

**BY ORDER OF THE COMMANDER
341ST SPACE WING**

341ST SPACE WING INSTRUCTION 48-102

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Aerospace Medicine

***BLOODBORNE PATHOGEN EXPOSURE
CONTROL PLAN***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements **Air Force Policy Directive (AFPD) 48-1**, ***Aerospace Medical Program***, and **Air Force Instruction (AFI) 48-101**, ***Aerospace Medical Operations***. This instruction is consistent with Department of Labor Occupational Safety and Health Act (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030. It explains how to write an Exposure Control Plan. This instruction applies to any squadron, unit, or flight assigned or attached to Malmstrom AFB, having personnel who have a reasonable risk of incurring an occupational exposure to bloodborne pathogens in the performance of their daily duties. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974. The authorities to collect and or maintain the records prescribed in this publication are 10 United States Code (U.S.C.) 55, 10 U.S.C. 8013, and Executive Order (E.O.) 9397. Forms affected by the Privacy Act have an appropriate Privacy Act Statement. Systems of records notices Medical Record System, F044 AF SG F, and Military Personnel Records System, F036 AF PC C, apply. Records created as a result of prescribed processes in this publication are maintained in accordance with AFMAN37-123, *Management of Records*, and disposed of as indicated in the Records Disposition Schedule available in WebRIMS.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

This revision updates the designation units having personnel with a reasonable risk of exposure to blood-borne pathogens (paragraph **1.**). Deletes requirement for base personnel to report exposure incidents directly to Public Health (paragraph **1.3.**). Clarifies Hepatitis B vaccination determinations (paragraph **3.3.12.**), and post-exposure evaluation and follow-up (paragraph **4.**).

1. Responsibilities.

1.1. Units identified as having personnel who have a reasonable potential risk of exposure to blood-borne pathogens as determined by the MDG Occupational Health Working Group (OHWG) include, but are not limited to: 341 MDG, 341 CES (fire department), 341 SFS (law enforcement), 341 SVS (mortuary services), and AFOSI. Unit specific exposure control plans will include the identified information covered below under each main heading. These control plans shall be accessible to personnel.

1.2. Safety representatives for units identified in paragraph 1. will ensure unit specific exposure control plans are written, reviewed annually, and revised when necessary.

1.3. Supervisors will:

1.3.1. Ensure employees receive OSHA Blood-borne Pathogen training with section- or task-specific hazards and precautions prior to duties placing them at occupational risk of exposure.

1.3.2. Ensure employee compliance with appropriate personal protective equipment and procedures.

1.3.3. Ensure that appropriate personal protective equipment is readily accessible at the work site or is issued to employees.

1.4. Base personnel are responsible for complying with requirements and reporting exposure incidents to their supervisor.

2. Exposure Determination.

2.1. Identify job classifications in your unit in which personnel may be expected to have a reasonable risk of exposure to blood-borne pathogens in the performance of their job. This may be listed by Air Force Specialty Code (AFSC) and/or duty title.

2.2. Identify job classifications in which only some personnel have a risk of exposure and specify which jobs or personnel have that risk.

2.3. Identify specific tasks which have a risk of exposure which may be performed at some time in your unit which have not been covered by the above.

3. Implementation Schedule and Methodology:

3.1. Units identified above will make a statement about practicing Standard Precautions when performing tasks involving a risk of exposure to blood-borne pathogens; e.g., "Standard Precautions will be practiced in this unit in order to prevent contact with blood or other potentially infectious materials. All blood or body fluids from a person will be considered potentially infectious regardless of the perceived status of this person. Appropriate protective measures will be used EVERY time there is a risk of contact with someone's blood or body fluids. Body fluids include saliva, semen, vaginal fluids, human milk, serum, tissue with fluid, etc.

3.2. A review of the effectiveness of Standard Precautions will be performed by a designated person or persons semiannually.

3.3. Engineering and work practice controls will be utilized to eliminate or minimize exposure of personnel. Where occupational exposure remains after institution of these controls, personal protective

equipment will also be utilized. A review of these controls will be made during each exposure incident evaluation and follow-up. A periodic review of the availability and feasibility of more advanced engineering controls will be conducted by a specified person or group of people semiannually.

3.3.1. List the engineering controls in your unit: such as hand washing facilities and where they are located; sharps containers for disposing of needles and other sharp implements; waterless anti-septic hand cleanser to be used if sinks and running water are not readily available.

3.3.2. Personal protective equipment (PPE) will be used to protect personnel when there is anticipated exposure to blood and body fluids. The equipment used in your unit will be specified and can include any or all of the following: latex or vinyl disposable gloves, plastic eye goggles with protective side guards, plastic face shields, face masks, and fluid resistant or fluid impermeable cover gowns or overalls. It is the unit's responsibility to provide the PPE that will protect the part of the person's body perceived to be at risk of exposure to blood and body fluids.

3.3.2.1. After removal of PPE, personnel will wash their hands and any other potentially contaminated skin areas immediately or as soon as feasible with soap and water.

3.3.2.2. If personnel incur exposure to their skin or mucous membranes, those areas will be washed or flushed with water as appropriate as soon as feasible following contact.

3.3.3. Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. They will be discarded immediately into a puncture resistant, leak proof sharps container. This container will be color-coded red or labeled as a Biohazard. Do not overfill the container. When the container is 3/4 full, the cover will be sealed so that nothing can fall out and the container will be disposed of in accordance with hazardous waste guidelines.

3.3.4. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or body fluids.

3.3.5. Hand washing of contaminated equipment will be done underwater to minimize splashing.

3.3.6. Pouring of any blood or body fluids will be done slowly and carefully to avoid splashing.

3.3.7. Equipment that has become contaminated with blood or body fluids will be examined prior to servicing or shipping and will be decontaminated as necessary, unless decontamination of the equipment is not feasible. For that portion of the equipment which cannot be decontaminated, a readily visible label will be attached to the equipment stating which portions remain contaminated. This information will be conveyed to all affected personnel, the servicing representative, and the manufacturer prior to handling, servicing, or shipping so appropriate precautions can be taken.

3.3.8. All PPE needed in a unit will be available in that unit. PPE will be chosen based on the anticipated exposure to blood or body fluids. The PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the person's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the PPE will be used. An attachment to the unit's exposure control plan should be added that lists types of tasks with potential exposure and the recommended PPE for each task or group of tasks. All garments penetrated by blood or body fluids will be removed as soon as possible. All PPE will be removed prior to leaving the work area. PPE will be placed in an appropriately designated area or container for storage, washing decontamination or disposal.

3.3.8.1. Gloves shall be worn where it is reasonable to anticipate that personnel will have hand

contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves need to be readily available.

3.3.8.2. Disposable gloves will not be washed or decontaminated for re-use and will be replaced as soon as practical when they become torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves (i.e., thick dishwashing gloves) may be washed and decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

3.3.8.3. Masks in combination with eye protection or face shields are required to be worn whenever splashed, sprayed, splattered, or droplets of blood or body fluids may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

3.3.8.4. Protective clothing will be worn if contamination is anticipated to encompass more than the face and hands.

3.3.8.5. Exemptions from the use of PPE are allowed in situations where the use of these items would prevent the effective performance of the job. The safety representative will ensure a unit evaluation protocol will be set up to evaluate those situations where no PPE was used for appropriateness of decision and personnel safety.

3.3.9. Unit specific exposure control plans will include a written schedule for cleaning work areas and items contaminated with blood or other potentially infectious materials. Identifying the method of decontamination to be used. A disinfectant will be available to spot clean any surface that may become contaminated by blood or body fluids. This disinfectant must be Environmental Protection Agency (EPA) approved and able to kill Human Immunodeficiency Virus (HIV) and Hepatitis B viruses. An example of an inexpensive approved solution is 10 percent bleach and water.

3.3.10. Clothes that have become contaminated by blood or body fluids will be handled as little as possible and segregated from other laundry. Contaminated laundry will be placed and transported in leak proof bags or containers, and labeled or color-coded as biohazards. Personnel who have contact with contaminated laundry will wear gloves and other appropriate PPE. If arrangements cannot be made for a medical laundry to handle these clothes, they will be washed alone in a hot water cycle.

3.3.11. Biohazardous waste shall be placed in closable, leak proof containers and labeled as

Biohazardous Waste. If outside contamination of the regulated waste container occurs, it will be placed in a second container which is closable, leak proof, and labeled. Warning labels are affixed to containers of waste with blood or body fluids in them. These labels will be easily visible and identify this waste as Biohazardous Waste. Any containers used to store, transport, or ship this waste will also be labeled. Red bags or red containers may be substituted for labels. This waste will be disposed of in accordance with local, state, and federal guidelines. Any room in which this waste is stored before transport must have the same warning label on the outside door.

3.3.11.1. Disposal: The base medical clinic has an established contract with an approved EPA biohazardous waste handler. Base biohazardous waste may be delivered to the clinic after contacting the clinic's Facility Manager (phone extension, 3301) or the clinic's Logistics Office (phone extension, 4360) for instructions.

3.3.11.2. Biohazardous waste is defined as blood/blood components or other potentially infectious materials (OPIM). Semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluids, pericardial fluid, peritoneal fluid, amniotic fluid, any body fluid that is visually contaminated with blood, or any unfixed human tissue /organ are classified as OPIM. Items contaminated with blood or OPIM must be saturated and dripping with fluids to be considered biohazardous waste. For example, a Band-Aid with a small amount of blood is not biohazardous.

3.3.12. Hepatitis B Vaccine series is required within 10 working days of assignment for all active duty personnel whose work involves exposure to, or the potential for exposure to blood or potentially infectious body fluids as determined by the 341 MDG OHWG. Civilian employees will be offered the Hepatitis B vaccination series after receiving training as required in paragraph 5. and within 10 working days of assignment. Civilians working in areas where exposure to blood or other body fluids is likely are highly encouraged to have the vaccine series. Any civilian employee who refuses the vaccine must sign a waiver, which will be placed in his or her medical records. If a civilian initially declines the vaccination, he or she may accept it at a later date. All vaccinations are given in the immunization clinic. In certain situations or occupations, civilian employees may not have the option to decline the Hepatitis B vaccination.

4. Post-Exposure Evaluation and Follow-Up:

4.1. After an exposure incident, the individual will:

4.1.1. Immediately flush or wash the exposed area.

4.1.2. Report incident to his or her supervisor.

4.1.2.1. Supervisor will complete AF IMT 457, **USAF Hazard Report**.

4.1.3. Promptly go to the base medical clinic for assessment by their Primary Care Manager (PCM).

4.1.4. If an exposure occurs after clinic duty hours, the person will immediately go to the downtown civilian hospital emergency room for assessment and treatment, and to their PCM on the next duty day. This must be done immediately since treatment, if indicated, will be initiated according to the current recommendation of the Center for Disease Control and Prevention.

4.2. PCM will coordinate with the HIV Physician Consultant for treatment and appropriate test to conduct. The HIV consulting physician will determine treatment, follow-up and counsel exposed individuals. The physician will evaluate and provide written opinion (in medical records) to the exposed individual within 15 days of receiving the initial laboratory test results on both the source and exposed.

5. Training:

5.1. All incoming personnel at risk for exposure will receive OSHA Blood-borne Pathogen training at the time of initial assignment to task where occupational exposure may take place. Training will include:

5.1.1. An explanation of the OSHA Standard for Blood-borne Pathogens.

5.1.2. The epidemiology and symptomatology of blood-borne diseases.

- 5.1.3. Modes of transmission of blood-borne pathogens.
- 5.1.4. The unit Exposure Control Plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented).
- 5.1.5. Procedures which might cause exposure to blood or other potentially infectious materials in the unit.
- 5.1.6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and Personal Protective Equipment.
- 5.1.7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE including an explanation of the basis for selection.
- 5.1.8. Post-exposure evaluation and follow-up.
- 5.1.9. Types of Biohazard signs and labels used in the unit.
- 5.1.10. The Hepatitis B vaccination program.
- 5.1.11. An explanation of the procedures to follow and persons to contact in an emergency involving blood or other potentially infectious material, including an exposure incident, the methods for reporting the incident, and the medical follow-up that will be made available. The training should include an opportunity for interactive questions and answers with person conducting the training. The person conducting the training will be knowledgeable in the subject matter as it relates to the unit.

5.2. The lesson plan and records of attendance are kept by the unit trainer. These records are kept for 3 years. Annotate training on the AF IMT 55, **Employee Safety and Health Record**.

5.3. Annual refresher training will be conducted by the unit trainer with a record of attendance.

6. Recordkeeping.

6.1. All documentation concerning personnel with an occupational exposure incident will be kept in accordance with OSHA guidelines. Records will be confidential and will be maintained for the duration of the individual's employment plus 30 years.

7. IMTs Adopted. This instruction adopts AF IMT 55, **Employee Safety and Health Record**, and AF IMT 457, **USAF Hazard Report**.

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