

**12 AUGUST 2005**



***Aerospace Medicine***

***BLOODBORNE PATHOGEN  
EXPOSURE CONTROL PLAN***

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**NOTICE:** This publication is available digitally on the AFDPO WWW site at:  
<http://www.e-publishing.af.mil>

---

OPR: 35 AMDS/SGPM (Maj LeVette Hamblin) Certified by: 35 MDG/CC (Colonel Bryan Funke)  
Supersedes 35FWI48-107, 12 October 2000 Pages: 19  
Distribution: F

---

This instruction implements AFD 48-1, *Aerospace Medical Program*, Occupational Safety and Health Administration (OSHA), and is used in conjunction with 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, Morbidity and Mortality Weekly Report (MMWR), "Guidelines for Prevention of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers," and AFOSH STD 48-21, *Hazard Communication*. It applies to all organizations at Misawa AB and primarily involves personnel working in the 35th Medical Group (35 MDG), 35th Civil Engineer Squadron Fire Department (35 CES/CEF), 35th Security Forces Squadron (35 SFS), and Air Force Office of Special Investigations (AFOSI). Additionally, employees are required to provide first aid response as a part of their duties are included. However, all personnel working on Misawa AB should understand how blood-borne pathogens (**Attachment 1**) are transmitted in case they must respond to an injured or ill co-worker, dried blood found on an object, or a biohazardous spill. This instruction applies to all Air Reserve or Air National Guard units or members at Misawa AB.

***SUMMARY OF REVISIONS***

Eliminated telephone numbers, updated OPR and Certifying official, validated currency of procedures to coincide with Air Force, and Federal Government regulations.

**1. Exposure Determination.**

1.1. Exposure Categories. OSHA has established three exposure categories for protection against occupational exposure to infectious diseases, including Hepatitis B, Hepatitis C, and Human Immunodeficiency (HIV) viruses.

1.2. These categories are as follows:

1.2.1. Category I (High Risk). Tasks that involve routine exposure to human blood, body fluids, or tissues. All procedures or other job-related tasks that involve an inherent potential for mucous

membrane or skin contact with human blood, body fluids, or tissues, or a potential for spills or splashes of them are Category I tasks. Use of appropriate personnel protective equipment (PPE) is required for employees engaged in Category I tasks.

1.2.2. Category I includes medical employees in the following job classifications: all physicians, dentists, nurses, physician's assistants, laboratory officers, medical lab technicians, surgery technicians, dental and dental lab technicians, dental hygienists, dental assistants, physicians, radiology technicians, occupational therapists, physical therapists, optometrists, optometry technicians, immunization technicians, aeromedical technicians, medical technicians and emergency medical technicians, and paramedics.

1.2.3. Category II (Moderate Risk). Routine tasks that involve no exposure to human blood, body fluids, or tissues but employment may require performing unplanned or emergency Category I tasks. The normal work routine involves no exposure to blood, body fluids, or potentially infectious materials, but exposure or potential exposure may be required as a condition of employment. Appropriate PPE, as determined by the supervisor in consultation with Bioenvironmental Engineering, will be readily available to every employee engaged in Category II tasks.

1.2.4. Examples of Category II job classifications and tasks during which personnel may incur exposure include:

JOB	TASK
Utility Workers	Plumbing, working on sewage systems
Firefighters	First responders, emergency rescue procedures/rendering first aid
Security Forces	First responders, emergency rescue procedures/rendering first aid
AFOSI	Crime scene investigations
Hospital Employees not in Category I	Potential contact with infectious patients/equipment
Hospital Volunteers-Patient Care Areas	Potential contact with infectious patients/equipment
Hospital Housekeeping	Sorting laundry/trash
Designated First Aid Responders	First aid response in the workplace
Biomedical Equipment Repair	Repairing potentially contaminated medical equipment

1.2.5. Category III (No Anticipated Risk). Tasks that involve no exposure to human blood, body fluids, or tissues. The normal work routine involves no exposure to human blood, body fluids, or tissues (although situations may be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons performing these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. These workers may perform as “Good Samaritans.” Category III tasks and procedures may result in occupational exposure of almost any person in any job classification (for example, administrative workers, teachers, child daycare workers, food handlers, routine laborers, etc.).

## 2. Responsibilities.

### 2.1. The 35th Fighter Wing Commander (35 FW/CC):

2.1.1. As the “employer,” implements the Misawa AB Bloodborne Pathogen (BBP) Exposure Control Program described in this instruction.

2.1.2. Ensures all personnel at risk for occupational exposure to blood, body fluids, or other potentially infectious materials are adequately protected, receive training, and comply with established guidelines and requirements defined in this program and 29 CFR 1910.1030.

2.1.3. Ensures each unit (group and squadron) commander complies with the guidance referred to in the purpose statement, as well as the expanded policies set forth by this program.

### 2.2. Unit (group and squadron) commanders and supervisors will:

2.2.1. Appoint an office of primary responsibility (OPR) in each organization or unit to provide oversight for this program. The OPR will develop a unit-specific exposure control plan, monitor compliance with engineering and work practice controls, and ensure PPE and housekeeping requirements are met.

2.2.2. Refer all incoming Category I or II personnel to the Immunizations Clinic (35 AMDS/SGPMI) for Hepatitis B vaccine series, as applicable.

2.2.3. Make exposure control plan and its documentation available to workers who may have questions and authorized program evaluators for required initial and annual review.

2.2.4. Provide training materials and document the training of workers on the medical aspects of exposure to blood, body fluids, and other potentially infectious materials. Supplement general training with in-house unit specific training on procedures and the storage and use of PPE. Document training on the AF Form 55, Employee Safety and Health Record, or computerized training record as appropriate.

2.2.5. Purchase, properly store, and ensure the use of PPE needed to protect Category I and II workers from exposure to blood, body fluids, and other potentially infectious materials. There must be enough PPE on hand to protect all workers involved in procedures with potential exposures. Additionally, PPE must be available in all sizes which appropriately fit all workers potentially exposed.

2.2.5.1. Clean, launder, and/or dispose of PPE at no cost to the employee.

2.2.5.2. Repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.

### 2.3. The 35 MDG/CC will:

2.3.1. Provide medical oversight for eligible workers exposed to blood, body fluids, or other potentially infectious materials in the course of their duties. Medical oversight for potentially exposed workers includes:

2.3.1.1. Immunizations to protect Category I and II workers against bloodborne pathogens, body fluids, and other potentially infectious materials.

2.3.1.2. Medical follow-up, treatment, and documentation for authorized personnel exposed to blood, body fluids, or other potentially infectious materials in the course of their duties.

2.3.1.3. Written risk assessment opinion for employees exposed to blood, body fluids, or other potentially infectious materials.

2.3.1.4. Initial training to supervisors on occupational exposure to blood, body fluids, or other potentially infectious materials.

2.3.1.5. Review and approval by Public Health (PH) of unit exposure control programs and educational programs developed for Category I and II workers.

2.3.2. Provide technical advice and supervisory assistance on:

2.3.2.1. The types of PPE needed to protect workers from exposure to blood, body fluids, or other potentially infectious materials.

2.3.2.2. Training of workers exposed to blood, body fluids, or other potentially infectious materials in the course of their duties.

2.3.2.3. Decontamination of surfaces contaminated with blood, body fluids, or other potentially infectious materials.

2.3.3. Assist with disposal of contaminated waste (when requested by organizations) through the medical waste disposal contracts, and provide biohazard bags for gathering and transporting said waste.

### 2.4. EMPLOYEES WILL.

2.4.1. Immediately report any occupational exposures to blood, body fluids, or other infectious materials to their supervisors.

2.4.2. Be familiar with and consistently employ “standard precautions” concept: treat all blood and other body fluids as infectious regardless of the source individual or perceived health status.

2.4.3. Maintain and use PPE provided by the unit in all situations where occupational exposure to infectious materials may occur.

## 3. Procedures.

### 3.1. General:

3.1.1. All work areas with Category I or II personnel or tasks will develop and maintain a written unit-specific Exposure Control Plan. Initially all plans must be reviewed by PH, and annually thereafter. ([Attachment 2](#)).

3.1.2. All active duty, civilian, and dependent Category I or II personnel will receive the Hepatitis B vaccine at no cost. The vaccine is mandatory for all active duty personnel who hold qualification or assignment in a medical or dental career field. Civilian or contract employees may refuse Hepatitis B vaccination by signing a revocable declination statement, which is placed in their medical record.

3.1.3. Personnel in Category III will be evaluated for post-exposure prophylaxis to Hepatitis B vaccine if an incident occurs which is related to their occupational tasks. These individuals can be assured that with this protocol that they are protected as immunized persons.

### 3.2. TRAINING.

3.2.1. Category I and II workers will be given initial training prior to working in a work center with risk of exposure to blood, body fluids, or other potentially infectious materials, as well as annual training as required by 29 CFR 1910.1030. Supervisors may request assistance from PH to help meet both initial and annual training requirements. Supervisors will ensure training is documented on the employee's AF Form 55, or on computerized training record, as "Initial" or "Annual" bloodborne pathogen training.

3.2.2. All training for self-aid and buddy care as well as cardiopulmonary resuscitation will include basic information concerning bloodborne and other potentially infectious pathogens, their transmission and method of exposure control.

### 3.3. EXPOSURE INCIDENTS.

3.3.1. If a worker is actually EXPOSED to blood, body fluids, or other potentially infectious materials in the course of their duties (for example, a needle puncture wound, getting cut with a contaminated object such as glass, having blood splash on the skin or mucous membranes of the eyes, nose or mouth, and so forth):

3.3.1.1. Ensure worker washes area thoroughly with soap and water. Do not use soap on eyes or in nose or mouth. If skin has been punctured, promote bleeding by squeezing area before washing.

3.3.1.2. Notify supervisor of incident; the supervisor will immediately send the worker and, if possible, the source individual to the Emergency Room, Bldg 99.

3.3.1.3. Medical evaluation, treatment, and follow up of both employee and source will be the responsibility of the Emergency Room.

3.3.2. The organization where the exposed incident occurred will:

3.3.2.1. Ensure areas, equipment, clothing, and materials contaminated with blood, body fluids, or other potentially infectious material are appropriately decontaminated. This may be done by properly trained unit employees or by certified contractors.

3.3.2.2. Decontaminate and dispose of any blood, body fluids, or other potentially infectious materials using appropriately trained personnel and the procedures outlined in [Attachment 3](#). A simple emergency spill kit ([Attachment 4](#)) can be easily assembled and stored in the workplace. If it's determined that use of bleach is not feasible due to its caustic nature (for example, on equipment panels), the unit should consult with the PH Flight for an alternate method of decontamination.

3.3.2.3. Place all contaminated articles which are disposed of in a biohazard bag. Appropriately trained organizational personnel wearing the proper PPE will accomplish this task, including puncture-resistant waterproof gloves, a protective outer garment, and shoe coverings if there is a potential for contaminating the worker's shoes.

3.3.2.4. If aerosolization or splattering of blood, body fluids, or other potentially infectious materials is expected, individuals must wear a mask and goggles or face shield.

3.3.2.5. The biohazard bags will be handled and transported appropriately to the 35th Medical Support Squadron Facility Management, Bldg. 99. If waste contains sharp items such as broken glass, needles or knives, these must be placed in a puncture resistant container, which is sealed prior to placing it in the biohazard bag.

**NOTE:** A regular plastic garbage bag can be used instead of a biohazard bag if it's clearly marked with a bio-hazard label and double bagged. Contact 35th Medical Support Squadron Facility Management if questions arise regarding disposal of contaminated wastes.

3.4. PPE must be worn during procedures in which there is a potential for occupational exposure to blood, body fluids, or other potentially infectious materials. Employee noncompliance with the directives of this program must be immediately addressed through appropriate administrative procedures. This policy is established to protect the government's financial interest and to protect the worker's health.

3.5. **CONTRACTED OPERATIONS.** Units planning to use contract services for blood, body fluids, or infectious waste spills must proactively establish a standing base contract that can be quickly initiated when required. Ideally, contract workers should be on scene within an hour after notification. Do not wait until a BBP incident occurs to establish an adequate contract.

**NOTE:** For contracted services, it is the contractor, not the Air Force, who assumes responsibility for compliance with OSHA standards and for the safety and health of their employees. Air Force contract specifications for services and materials must stipulate strict adherence to 29 CFR 1910.1030 and delineate PPE sources, immunizations, training, investigation, and documentation of bloodborne or other potentially infectious pathogen exposure incidents.

### 3.6. RECORD KEEPING.

3.6.1. Training records must be appropriately maintained by all organizations with Category I and II workers for the duration of the worker's employment. Organizations are required to provide the employee, upon request, the employee's training records for examination and copying.

3.6.2. The Medical Records Custodian will:

3.6.2.1. Maintain a copy of all results of examinations, medical testing and follow-up procedures pertaining to any occupational exposure (to include tuberculin skin testing).

3.6.2.2. Include the health care provider's written risk assessment opinion if exposure has occurred during employment.

3.6.2.3. Provide upon request from authorized authority (as required by law) the pertinent portions of the employee's medical record for examination and copying.

WILLIAM J. REW, Brig Gen, USAF  
Commander

**Attachment 1**

**BLOODBORNE PATHOGEN TRAINING OFFICE INSTRUCTION**

UNIT:

PREPARED BY:

CERTIFIED BY:

OSHA standard on bloodborne pathogens 29 CFR 1910.1030. (Briefly outline standard.)

Epidemiology and symptomatology of bloodborne diseases. (Testing for exposure and symptoms of related diseases).

Modes of transmission (e.g., needle sticks, sharps, punctures, splashes, direct contact, etc.).

Exposure Control Program. (Outline and explain the plan, what is covered and by who, also explain how the individual may obtain a copy of the plan).

Procedures that might cause exposure (e.g., rescue, surgery, dental procedures, CPR, etc).

Control methods. (PPE requirements, safe handling of material, and standard precautions).

PPE. (Types, wear, use, and basis for selection.)

Post exposure and follow-up. (Outline what is done.)

Signs and labels. (Meaning, where to order, and how to use).

Hepatitis B vaccine. (Requirements, declination form, and how to request after an initial declination).

Questions. (Interactive question and answer session.)

**NOTE:** The above is only an outline of what should be included in the units' training (OI). Each unit will have to tailor their OI to meet their unit's needs. Furthermore, the OI must be approved by the 35 MDG Infection Control Committee.

Attachment 2

SAMPLE BBP CONTROL PLAN

MISAWA AB BLOODBORNE PATHOGEN UNIT EXPOSURE CONTROL PLAN

(SAMPLE PROGRAM WITH DETAILED EXPLANATIONS)

UNIT: \_\_\_\_\_

PREPARATION DATE: \_\_\_\_\_

CERTIFYING OFFICIAL: \_\_\_\_\_

(THIS SAMPLE PROGRAM IS PROVIDED ONLY AS A GUIDE TO ASSIST IN COMPLYING WITH 29 CFR 1910.1030, OSHA'S BLOODBORNE PATHOGENS STANDARD. ADD/CHANGE/DELETE INFORMATION IN THIS SAMPLE PROGRAM AS NECESSARY TO DEVELOP AN EFFECTIVE, UNIT-SPECIFIC EXPOSURE CONTROL PROGRAM. ORGANIZATIONS MUST REVIEW THE STANDARD FOR PARTICULAR REQUIREMENTS APPLICABLE TO THEIR SPECIFIC SITUATION. THE EXPOSURE CONTROL PROGRAM MUST BE REVIEWED ANNUALLY AND UPDATED WHEN NECESSARY).

In accordance with the 29 CFR 1910.1030, OSHA Occupational Exposure to Bloodborne Pathogens Standard, the following exposure control program has been developed.

A2.1. Exposure Determination. OSHA requires employers to perform exposure determination concerning which employees may incur occupational exposure to blood, body fluids, or other potentially infectious materials. The exposure determination is made without regard to the use of PPE. This exposure determination requires a listing of ALL job classifications in which ALL employees may be exposed, regardless of frequency.

A2.1.1. List job classifications where ALL employees have been determined to have a reasonably anticipated occupational exposure to bloodborne pathogens.

JOB TITLE JOB SERIES/AFSC

(List Title and Job Series or AFSC)

(e.g., Public Health (PH) Technician) (4EOX1)

In addition, if the organization has job classifications in which SOME employees may have occupational exposure, a listing of those classifications is required. Since not all the employees in these categories would be expected to incur exposure to blood, body fluids, or other potentially infectious materials, a listing of tasks or procedures is required to clearly understand which employees are considered to have occupational exposure.

A2.1.2. List job classifications where some employees have been determined to have a reasonably anticipated occupational exposure to bloodborne pathogens while performing specific job tasks and procedures.

JOB CLASSIFICATION TASKS/PROCEDURES

(List Title/Job Series or AFSC) (List Task/Procedure such as emergency rescue/first aid procedures)



**A2.2.** Implementation Schedule and Methodology. This plan also requires a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A2.2.1. Standard Precautions: The mandatory use of standard precautions is in effect. The term "standard precaution" refers to an infectious disease control system intended to prevent health care and public safety workers from parenteral, mucous membrane, and nonintact skin exposures to blood-borne pathogens. Assume all blood and body fluids (e.g., semen, vaginal fluids, cerebrospinal, lymph, pericardial, etc.) are potentially infectious and appropriate barriers must be established between the patient's blood, body fluids, and other infectious materials and the health care and public safety worker. Under circumstances where differentiation between body fluid types is difficult or impossible, consider all body fluids potentially infectious. Consider all blood, body fluid, or other potentially infectious materials infectious regardless of the perceived status of the source individual.

A2.2.2. Engineering and Work Practice Controls: Utilize engineering and work practice controls to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, use PPE.

THE FOLLOWING ENGINEERING CONTROLS WILL BE UTILIZED:

CONTROLS

(List controls, e.g., sharp containers, hand washes, eye washes, etc.)

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: (e.g., list schedule such as daily, weekly, etc). List who (individual or section) has responsibility to review the effectiveness of the individual controls.

INSPECTIONS WILL BE CONDUCTED FOR THE FOLLOWING CONTROLS:

CONTROL

INSPECTION/VERIFICATION

(Hand washes)

(Weekly/Inspected by \_\_\_\_/or list responsible section)

A2.2.2.1. Hand Washing Facilities: Employees who incur exposure to blood, body fluids, or other infectious materials will wash at a readily accessible area. If hand washing facilities are not feasible, the organization is required to provide either an appropriate antiseptic hand cleanser in conjunction with a clean cloth, paper towels, or antiseptic towelettes. If these alternatives are used, wash the hands with soap and running water as soon as feasible. Also, after removal of protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to mucous membranes, wash or flush those areas with running water immediately following contact. Organizations shall list locations of readily accessible hand washing facilities and alternatives to hand washing facilities. Organizations who must provide alternatives to readily accessible hand washing facilities must ensure the maintenance and accessibility of these alternatives.

HAND WASHING STATIONS ARE LOCATED IN THE FOLLOWING LOCATIONS:

(List locations, e.g., patient rooms, procedure areas, vehicles, specific areas in hangars, etc.)

A2.2.2.2. Procedures:

A2.2.2.2.1. PPE.

A2.2.2.2.1.1. All employees will use PPE to minimize or eliminate exposure risks. Consider equipment appropriate only if it does not permit blood, body fluids, or other potentially infectious materials to pass through or to reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal condition of use and for the duration of use.

A2.2.2.2.1.2. Providing PPE: It is the responsibility of the individual organization to provide PPE for its employees at no cost to the employee. (List here who in the organization will provide PPE) will provide to all employees at risk, PPE to include, but not limited to gloves, gowns, coats, masks, eye protection, and mouthpieces, resuscitation bags, or other ventilation devices. Choose PPE based on the anticipated exposure to blood, body fluids, or other potentially infectious materials. Make hypoallergenic gloves, powderless gloves, or other similar alternatives available for those employees who are allergic to the gloves normally used.

A2.2.2.2.1.3. Enforcing the wearing of PPE: The supervisor or section head will enforce the use of PPE by all employees. Not wearing PPE when exposed to blood, body fluids, or other potentially infectious materials is only allowed under rare and extraordinary circumstances where specific use of PPE will prevent delivery of health care or pose a safety hazard to the employee or co-workers. When the employee makes this judgment, the circumstances shall be investigated by the supervisor and documented on an \_\_\_\_\_, (use an appropriate form for official documentation) to determine whether changes need to be instituted to prevent further incidents where PPE is not worn.

A2.2.2.2.1.4. Accessibility of PPE: The supervisor or section head will ensure availability of PPE in the work area and provide protective clothing to employees. The following (organization, person, unit, etc.) is responsible for distribution of PPE.

A2.2.2.2.1.5. Coordinate with Medical Supply on types of PPE available for purchase.

**A2.3. PPE Storage:PPE TYPE STORAGE LOCATION:** (list equipment type and storage locations)

A2.3.1. Remove all PPE penetrated by blood, body fluids, or other potentially infectious materials immediately or as soon as feasible. Remove all PPE prior to leaving the work area.

A2.3.2. Place all contaminated PPE in an appropriately designated area or container for storage prior to decontamination or disposal. Handle contaminated disposable PPE as follows:

A2.3.2.1. The buddy system should be used if more than one individual is involved.

A2.3.2.2. Remove outer protective garment, (e.g., gown, apron, lab coat, etc.) fold garment in on itself as the garment is being removed, and place in the biohazard bag.

A2.3.2.3. Remove shoe covers and place in the biohazard bag.

A2.3.2.4. Remove face shield or goggles and place in designated storage area identified for holding contaminated PPE prior to decontamination for reuse.

A2.3.2.5. Remove gloves by turning inside out and place in designated storage area identified for holding contaminated PPE prior to decontamination for reuse or place in biohazard bag for disposal.

**A2.4.** The following protocol has been developed to facilitate leaving the equipment at the work area:

**PLACE/ROOM CONTAINER/DISPOSAL SITE**

(List where employees are expected to place the PPE upon leaving the work area, and other protocols, etc).

A2.4.1. The organization will clean, launder, and dispose of all PPE at no cost to employees. The organization will make all repairs and replacement at no cost to the employee.

A2.4.2. Employees will wear gloves when it is reasonably anticipated that hands could make contact with blood, body fluids, other potentially infectious materials, nonintact skin, or mucous membranes and when handling or touching contaminated items or surfaces.

A2.4.3. Gloves will be made available at the following locations:

**GLOVE DISPERSAL SITE RESPONSIBLE PARTY**

(State location and person responsible for distribution of gloves)

A2.4.3.1. Wear heavy duty, industrial grade utility gloves when any activity such as handling trash, decontamination of instruments or equipment, or environmental cleaning is performed.

Wash utility gloves when minimal soiling occurs. Change utility gloves when heavily soiled or when the integrity of the barrier has been compromised. After removing gloves, employees will wash their hands with soap and water immediately or as soon as possible. Utility gloves may be decontaminated for reuse provided the integrity of the gloves is not compromised. Discard utility gloves when cracked, peeling, torn, punctured, or exhibiting signs of deterioration or when their ability to function as a barrier is compromised.

A2.4.3.2. Do not reuse disposable gloves. Do not wash or decontaminate disposable gloves for reuse. Replace gloves as soon as practical when they become contaminated, torn, punctured, or their ability to function as a barrier is compromised.

A2.4.3.3. You must wear masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, whenever splashes, spray, splatter, or droplets of blood, body fluids, or other potentially infectious materials may be generated and if you anticipate eye, mouth, or nose contamination.

A2.4.3.4. The OSHA standard also requires the use of appropriate protective clothing, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The type and characteristics will depend upon the task and degree of exposure anticipated.

**A2.5.** The following situations or procedures require protective clothing be utilized:

**SITUATION/PROCEDURE PPE USED**

(List situation/procedure and PPE to be used like emergency first aid, lab procedures, dental procedures, etc. and use of gloves, lab coat, face shield, etc.).

A2.5.1. Handling contaminated needles, sharp instruments, or other contaminated articles: Education programs are to stress proper management of needles, sharp instruments, or other contaminated articles. Workers are to be aware of the occupational health hazards concerning their use. Common sense, safety, and environmental concerns are paramount in the workers' handling and disposal of needles,

sharp instruments, or other contaminated articles. Place emphasis on the minimal handling of these items.

A2.5.1.1. Do not use hands to pick up sharp instruments, broken glass, needle or syringe units, or other sharp objects contaminated with blood, body fluids, or other potentially infectious materials. Pick the object up using other methods not requiring an individual to come in direct contact with the contaminated object (e.g., tongs, forceps, a broom and dust pan, cardboard, etc.).

A2.5.1.2. Place the contaminated objects in a puncture resistant, leak-proof biohazard container, or other impervious, puncture resistant container to be placed in a biohazard bag and take to the 35 MDG, Building 99, for disposal. If the organization does not have a suitable biohazard container, contact the 35 MDG to pick one up. You must exercise extreme caution when disposing of needles and sharp instruments or objects.

A2.5.1.3. Place contaminated nonsharps, (e.g., contaminated gauze, towels, clothing, etc.) in a leak-proof biohazard bag.

A2.5.2. Needles: Do not bend, recap, remove, shear or purposely break contaminated needles and other contaminated sharps. OSHA allows an exception to this if the procedure requires the contaminated needle be recapped or removed, no alternative is feasible and the medical procedure requires the action. Use a mechanical device or one-handed technique if recapping or removal is required.

#### **A2.6. The Following Procedures Require Recapping or Removal of Needles:**

##### **PROCEDURE CONTROL METHOD USED**

(List the procedures and also list the mechanical device or alternately the one-handed technique used).

A2.6.1. Reusable Sharps Containers: Place reusable contaminated sharps immediately, or as soon as possible, into appropriate sharps containers to await cleaning and sterilization. At this facility, the sharps containers are puncture resistant, labeled with biohazard label, and are leak proof.

LOCATION OF SHARPS CONTAINERS	RESPONSIBLE INSPECTION PARTY FREQUENCY
----------------------------------	---

(List where sharps containers are located as well as whom has responsibility for removing sharps and how often the containers will be checked for sharps removal)

##### **A2.6.2. Work Area Restrictions:**

A2.6.2.1. Employees are not to eat, drink, apply cosmetics, apply lip balm, smoke, or handle contact lenses in work areas where there is a reasonable likelihood of exposure to blood, body fluids, or other potentially infectious materials.

A2.6.2.2. Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, on counter tops or bench tops where blood, body fluids, or other potentially infectious materials are present.

A2.6.2.3. Mouth pipetting or suctioning of blood, body fluids, or other potentially infectious materials is prohibited.

A2.6.2.4. Conduct all procedures in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood, body fluids, or other potentially infectious materials.

#### **A2.7. The Following Methods will be Used to Accomplish Work Area Restrictions:**

## PROCEDURE

## METHOD OF CONTROL

(List procedures and methods used [e.g., covers on centrifuges, usage of dental dams if appropriate, etc.] to control spraying, splattering, splashing, etc. Also list other appropriate work area restrictions, e.g., designated break rooms, no eating, smoking signs, etc.).

## A2.7.1. Specimens:

A2.7.1.1. Place specimens of blood, body fluids, or other potentially infectious materials in containers which prevent leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. Label or color code the containers used for this purpose IAW the requirements of the OSHA standard. Red bags or red containers may be substituted for labels.

(Organizations should note the standard provides a labeling or color coding requirement exemption, provided the facility utilizes standard precautions in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies only while the specimens remain in the facility).

(IF THE ORGANIZATION CHOOSES TO USE THIS EXEMPTION, THEN STATE IT HERE.)

A2.7.1.2. Place any specimen that could puncture a primary container within a puncture resistant secondary container. This container must have appropriate biohazard markings. If the organization does not have an appropriate container, contact the 35th Medical Support Squadron Facility Management (35 MDSS/SGSLF) to pick one up.

The Following Containers will be Used for the Listed Specimens:

SPECIMEN	TYPE OF CONTAINER USED	CONTAINER LOCATION (List specimens, if any, which could puncture a primary container, the containers used as secondary containers, and the location of these secondary containers)

A2.7.1.3. If outside contamination of the primary container occurs, place the primary container within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. If specimen leakage is anticipated, double or triple bag the primary container using color-coded plastic bags or sturdy, clear plastic bags.

## A2.7.2. CONTAMINATED EQUIPMENT AND SURFACES:

A2.7.2.1. Examine equipment contaminated with blood, body fluids, or other potentially infectious materials prior to servicing or shipping and decontaminate as necessary unless the decontamination of the equipment is not feasible.

A2.7.2.2. Only trained personnel within the organization will decontaminate contaminated equipment and surfaces.

A2.7.2.3. Individuals who are responsible for decontaminating equipment and surfaces will wear appropriate PPE, including but not limited to: gloves, protective eye wear, and a smock.

A2.7.2.4. At a minimum, clean contaminated surfaces and equipment using the following procedures:

A2.7.2.4.1. Absorb the contaminated material.

A2.7.2.4.2. Disinfect the contaminated area with household bleach.

A2.7.2.4.3. Absorb the disinfectant.

A2.7.2.4.4. Rinse the contaminated area with water.

A2.7.2.4.5. Place paper products used in the clean-up operation in an appropriate biohazard container and take to the 35 MDSS/SGSLF for disposal.

**A2.8.** List the Procedures Used for Decontaminating Equipment and Surfaces:

**PROCEDURES**

(When listing procedures used by your organization, include disinfectants used, location of "spill clean-up kits," etc.) If you can not decontaminate the equipment or surfaces in this fashion, contact the 374 MDG Infection Control Officer for advice.

A2.8.1. Attach a readily observable biohazard label to the portion of the equipment which remains contaminated.

A2.8.2. Submitting organizations must inform all affected employees, the servicing representative, and/or the manufacturer of the biohazard potential prior to handling, servicing, or shipping, so appropriate precautions can be taken.

The Following is a List of Equipment that would not be Feasible to Decontaminate Prior to Shipping or Servicing:

**EQUIPMENT:** List any equipment that cannot be decontaminated prior to servicing or shipping.

**A2.9.** Housekeeping:

A2.9.1. Supervisors or section heads are responsible for maintaining their work areas in a clean and sanitary condition.

A2.9.1.1. Schedule of housekeeping procedures: Establish operating instructions for each section, indicating schedule for cleaning and methods of decontamination based upon work area and procedures performed in the area.

This Facility will be Cleaned and Decontaminated According to the Following Schedule:

AREA TO BE CLEANED	SCHEDULE
--------------------	----------

(List areas and schedule)

Accomplish Decontamination by Utilizing the Following Materials:

PERSONNEL DECONTAMINATING	TYPE OF SOLUTION	FACILITY
---------------------------	------------------	----------

(List the materials utilized, such as bleach solutions or EPA registered germicides)

A2.9.1.2. Decontaminate all contaminated equipment and work surfaces after completion of procedures and immediately or as soon as feasible after any spill of blood, body fluids, other potentially infectious materials, and at the end of the work shift if contamination occurred since the last cleaning. (Employers should add in any information concerning the usage of protective coverings, such as plastic wrap used to assist in keeping surfaces free of contamination.)

A2.9.1.3. Immediately replace protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and work surfaces when they become overly contaminated, or at the end of the work shift if contamination occurs.

A2.9.1.4. Inspect all bins, pails, cans, and similar receptacles intended for reuse, for blood, body fluid, or other potentially infectious materials. Decontaminate the receptacles on a regularly scheduled basis (e.g., daily, weekly) and decontaminate immediately or as soon as feasible if contaminated. Inspect all bins, pails, cans, and similar receptacles and decontaminate on a regularly scheduled basis:

RECEPTACLE INSPECTOR	DATE	INSPECTED	FREQUENCY	LOCATION
-------------------------	------	-----------	-----------	----------

(List receptacle, frequency, location, date, and by whom, e.g., Trash can/Weekly/Pediatrics/SSgt Smith/12 Jun 96)

#### A2.9.2. Regulated Waste Disposal:

A2.9.2.1. Discard all contaminated sharps as soon as feasible in sharps containers located in the Facility. Sharps containers are located:

LOCATION.(Specify locations of sharps containers)

A2.9.2.2. Place regulated waste other than sharps in appropriate containers.

LOCATION OF CONTAINERS: (Specify locations of containers)

#### A2.10. Laundry Procedures:

A2.10.1. Handle laundry contaminated with blood, body fluids, or other potentially infectious materials as little as possible. Place such laundry in appropriately marked bags at the location where it was used. Do not sort or rinse such laundry in the area of use.

A2.10.2. All employees who handle contaminated laundry will utilize PPE to prevent contact with blood, body fluids, or other potentially infectious materials.

Laundry at This Facility will be Cleaned at:

(List cleaning location to include contractors Name, Phone Number, and Point of Contact)

A2.10.3. When contaminated laundry is shipped off site to a second facility that does not utilize standard precautions in handling all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded IAW 29 CFR 1910.1030, paragraph (g)(1)(i).

**A2.11. Hepatitis B Vaccine:** The Hepatitis B vaccine will be given to all appropriately designated individuals free of cost. The vaccine will be offered within 10 working days of initial assignment to work unless the employee has previously had the vaccine.

**A2.12. Post-Exposure Evaluation and Follow Up:** When the employee incurs an exposure incident, the supervisor will report the exposure to PH and direct the employee to the 35 MDG Emergency Services for initial evaluation and treatment. Post exposure evaluation and follow up will be done IAW the OSHA occupational exposure to bloodborne pathogens standard, 29 CFR 1910.1030 and followed up by the individual's Primary Care Manager.

**A2.13.** Training: Supervisors will ensure training of all employees prior to initial assignment to tasks where occupational exposure may occur. Conduct the training in the following manner:

A2.13.1. The OSHA standard for bloodborne pathogens.

A2.13.2. Epidemiology and symptomatology of bloodborne diseases, and tuberculosis, if required by occupation.

A2.13.3. Modes of transmission of bloodborne pathogens and tuberculosis, if potential for risk of exposure exists.

A2.13.4. This exposure control program will cover all major aspects (e.g., key points of the program, lines of responsibility, how the program will be implemented, etc.) and also explain how an individual can obtain a copy of the program.

A2.13.5. Procedures which might cause exposure to blood, body fluids, or other potentially infectious materials.

A2.13.6. Control methods which will be used to control exposure to blood, body fluids, or other potentially infectious materials.

A2.13.7. PPE available.

A2.13.8. Post exposure evaluation and follow-up.

A2.13.9. Signs and labels used.

A2.13.10. Hepatitis B vaccination program.

A2.13.11. All employees will receive annual refresher training. (Note: This training is to be conducted within 1 year of the employee's previous training.)

**NOTE:** Employers should list here if training will be conducted using videotapes, written material, etc. Also the employer will indicate who is responsible for conducting the training.

THE OUTLINE FOR THE TRAINING MATERIAL IS LOCATED:

(List where the training materials are located)

**A2.14.** Record Keeping. All records required by the OSHA Standard will be maintained by (All records and documents are subject to the Privacy Act of 1974):

A2.14.1. Insert name or department responsible for maintaining and securing records.

A2.14.2. The 35 MDOS/SGORO will maintain all military and civilian medical records.

A2.14.3. Each organization is responsible for maintaining training records.

**A2.15.** Dates. All provisions required by the standard will be implemented by: Insert date for implementation of the provisions of the OSHA standard.

Have Responsible Work center Official Sign

APPROVED/DISAPPROVED

35th MDG Infection Control Committee.



### Attachment 3

## DECONTAMINATION PROCEDURES

**A3.1.** The following procedures are recommended for “site specific” clean up of spills involving blood or body fluids. Five percent household bleach is used here, but the 35 MDG Infection Control Officer must first approve any disinfectant used. Also, outline in your unit’s control program the procedures for clean up using the disinfectant.

A3.1.1. Make a “spill kit” readily available for site clean up. Place 1/2 cup of household bleach in a dark brown or opaque bottle (sunlight will break down bleach). Put the bleach, 1/2 gallon of water (don’t mix the two until you clean-up a spill), pair of heavyweight, puncture resistant utility gloves, such as those used for house cleaning and dish washing, two household sponges, and paper towels or gauze in a plastic container or a box. Label the kit; attach a hazardous material sticker to the container and place in an area where a spill may occur or in the trunk of a security vehicle, and so forth. Also have the following available for large spills or spills that have the potential for splattering:

A3.1.1.1. Clothing. You must use cloth or disposable gowns or coats to prevent blood contamination of clean-up workers’ clothing. A disposable plastic apron that covers the torso and thighs is recommended if there is a significant probability that blood or body fluids may be splashed onto the clean-up workers. At the completion of clean up, discard disposable clothing protection into a biohazard waste bag.

A3.1.1.2. Facial Protection. Wear facial protection if splattering of blood or body fluids is anticipated. A disposable mask offers protection; however, if there is substantial risk of splattering of blood or body fluids, wear a full-face shield or goggles. Ordinary glasses do not offer adequate protection against splattering. After the completion of clean up, discard disposable facial protection into a biohazard waste bag.

A3.1.1.3. Shoes. If the spill is large and/or there is a potential of contaminating the worker’s shoes, wear waterproof shoe covers.

A3.1.1.4. Do Not Pick Up Contaminated Sharp Objects by Hand. If the spill contains broken glass or other sharp objects, these must be picked up without direct contact with hands. Use metal tongs, a broom and dust pan, or rigid sheets of cardboard used as “pusher” and “receiver” to pick up objects. Place sharp objects into a puncture-resistant container prior to placing into a biohazard waste bag.

**A3.2.** Absorb the Spill. Absorb the bulk of spilled material prior to disinfections with disposable absorbent material (paper towels, gauze pads, or if a small spill, sponge). If the spill is large, granular absorbent material like that used to absorb caustic chemical spills may be used (for example, kitty litter). Blot (do not wipe) up the spill, allowing the fluids to be absorbed by the towels, and so forth. After absorption of the liquid, discard all materials into a biohazard waste bag.

**A3.3.** Mix the 1/2 cup of bleach with the 1/2 gallon of water. Flood the site or wipe down the spill site with disposable towels or sponge soaked in bleach to make the site “glistening wet.” Allow the bleach solution to remain in contact with the infectious material for 10 minutes.

**A3.4.** Absorb the disinfectant with paper towels and dispose of the paper towels in a biohazard waste bag. Alternatively, the spill site may be permitted to air dry.

**A3.5.** Rinse the spill site with water to remove a chemical residue. Dry the site to prevent slipping.

**A3.6.** Place all disposable materials used in the decontamination process into a biohazard waste bag. Dispose of the remaining disinfectant by pouring down the sanitary sewer.

**A3.7.** Decontaminate reusable materials and equipment following the above procedures.

**A3.8.** If clothing becomes contaminated with blood or body fluids, it should be removed as soon as possible, the skin washed with soap and water, the clothing placed in a biohazard bag, and disposed of or cleaned by a laundry capable of handling blood contaminated clothing.

**NOTE:** The above disinfecting solution is approximately a 1:10 dilution of household bleach. Larger or smaller amounts may be made following this dilution rate.

**Attachment 4****EMERGENCY BLOOD OR BODY FLUID SPILL KIT CONTENTS LIST****A4.1.** Suggested components.

A4.1.1. One tyvek type (impervious) coverall w/hood and boots.

A4.1.1.1. Three pairs disposable nitrile gloves.

A4.1.1.2. One faceshield w/head strap.

A4.1.1.3. One CPR microshield rescue breather.

A4.1.1.4. One disposable dust/mist respirator mask.

A4.1.1.5. Two biohazard bags.

A4.1.1.6. One sheet of biohazard labels.

A4.1.1.7. One small brown or opaque bottle containing 1/2-cup of household bleach (Bottle must be tightly sealed and appropriately labeled), and two household sponges.

A4.1.1.8. One zip closing bag containing paper towels or gauze.

A4.1.1.9. One pair of disposable (plastic) tongs or other rigid tool to use for picking up contaminated sharps (Explanation of this tool is explained in greater detail in decontamination procedure protocol).

**A4.2.** Kit should not be reused.

**A4.3.** Kit is nonsterile.

**A4.4.** Please dispose of contaminated, noncleanable material properly.

**A4.5.** Use biohazard labels on all containers used to transport biohazardous materials as well as bags containing contaminated waste.

**NOTE:** Components of this kit which are not contaminated during its use may be reused when building another kit.