



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
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CCO 5100.11
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APR 10 2026

COMBAT CENTER ORDER 5100.11

From: Commanding General
To: Distribution List

Subj: TRAUMA AND BIOLOGICAL HAZARD SITE MANAGEMENT AND CONTROL PROCEDURES

Ref: (a) 29 Code of Federal Regulations (CFR), Section 1910.1030
(b) OPNAVIST 5100.23h
(c) MCO 5100.29C
(d) MCAGCC Fire, EMS Dispatch Matrix

Encl: (1) Trauma Site Management Program Pamphlet

1. Situation. Unforeseen trauma and biohazard incidents have a significant impact on personnel and facilities aboard the installation. These incidents may place personnel at risk for exposure to bloodborne pathogens, other potentially infectious materials (OPIM), and additional biological hazards, including contamination resulting from sewage overflows or unsanitary conditions. The Occupational Safety and Health Administration established the Bloodborne Pathogens Standard in reference (a) to protect personnel from occupational exposure to infectious microorganisms in human blood and other body fluids. Sewage contamination and similar environmental biohazards may also present exposure risks through dermal contact, ingestion, or inhalation. This Order establishes requirements to eliminate or minimize exposures to bloodborne pathogens, OPIM, and other hazardous biological materials, as defined in references (a) through (c), and outlines written trauma and biohazard site management procedures for Marine Air Ground Task Force Training Command (MAGTFTC), Marine Corps Air Ground Combat Center (MCAGCC).

2. Cancellation. CCO 6240.1A.

3. Mission. To protect the health and safety of personnel and maintain operational effectiveness aboard MAGTFTC, MCAGCC by implementing comprehensive measures to eliminate or minimize exposure to bloodborne pathogens and other OPIM.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) The intent of this Order is to eliminate or minimize the risk to military and civilian personnel who have an occupational exposure or are reasonably anticipated to have an occupational exposure to blood or OPIM during an unforeseen trauma. The method is to understand, implement, and

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comply with the requirements and standards contained in this Order. The end state is mission continuity while preventing infections caused by blood or OPIM exposure.

(b) Commanding Officers (COs), Assistant Chiefs of Staff (ACs/S), Division Directors (DivDirs), and Special Staff Officers at all levels will implement this Order or any supplementary germane instructions not necessarily contained or enclosed herein that directly relate to the implementation of the trauma site cleanup process.

(c) For the purpose of this Order, trauma or biohazard sites include locations contaminated by blood, bodily fluids, decomposition, illicit drug residue, or sewage overflows that present a potential risk of infectious or hazardous biological exposure. Minor custodial spills, routine plumbing maintenance, or small sanitation issues that can be addressed through standard housekeeping procedures are not considered trauma or biohazard sites under this Order.

(2) Concept of Operations. The Trauma Site Management Program will be locally managed through the procedures outlined in this Order. The Trauma Site Program Manager (TSPM) assesses program compliance through program reviews during facility safety inspections, stakeholder feedback, external inspections, and an annual program review.

b. Subordinate Element Missions

(1) COs, ACs/S, DivDirs, and Special Staff Officers

(a) Ensure personnel within their operational control review, understand, and comply with the requirements of this Order.

(b) Ensure all trauma or biohazard incidents, as defined in this Order, are immediately reported and notifications are made to the Command per enclosure (1).

(c) Establish and maintain an internal Standard Operating Procedure outlining notification procedures and designation of a command representative during the trauma or biohazard site management process.

(d) Assign in writing an Officer, Senior Enlisted service member, or civilian equivalent to take ownership of the trauma or biohazard site until contracted cleanup has occurred. This individual will serve as the main point of contact with the Safety Office and Public Works Division (PWD) throughout the cleanup process, and their contact information will be provided to the Installation Emergency Dispatch Center upon scene release. The command representative will maintain control of the site and be present at the time of the cleanup.

(e) Under no circumstances will untrained or unauthorized personnel enter, disturb, or attempt to remediate a trauma or biohazard site once identified. Access is restricted to authorized first responders and contracted remediation personnel. Nothing is to be removed from the scene until the cleanup process has been completed.

(f) Ensure building managers and designated representatives are familiar with and enforce the requirements set forth in this Order and that a

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copy of this Order is accessible on unit read boards and included in Duty Binder

(2) AC/S, G-4 Installation Support

(a) PWD

1. Appoint in writing a Trauma Site Program Representative (TSPR). Appointee will act as the representative for the trauma site management team.

2. Respond to the notification of an unforeseen trauma and start the contracting process to clean the site when directed by Installation Emergency Dispatch Center that the scene is available for cleaning.

3. Communicate with the command representative and TSPM throughout the cleanup process to ensure full transparency.

4. Serve as the point of contact to coordinate the contracted cleaning for all facilities aboard the installation.

5. Ensure buildings that have been damaged during the trauma, biohazard incident, or cleanup are repaired and restored to proper function.

6. Ensure all contract actions are carried out for unforeseen incidents covered under the contract (e.g., dangerous drug scenes, suicides, homicides, deaths, sewage overflows, and any other incidents determined to present a biological hazard requiring controlled remediation).

7. For sewage overflows or wastewater backups that do not require emergency response by Provost Marshal's Office (PMO) or Combat Center Fire Department (CCFD), PWD will serve as the lead for assessment and remediation coordination. Affected areas presenting a potential biological hazard will be treated as biohazard sites and access will be restricted until cleanup is completed and the area is safe for reoccupation. PWD will initiate contracted remediation when required and notify the TSPM during normal business hours for awareness and coordination support.

(3) Director, Mission Assurance

(a) Safety Office

1. Appoint in writing a TSPM to oversee the program and this Order. Appointee will act as the Safety Office representative during the management of trauma sites. Appointee will ensure this Order is reviewed on an annual basis or when a need for revision is triggered.

2. Appointee will keep the Safety Office leadership and Mission Assurance Director abreast of all information during the event of a trauma site cleanup.

3. Appointee will provide subject matter expertise and coordination support for trauma sites that are not facilities-related and will assist PWD in managing site cleanup efforts during normal business hours.

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4. Appointee will ensure information is provided to the command on resources available to help personnel cope with the trauma incident. Information is available in enclosure (1).

5. Provide subject matter expertise and coordination support for sewage overflows and wastewater contamination events during normal business hours to ensure appropriate hazard controls and protective measures are implemented.

(b) PMO

1. Appoint in writing a TSPR. Appointee will act as the representative for the trauma site management team.

2. Respond to trauma sites aboard the installation and conduct all necessary investigations. The CCFD will determine the need for contracted cleanup.

3. The Installation Emergency Dispatch Center will contact the appropriate PWD point of contact per reference (d).

4. Ensure the scene is released to the command's assigned Officer/ Senior Enlisted service member or civilian equivalent that will serve as the main point of contact for the cleanup process and provide the command representative's contact information to the Installation Emergency Dispatch Center. Provide the command designated representative with enclosure (1).

5. For emergency cleanup requirements that are conducted after hours the CCFD will act as the point of contact to facilitate the process.

(c) CCFD

1. Appoint in writing a TSPR. Appointee will act as the representative for the trauma site management team.

2. Respond to trauma sites aboard the installation and conduct all necessary investigations. The CCFD will determine the need for contracted cleanup.

3. The Installation Emergency Dispatch Center will contact the appropriate PWD point of contact per reference (d).

4. Ensure the scene is released to the command's assigned Officer/ Senior Enlisted service member or civilian equivalent that will serve as the main point of contact for the cleanup process and provide the command representative's contact information to the Installation Emergency Dispatch Center. Provide the command designated representative with enclosure (1).

5. For emergency cleanup requirements that are conducted after hours the CCFD will act as the point of contact to facilitate the process.

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5. Administration and Logistics. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of Combat Center Orders can be found at <https://www.29palms.marines.mil/Staff-Offices/G-1-Manpower-Directorate/Adjutant/#combat-center-orders>.

6. Command and Signal

a. Command. This Order is applicable to all active duty, reserve, and civilian personnel, living or working aboard the Combat Center who could gain access to a trauma scene.

b. Signal. This Order is effective on the date signed.



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Hazards Associated with Trauma Sites:

Bloodborne Pathogens and Other Potentially Infectious Materials (OPIM):

Bloodborne pathogens and OPIM are diseases causing microorganisms that may be present in human blood and other body fluids. The three most commonly encountered bloodborne pathogens are hepatitis B virus (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). Bloodborne pathogens are transmitted when the pathogens from infectious body fluids enter the bloodstream through cuts or other breaks in the skin. They can also enter through mucus membranes.

Emotional and Psychological Trauma:

Emotional and psychological trauma is the result of extraordinarily stressful events that shatter a person's sense of security, making the person feel helpless. Psychological trauma can leave a person struggling with upsetting emotions, memories, and anxiety that won't go away. It can also leave a person feeling numb, disconnected, and unable to trust other people.

Due to the hazards associated with trauma sites, command personnel are **not authorized** access to trauma sites.

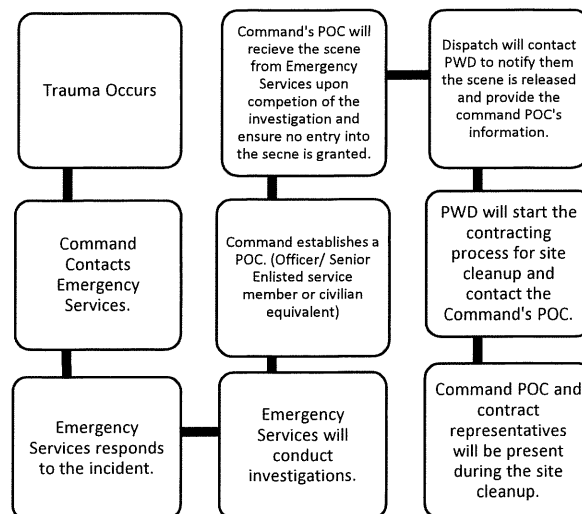
Under no circumstances will untrained or unauthorized personnel enter, disturb, or attempt to clean or remediate a trauma or biohazard site, including those involving sewage contamination.

Biological Contamination, Including Sewage Exposure

Sewage overflows and wastewater contamination may contain bacteria, viruses, parasites, and other infectious agents capable of causing illness through skin contact, ingestion, or inhalation. Exposure to raw sewage may result in gastrointestinal illness, respiratory infection, or other communicable diseases. Due to the potential health hazards associated with sewage contamination, affected areas shall be treated as biohazard sites requiring restricted access and controlled remediation by properly trained and authorized personnel.

Contact the Public Works Division (PWD) Service Desk at (760) 830-6271 for any sewage overflows or wastewater contaminations.

Trauma Site Overview Process Chart:



TRAUMA AND BIOLOGICAL HAZARD SITE MANAGEMENT AND CONTROL PROCEDURES

Detailed information on the process and resources available.

Symptoms of psychological trauma:

We all react to trauma in different ways, experiencing a wide range of physical and emotional reactions. There is no “right” or “wrong” way to think, feel, or respond, so don’t judge your own reactions or those of other people.

Emotional & psychological symptoms:

Shock, denial, or disbelief

Confusion, difficulty concentrating

Anger, irritability, mood swings

Anxiety and fear

Guilt, shame, self-blame

Withdrawing from others

Feeling sad or hopeless

Feeling disconnected or numb

Physical symptoms:

Insomnia or nightmares

Fatigue

Being startled easily

Difficulty concentrating

Racing heartbeat

Edginess and agitation

Aches and pains

Muscle tension

Detailed Trauma Site Process Steps:

1. Trauma site is identified, and Emergency Services notified of incident.
2. Emergency Services will respond to the scene and conduct all necessary investigations.
3. Command will establish a Point of Contact (POC) to act as the command’s representative during the Trauma Site Management Process. POC criteria:
 - a. Officer/ Senior Enlisted servicemember or civilian equivalent.
 - b. Required to keep the scene secured and not allow unauthorized access until the cleanup has occurred.
 - c. Must have detailed knowledge of the scene for PWD to relay to the contractor.
 - d. Will be present at the time of site cleanup.
4. Emergency Services will release the scene to the command’s designated POC and provide the POC information to the Installation Emergency Dispatch Center.
5. The Emergency Dispatch Center will notify the PWD Representative (**FSC desk number 760-830-6397 or the PDET desk number 760-830-7788**) that the scene has been released to the Command’s POC and provides the contact information.
6. The PWD POC will contact the Command’s POC for additional information the contractor will require.
7. The PWD POC will begin the contracting process and set a time for the site cleanup to occur.
8. The PWD will contact the Trauma Site Program Manager to notify them of an incident.
9. The Command POC and a contract representative will be present during the trauma site cleanup.
10. If the trauma occurred in a facility the PWD will evaluate the area for repairs resulting from the trauma site and conduct maintenance to return the area to livable conditions.
11. Once the area has been cleaned and any required maintenance resulting from the trauma has been completed the command may reoccupy the area.

Resources Available:

MCAGCC Behavioral Health:

(760) 830-7277

1438 Fourth Street

MCAGCC Twentynine palms, CA 92278

The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline:

988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. **Dial 988 then press 1 to reach the Veterans Crisis Line.**

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.

Grief and Loss:

Survivor’s Guilt: One of the most complicated aspects of grief and loss is the guilt survivors feel; the nagging questions of “Why them, and not me? Could/should I have done something differently?” This webinar will explore the topic of survivor’s guilt and how to work through to healing. <https://www.militaryonesource.mil/training-resources/webinars/survivors-guilt/>

Understanding Grief: Education for Caregivers – Grief and loss are complex issues, and no one ever handles them the same way. Even the same individual experiencing two separate losses may react in completely different ways to each. This webinar will discuss the stages of grief and how caregivers can support and encourage others through the grief process. <https://www.militaryonesource.mil/training-resources/webinars/understanding-grief-education-for-caregivers/>

Tragedy Assistance Program for Survivors (TAPS): TAPS provides compassionate care and resources to all those grieving the loss of a military loved one through their national peer support network and connection to grief resources, all at no cost to surviving families and loved ones. Their helpline is available 24/7 at 800-959-8277.