



**CONTROLLING OCCUPATIONAL  
EXPOSURES TO BLOOD, BODY FLUIDS,  
AND OTHER POTENTIALLY INFECTIOUS  
MATERIALS**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction complements Air Force Instruction (AFI) 44-108, *Infection Control Program* and establishes guidelines for personnel who have reasonably anticipated occupational exposure to bloodborne pathogens (BBP) in the course of their duties at Hickam AFB. It applies to all organizations on base whose personnel have reasonably anticipated occupational exposure to blood, body fluids, or other potentially infectious materials (PIMs) in the course of their assigned duties. This primarily involves personnel working in the Medical Group, Fire Department, Security Police, and Office of Special Investigations (OSI). Also included, are employees required to provide first aid response as part of their duties. However, all personnel working on Hickam AFB should understand how bloodborne pathogens are transmitted in case they must respond to an injured/ill coworker, dried blood found on an object, or a bio-hazardous spill. This instruction does apply to US Air Force Reserve and Air National Guard units and their personnel.

**SUMMARY OF REVISIONS**

**This document is substantially revised and must be completely reviewed.**

A bar (|) indicates revision from the previous edition.

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## Chapter 1

### GENERAL

#### 1.1. References:

29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens"; Final Rule, December 6, 1991, Occupational Safety and Health Administration (OSHA)

AFI 44-108, *Infection Control Program* (2000)

AFI 91-204, *Investigating and Reporting U.S. Air Force Mishaps* (2001)

AFI 91-301, *Air Force Occupational Safety, Fire Prevention, and Health Program* (1996)

AFOSH Std 161-21, para 5 e (7) a and b, Hazard Communication (1989)

15 MDGI 48-3, Employee Health and Exposure Control Programs

*Public Health Service Guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Post Exposure Prophylaxis*, MMWR, 47 (RR-7), 1-28, 15 May 98

*Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers*, MMWR-Vol. 38, No 5-6, 23 Jun 89

*Essential Components of a Tuberculosis Prevention and Control Program, Recommendations of the Advisory Council for the Elimination of Tuberculosis*, MMWR, 44 (RR-11), 1-16, 8 Sep 95

Occupational Exposure to Bloodborne Pathogens, Occupational Safety and Health Administration (OSHA) 3127 (1996 Revised)

#### 1.2. Terms:

1.2.1. Employee: All personnel working in any capacity for the United States Government at Hickam AFB, Hawaii (i.e. military, hired civilians, civilian/military volunteers, housekeeping personnel, and students).

1.2.2. Exposure: Any encounter, direct or indirect, with an injured person's blood or body fluids, or their personal items (i.e. clothing, bed linens, bandages, etc.) contaminated by blood or body fluids.

1.2.3. HBV: Hepatitis B Virus.

1.2.4. HIV: Human Immunodeficiency Virus.

1.2.5. HCV: Hepatitis C Virus.

1.2.6. Bloodborne Pathogens (BBP): Disease-causing microorganisms that are present in human blood and can cause disease in humans. Examples include (but are not limited to) Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immune Deficiency Virus (HIV).

1.2.7. Potentially Infectious Materials (PIMs):

1.2.7.1. PIMs include:

1.2.7.2. All body fluids.

1.2.7.3. Any unfixated tissues or organs (other than intact skin) from a human (living or dead)

- 1.2.7.4. HIV-containing cells or tissue cultures, organ cultures and HIV or HBV containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 1.2.8. Occupational Exposure: Eye, mucous membrane, or parenteral (through the skin/mucous membrane barrier) or non-intact skin exposure to blood or PIMs during the course of an employee's duties. Non-intact skin includes skin with dermatitis, hangnails, cuts, abrasions, chafing, etc.
- 1.2.9. Standard Precautions: An approach to infection control in which all human blood and PIMs (discussed above), or contaminated items that would release blood or PIMs, are treated as if known to be contaminated with bloodborne pathogens. The approach includes the use of barriers or other personal protective equipment/attire (PPE/PPA) between the body fluid of the patient and skin or mucous membranes of the employee.
- 1.2.10. Contaminated: Refers to the presence or the reasonably anticipated presence of blood or other PIMs on an item or surface.
- 1.2.11. Sharps: Any object that can penetrate the skin, including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- 1.2.12. Source Individual: Any individual (living or dead) whose blood or other PIMs may be a source of occupational exposure to the employee.
- 1.2.13. Exposed Individual: Any individual who comes in contact with blood or other PIMs.
- 1.2.14. Decontamination: Use of physical or chemical means to remove, inactivate, or destroy blood-borne pathogens on the 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.
- 1.2.15. Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, punctures, human bites, cuts, and abrasions.
- 1.2.16. Engineering Controls: Exposure control measures that isolate or remove the bloodborne pathogen hazard from the workplace (e.g. sharps containers, self-sheathing needles, hand washing facilities).
- 1.2.17. Exposure Incident: An incident in which blood or PIMs contacts the mucous membranes of the eye, nose, or mouth, or makes contact with broken, non-intact, or irritated skin. It also includes any incident where a potentially contaminated item penetrates the skin (e.g. needle-stick). Human bites will also be considered an exposure incident for purposes of screening and follow-up.
- 1.2.18. Personal Protective Equipment/Attire (PPE/PPA): Specialized clothing or equipment (gowns, gloves, masks, goggles) worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) are not intended to function as protection against hazards and are not considered PPE/PPA.
- 1.2.19. Work Practice Controls: Measures that reduce the chances of exposure by altering the manner in which a task is performed (e.g. prohibiting the recapping of needles using a two handed technique, avoiding picking up broken glass with bare hands, using proper procedures for collecting and disposing of PIMs).

1.2.20. For additional terms, see Occupational Safety and Health Standards (OSHA) Title 29 Code of Federal Regulations (CFR) 1910.1030. Hard copy located at 15 MDG Public Health Flight, Building 2070.

## Chapter 2

### EXPOSURE DETERMINATION

**2.1. Exposure categories:** OSHA has established three risk exposure categories for protection against occupational exposure to infectious diseases to include HBV, HCV, and HIV. These categories are as follows:

2.1.1. **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, tissues, PIMs, OR a potential for spills or splashes. Use of PPE/PPA will be required for employees engaged in Category I tasks. Category I job classifications shall include the following: physicians, dentists, nurses, physician's assistants, medical laboratory technicians, dental and dental lab technicians, dental hygienists, dental assistants, dental volunteers, radiology technicians, optometrist, optometry technician, immunization technicians, medical technicians, emergency medical technicians, mortuary affairs, and medical clinic housekeepers.

2.1.2. **Category II (Moderate Risk):** Routine tasks that involve no exposure to human blood, body fluids, tissues, or other PIMs, but employment may require performing unplanned/emergency Category I tasks. The normal work routine involves no exposure to blood, body fluids, or PIMs, 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.

**Table 2.1. Category II job classifications and tasks which they may incur exposure include:**

JOB	TASK
Security Police Emergency Rescue Procedures	Rendering First Aid
Office of Special Investigations	Crime Scene Investigations
Housekeepers	Duties performed in 15 MDG, Transporting PIMs, contaminated laundry/trash
Clinic Employees/Volunteers	Potential contact with infectious patients/equipment (not in category I)
Medical Maintenance Technicians	Repair of Contaminated Equipment
Designated First Aid Responders	First Aid Response In The Workplace
Veterinary Section Personnel	Handling Infectious Wastes/Other PIM
Child Care Center Employees	Potential Contact With Injured/Infectious Child/Other PIMs
Family Home Day Care Providers	Potential Contact With Injured/Infectious Child/Other PIMs
Lifeguards	Potential Contact With Injured/Infectious Person/Other PIMs

2.1.3. **Category III (No Anticipated Risk):** Tasks that involve no exposure to human blood, body fluids or tissues. Category I tasks are not a condition of employment. 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 who perform 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 care as "Good Samaritans". Category III tasks and procedures that may result in occupational exposure of almost any person in any job classification (e.g. administrative workers, food handlers, routine laborers, etc.).

Duties, which may involve potential exposure, include:

- 2.1.3.1. Disposing of soiled tissues or debris soiled with visible blood from restrooms or offices.
- 2.1.3.2. Physical contact with other employees or visitors with exudative lesions or weeping dermatitis.
- 2.1.3.3. Provision of emergency first aid or Cardiopulmonary Resuscitation (CPR) until professional help arrives.

**NOTE:** Personnel who must be immunized against HBV on Hickam AFB include all Category I personnel, and all active duty personnel who work in medical, fire fighting, security police, OSI work centers, and lifeguards. All other personnel in Categories II and III will receive post-exposure prophylaxis to HBV if an incident occurs which is related to their occupational tasks.

## Chapter 3

### RESPONSIBILITIES

#### 3.1. 15th Airlift Wing Commander.

3.1.1. Is responsible for all facets of the Hickam AFB Bloodborne Pathogen Exposure Control Program. The commander shall establish a written Exposure Control Program designed to eliminate or minimize employee exposure to blood, body fluids, or other potentially infectious materials. This program must:

3.1.2. Identify duties that conceivably pose a risk of occupational exposure to blood, body fluids, or other potentially infectious materials.

3.1.3. Ensure initial and annual training is accomplished for personnel considered at risk.

3.1.4. Ensure that each unit (group and squadron) commander complies with the guidance referred to in paragraph 1. References section, as well as the expanded policies set by this program.

**3.2. Unit Commanders:** Will ensure all personnel at risk for occupational exposure to blood, body fluids, or other potentially infectious materials are adequately protected, receive initial orientation and annual training, and comply with established guidelines and requirements defined in this program and 29 CFR 1910.1030.

**3.3. Commanders of Organizations with Personnel at Risk for Occupational Exposures:** Will designate an office of primary responsibility (OPR) for facilitating completion of the units BBP template, monitoring compliance with engineering and work practice controls, personal protective equipment (PPE), house-keeping, elements of hazard communication and training documentation, as stipulated by this program.

**3.4. Each at Risk Individual (active duty member, government employee, contract employee, student or volunteer assigned or attached to work in any affected organization):** Is responsible for knowledge of and compliance with this program. Each supervisor must document personnel training on AF Form 55, Employee Safety and Health Record, or its equivalent.

**3.5. Self-Aid and Buddy Care (SABC) and Cardiopulmonary Resuscitation (CPR):** Will include basic information concerning bloodborne and other potentially infectious pathogens, their transmission, and method of exposure control.

**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 to specify who provides PPE to whom, who provides Hepatitis B vaccinations, who gives the training, and who investigates and documents bloodborne or other potentially infectious pathogen exposure incidents.

#### 3.6. The 15th Medical Group (15 MDG) will provide:

3.6.1. 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:

3.6.1.1. Immunizations (with documentation) to protect authorized workers against bloodborne pathogens.

3.6.1.2. 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.

3.6.1.3. Written opinions for employees exposed to blood, body fluids, or other potentially infectious materials.

3.6.2. Medical education to authorized workers following potential exposure to infectious materials in routine course of their duties.

3.6.3. Review and approval through the Infection Control Committee of Unit Exposure Control Programs and educational programs developed for workers potentially exposed to blood, body fluids, or other potentially infectious materials in the course of their duties.

3.6.4. Dispose of contaminated waste (when requested by organizations) through the medical waste disposal contract of waste contaminated with blood and body fluids and Biohazard bags used for gathering and transporting said waste.

3.6.5. Public Health (PH) provides initial training upon request to organization supervisors on proper techniques and prevention of exposure to blood, body fluids, and other potentially infectious materials. Units may employ their own selected BBP initial training curriculum with review and approval by Public Health.

3.6.5.1. Technical advice and supervisory assistance on:

3.6.5.2. The types of PPE needed to protect workers from exposure to blood, body fluids, or other potentially infectious materials. Bioenvironmental Engineering personnel also provide recommendation on PPE.

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

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

3.6.5.5. A medical consultant who will evaluate exposure incidents.

3.6.5.6. A representative available to answer questions on exposure incidents.

**3.7.** All organizations with workers in Category I and II job classifications and any with workers exposed to blood, body fluids, or other potentially infectious materials will:

3.7.1. Develop an Exposure Control Program for their workers using the template in [Attachment 1](#). The completed program must be sent to PH (15 ADS/SGGM; NCO, Occupational Health Section) initially and annually, who will review then forward for approval by the 15 MDG Infection Control Committee.

3.7.2. Ensure the unit's written Exposure Control Program and its documentation is available to workers who may have questions and authorized program evaluators for required review.

3.7.3. Ensure workers with reasonably anticipated occupational exposures to blood, body fluids, or other potentially infectious materials in the course of their duties in-process through PH (NCO, Occupational Health Section) prior to starting duties in which potential for exposure is anticipated.

3.7.4. Ensure workers with reasonably anticipated occupational exposures to blood, body fluids, or other potentially infectious materials in the course of their duties out-process through PH upon termination of employment, (PCS, PCA, separation, or retirement).

3.7.5. Develop, schedule, provide training materials, and document training to workers on the medical aspects of exposure to blood, body fluids, or other potentially infectious materials, organizational procedures, and the storage and use of PPE. The 15 MDG provides consultative services as stated in paragraph 3.6.5. with this tasking.

3.7.6. Purchase, properly store, and ensure the use of PPE needed to protect workers from exposure to blood, body fluids, or 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 sizes which appropriately fit all workers potentially exposed.

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

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

3.7.9. If a blood or body fluid exposure takes place in the workplace:

3.7.9.1. 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. Record name address and phone number of source person, if known. Immediately notify supervisor on duty and report to the 15th Medical Group's Primary Care Clinic (PCC), Building 559, or call PH for information and action, at 449-1269. If the incident occurs after duty hours, contact the 15 MDG Ambulance Services at 448-6194.

3.7.9.2. Refer an exposed (both bloodborne and airborne exposures) individual and, if possible, the source of exposure, to 15 MDG PCC for evaluation, appropriate treatment, and follow-up within 24 hours.

3.7.9.3. Appropriately decontaminate surfaces soiled with blood, body fluids, or other potentially infectious materials, as soon as feasible using personnel trained on bloodborne pathogens to limit exposure of others.

3.7.9.4. Transport wastes to Ambulance Services, building 559 for proper disposal (Contact 15 MDG Ambulance Services at 449-6194 prior to transporting). Bagged waste need not be transported immediately. It can be containerized and held in a secure manner until regular duty hours.

## Chapter 4

### PROCEDURES

**4.1.** Supervisors of Category I personnel and all medical, firefighting, security police, and OSI personnel will ensure their workers in-process through PH prior to starting work involving reasonably anticipated occupational exposure to blood, body fluids, or other potentially infectious materials.

4.1.1. All Category I individuals and clinic, fire department, security police, OSI and other military members with potential for occupational blood or body fluid exposure, will report to Public Health/Immunization clinic to receive the Hepatitis B vaccine at no cost to the employee. Civilian employees are highly encouraged to receive vaccinations at no cost to the employee. Volunteers must receive] the vaccine prior to working in Category I areas.

4.1.2. PH will document each vaccine of employees/volunteers who have received the Hepatitis B series in the Clinic Employee Health database or other appropriate record maintenance system. Civilians declining this vaccine must sign a declination statement ([Attachment 2](#)). If the employee later wishes to receive the vaccine, they may receive it at no cost.

**4.2.** At risk workers will be given initial training, prior to working in a work center with risk of exposure to blood or body fluids, or other potentially infectious materials and annual training as required by 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, (see [Attachment 3](#) for training requirements).

**4.3.** PH is available to assist supervisors in training on Bloodborne Pathogens and/or tuberculosis to help meet both initial and annual training requirements.

4.3.1. Supervisors will ensure initial training is documented on the employee's AF Form 55, or on computerized training record, as Initial Bloodborne Pathogen Training.

4.3.2. Supervisors will ensure annual training is documented on the employee's AF Form 55, or computerized training record, as Annual Bloodborne Pathogen Training.

**4.4.** Personal Protective Equipment (PPE). Supervisors will:

4.4.1. Ensure adequate PPE (gloves, masks, goggles, face shields, outer protective garments, etc.) is available for workers to use at all times where there is a potential for occupational exposure to blood, body fluids, or other potentially infectious materials.

4.4.2. Enforce the wearing of PPE during procedures in which there is a potential for occupational exposure to blood, body fluids, or other potentially infectious materials. Noncompliance of workers to adhere to policies and 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.

4.4.3. Evaluate worker's duty performance during an exposure incident. If worker does not don appropriate PPE or PPE is breached during the incident, the supervisor will complete a narrative summary (which will include the individual's name, job description, source of the blood, body fluid, or other infectious materials if known, and a statement on how the exposure occurred) of the situation

and forward copies to Ground Safety Division (15 AW/SEG) and PH (15 ADS/SGGM) for their information and action.

**4.5.** If a worker is actually **EXPOSED** to blood, body fluids, or other potentially infectious materials in the course of their duties, (e.g., 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 or a patient suspected of having active tuberculosis) the supervisor will immediately send the exposed worker and, if possible, the source individual to 15 MDG PCC for appropriate evaluation, treatment, and follow-up.

4.5.1. The Medical Officer, Primary Care Clinic, with assistance from PH will:

4.5.1.1. Evaluate the worker's potential exposure to bloodborne pathogens using criteria developed by the Center's for Disease Control and Prevention based on the type of exposure and source's risk factors.

4.5.1.2. If indicated, ensure appropriate testing of the source as well as testing, treatment, and follow-up care for the exposed worker is accomplished in a timely manner.

4.5.1.3. Notify worker and their employing organization of the necessity of treatment and follow-up of the exposed worker.

4.5.1.4. Provide a written opinion on the individual's exposure incident and recommended follow-up care. Ensure the written opinion is placed in the individual's medical record.

4.5.1.5. Ensure appropriate follow-up is accomplished following the guidelines outlined in 15 MDG Instruction 48-3, *Employee Health Exposure Control Programs*, for blood, body fluid, and potentially infectious materials exposure.

4.5.2. The organization where the exposure incident occurred will:

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

4.5.2.2. Small spills/contamination may be cleaned by properly trained unit employee. Public Health may provide consultative services on clean-up and scope of decontamination.

4.5.2.3. Large areas of contamination, for an example contaminated carpet, furniture, etc. may be beyond the scope of unit to take care of internally. Unit personnel will contact the 15th Contracting Squadron for list of certified contractors to decontaminate the spill.

4.5.3. Unit employees trained in decontamination procedures will:

4.5.3.1. Decontaminate and dispose of any blood, body fluids, or other potentially infectious materials using appropriately trained personnel and the procedures outlined in [Attachment 4](#). If it is determined that use of bleach is not feasible due to its caustic nature (e.g., on equipment panels) the unit should consult with the PH office for an alternate method of decontamination.

4.5.3.2. Place all contaminated articles, which are to be disposed of in a biological hazard bag. This task will be accomplished by appropriately trained organizational personnel wearing the proper PPE, including: puncture-resistant waterproof gloves, a protective outer garment, and shoe coverings, if there is a potential for contaminating the workers shoes. 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. The biohazard bags will be handled and transported appropriately to Building 559, (report to 15 MDG Ambulance Services). The biohazard bags will be disposed of in the medical waste disposal system by personnel from the originating organization. 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 is clearly marked with a Biohazard label ([Attachment 5](#)) and double bagged.

## Chapter 5

### CONTRACTED OPERATIONS

**5.1.** The Administrative Contracting Officer (ACO), with assistance from PH and work area supervisor (if requested), will advise contractors of the need to follow OSHA guidance provided in 29 CFR 1910.1030. Protection for contract employees and appropriate disposal of collected waste should be the responsibility of the contractor.

**5.2.** Units planning to use contract services must proactively establish a standing contract that will be quickly initiated when required. Ideally, contract workers should be on scene within an hour of their notification. Do not wait until a BBP incident occurs to try and establish an adequate contract.

**5.3.** The 15th Contracting Squadron will maintain a list of certified contractors who are authorized to conduct decontamination procedures.

## Chapter 6

### RECORD KEEPING

#### 6.1. The supervisor will:

6.1.1. Document training on either an AF Form 55 or computerized database for all organizations with Category I and II workers for the duration of the worker's employment.

6.1.2. Provide the training sign-in rosters to their Unit Training Monitor following annual training.

6.2. At the end of the worker's employment, the unit will maintain the training record and any documentation of non-compliance by the worker for three years.

6.3. Organizations are required to provide the employee, upon request, the employee's training records for examination and copying.

#### 6.4. Medical record: The 15 MDG will:

6.4.1. Maintain all civilian and military medical records and all documentation pertaining to the medical records.

6.4.2. Maintain the following in each individual's medical record who is identified as having a reasonably anticipated occupational exposure to bloodborne pathogens in the course of his/her duties on Hickam Air Force Base.

6.4.2.1. A copy of the employee's Hepatitis B vaccination status including the dates of Hepatitis B vaccinations and any medical documents relative to the employee's ability to receive the vaccination or the employee's declination statement.

6.4.2.2. A copy of all results of examinations, medical testing, and follow-up procedures pertaining to an occupational exposure (to include tuberculin skin testing).

6.4.2.3. Health professional's written opinion if exposure has occurred during employment.

6.4.3. Provide upon request from authorized authority (as required by law) and in accordance with organizational procedures the pertinent portions of the employee's medical record for examination and copying. If the Records Section of the 15 MDG no longer has the medical records pertaining to the Bloodborne Pathogen Program, referred to PH. Public health will in turn assist the individual in requesting a copy of the applicable documentation. This task will be accomplished under the guidance of 29 CFR 1910.20, Access to Employee Medical and Exposure Records.

RAYMOND G. TORRES, Colonel, USAF  
Commander, 15th Airlift Wing

**Attachment 1**

**HICKAM AFB BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM**

**A1.1. SAMPLE PROGRAM WITH DETAILED EXPLANATIONS**

A1.1.1. UNIT: \_\_\_\_\_

A1.1.2. PREPARATION DATE: \_\_\_\_\_

A1.1.3. CERTIFYING OFFICIAL: \_\_\_\_\_

**NOTE:** THIS SAMPLE PROGRAM IS PROVIDED **ONLY AS A GUIDE** TO ASSIST IN COMPLYING WITH 29 CFR 1910.1030, OSHA'S BLOODBORNE PATHOGENS STANDARD. ORGANIZATIONS WILL NEED TO ADD RELEVANT INFORMATION OR CHANGE/DELETE INFORMATION NON RELEVANT TO THEIR PARTICULAR ORGANIZATION/FUNCTION IN ORDER TO DEVELOP AN EFFECTIVE, COMPREHENSIVE 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.

A1.1.4. In accordance with the OSHA Occupational Exposure to Bloodborne Pathogens Standard, 29CFR 1910.1030, the following exposure control program has been developed.

**A1.2. EXPOSURE DETERMINATION:** OSHA requires employers to perform an 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 personal protective equipment. This exposure determination requires a listing of **ALL** job classifications in which **ALL** employees may be expected to be exposed, regardless of frequency. List job classifications where **ALL** employees have been determined to have a reasonably anticipated occupational exposure to bloodborne pathogens.

JOB TITLE (List Title and Job Series or AFSC)	JOB SERIES/AFSC
(e.g., Public Health (PH) Technician)	(4EOX1)

**NOTE:** 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.

A1.2.1. 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)

**A1.3. 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:

**A1.3.1. 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 mucous membrane, and non-intact skin exposures to bloodborne pathogens. Assume all blood and body fluids (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.

**A1.3.2. 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 personal protective equipment.

**THE FOLLOWING ENGINEERING CONTROLS WILL BE UTILIZED:  
CONTROLS**

(List controls, e.g., sharp containers, hand and eye washing stations, etc.)

**NOTE:** The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows (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 CONTROL
(Hand washes)	(Weekly/Inspected by SGT 11/or list responsible section)

**A1.3.3. 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:**

**PERMANENT STATION LOCATIONS PORTABLE STATION LOCATIONS**

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

**A1.3.3.1. PROCEDURES:**

**A1.3.3.1.1. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

A1.3.3.1.1.1. 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.

A1.3.3.1.1.2. Providing PPE: It is the responsibility of the individual organization to provide PPE for their employees at no cost to the employee. List here who in the organization will provide PPE 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.

List here who in the organization will provide PPE

A1.3.3.1.1.3. 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 as 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.

A1.3.3.1.1.4. 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.

A1.3.3.1.1.5. Coordinate with Medical Supply on types of PPE available for purchase.

**A1.4. PERSONAL PROTECTIVE EQUIPMENT IS STORED:**

PPE TYPE	STORAGE LOCATION
(List equipment type and storage location)	

A1.4.1. 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.

A1.4.2. Place all contaminated PPE in an appropriately designated area or container for storage prior to decontamination or disposal. Handle contaminated disposable PPE as follows:

A1.4.3. The buddy system should be used if more than one individual is involved.

A1.4.4. 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-hazard bag.

A1.4.5. Remove shoe covers and place in the biohazard-hazard bag.

A1.4.6. Remove the face shield/goggles and place in designated storage area identified for holding contaminated PPE prior to decontamination for re-use.

A1.4.7. Remove gloves by turning inside out and place in designated storage area identified for holding contaminated PPE prior to decontamination for re-use or place in biohazard bag for disposal.

**A1.5. 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.)	

A1.5.1. 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.

A1.5.2. Employees will wear gloves when it is reasonably anticipated that hands could make contact with blood, body fluids, other potentially infectious materials, non-intact skin, mucous membranes and when handling or touching contaminated items or surfaces.

**A1.6. GLOVES WILL BE MADE AVAILABLE AT THE FOLLOWING LOCATIONS:**

GLOVE DISPERSAL SITE	RESPONSIBLE PARTY
----------------------	-------------------

**NOTE:** State the location and person responsible for distribution of gloves.

A1.6.1. Wear heavy duty, industrial grade utility gloves when any activity such as handling trash, decontamination of instruments/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.

A1.6.2. 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.

A1.6.3. 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.

A1.6.4. 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

**A1.7. THE FOLLOWING SITUATIONS/PROCEDURES REQUIRE PROTECTIVE CLOTHING BE UTILIZED:**

SITUATION/PROCEDURE	PPE USED
(List situations/procedures to be used.) (e.g., Emergency first aid, lab procedures, dental procedures, etc)	(List PPE to be used.) (e.g., Gloves, lab coat, face shield, etc.)

A1.7.1. **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.

A1.7.1.1. Do not use hands to pick up sharp instruments, broken glass, needle/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.).

A1.7.1.2. 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 15th Medical Group (15 MDG), Building 559, for disposal. If the organization does not have a suitable biohazard container, contact the 15 MDG to pick one up. You must exercise extreme caution when disposing of needles and sharp instruments/objects.

A1.7.1.3. Place contaminated non-sharps, (e.g., contaminated gauze, towels, clothing, etc.) in a leak proof biohazard bag.

**A1.8. 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 and 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.

**A1.9. 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)	

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

**WORK AREA RESTRICTIONS:**

A1.9.1. Employees are not to eat, drink, apply cosmetics, 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.

A1.9.2. 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.

A1.9.3. Mouth pipetting/suctioning of blood, body fluids, or other potentially infectious materials is prohibited.

A1.9.4. Conduct all procedures in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood, body fluids, or other potentially infectious materials.

**A1.10. 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.)	

**A1.10.1. SPECIMENS:**

A1.10.1.1. 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 in accordance with the requirements of the OSHA standard. Biohazard (red) bags or red containers may be substituted for labels, see [Attachment 5](#) for example of a Biohazard label. (Organizations should note the standard provides a labeling/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).

A1.10.1.2. Place any specimen, which 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 15 MDG to pick one up.

**THE FOLLOWING CONTAINERS WILL BE USED FOR THE LISTED SPECIMENS:**

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

A1.10.1.3. 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.

**A1.11. CONTAMINATED EQUIPMENT AND SURFACES:**

A1.11.1. 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.

A1.11.2. Only trained personnel within the organization will decontaminate contaminated equipment and surfaces.

A1.11.3. Individuals who are responsible for decontaminating equipment and surfaces will wear appropriate PPE, including but not limited to: gloves, protective eyewear, and a smock.

A1.11.4. At a minimum, clean contaminated surfaces and equipment using the following procedures (see [Attachment 4](#) & [Attachment 6](#)):

A1.11.4.1. Absorb the contaminated material.

A1.11.4.2. Disinfect the contaminated area with household bleach.

A1.11.4.3. Absorb the disinfectant.

A1.11.4.4. Rinse the contaminated area with water.

A1.11.4.5. Place paper products used in the clean up operation in an appropriate Biohazard container and take to the 15 MDG for disposal.

**A1.12. 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., see <a href="#">Attachment 4</a> & <a href="#">Attachment 6</a> )

A1.12.1. If you cannot decontaminate the equipment or surfaces in this fashion, contact the Infection Control Officer/Public Health, 15 MDG for advice.

A1.12.2. Attach a readily observable Biohazard label to the portion of the equipment which remains contaminated.

A1.12.3. 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:**

<b>EQUIPMENT</b>
(List here any equipment that can not be decontaminated prior to servicing or shipping)

**A1.13. HOUSEKEEPING:**

A1.13.1. Supervisors or section heads are responsible for maintaining their work areas in a clean and sanitary condition.

A1.13.1.1. 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:**

<b>AREA TO BE CLEANED</b>	<b>SCHEDULE</b>
(List area and schedule)	

**ACCOMPLISH DECONTAMINATION BY UTILIZING THE FOLLOWING MATERIALS:**

<b>PERSONNEL DECONTAMINATING</b>	<b>TYPE OF SOLUTION</b>	<b>FACILITY</b>
(List the materials utilized, such as bleach solutions or EPA registered germicides)		

A1.13.1.2. 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 (see [Attachment 4](#)), 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)

A1.13.1.3. 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.

A1.13.1.4. 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	DATE OF
INSPECTED FREQUENCY LOCATION INSPECTOR DECONTAMINATION	
(List receptacle, frequency, location, dates, and by whom)	
(e.g., Trash can/Weekly/Public Health/ SSgt Smith/12 Jun 2003)	

**A1.14. REGULATED WASTE DISPOSAL:**

A1.14.1. 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)

A1.14.2. Place regulated waste other than sharps in appropriate containers.

SUCH CONTAINERS ARE LOCATED:

LOCATION OF CONTAINERS
(Specify locations of containers)

**A1.15. LAUNDRY PROCEDURES:**

A1.15.1. 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.

A1.15.2. 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:

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

A1.15.3. When contaminated laundry is shipped off site to a second facility which 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 in accordance with table 1, Occupational Exposure to Bloodborne Pathogens 3127, 1996, of the OSHA standard.

**A1.16. HEPATITIS B VACCINE:** At no cost to the employee the hepatitis B vaccine will be given to all appropriately designated individuals (e.g., clinic personnel, fire department personnel, security police,

OSI and other military members with potential occupational blood or body fluid exposure) who have been identified as having exposure to blood, body fluids, or other potentially infectious materials. All other civilian employees will be offered the vaccine at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood, body fluids, or other potentially infectious materials unless the employee has previously had the vaccine. Civilian employees who decline must sign the hepatitis B declination statement, [Attachment 2](#), which is placed in their medical record kept at the clinic.

**A1.17. 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 Primary Care Clinic for initial evaluation and treatment. Post exposure evaluation and follow up will be done in accordance with the OSHA occupational exposure to bloodborne pathogens standard, 29 CFR 1910.1030 and the 15 MDG Instruction 48-3, Employee Health and Exposure Control Programs.

**A1.18. INTERACTION WITH HEALTH CARE PROFESSIONALS:**

A1.18.1. The health care provider (e.g., attending physician, nurse practitioner, physician's assistant, etc.) will give a written opinion for employees whenever the employee is sent to a health care provider following an exposure incident.

A1.18.2. Health care providers shall be instructed to limit their opinions to:

A1.18.2.1. Whether the Hepatitis B vaccine or Hepatitis B immune globulin is indicated, if the employee has received the vaccine, or for evaluation following an incident.

A1.18.2.2. Information of the results of the evaluation.

A1.18.2.3. Telling the employee about any medical conditions resulting from exposure to blood, body fluids, or other potentially infectious materials. (Note the written opinion to the employer is not to reference any personal medical information).

**A1.19. TRAINING:**

A1.19.1. 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:

TRAINING FOR EMPLOYEES WILL INCLUDE THE FOLLOWING AND AN EXPLANATION OF:

A1.19.1.1. The OSHA standard for bloodborne pathogens.

A1.19.1.2. Epidemiology and symptomatology of bloodborne diseases, and tuberculosis, if required by occupation.

A1.19.1.3. Modes of transmission of bloodborne pathogens and tuberculosis, if potential for risk of exposure exists.

A1.19.1.4. 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.

A1.19.1.5. Procedures, which might cause exposure to blood, body fluids, or other potentially infectious materials.

A1.19.1.6. Control methods, which will be used to control exposure to blood, body fluids, or other potentially infectious materials.

A1.19.1.7. Personal protective equipment available.

A1.19.1.8. Post exposure evaluation and follow-up.

A1.19.1.9. Signs and labels used.

A1.19.1.10. Hepatitis B vaccine program.

A1.19.1.11. All employees will receive annual refresher training. (Note this training is to be conducted within one year of the employee's previous training).

TRAINING DATE	TYPE OF MATERIAL USED	WHO CONDUCTED
(EMPLOYERS SHOULD LIST HERE IF TRAINING WILL BE CONDUCTED USING VIDEO TAPES, WRITTEN MATERIAL, ETC. ALSO THE EMPLOYER IS TO INDICATE WHO IS RESPONSIBLE FOR CONDUCTING THE TRAINING).		

A1.19.1.12. All employees will receive annual refresher training. (Note this training is to be conducted within one year of the employee's previous training).

THE OUTLINE FOR THE TRAINING MATERIAL IS LOCATED:
(List where the training materials are located.)

**A1.20. RECORD KEEPING: ALL RECORDS REQUIRED BY THE OSHA STANDARD WILL BE MAINTAINED BY:**

(Insert name or department responsible for maintaining and securing records)
(All medical records, civilian and military will be maintained by the Records Section of the 15 MDG )
(Each organization is responsible for maintaining training records)
(All records and documents are subject to the Privacy Act of 1974)

**A1.21. DATES: ALL PROVISIONS REQUIRED BY THE STANDARD WILL BE IMPLEMENTED BY:**

(Insert date for implementation of the provisions of the OSHA standard)
---

Have Responsible Workcenter Official Sign APPROVED/DISAPPROVED (example 15th Medical Group Infection Control Committee approve/disapprove changes implemented at 15 MDG)
--

**Attachment 2****HEPATITIS B VACCINE DECLINATION STATEMENT**

I \_\_\_\_\_, understand that due to my occupational exposure to blood, body fluids, or other potentially infectious materials I may be at a higher risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood, body fluids, or other potentially infectious materials during my employment on/with Hickam Air Force Base and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature and date \_\_\_\_\_

**Attachment 3****BLOODBORNE PATHOGEN TRAINING**

UNIT:

PREPARED BY:

CERTIFIED BY:

- A3.1.** OSHA standard blood-borne pathogens 29 CFR 1910.1030. (Briefly outline standard)
- A3.2.** Epidemiology and symptomatology of bloodborne diseases. (Testing for exposure and symptoms of related diseases)
- A3.3.** Modes of transmission. (Needle sticks, sharps, punctures, splashes, direct contact, etc.)
- A3.4.** 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)
- A3.5.** Procedures that might cause exposure. (Rescue, surgery, dental procedures, CPR, etc.)
- A3.6.** Control methods. (PPE requirements, safe handling of material, and standard precautions)
- A3.7.** Personal Protective Equipment. (Types, wear, use, and basis for selection)
- A3.8.** Post exposure and follow-up. (Outline what is done)
- A3.9.** Signs and labels. (Meaning, where to order, and how to use)
- A3.10.** Hepatitis B vaccine. (Requirements, declination form, and request after initial decline)
- A3.11.** 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 units' needs. Furthermore, the 15th Medical Group, Infection Control Committee, must approve the OI.

#### Attachment 4

### DECONTAMINATION PROCEDURES FOR BLOOD, BODY FLUIDS, AND OTHER POTENTIALLY INFECTIOUS MATERIALS

**A4.1.** The following procedures are recommended for "site specific" clean-up of spill involving blood or body fluids. Five percent household bleach is used here, but any disinfectant used must be first approved by the Clinic Infection Control Committee. Also, outline in your unit's control program the procedures for clean-up using the disinfectant.

A4.1.1. 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, 2 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, etc. Also have the following available for large spills or spills that have the potential for splattering:

A4.1.1.1. Clothing: You must use cloth or disposable gowns/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 the disposable apron into the biohazard-hazard waste bag.

A4.1.1.2. Facial Protection: Wear facial protection if splattering of blood or body fluids is anticipated. A disposable mask offers protection for the nose and mouth. Plastic, wrap-around safety glasses offer adequate 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-hazard waste bag.

A4.1.1.3. Shoes: If the spill is large and/or there is a potential of contaminating the worker's shoes, wear water-proof shoe covers.

A4.1.1.4. 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 dustpan, 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-hazard waste bag.

**A4.2. ABSORB THE SPILL:** Absorb the bulk of spilled material prior to disinfection 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 (e.g., kitty litter). Blot (do not wipe) up the spill allowing the fluids to be absorbed by the towels, etc. After absorption of the liquid, discard all materials into a biohazard-hazard waste bag. 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.**

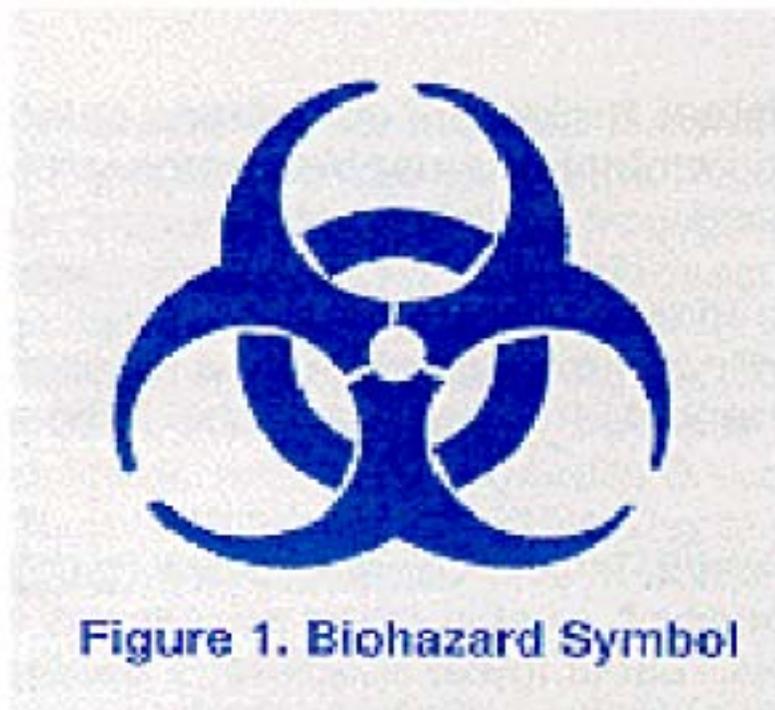
Absorb the disinfectant with paper towels and dispose of the paper towels in a biohazard-hazard waste bag. Alternatively, the spill site may be permitted to air dry. Rinse the spill site with water to remove a chemical residue. Dry the site to prevent slipping. Place all disposable materials used in the decontamination process into a biohazard-hazard waste bag. Dispose of the remaining disinfectant by pouring down the sanitary sewer. Decontaminate reusable materials, and equipment following above procedures. 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-hazard 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 5**

**SAMPLE OF BIOHAZARD LABEL**

**Figure A5.1. Sample of Biohazard Label**



**Attachment 6****BUILD-YOUR-OWN EMERGENCY BLOOD/BODY FLUID SPILL KIT CONTENTS LIST****A6.1. Suggested Components.**

1 Tyvek type (impervious) coverall w/hood and boots

Pair disposable nitrile gloves

1 Faceshield w/Head Strap

1 CPR microshield rescue breather

1 Disposable dust/mist respirator mask 2 Biohazard bags

1 Sheet of Biohazard labels 2 Household sponges

1 Zip closing bag containing paper towels or gauze

1 Small brown or opaque bottle containing  $\frac{3}{4}$  cup of household bleach (bottle must be tightly sealed and appropriately labeled)

1 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 procedures protocol)

Kit should not be reused.

Kit is non-sterile; please dispose of contaminated, noncleanable material properly. 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.