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Medical

**EXPOSURES TO BLOOD, BODY FLUIDS AND
OTHER POTENTIALLY INFECTIOUS
MATERIALS (PIM)**

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 Andersen 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 Andersen 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.

This publication requires the collection and or maintenance of information protected by the Privacy Act (PA) of 1974. The authorities to collect and or maintain the records prescribed in this publication are 10 U.S.C. 55, *Medical and Dental Care*; 10 U.S.C. 8013, *Secretary of the Air Force*; powers and duties; delegation by, and Executive Order 9397. Forms affected by the PA have an appropriate PA statement. Systems of records notice 62 FR 31793, *Reporting of Medical Conditions of Public Health and Military Significance*, applies.

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1. Definitions:

- 1.1. Employee: All personnel working in any capacity for the United States Government at Andersen AFB, Guam (i.e. military, hired civilians, civilian/military volunteers, housekeeping personnel, and students).
- 1.2. 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.
- 1.3. HBV: Hepatitis B Virus.
- 1.4. HIV: Human Immunodeficiency Virus.
- 1.5. HCV: Hepatitis C Virus.
- 1.6. 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) HBV, HCV, and HIV.
- 1.7. Potentially Infectious Materials (PIMs):
 - 1.7.1. PIMs include:
 - 1.7.1.1. All body fluids.
 - 1.7.1.2. Any unfixed tissues or organs (other than intact skin) from a human (living or dead)
 - 1.7.1.3. 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.
- 1.8. 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.
- 1.9. 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.
- 1.10. Contaminated: Refers to the presence or the reasonably anticipated presence of blood or other PIMs on an item or surface.
- 1.11. 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.
- 1.12. Source Individual: Any individual (living or dead) whose blood or other PIMs may be a source of occupational exposure to the employee.
- 1.13. Exposed Individual: Any individual who comes in contact with blood or other PIMs.
- 1.14. 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.
- 1.15. Parenteral: Piercing mucous membranes or the skin barrier through such events as needlesticks, punctures, human bites, cuts, and abrasions.

Office of Special Investigations	Crime scene investigations
Housekeepers	Transporting laundry/trash
Clinic Employees/volunteers (not in category I)	Potential contact with infectious patients/equipment
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
DoDEA Nurses	Potential contact with injured/infectious students/or PIM
Child Care Center Employees	Potential contact with injured/infectious child/other PIM
Family Home Day Care Providers	Potential contact with injured/infectious child/other PIM
Lifeguards	Potential contact with injured/infectious person/other PIM

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 (i.e. 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 CPR until professional help arrives.

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

3. Responsibilities:

3.1. As the "employer," the 36th Air Base Wing Commander is responsible for all facets of the Andersen AFB Bloodborne Pathogen Exposure Control Program. The commander is responsible for execution of the Exposure Control Program designed to eliminate or minimize employee exposure to blood, body fluids, or other PIM. This program must:

3.1.1. Identify duties that conceivably pose a risk of occupational exposure to blood, body fluids, or other PIM.

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

3.1.3. Ensure 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 identify the OSHA exposure risk category (36 ABWI44-108 paragraph 3.1.) that their personnel fall under, and ensure all personnel at risk for occupational exposure to blood, body fluids, or other PIMs are adequately protected. They must also insure that they receive initial orientation and annual BBP training, and comply with established guidelines and requirements defined in this program and 29 CFR 1910.1030.

3.2.1. 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 (**Attachment 1**). The OPR will also monitor compliance with engineering and work practice controls, personal protective equipment/attire (PPE/PPA), housekeeping, elements of hazardous communication and training documentation, as stipulated by this program. An electronic copy is available from the 36 MDG Infection Control Office.

3.2.2. 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**. **NOTE:** For contracted services, the contractor, not the Air Force, 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 OSHA 29 CFR 1910.1030 and 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.

3.3. The 36th Medical Group (36 MDG) will provide:

3.3.1. Medical oversight for eligible workers exposed to blood, body fluids, or other PIMs in the course of their duties. Medical oversight for potentially exposed workers includes:

3.3.1.1. Immunizations (with documentation) to protect authorized workers against blood-borne pathogens.

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

3.3.1.3. Written level of risk (high, medium, low) opinions for employees exposed to blood, body fluids, or other PIMs.

3.3.2. Medical education to authorized workers exposed to PIMs in the routine course of their duties.

NOTE: All training for self-aid and buddy care as well as Cardiopulmonary Resuscitation (CPR) will include basic information concerning bloodborne and other potentially infectious pathogens, their transmission, and method of exposure control.

3.3.3. Review and approval will be accomplished through the Infection Control Function of Unit Exposure Control Programs and educational programs developed for workers potentially exposed to blood, body fluids, or other PIMs in the course of their duties. **NOTE:** **Attachment 1** includes

a suggested BBP Education and Training Program template for organization commanders to designate their BBP program OPR to utilize. An electronic copy is available from Public Health (PH).

3.3.4. Provide guidance (when requested by organizations) on the disposal of medical waste, waste contaminated with blood and body fluids, and biohazard bags used for gathering and transporting said waste.

3.3.5. Technical advice and **supervisory assistance** on:

3.3.5.1. The types of PPE/PPA needed to protect workers from exposure to blood, body fluids, or other PIMs.

3.3.5.2. Training of workers exposed to blood, body fluids, or other PIMs in the course of their duties.

3.3.5.3. Decontamination of surfaces contaminated with blood, body fluids, or other PIMs refer to [Attachment 2](#) & [Attachment 3](#).

3.3.6. A medical consultant who will evaluate exposure incidents as needed.

3.4. All organizations with workers in Category I and II job classifications and any with workers exposed to blood, body fluids, or other PIMs will:

3.4.1. Develop an Exposure Control Program for their workers using the template at [Attachment 1](#). The completed program must be sent to Public Health (PH) for an initial review, then forwarded to the 36 MDG Infection Control Function (ICF) for approval.

3.4.2. 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.

3.4.3. Ensure workers with reasonably anticipated occupational exposures to blood, body fluids, or other PIMs in the course of their duties, in-process through PH prior to starting duties in which potential for exposure is anticipated.

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

3.4.5. Develop, schedule, provide training materials, and document training of workers on the medical aspects of exposure to blood, body fluids, or other PIMs, organizational procedures, and the storage and use of PPE/PPA.

3.4.6. Purchase, properly store, and ensure the use of PPE/PPA needed to protect workers from exposure to blood, body fluids, or other PIMs. There must be enough PPE/PPA on hand to protect all workers involved in procedures with potential exposures. Additionally, PPE/PPA must be available in sizes, which appropriately fit all workers potentially exposed.

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

3.4.8. Repair/replace PPE/PPA as needed to maintain its effectiveness, at no cost to the employee.

3.4.9. In the event a blood or body fluid exposure takes place, follow procedures outlined below:

3.4.9.1. Ensure worker washes exposed area thoroughly with soap and water for 20 minutes. 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. Have the source patient report with the exposed worker, if possible. Immediately notify supervisor on duty and report to their 36 MDG Primary Care Provider (PCO), or call PH for information and action. If the incident occurs after normal duty hours, report to Naval Hospital ER.

3.4.9.2. Refer an exposed individual and, if possible, the source of exposure to the 36 MDG for evaluation, appropriate treatment, and follow-up within 2 hours, or sooner if possible. Supervisor must complete BBP Exposure report forms IAW [Attachment 5](#) and forward to PH.

3.4.9.3. Appropriately decontaminate surfaces soiled with blood, body fluids, or other PIMs, as soon as feasible using personnel trained on bloodborne pathogens to limit exposure of others (refer to [Attachment 2](#) & [Attachment 3](#)).

4. Procedures:

4.1. Supervisors of Category I personnel and all medical, fire fighting, security police, and OSI personnel will ensure their new workers in-process through PH prior to starting duties involving reasonably anticipated occupational exposure to blood, body fluids, or other PIMs.

4.1.1. All Category I individuals and fire department, security police, OSI and other military members with potential for occupational blood or body fluid exposure, will report to PH 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. 36 MDG Immunizations Clinic personnel will document each vaccine of employees/volunteers who have received the Hepatitis B series in the employee's medical record. Civilians declining this vaccine must sign a declination statement, ([Attachment 4](#)). 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 PIMs and annual training as required by 29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens*, (see [Attachment 1](#) for training requirements).

4.3. Upon request, the 36 MDG Infection Control Officer (ICO) or Infection Control NCOIC, or PH will assist supervisors in training on Bloodborne Pathogens 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, as Initial Bloodborne Pathogen Training (IBBPT may be used to indicate training).

4.3.2. Supervisors will ensure annual training is documented on the employee's AF Form 55, as Annual Bloodborne Pathogen Training (ABBPT abbreviation may be used to indicate training).

4.4. Personal Protective Equipment/Attire (PPE/PPA):

4.4.1. Supervisors will ensure adequate PPE/PPA (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 PIMs.

4.4.2. Enforce the wearing of PPE/PPA during procedures in which there is a potential for occupational exposure to blood, body fluids, or other PIMs. Noncompliance of workers to adhere to policies and directives of this program must be immediately addressed through appropriate admin-

istrative 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 if PPE is breached during the incident, the supervisor will complete a narrative summary. This summary must 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. Once this is completed the supervisor must forward copies to Ground Safety Division (36 ABW/SEG) and PH (36 AMDS/SGOAH) for their information and action.

4.5. If a worker is actually EXPOSED to blood, body fluids, or other PIMs in the course of their duties, the wound or exposed area must be cleaned immediately. The supervisor will then send the exposed worker and, if possible, the source-individual directly to the 36 MDG (Or the Navy Hospital ER if the incidence occurs after normal duty hours) for appropriate evaluation, treatment, and follow-up. An actual exposure includes a needle puncture wound, getting cut with a contaminated object such as glass, having blood splashed on the skin or mucous membranes of the eyes, nose or mouth.

4.5.1. The Health Care Provider (HCP) will:

4.5.1.1. Immediately notify PH and Infection Control of the incident and provide them with a copy of their written opinion on the individuals risks etc.

4.5.1.2. 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.

4.5.1.3. If indicated, ensure appropriate testing of the source as well as testing, treatment, and follow-up care for the exposed worker is accomplished.

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

4.5.1.5. Provide a written opinion as soon as possible, but NLT 15 days after the incident, on the individual's exposure/risk and recommended follow-up care. Ensure the written opinion is placed in the individual's medical record. The HCP will ensure appropriate follow-up is accomplished IAW current guidelines.

4.5.2. The organization where the exposure incident occurred will ensure that areas, equipment, clothing, and materials contaminated by blood, body fluids, or other PIMs are appropriately decontaminated. This may be done by properly trained unit employees or by certified contractors. Consultation with the ICO or PH office on spills that may be beyond the scope of the unit to take care of internally is appropriate (see [Attachment 2](#)).

4.5.3. Unit decontamination teams (see [Attachment 2](#)):

4.5.3.1. Decontaminate and dispose of any blood, body fluids, or other PIMs using appropriately trained personnel and the procedures outlined in [Attachment 2](#). If it is determined that use of bleach is not feasible due to its caustic nature (i.e. 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 to be disposed of in a biological hazard bag. Appropriately trained personnel wearing the proper PPE/PPA will accomplish this task (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 PIMs is expected, individuals must wear a mask and goggles/or face shield. Contact the MDG Infection Control Officer prior to transporting biohazard bags to the 36 MDG. Personnel from the originating organization will dispose of the biohazard bags in the medical waste disposal system. If the waste contains sharp items, such as broken glass, needles, or knives, these must be placed in a puncture resistant container and sealed prior to being placed 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 6**) and double bagged.

5. Contracted Operations: The Administrative Contracting Officer (ACO), with assistance from the ICO, 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 is the responsibility of the contractor.

6. Record Keeping:

6.1. The supervisor will:

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

6.1.2. Provide training rosters to their Unit Training Monitor on an annual basis.

6.2. The 36 MDG Records Section will:

6.2.1. Maintain all civilian (this does not include local nationals) and military medical records to include other documentation pertaining to the medical records.

6.2.2. Maintain the following in each individual's medical record that is identified as having a reasonably anticipated occupational exposure to bloodborne pathogens in the course of his/her duties on Andersen AFB.

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

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

6.2.2.3. Medical provider's written opinion if exposure has occurred during employment.

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

7. Form Prescribed: 36 MDG Overprint, **Blood and Body Fluid Exposure/Incident Report.**

BERNARD H. FULLENCAMP, Colonel, USAF
Commander, 36th Air Base Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens; Final Rule*, November, 1999, Occupational Safety and Health Administration (OSHA)

AFI 44-108, *Infection Control Program*

AFI 48-105, *Control of Communicable Diseases*

Public Health Service Guidelines for the Management of Health-Care Worker Exposures to HIV and Recommendations for Postexposure 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

Attachment 2

ANDERSEN AFB BLOOD BORNE PATHOGEN EXPOSURE CONTROL SAMPLE PROGRAM

(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.)

(SAMPLE PROGRAM WITH DETAILED EXPLANATIONS)

UNIT: _____

PREPARATION DATE: _____

CERTIFYING OFFICIAL: _____

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

A2.1. Exposure Determination: OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood, body fluids or other PIMs. 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 exposed, regardless of frequency.

A2.2. Job Classifications: List job classifications where ALL employees have been determined to have a reasonably anticipated occupational exposure to bloodborne pathogens. In addition, if the organization has job classifications in which SOME employees may have occupational exposure, a listing of those classifications is required.

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

Since not all the employees in these categories would be expected to incur exposure to blood, body fluids, or other PIMs, a listing of tasks or procedures is required to clearly understand which employees are considered to have occupational exposure.

A2.2.1. Potential Occupational Exposure to Bloodborne Pathogens: 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
<i>(List Title/Job Series or AFSC)</i>	<i>(List Task/Procedure such as emergency rescue/first aid procedures)</i>

Requirements for the HEPATITIS B VACCINE: The hepatitis B vaccine will be given to all appropriately designated individuals at no cost to the employee. Personnel include: Section personnel, fire department personnel, security forces, 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 PIMs. All other civilian employees (to include contract 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 PIMs unless the employee has previously had the vaccine. Civilian employees who decline must sign the hepatitis B declination statement, which is placed in their medical record.

A2.2.2. 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.

A2.2.3. 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 non-intact skin exposures to blood-borne 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 PIMs infectious regardless of the perceived status of the source individual.

A2.2.4. 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:	
Work Practice	Controls
	<i>(List controls, i.e. sharp containers, hand washes, eyewashes, etc.)</i>

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 FREQUENCY FOR BBP CONTROLS	
CONTROL	INSPECTION CONTROL
<i>(Hand washes)</i>	<i>(Weekly/Inspected by NCOIC/or list responsible section)</i>

A2.2.5. Hand Washing Facilities: Employees who incur exposure to blood, body fluids or other infectious materials will wash for 20 minutes 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 for 20 minutes 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
<i>(List locations, i.e. patient rooms, procedure area)</i>	<i>(Vehicles, specific areas in hangars, etc.)</i>

A2.2.6. Personal protective equipment/attire (PPE/PPA)

A2.2.6.1. PPE/PPA Usage: All employees will use PPE/PPA to minimize or eliminate exposure risks. Consider equipment appropriate only if it does not permit blood, body fluids, or other PIMs 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.

A2.2.6.2. Providing PPE/PPA: 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) 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/PPA based on the anticipated exposure to blood, body fluids, or other PIMs. Make hypoallergenic gloves, powderless gloves, or other similar alternatives available for those employees who are allergic to the gloves normally used.

A2.2.6.2.1. 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 PIMs is NOT allowed. When the employee fails to use proper PPE, the supervisor will document the incident to determine whether changes need to be instituted to prevent further incidents where PPE is not worn. A copy of this report will be forwarded to Ground Safety.

A2.2.6.2.1.1. Accessibility of PPE: The supervisor or section head will ensure availability and distribution of PPE in the work place.

A2.2.6.2.1.2. Coordinate with Medical Supply on types of PPE available for purchase.

A2.3. Monitor Storage of Personal Protective Equipment:

Storage of Personal Protective Equipment	
PPE TYPE	STORAGE LOCATION
<i>(List equipment type)</i>	<i>(storage locations - Lockers, room # etc)</i>

A2.3.1. Remove all PPE penetrated by blood, body fluids, or other PIMs 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, (i.e. gown, apron, lab coat, etc.) fold garment in on itself as the garment is being removed and place in the biohazard-hazard bag.

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

A2.3.2.4. Remove the face shield/goggles and place in designated storage area identified for holding contaminated PPE prior to decontamination for re-use.

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 re-use or place in biohazard-hazard bag for disposal. Disposable gloves will not be reused.

A2.4. The Following Protocol Has Been Developed to Facilitate Leaving the Equipment at the Work Area:

Location of PPE in the Worksite	
PLACE/ROOM	CONTAINER/DISPOSAL SITE
<i>(List where employees are expected to place the PPE upon leaving the work area, and other protocols, etc.)</i>	

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 PIMs, non-intact skin, mucous membranes and when handling or touching contaminated items or surfaces.

A2.4.3. Gloves Will Be Made Available at the Following Locations:

Location of Gloves in the Worksite	
GLOVE DISPERSAL SITE	RESPONSIBLE PARTY
<i>(State location and person responsible for distribution of gloves)</i>	

A2.4.4. 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.

A2.4.5. 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.

A2.4.6. 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 PIMs may be generated and if you anticipate eye, mouth, or nose contamination.

A2.4.7. The OSHA standard also requires the use of appropriate protective clothing, such as lab coats, gowns, aprons, section jackets, or similar outer garments. The type and characteristics will depend upon the task and degree of exposure anticipated.

A2.5. The Following Situations/Procedures Require Protective Clothing Be Utilized :

SITUATION/PROCEDURE

PPE USED

(List situation/procedure and PPE to be used)

(i.e., Emergency first aid, lab procedures, etc.)

(i.e., 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.

A2.5.2. 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 PIMs. Pick the object up using other methods not requiring an individual to come in direct contact with the contaminated object, (i.e. tongs, forceps, a broom and dust pan, cardboard, etc.).

A2.5.3. 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 taken to the 36 MDG for disposal. You must exercise extreme caution when disposing of needles and sharp instruments or objects.

A2.5.4. Place contaminated non-sharps, (i.e. contaminated gauze, towels, clothing, etc.) in a leak proof biohazard bag.

A2.5.5. 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.

A2.6. Sharp containers must be inspected every 90 days and replaced within one year of initial use, even if not full.

A2.7. Place contaminated sharps immediately, or as soon as possible, into appropriate sharps containers. The sharp containers must be puncture resistant, labeled with biohazard label, and leak proof.

LOCATION OF SHARPS CONTAINERS

RESPONSIBLE PARTY

INSPECTION FREQUENCY
(Every 90 days)

A2.8. The Following Methods Will Be Used to Accomplish Work Area Restrictions:**PROCEDURE****CONTROL METHOD USED**

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

A2.8.1. 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 PIMs are present.

A2.8.2. Do not keep food and beverages in refrigerators, freezers, shelves, cabinets, on counter tops or bench tops where blood, body fluids, or other PIMs are present: Refrigerators must be labeled for type of use.

A2.8.3. Mouth pipetting/suctioning of blood, body fluids, or other PIMs is prohibited.

Conduct all procedures in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood, body fluids, or other PIMs.

A2.9. Contaminated Equipment and Surfaces:**PROCEDURE****METHOD OF CONTROL**

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

A2.10. 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 Family Practice Clinic for initial evaluation and treatment within 2 hours. 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 36 MDG Instruction 48-106, *Employee Health Program*.

A2.11. 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:

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

A2.11.1. **The OSHA standard for bloodborne pathogens.**

A2.11.2. Epidemiology and symptomatology of bloodborne diseases, and tuberculosis, if required by occupation.

A2.11.3. Modes of transmission of bloodborne pathogens and tuberculosis, if potential for risk of exposure exist.

A2.11.4. This exposure control program will cover all major aspects (i.e. 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.

- A2.11.5. Procedures which might cause exposure to blood, body fluids, or other PIMs.
- A2.11.6. Personal protective equipment available.
- A2.11.7. Post exposure evaluation and follow-up.
- A2.11.8. Signs and labels used.
- A2.11.9. Hepatitis B Vaccine program.
- A2.11.10. All employees will receive annual refresher training. (Note this training is to be conducted within one year of the employee's previous training.)

(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.)

THE OUTLINE FOR THE TRAINING MATERIAL IS LOCATED:

(List where the training materials are located.)

A2.12. 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):

- A2.12.1. Documenting all training on AF Form 55, **Employee Health and Training.**
- A2.12.2. Providing the Unit Training Monitor copies of training plans and attendance rosters yearly.
(Insert name or department responsible for maintaining and securing records)
(All medical records, civilian and military, will be maintained by the 36 MDG Records Section) (Each organization is responsible for maintaining training records)

A2.13. Dates: ALL PROVISIONS REQUIRED BY THE STANDARD WILL BE IMPLEMENTED BY: (Insert date for implementation of the provisions of the OSHA standard.)

Signature

NCOIC/OIC

APPROVED/DISAPPROVED

36th Medical Group Infection Control Function

Attachment 3

DECONTAMINATION PROCEDURES FOR BLOOD, BODY FLUIDS, OR OTHER POTENTIALLY INFECTIOUS MATERIALS

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 any disinfectant used must be first approved by the 36 MDG Infection Control Function. 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 $\frac{3}{4}$ cup of household bleach in a dark brown or opaque bottle (sunlight will break down bleach). Put the bleach, $\frac{3}{4}$ gallon of water (don’t mix the two until you clean up a spill), a pair of heavyweight, puncture resistant utility gloves (such as those used for house cleaning), two household sponges, and paper towels or gauze in a plastic container or a box. Label the kit, and attach a hazardous material sticker to the container. Place the kit 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:

A3.1.2. Clothing. You must use impermeable clothing, 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 the disposable apron into the biohazard waste bag.

A3.1.3. 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 for eyes; 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.

A3.1.4. Shoes. If the spill is large and/or there is a potential of contaminating the worker’s shoes, wear waterproof shoe covers.

A3.1.5. Sharps: 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 the biohazard waste bag.

A3.2. Absorb the Spill: Absorb the bulk of spilled material with disposable absorbent material (paper towels, gauze pads, or if a small spill, sponge) prior to disinfecting. If the spill is large, granular absorbent material like the 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 waste bag. Mix the $\frac{3}{4}$ -cup of bleach with the $\frac{3}{4}$ -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 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.

A3.3. Dispose of PIMs:

A3.3.1. Specimens of blood or other PIMs shall be double-bagged to prevent leakage during collection, handling, processing, storage, transport, or shipping.

A3.3.2. The container for storage, transport, or shipping shall be closed prior to being stored, transported, or shipped and labeled with the following text.

BIOHAZARD TURN IN TAG

ORGANIZATION/WORKPLACE: _____

DATE: _____ **TURNED IN BY:** _____

CONTENTS: _____

A3.3.3. If the contaminated material could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

A3.3.4. The PIMs container shall be transported in a secure manner outside the passenger area of the transport vehicle (i.e. the closed trunk of the vehicle). Vehicles or equipment which may become contaminated with blood or other PIMs shall be examined prior and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

A3.3.5. The employer shall ensure that this information is conveyed to all affected employees, as appropriate, prior to handling, servicing, or shipping PIMs so that appropriate precautions will be taken.

A3.4. Decontaminate reusable materials, and equipment following above procedures.

A3.5. If clothing becomes contaminated with blood or body fluids, it should be removed as soon as possible and placed in a biohazard bag, then disposed of or cleaned by a laundry capable of handling blood contaminated clothing.. The exposed skin area should be washed with soap and water.

A3.6. Dispose of the remaining disinfectant by pouring down the sanitary sewer.

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**BUILD-YOUR-OWN EMERGENCY BLOOD OR BODY FLUID SPILL KIT CONTENTS LIST****A4.1. Suggested Components:**

- A4.1.1. 1 Tyvek type (impervious) coverall w/hood and boots
- A4.1.2. 3 Pair of disposable latex gloves
- A4.1.3. 1 Face shield w/head strap
- A4.1.4. 1 Laerdal pocket mask
- A4.1.5. 1 Disposable dust/mist respirator mask
- A4.1.6. 2 Biohazard bags
- A4.1.7. 1 Sheet of biohazard labels (available from the 36 MDG Infection Control Officer)
- A4.1.8. 1 Small brown or opaque bottle containing $\frac{3}{4}$ -cup of household bleach (bottle must be tightly sealed and appropriately labeled).
- A4.1.9. 2 Household sponges
- A4.1.10. 1 Zip closing bag containing paper towels or gauze
- A4.1.11. 1 Pair of disposable (plastic) tongs or other rigid tool to use for picking up contaminated sharps (This tool is explained in greater detail in decontamination procedures protocol)

A4.2. Kit should not be reused.

A4.3. Kit is non-sterile.

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

A4.5. Place 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.

Attachment 5**SAMPLE OF HEPATITIS B VACCINE DECLINATIONS STATEMENT**

I _____, understand that due to my occupational exposure to blood, body fluids, or other potentially 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 infections materials during my employment on/with Andersen Air Base and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge.

Signature and date _____

Attachment 6

SAMPLE OF BIOHAZARD LABEL

