



DEPARTMENT OF THE ARMY

OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

DASG-PPM-NC

10 SEP 2004

MEMORANDUM FOR See Distribution

SUBJECT: Occupational Cholinesterase Baseline Establishment for Personnel at High Risk for Chemical Warfare (CW) Nerve Agent Exposure Outside of Storage, Demilitarization, and Research Settings

1. References.

a. Memorandum, DASG-PPM-NC, Sep 04, Subject: Medical Evaluation, Follow-Up, and Recording of Chemical Warfare (CW) Nerve Agent Casualties Outside of Storage, Demilitarization, and Research Settings.

b. DA Pam 40-8, Occupational Health Guidelines for the Evaluation and Control of Occupational Exposure to Nerve Agents GA, GB, GD, and VX, 4 Dec 90.

c. Memorandum, DASA(ESOH), 9 May 04, Subject: Implementation Guidance Policy for New Airborne Exposures Limits for GB, GA, GD, GF, VX, H, HD, and HT.

2. Purpose. To assist healthcare providers in evaluating and documenting known or suspected exposures and in making return to duty recommendations for those military occupational groups with the greatest risk of repeated exposure to nerve agents. This program of testing is not intended to detect unrecognized or unsuspected exposures. This instruction expands current occupational health guidelines related to CW nerve agent exposure, as delineated in References b. and c., above, working outside of storage, demilitarization, and research settings.

3. Background.

a. The inhibition of red blood cell cholinesterase (RBC-ChE) is a commonly used biological indicator for exposure to organophosphorous compounds – this includes a variety of pesticides as well as the CW nerve agents. Occupational RBC-ChE determination can be useful for three purposes: (1) to identify unrecognized organophosphate exposures, (2) to document known or suspected organophosphate exposures or the lack of significant systemic exposure, and (3) to assist in determining when to recommend return to duty. Only the latter two purposes are intended for the program of baseline establishment described here.

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b. Because there is substantial human variability, both in baseline RBC-ChE levels as well as in response to exposure, the results of a single RBC-ChE test will have limited meaning with regard to an individual's exposure without comparison baseline data. For this reason, it is beneficial to perform baseline RBC-ChE testing prior to deployment for certain individuals whose job places them at high-risk of repeated exposure, such as those involved in the search for and destruction of improvised explosive devices that may contain nerve agent.

4. Guidance. RBC-ChE baselines should be determined at least every three years, not to exceed annually, on all personnel whose jobs place them at high-risk of repeated exposure to nerve agents. This only includes the members of the US Army Technical Escort Unit (USATEU) and high risk units deploying to Iraq, limited to Explosive Ordinance Disposal (EOD) detachments and Chemical Reconnaissance Teams. Certain Special Operations Forces, as determined by the USASOC Surgeon, may be included in this group. Decontamination teams and other similar teams are generally not at high risk of repeated exposure, and thus do not need these baselines. In the event of a potential exposure, additional RBC-ChE testing should be conducted in accordance with Reference a.

5. POC for this policy is LTC John Rowe, Office of The Surgeon General, (703) 681-0022, DSN 761-0022, e-mail john.rowe@otsq.amedd.army.mil.

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