and size of the respirator available at their workplace, the supervisor may recommend another respirator if it provides the same or better protection, and the Staff member is medically qualified to use it and can pass the respirator fit test. If no negative pressure respirator can be found, a powered air purifying respirator (PAPR) may be recommended instead (PAPRs do not require fit testing).

Respirator fit testing shall be performed for a Staff member who is using a respirator for the first time and annually thereafter. The fit test shall be administered using the OSHA-accepted *Qualitative Fit Test* (QLFT) protocols. This is typically the Bitrex or saccharin protocol.

8.5 Face-Piece Seal Leakage

All Staff that require respiratory protection shall have no hair interfering with the respirator's seal. (Note that the 'voluntary use' of an N95 filtering face-piece respirator is excluded from this requirement, but individuals with facial hair must be advised that it can interfere with a proper fit.) Hair/facial hair must not interfere with the seal of a respirator in any way during a Staff member's use of the respirator (not merely during the respirator fit testing but also on the job). The function of a respirator is to protect the worker, and respirators do NOT function properly if the seal between the respirator and the Staff member's skin is not intact. The use of respirators with tight-fitting face-pieces by Staff with facial hair that interferes with the fit is prohibited. Facial hair that lies along the sealing area of a respirator, such as beards, sideburns, or mustaches will interfere with respirators that rely on a tight face-piece fit to achieve maximum protection. The areas of the skin that contact the face or neck seal and nose-cup seal must be completely free of any hair. Even after the fit test, facial hair in and near sealing areas must continue to be removed to ensure the seal continues to work. Failure to remove facial hair that interferes with the respirator seal will likely result in Staff exposure to Hazards at their workplace and could lead to possible negative health outcome(s).

8.6 Types of Respirators for Use by Peace Corps Staff

Only negative pressure (half or full face-piece, or filtering face-piece) or PAPRs shall be used by Staff. Any use of other types of respirators (air-line supply respirators or self-contained breathing apparatuses) requires prior approval by Peace Corps HQ (M/AS or OSH Expert).

Only respirators approved and certified by the National Institute for Occupational Safety and Health (NIOSH) may be used by Staff.

Below are descriptions of the main types of respirators suitable for use by Staff.

8.6.1 Filtering Face-Piece Respirators (Disposable Particulate Filter Mask)



These are simple, two-strap disposable respirators (commonly referred to as dust masks), which are designed only for limiting exposure to dust. They are not as protective as other respirators but are suitable for many uses unless the dust is especially toxic or the concentrations in air are excessive.

8.6.2 Half-Face Air Purifying Respirators



These respirators are sometimes called “half-face” or “half-mask” respirators since they cover just the nose and mouth. They have removable cartridges that filter out either dust, vapors, gases, or combinations of these. Selecting the correct cartridges is essential since they are designed for specific types of chemicals or dust. The cartridges are typically removable and sometimes interchangeable. Cartridges are available for solvents, ammonia, chlorine, acids, and other chemicals. The cartridges must be changed out or replaced periodically, especially for chemicals, since they can absorb only so much contaminant before breakthrough occurs. A few cartridges are equipped with end-of-service indicators that show when a cartridge should be replaced. Contact the OSH Expert to assist with a replacement schedule for the respirator cartridges.

8.6.3 Full-Face Air Purifying Respirators



This type of respirator is used when the air contaminant irritates the eyes. They also provide somewhat higher protection against respirable Hazards since they tend to fit better and are less prone to leaking. These respirators also have replaceable cartridges that must be changed on a regular basis, as described above for half-face respirators.

8.6.4 Powered Air Purifying Respirators (PAPRs)



PAPRs have a battery pack that draws air through replaceable cartridges and delivers the purified air into a full face-piece, helmet, or hood. These respirators are often more comfortable in hot weather, and some can provide more protection, depending on the type. The cartridges must be changed regularly, as described for half-face respirators above.

8.7 Storage & Cleaning

Respirators will be cleaned and sanitized weekly or whenever they are visibly dirty. (Note: This does not apply to filtering face-pieces, which must be disposed of when dirty or in disrepair.) Respirators will be cleaned according to either the manufacturer's instructions or the OSHA Respiratory Protection Standard (*see* Subsection 7.8 for reference) cleaning procedures.

All respirators will be inspected for damage, deterioration, or improper functioning before and after every use and during cleaning. Any respirator which is damaged or otherwise unsuitable for use shall be repaired or replaced, as needed.

Respirators will be stored in clean, dry, and sanitary conditions, ideally in a plastic bag. The storage location shall not be exposed to temperature extremes or hazardous materials.

8.8 Recordkeeping

The Agency shall maintain records of employee fit testing, medical evaluations, training, and the written Respiratory Protection Program as follows:

- (a) Fit testing: The RPPA for each Establishment shall maintain records of Staff fit testing which shall include the employee's name, date of fit testing, type of test (qualitative or quantitative), make-model-type-size of respirator.
- (b) Training: Records of training shall be maintained in the Agency's learning management system, LearningSpace.
- (c) Medical Evaluations: Records of medical evaluations shall be maintained by M/AS.
- (d) Written Program: The written Respiratory Protection Program shall be maintained by M/AS.

8.9 References

- (a) [29 CFR 1910.134 Respiratory Protection](#)
- (b) NIOSH Approved Respirators:
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/RespSource.html

9.0 Hazard Communication Program

9.1 Hazardous Materials Inventory

Each Peace Corps Establishment shall maintain a list of all hazardous chemicals used at their facilities. This includes fuel(s), cleaning products, gases, and/or other consumer products that Staff at the facility can use or may be exposed to in the event of an emergency. Excluded from this procedure are the following:

- (a) pesticides,
- (b) drugs/medicines,
- (c) alcoholic beverages, and

(d) biological/hazardous wastes.

9.2 Identifying Hazardous Chemicals & Safety Data Sheets

For each material on the facility's inventory, a corresponding SDS shall be made available upon request. *See* "Sources of SDS" below.

The SDS contains detailed information about the physical, health, and other Hazards of each chemical on the inventory list. SDSs include the product identifier for each chemical on the list and can be easily cross-referenced with the product identifier on the container label.

Sources of SDS:

- (a) The manufacturer/supplier of the material will typically provide the corresponding SDS for their products/materials.
- (b) The following online resources are also available:
 - (i) https://www.whatsinproducts.com/brands/msds_list/1 for SDSs for consumer products;
 - (ii) <https://www.cdc.gov/niosh/ipcs/>;
 - (iii) <https://web.doh.state.nj.us/rtkhsfs/factsheets.aspx?lan=english&alph=A&carcinogen=False&new=False>;
 - (iv) <https://echa.europa.eu/information-on-chemicals>;
 - (v) <https://chemicalsafety.com/sds-search/>; and
 - (vi) <http://imv.complyplus.com/granger/> to search for SDSs for products available from Grainger.

9.3 Container Labeling

All chemical containers used at Peace Corps workplaces will have:

- (a) The original manufacturer's label that includes a product identifier, an appropriate signal word, Hazard statement(s), pictogram(s), precautionary statement(s) and the name, address, and telephone number of the chemical manufacturer, importer, or other responsible party; or
- (b) For secondary or portable containers (not the original container), each container label shall include the product identifier and words, pictures, symbols, or combination that provides at least general information regarding the Hazards of the chemicals.

Approved pictograms are shown below in Subsection 9.6.

Small quantities intended for immediate use may be placed in a container without a fully compliant label, provided that:

- (i) the user is aware of the nature of the material and keeps it in their sole possession at all times;
- (ii) the product is used up during the work shift or properly disposed of at the end of the workday; and
- (iii) the container is marked with its contents.

If the above requirements cannot be met for a particular product that is needed, contact AskOSH@peacecorps.gov.

Contractors working at Peace Corps facilities should comply with these requirements and provide a list of the hazardous materials to be used in their work. Contact AskOSH@peacecorps.gov if there are questions or concerns.

9.4 Training

Staff shall be provided information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new chemical Hazard the Staff have not previously been trained about is introduced into their work area. The training shall include the following:

- (a) An overview of the requirements in the OSHA Hazard Communication Standard.
- (b) Hazardous chemicals present in their workplace.
- (c) Any operations in their work area where hazardous chemicals are used.
- (d) The location of the written Hazard communication plan and where it may be reviewed.
- (e) How to understand and use the information on labels and in SDSs.
- (f) Physical and Health Hazards of the chemicals in their work areas.
- (g) Methods used to detect the presence or release of hazardous chemicals in the work area.
- (h) Steps the Agency has taken to prevent or reduce exposure to these chemicals.
- (i) How Staff can protect themselves from exposure to these hazardous chemicals through use of engineering controls/work practices and personal protective equipment.
- (j) An explanation of any special labeling present in the workplace, answering the following:

- (i) What are pictograms?
- (ii) What are the signal words?
- (iii) What are the Hazard and precautionary statements?

(k) Emergency procedures to follow if a Staff member is exposed to these chemicals.

The Responsible Manager must ensure that Staff complete this training. Upon completion, Staff shall sign a form verifying that they understand the above topics and how the topics are related to the Agency’s Hazard communication plan. Records of this training must be kept on site for three years following the training date.



Prior to introducing a new chemical Hazard into any department, each Staff member in that department will be given information and training as outlined above for the new chemical Hazard.

Training materials are available on the Learning Space platform or by contacting AskOSH@peacecorps.gov.

9.5 Recordkeeping

Each Peace Corps Establishment is responsible for maintaining the annual inventory of hazardous chemicals, SDSs, and Staff training records in accordance with Section 6 of these Procedures.

9.6 Pictograms (Hazard Symbols) and Classes

<p>Flame</p> 	<p>Flame Over Circle</p> 	<p>Exclamation Mark</p> 	<p>Exploding Bomb</p> 
<p>Flammables Self Reactives Pyrophorics Self-heating Emits Flammable Gas Organic Peroxides</p>	<p>Oxidizers</p>	<p>Irritant Dermal Sensitizer Acute Toxicity (harmful) Narcotic Effects Respiratory Tract Irritation</p>	<p>Explosives Self Reactives Organic Peroxides</p>
<p>Corrosion</p>	<p>Gas Cylinder</p>	<p>Health Hazard</p>	<p>Skull and Crossbones</p>



Corrosives



Gases Under Pressure



Carcinogen
Respiratory Sensitizer
Reproductive Toxicity
Target Organ Toxicity
Mutagenicity
Aspiration Toxicity



Acute Toxicity (severe)

9.7 References

- (a) [29 CFR 1910.1200 Hazard Communication](#)

10.0 Motor Vehicle Safety Management Program (MVSMP)

10.1 General

15 FAM 910 and 14 FAM 430 require all overseas Posts with official U.S. government-owned or leased vehicles (USGOVs) to implement a Motor Vehicle Safety Management Program (MVSMP). As part of this responsibility, Chiefs of Mission (COMs) are required to ensure that all government agencies utilizing USGOVs under their authority implement and comply with this Program (per 14 FAM 435.1.) Therefore, these requirements are applicable to Peace Corps USGOVs and Peace Corps drivers at all overseas Posts. MS 522 *Motor Vehicle Use and Insurance* and its implementing procedures also apply and must be complied with.

10.1.1 Scope

All full-time drivers and incidental (self-drive) operators at Posts are included in the MVSMP. An incidental operator includes any Peace Corps staff (other than full-time drivers) who operate a USGOV for official business.

10.2 Requirements

- (a) **Written Post Policy:** Department of State Posts are required to issue a written Mission-Wide Motor Vehicle Policy, documenting the roles and responsibilities for USGOV use. The MVSMP needs to be incorporated into the Mission’s “Vehicle Policy Memorandum.” The Motor Vehicle Accountability Officer (MVAO) is responsible for managing the Mission-Wide Motor Vehicle Policy at Post, including the MVSMP.

- (b) **Disciplinary Action for Unsafe Use, Misuse, or Failure to Report a Mishap:** Peace Corps staff authorized to operate a USGOV are subject to disciplinary action for their unsafe use or misuse of a USGOV, which may include suspension of driving privileges and other disciplinary measures up to and including contract termination.
- (c) **Operator Evaluation and Orientation:** Every operator shall meet the minimum age (25), experience (2 years professional experience for full-time drivers, 5 years as a licensed driver for all other drivers), and licensing requirements of 14 FAM 433.3. Operators of privately owned vehicles (POVs) on official business shall also meet these minimum age and licensing requirements. The Country Director may grant a written exception for operators of USGOVs less than 25 years of age when there is a compelling need and the individual has been medically cleared, has successfully completed the safe driver training, and has a satisfactory driving and mishap record.

An orientation, evaluation, and in-country road test provided by a certified “Smith System” trainer are required for all prospective operators of USGOVs.

- (d) **Medical Certification Requirements:** All Peace Corps staff operating a USGOV overseas must be medically certified in accordance with criteria established by the Department of State Bureau of Medical Services (14 FAM 433.4). Medical examination and certification shall be arranged with and performed by a Foreign Service Medical Provider, or a local physician approved by the Mission’s Foreign Service Medical Provider(s). Full-time drivers must be medically evaluated and certified initially and re-certified at least every two years thereafter to ensure they do not have disqualifying medical conditions which could negatively impact the safe operation of a motor vehicle. All other operators shall undergo the same medical certification initially and shall be re-certified at least every four years thereafter. A Foreign Service Medical Provider has the authority to withdraw or shorten the duration of a medical certification at any time. Each Peace Corps Post shall maintain adequate records that show medical certifications are current for all drivers of USGOVs.
- (e) **Safe Driver Training:** Each Peace Corps Post shall ensure safe driver training is provided for all USGOV operators. Drivers shall receive initial safe driver training and refresher training every two years or within 90 days of their involvement in a preventable mishap, whichever occurs first. Safe driving instructors shall be certified in teaching the Smith System. The Post shall ensure such training is current for all drivers.
- (f) **Operational Safety:** In-country speed limits and other local traffic laws shall be obeyed by all Peace Corps USGOV and POV operators on official business. In addition, drivers are also responsible for:
 - (i) Never driving at any speed which endangers the safety of pedestrians or property;

- (ii) Not driving at a speed greater than is reasonable or prudent given weather, road, and traffic conditions;
- (iii) Not operating a USGOV at the posted speed limit when weather, road, and traffic conditions call for lower speeds; and
- (iv) Enforcing no smoking in any USGOV by the driver or any passengers.

All Peace Corps USGOV and POV operators must abide by the following regulations:

- (i) Staff shall not operate vehicles while under the influence of alcohol or narcotics; and
 - (ii) Staff shall immediately report any medication that may impair their driving performance to the medical certification provider for further evaluation.
- (g) **Crash Protection:** All staff and other passengers are required to wear seat belts when driving or riding in USGOVs or in any POV being used for official business. Riding in cargo areas with no seats and restraints is not permitted. Drivers shall retain the right to not move the vehicle until all occupants are safely secured by their seat belts. Infant or child seats are required for any child aged 12 or below in accordance with current [National Transportation Highway Safety Administration \(NHTSA\) guidelines](#).
- (h) **Duty Limits on Overtime:** Overtime must be limited to allow drivers time for eight hours of sleep prior to each day of duty. Generally, this means that duty time (total work shift duration, and not only driving time) must be limited to ten hours per day. When certain circumstances (e.g., a critical medical evacuation) require an operator to be on duty on any day for more than ten hours, the operator shall not return to driving duties until having been off duty for at least 14 hours. Staffing of driver operations must be balanced with requests.
- (i) **Distraction Controls:** Using a hand-held cell phone or radio while driving is not permitted. Drivers must not wear portable headphones, earphones, or other listening devices while driving. Hands-free devices that do not require drivers to pick up or look at the device or initiate a call are permitted for emergency communications only. In all other cases, one of the following options must be utilized:
- (i) a passenger handles the call,
 - (ii) the call goes to an answering system, or
 - (iii) the driver pulls off the road, stops, and then answers the phone.

Any type of text messaging or data retrieval/communication on a cell phone or other device while operating a USGOV or any other vehicle on official business is not permitted per

Executive Order (E.O.) 13513. Eating, grooming, and reading while driving are also not permitted.

- (j) **Mishap Investigations and Reporting:** Operators are responsible for reporting any unintentional contact with another vehicle, object, or person, or damage otherwise incurred to the vehicle, to their supervisor (or the Director of Management and Operations (DMO) or Responsible Manager) as soon as is reasonably possible. Prompt notification of any unintentional contact with another vehicle is necessary to ensure proper reporting and investigation requirements are met. For any mishap involving a Peace Corps USGOV, Post must complete a [DS-1664](#) and submit that form to the Department of State Post Occupational Safety and Health Officer (POSHO) and email a copy to AskOSH@peacecorps.gov. Whenever injuries related to a motor vehicle mishap occur, a Peace Corps Report of Mishap must be completed and submitted.

10.3 Other Requirements

In addition to the above Post Program governing the use of vehicles, 14 FAM 430 also provides that Post shall (i) ensure all vehicles procured meet Federal motor vehicle safety standards (14 FAM 433.11), (ii) equip all vehicles with appropriate safety/emergency equipment (14 FAM 433.12), and (iii) conduct and document regular vehicle inspections of USGOVs (14 FAM 435.2).

11.0 General Provision

Compliance with the standards in these Procedures is expected. When country conditions interfere with an overseas Post's ability to comply, the overseas Post shall provide an explanation to Headquarters (AskOSH@peacecorps.gov and their Region's Chief Administrative Officer), as soon as practicable, of the circumstances that prevented compliance. At a minimum, the explanation shall indicate how and when compliance was or will be achieved, and an action plan for how the Post will comply in the future.

12.0 OSHWG Review

The Occupational Safety and Health Working Group (OSHWG), in accordance with its Charter, will review MS 520 and these Procedures no less than annually to address the adequacy of OSH Program activities worldwide and make necessary updates.