

**18 JANUARY 2002**



***Aerospace Medicine***

***CONTROLLING OCCUPATIONAL EXPOSURE  
TO BLOOD AND OTHER POTENTIALLY  
INFECTIOUS MATERIALS***

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements AFPD 48-1, *Aerospace Medical Program*. It applies to all organizations at Yokota Air Base (AB), including United States Air Force Reserve and Air National Guard units, whose personnel have occupational exposure to blood or other potentially infectious materials in the course of their assigned duties. This primarily involves personnel working in the 374th Medical Group (374 MDG), 374th Civil Engineer Squadron Fire Department (374 CES/CEF), 374th Security Forces Squadron (374 SFS), and Air Force Office of Special Investigations (AFOSI). Also included are employees required to provide first aid response as part of their duties. However, all personnel working on Yokota AB should understand how bloodborne pathogens are transmitted in case they must respond to an injured or ill co-worker, dried blood found on an object, or a biohazardous spill.

***SUMMARY OF REVISIONS***

Changes publication title. Major revisions are incorporated into this instruction to comply with requirements of Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030, *Bloodborne Pathogens*. New or revised material is indicated by a ( | ).

**1. Glossary of References and Terms Explained: See Attachment 1.**

**2. Exposure Determination:**

2.1. Exposure categories: OSHA has established three exposure categories for protection against occupational exposure to infectious diseases, including Hepatitis B and C, and Human Immunodeficiency viruses (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, or tissues, or a potential for spills or

splashes of them are Category I tasks. Use of appropriate personal protective equipment (PPE) is required for employees engaged in Category I tasks.

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

2.1.2. Category II (Moderate Risk): Routine tasks that involve no exposure to human blood, body fluids, or tissues but employment may require performing unplanned or emergency Category I tasks. The normal work routine involves no exposure to blood or potentially infectious materials, but exposure or potential exposure may be required as a condition of employment. Appropriate PPE, as determined by the supervisor in consultation with 374th Aerospace Medicine Squadron Bioenvironmental Engineering (374 AMDS/SGPB), will be readily available to every employee engaged in Category II tasks.

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

<b>JOB</b>	<b>TASK</b>
Utility workers	Plumbing, working on sewage systems
Firefighters	First responders, emergency rescue procedures/rendering first aid
374 SFS	First responders, emergency rescue procedures/rendering first aid
AFOSI	Crime scene investigations
Hospital Employees not in Category I	Potential contact with infectious patients/equipment
Hospital Volunteers Working in Patient Care Areas	Potential contact with infectious patients/equipment
Hospital Housekeeping	Sorting laundry/trash
Designated First Aid Responders	First aid response in the workplace
Biomedical Equipment Repair	Repairing potentially contaminated medical equipment
Veterinary Clinic Personnel	Handling infectious wastes

2.1.3. Category III (No Anticipated Risk): Tasks that involve no exposure to human blood, body fluids, or tissues. The normal work routine involves no exposure to human blood, body fluids, or tissues (although situations may be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons 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 may result in occupational exposure of almost any person in any job classification (e.g., administrative workers, food handlers, routine laborers).

### 3. Responsibilities Assigned:

3.1. The 374th Airlift Wing Commander (374 AW/CC) will:

3.1.1. As the “employer,” implement the Yokota AB Bloodborne Pathogen Exposure Control Program described in this instruction.

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

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

3.2. Unit (group and squadron) commanders and supervisors will:

3.2.1. Appoint an office of primary responsibility (OPR) in each organization or unit to provide oversight for this program. The OPR will develop a unit-specific Exposure Control Plan (see Attachment 2), monitor compliance with engineering and work practice controls, and ensure PPE and housekeeping requirements are met.

3.2.2. Provide training materials and document training (initial and annual) for workers on the medical aspects of exposure to blood or other potentially infectious materials (see Attachment 3). Supplement general training with in-house, unit-specific training on procedures and storage or use of PPE. Initial training will be provided within 10 days of beginning work where occupational exposure may take place and prior to Hepatitis B vaccination screening.

3.2.2.1. Document training on the AF Form 55, **Employee Safety and Health Record**, or computerized training record as appropriate.

3.2.3. Refer all incoming Category I or II personnel to the 374 AMDS Immunization Clinic (374 AMDS/SGPMI) within 10 working days of assignment for Hepatitis B vaccination of those deficient.

3.2.4. Make Exposure Control Plan and its documentation available to workers who may have questions, and authorized program evaluators for required initial and annual review.

3.2.5. Purchase, properly store, and ensure the use of PPE needed to protect Category I and II workers from exposure to blood 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 that appropriately fit all workers potentially exposed.

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

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

3.3. The 374 MDG will:

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

3.3.1.1. Immunizations to protect Category I and II workers against bloodborne pathogens

and other potentially infectious materials.

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

3.3.1.3. Written opinions for employees exposed to blood or other potentially infectious materials.

3.3.1.4. Initial training to supervisors on occupational exposure to blood or other potentially infectious materials.

3.3.1.5. Review and approval through the Infection Control Function of Unit Exposure Control Programs and Educational Programs developed for Category I and II workers.

3.3.2. Provide technical advice and supervisory assistance on:

3.3.2.1. The types of PPE needed to protect workers from exposure to blood or other potentially infectious materials.

3.3.2.2. Training of workers exposed to blood or other potentially infectious materials in the course of their duties.

3.3.2.3. Decontamination of surfaces contaminated with blood or other potentially infectious materials.

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

3.4. Employees will:

3.4.1. Immediately report any occupational exposures to blood or other potentially infectious materials to their supervisors.

3.4.2. Be familiar with and consistently employ the standard precautions concept: Treat all blood and other body fluids as infectious regardless of the source individual's perceived health status. 374 MDG personnel will also use the standard precautions concept.

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

#### **4. Procedures:**

4.1. General:

4.1.1. All work areas with Category I or II personnel or tasks will develop and maintain a written unit-specific Exposure Control Plan (see Attachment 2). This plan will be reviewed and approved by the 374 MDG's Infection Control Function initially and on an annual basis.

4.1.2. All active duty, civilian, dependent, and Japanese national Category I and II personnel will receive the Hepatitis B vaccine at no cost. If personnel refuse the vaccine series, a Hepatitis B declination statement (see Attachment 4) will be signed at the time of refusal. The vaccine series is mandatory for all active duty personnel with medical service codes.

4.1.3. Personnel in Category III will receive post-exposure prophylaxis to Hepatitis B, if an incident occurs which is related to their occupational tasks.

## 4.2. Training:

4.2.1. Category I and II workers will be given initial training within 10 days of beginning work in a work center with risk of exposure to blood or other potentially infectious materials, as well as annual training as required by OSHA Standard 29 CFR 1910.1030. Supervisors may request assistance from 374 AMDS Public Health (PH) Flight (374 AMDS/SGPM) to help meet both initial and annual training requirements.

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

4.2.2. 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.

## 4.3. Exposure incidents:

4.3.1. If a worker is actually exposed to blood 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):

4.3.1.1. Ensure worker immediately washes affected skin surface or puncture wound thoroughly with antibacterial soap and water or flushes mucous membranes with water. Do not use soap on eyes or in nose or mouth.

4.3.1.2. Notify supervisor of incident; the supervisor will immediately send the exposed worker and, if possible, the source individual to 374 MDG Emergency Room, Building 4408.

4.3.1.3. Medical evaluation, treatment, and follow-up of both the employee and the source, will be the responsibility of 374 MDG (Emergency Room, PH, Primary Care Manager).

4.3.2. The organization where the exposure incident occurred will:

4.3.2.1. Ensure that areas, equipment, clothing, and materials contaminated by blood or other potentially infectious material are appropriately decontaminated and material disposed of as outlined in Attachment 5. This may be done by properly trained unit employees or by certified contractors. A simple emergency spill kit (see Attachment 6) can be easily assembled and stored in the workplace. 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 PH Flight for an alternate method of decontamination.

4.3.2.2. Place all contaminated articles that are to be disposed of in a biohazard 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 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 374th Medical Support Squadron Facility Management (374 MDSS/SGSLS). If waste contains sharp items, such as broken glass, needles, or knives, these must be placed in a puncture resistant container that 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 (see Attachment 7) and double bagged. Contact 374 MDSS/SGSLS if questions arise regarding disposal of contaminated wastes.

4.4. PPE:

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

4.5. Contracted Operations:

4.5.1. Units planning to use contract services for blood, body fluid, or infectious waste spills must proactively establish a standing base contract that can be quickly initiated when required. Ideally, contract workers should be on-scene within an hour of their notification. Do not wait until a bloodborne pathogen incident occurs to establish an adequate contract.

**NOTE:**

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

4.6. Record Keeping:

4.6.1. Training records must be appropriately maintained by all organizations with Category I and II workers for the duration of the worker's employment.

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

4.6.2. Medical record. The 374th Medical Operations Squadron Records Section (374 MDOS/SGORO) will:

4.6.2.1. Maintain a copy of all results of examinations, medical testing, and follow-up procedures pertaining to an occupational exposure (to include tuberculin skin testing) for the duration of employment plus 30 years.

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

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

MARK E. STEARNS, Colonel, USAF  
Commander

## Attachment 1

### GLOSSARY OF REFERENCES AND TERMS EXPLAINED

#### A1.1. References.

A1.1.1. OSHA Standard 29 CFR 1910.1030, *Bloodborne Pathogens*; Final Rule, 18 January 2001, at [http://www.osha-slc.gov/OshStd\\_data/1910\\_1030.html](http://www.osha-slc.gov/OshStd_data/1910_1030.html).

A1.1.2. Morbidity and Mortality Weekly Report (MMWR), *Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers*, 23 June 1989, at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001450.htm>.

A1.1.3. AFOSH STD 161-21, paragraph 5 e (7) a and b, *Hazard Communication*.

#### A1.2. Terms Explained.

A1.2.1. Employee--An individual working in any capacity for the United States Government at Yokota AB (e.g., military, civilians, civilian or military volunteers, housekeeping personnel).

A1.2.2. Bloodborne Pathogens--Microorganisms in human blood that can cause disease.

A1.2.3. Contaminated--The presence of blood or other potentially infectious materials on an item or surface.

A1.2.4. Engineering Control--The use of available technology, device, or procedure to isolate or remove a bloodborne pathogens hazard from the work area (e.g., splatter screens on laboratory work table).

A1.2.5. Exposure Incident--A specific exposure to the eye, mucous membrane, non-intact skin, or parenteral exposure to blood or other potentially infectious materials, resulting from the performance of an employee's duties (e.g., blood spattering into the eyes or splashing into the mouth, or a puncture by a blood-contaminated needle).

A1.2.6. Occupational Exposure--Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

A1.2.7. Other Potentially Infectious Materials--semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

A1.2.8. Parenteral--Piercing mucous membranes or the skin barrier through needlesticks, human bites, cuts, and abrasions.

A1.2.9. Source--An individual whose blood or body fluids contaminate the wound, mucous membranes, or non-intact skin of another individual.

A1.2.10. Standard Precautions--designed to reduce the risk of transmission of bloodborne pathogens and Body Substance Isolation (BSI). Standard precautions apply to (1) blood; (2) all body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood; (3)

non-intact skin; and (4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. It is a method of infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, Hepatitis B virus, and other bloodborne pathogens.

A1.2.11. Body Substance Isolation (BSI)--An alternative to diagnosis driven isolation systems. BSI focuses on the isolation of all moist and potentially infectious body substances (blood, feces, urine, sputum, saliva, wound drainage, and other body fluids) from all patients, regardless of their presumed infection status, primarily through the use of gloves.

A1.2.12. Transmission-Based Precautions--Designed for patients documented or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond standard precautions are needed to interrupt transmission in hospitals. There are three types of transmission-based precautions: Airborne precautions, droplet precautions, and contact precautions. They may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to standard precautions.

A1.2.13. Work Practice Controls--Procedures or practices that eliminate or minimize the likelihood of exposure incidents (e.g., prohibiting needle recapping after use).

A1.2.14. Regulated Waste--Defined as; (1) liquid or semi-liquid blood or other potentially infectious materials; (2) contaminated items that would release with blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or other potentially infectious materials. These items are generally recognized as presenting a hazard of disease transmission and as such, warrant special handling.

**Attachment 2**

**SAMPLE FORMAT OF YOKOTA AB BLOODBORNE PATHOGEND UNIT EXPOSURE CONTROL PLAN**

(SAMPLE PROGRAM WITH DETAILED EXPLANATIONS)

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

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

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

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

In accordance with the OSHA Standard 29 CFR 1910.1030, *Bloodborne Pathogens*, 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 or other potentially infectious materials. The exposure determination is made without regard to the use of PPE. This exposure determination requires a listing of **ALL** job classifications in which **ALL** employees may be expected to be exposed, regardless of frequency.

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

<u>JOB TITLE</u>	<u>JOB SERIES/AIR FORCE SPECIALTY CODE (AFSC)</u>
(List title and job series or AFSC.)	
(e.g., PH Technician)	(4EOX1)

In addition, if the organization has job classifications in which **SOME** employees may have occupational exposure, a listing of those classifications is required. Since not all the employees in these categories

would be expected to incur exposure to blood or other potentially infectious materials, a listing of tasks or procedures is required to clearly understand which employees are considered to have occupational exposure.

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

JOB CLASSIFICATION

TASKS/PROCEDURES

(List title/job series or AFSC.)

(List task/procedure such as emergency rescue/first aid procedures.)

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

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

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

THE FOLLOWING ENGINEERING CONTROLS WILL BE UTILIZED:

CONTROLS

(List controls, e.g., sharp containers, hand washing, eyewashes.)

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows (e.g., list schedule such as daily, weekly). 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 \_\_\_\_/or list responsible section)

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

HAND WASHING STATIONS ARE LOCATED IN THE FOLLOWING LOCATIONS:

PERMANENT STATION LOCATIONS

PORTABLE STATION LOCATIONS

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

A2.2.2.2. Procedures:

A2.2.2.2.1. PPE.

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

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

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

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

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

**A2.3. PPE is Stored:**

PPE TYPE

STORAGE LOCATION

(List equipment type and storage location.)

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

A2.3.1.1. Place all contaminated PPE in an appropriately designated area or container for storage prior to decontamination or disposal. Handle contaminated disposable PPE as follows:

A2.3.1.1.1. The buddy system should be used if more than one individual is involved.

A2.3.1.1.2. Remove outer protective garment (e.g., gown, apron, lab coat), fold garment in on itself as the garment is being removed, and place in the biohazard bag.

A2.3.1.1.3. Remove shoe covers and place in the biohazard bag.

A2.3.1.1.4. Remove the face shield or goggles and place in designated storage area identified for holding contaminated PPE prior to decontamination for reuse.

A2.3.1.1.5. Remove gloves by turning inside out and place in designated storage area identified for holding contaminated PPE prior to decontamination for reuse or place in biohazard bag for disposal.

**A2.4. The Following Protocol has been Developed to Facilitate Leaving the Equipment at the Work Area:**

PLACE/ROOM

CONTAINER/DISPOSAL SITE

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

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

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

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

GLOVE DISPERSAL SITE

RESPONSIBLE PARTY

(State location and person responsible for distribution of gloves.)

A2.4.3.1. Wear heavy duty, industrial grade, utility gloves when any activity such as handling trash, decontamination of instruments or equipment, or environmental cleaning is performed. Wash utility gloves when minimal soiling occurs. Change utility gloves when heavily soiled or when the integrity of the barrier has been compromised. After removing gloves, employees will wash their hands with soap and water immediately or as soon as possible. Utility gloves may be decontaminated for reuse provided the integrity of the gloves is not compromised. Discard utility gloves when cracked, peeling, torn, punctured, or exhibiting signs of deterioration or when their ability to function as a barrier is compromised.

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

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

A2.4.3.4. The OSHA Standard 29 CFR 1910.1030 also requires the use of appropriate protective clothing, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. The type and characteristics will depend upon the task and degree of exposure anticipated.

## **A2.5. The Following Situations or Procedures Require Protective Clothing be Utilized:**

### SITUATION/PROCEDURE

### PPE USED

(List situation/procedure and PPE to be used.)

(e.g., emergency first aid, lab procedures, dental procedures) (e.g., gloves, lab coat, face shield)

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

A2.5.1.1. Do not use hands to pick up sharp instruments, broken glass, needle or syringe units, or other sharp objects contaminated with blood 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).

A2.5.1.2. Place the contaminated objects in a puncture resistant, leak-proof biohazard container, or other impervious and puncture resistant container to be placed in a biohazard bag and take to the 374 MDG, Building 4408, for disposal. If the organization does not have a suitable biohazard container, contact the 374 MDG to pick one up. You must exercise extreme caution when disposing of needles and sharp instruments or objects.

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

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

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

PROCEDURE

CONTROL METHOD USED

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

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

LOCATION OF RESPONSIBLE INSPECTION

SHARPS CONTAINERS

PARTY

FREQUENCY

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

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

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

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

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

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

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

PROCEDURE

METHOD OF CONTROL

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

A2.7.1. Specimens:

A2.7.1.1. Place specimens of blood 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 (IAW) the requirements of the OSHA standard.

A2.7.1.2. Place any specimen that could puncture a primary container within a puncture resistant secondary container. This container must have appropriate biohazard markings. If the organization does not have an appropriate container, contact the 374 MDSS/SGSLS to pick one up.

THE FOLLOWING CONTAINERS WILL BE USED FOR THE LISTED SPECIMENS:

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

A2.7.1.3. If outside contamination of the primary container occurs, place the primary container within a secondary container that 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 appropriately labeled, color-coded plastic bags or sturdy clear plastic bags.

A2.7.2. Contaminated Equipment and Surfaces:

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

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

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

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

A2.7.2.4.1. Absorb the contaminated material.

A2.7.2.4.2. Disinfect the contaminated area with household bleach in a 1:10 dilution.

A2.7.2.4.3. Absorb the disinfectant.

A2.7.2.4.4. Rinse the contaminated area with water.

A2.7.2.4.5. Place paper products used in the clean-up operation in an appropriate biohazard container and take to the 374 MDSS/SGSLS for disposal.

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

PROCEDURES

(When listing procedures are used by your organization, include disinfectants used, location of "spill clean-up kits," etc.)

A2.8.1. If you cannot decontaminate the equipment or surfaces in this fashion, contact the Public Health flight for advice.

A2.8.1.1. Attach a readily observable biohazard label to the portion of the equipment that remains contaminated.

A2.8.1.2. Submitting organizations must inform all affected employees, the servicing representative, and/or the manufacturer of the biohazard potential prior to handling, servicing, or shipping, so appropriate precautions can be taken.

THE FOLLOWING IS A LIST OF EQUIPMENT THAT WOULD NOT BE FEASIBLE TO DECONTAMINATE PRIOR TO SHIPPING OR SERVICING:

EQUIPMENT

(List here any equipment that cannot be decontaminated prior to servicing or shipping.)

**A2.9. Housekeeping:**

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

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

THIS FACILITY WILL BE CLEANED AND DECONTAMINATED ACCORDING TO THE FOLLOWING SCHEDULE:

AREA TO BE CLEANED

SCHEDULE

(List area and schedule.)

ACCOMPLISH DECONTAMINATION BY UTILIZING THE FOLLOWING MATERIALS:

<u>PERSONNEL DECONTAMINATING</u>	<u>TYPE OF SOLUTION</u>	<u>FACILITY</u>
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(List the materials utilized, such as bleach solutions or Environmental Protection Agency [EPA] registered germicides.)

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

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

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

INSPECT ALL BINS, PAILS, CANS, AND SIMILAR RECEPTACLES AND DECONTAMINATE ON A REGULARLY SCHEDULED BASIS:

<u>RECEPTACLE</u>	<u>INSPECTED</u>	<u>FREQUENCY</u>	<u>LOCATION</u>	<u>INSPECTOR</u>	<u>DATE OF DECONTAMINATION</u>
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(List receptacle, frequency, location, dates, and by whom.)

(e.g., Trash can/Weekly/Pediatrics/SSgt Smith/12 Jun 96)

A2.9.2. Regulated Waste Disposal:

A2.9.2.1. Discard all contaminated sharps as soon as feasible in sharps containers located in the facility.

SHARPS CONTAINERS ARE LOCATED:

LOCATION

(Specify locations of sharps containers.)

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

SUCH CONTAINERS ARE LOCATED:

LOCATION OF CONTAINERS

(Specify locations of containers.)

**A2.10. Laundry Procedures:**

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

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

LAUNDRY AT THIS FACILITY WILL BE CLEANED AT:

(List cleaning location to include contractors name, phone number, and point of contact.)

A2.10.3. When contaminated laundry is shipped off site to a second facility 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 IAW OSHA Standard 29 CFR 1910.1030, paragraph (g)(1)(i).

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

**A2.12. Post-Exposure Evaluation and Follow-Up:** When the employee incurs an exposure incident, the supervisor will direct the employee to the 374 MDG Emergency Room for initial evaluation and treatment. Post-exposure evaluation and follow-up will be done IAW OSHA Standard 29 CFR 1910.1030 and followed up with 374 AMDS/SGPM and the individual's Primary Care Manager.

**A2.13. Training:**

A2.13.1. Supervisors will ensure training of all employees within 10 days of beginning work where occupational exposure may occur. Conduct the training in the following manner:

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

A2.13.1.1. OSHA Standard 29 CFR 1910.1030.

A2.13.1.2. Epidemiology and symptomatology of bloodborne diseases and tuberculosis, if required by occupation.

A2.13.1.3. Modes of transmission of bloodborne pathogens and tuberculosis, if potential for risk of exposure exists.

A2.13.1.4. 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) and also explain how an individual can obtain a copy of the program.

A2.13.1.5. Procedures that might cause exposure to blood or other potentially infectious materials.

A2.13.1.6. Control methods that will be used to control exposure to blood or other potentially infectious materials.

A2.13.1.7. PPE available.

A2.13.1.8. Post exposure evaluation and follow-up.

A2.13.1.9. Signs and labels used.

A2.13.1.10. Hepatitis B vaccine program.

A2.13.1.11. All employees will receive annual refresher training. (Note this training is to be conducted within one year of the employee's previous training.)

**NOTES:**

Employers should list here if training will be conducted using videotapes, 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.)

**A2.14. Record Keeping. ALL RECORDS REQUIRED BY THE OSHA STANDARD WILL BE MAINTAINED BY (All records and documents are subject to the Privacy Act of 1974):**

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

A2.14.2. The 374 MDG will maintain all military and civilian medical records for the length of employment plus 30 years.

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

**A2.15. Dates. ALL PROVISIONS REQUIRED BY THE STANDARD WILL BE IMPLEMENTED BY: Insert date for implementation of the provisions of the OSHA Standard.**

Have Responsible Work Center Official Sign

APPROVED/DISAPPROVED

374 AMDS/SGPM

### Attachment 3

## SAMPLE FORMAT OF BLOODBORNE PATHOGEN TRAINING OPERATING INSTRUCTION (OI)

UNIT:

PREPARED BY:

CERTIFIED BY:

**A3.1.** OSHA Standard 29 CFR 1910.1030 on bloodborne pathogens. (Briefly outline standard.)

**A3.2.** Epidemiology and symptomatology of bloodborne diseases. (Testing for exposure and symptoms of related diseases.)

**A3.3.** Modes of transmission (e.g., needle sticks, sharps, punctures, splashes, direct contact).

**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 (e.g., rescue, surgery, dental procedures, CPR).

**A3.6.** Control methods. (PPE requirements, safe handling of material, and standard precautions.)

**A3.7.** PPE. (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.)

**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 OI must be approved by the Public Health flight (374 AMDS/SGPM).

**Attachment 4**

**SAMPLE OF 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 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 Yokota Air 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 5

### DECONTAMINATION PROCEDURES FOR BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS

**A5.1.** The following procedures are recommended for "site specific" clean-up of spills involving blood or body fluids. A 1:10 dilution of household bleach is used here, but any disinfectant used must be first approved by the Public Health flight. Also, outline in your unit's control program the procedures for clean-up using the disinfectant.

A5.1.1. 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), a pair of heavyweight and 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:

A5.1.1.1. Clothing. You must use cloth or disposable gowns or coats to prevent blood contamination of clean-up worker's 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.

A5.1.1.2. 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 waste bag.

A5.1.1.3. Shoes. If the spill is large and/or there is a potential of contaminating the worker's shoes, wear waterproof shoe covers.

A5.1.1.4. 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 waste bag.

**A5.2.** 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., cat litter). Blot (do not wipe) up the spill while allowing the fluids to be absorbed by the towels, etc. After absorption of the liquid, discard all materials into a biohazard waste bag.

**A5.3.** Mix one part of household bleach with nine parts of water (10% solution). 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.**

**A5.4.** Absorb the disinfectant with paper towels and dispose of the paper towels in a biohazard waste bag. Alternatively, the spill site may be permitted to air dry.

**A5.5.** Rinse the spill site with water to remove a chemical residue. Dry the site to prevent slipping.

**A5.6.** Place all disposable materials used in the decontamination process into a biohazard waste bag. Dispose of the remaining disinfectant by pouring down the sanitary sewer.

**A5.7.** Decontaminate reusable materials and equipment following above procedures.

**A5.8.** If clothing becomes contaminated with blood or body fluids, it should be removed as soon as possible, the skin washed with soap and water, the clothing placed in a biohazard bag and disposed of or cleaned by a laundry capable of handling blood contaminated clothing.

***NOTE:***

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

## Attachment 6

### **BUILD-YOUR-OWN EMERGENCY BLOOD OR BODY FLUID SPILL KIT CONTENTS LIST**

#### **A6.1. Suggested Components:**

- A6.1.1. 1 tyvek type (impervious) coverall with hood and boots.
- A6.1.2. 3 pair disposable nitrile gloves.
- A6.1.3. 1 faceshield with head strap.
- A6.1.4. 1 CPR microshield rescue breather.
- A6.1.5. 1 disposable dust or mist respirator mask.
- A6.1.6. 2 biohazard bags.
- A6.1.7. 1 sheet of biohazard labels.
- A6.1.8. 1 small brown or opaque bottle containing 1/2 cup of household bleach (bottle must be tightly sealed and appropriately labeled).
- A6.1.9. 2 household sponges.
- A6.1.10. 1 zip closing bag containing paper towels or gauze.
- A6.1.11. 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).

**A6.2.** Kit should not be reused.

**A6.3.** Kit is non-sterile.

**A6.4.** Dispose of contaminated and/or non-cleanable material properly.

**A6.5.** Use biohazard labels on all containers used to transport biohazardous materials as well as bags containing contaminated waste.

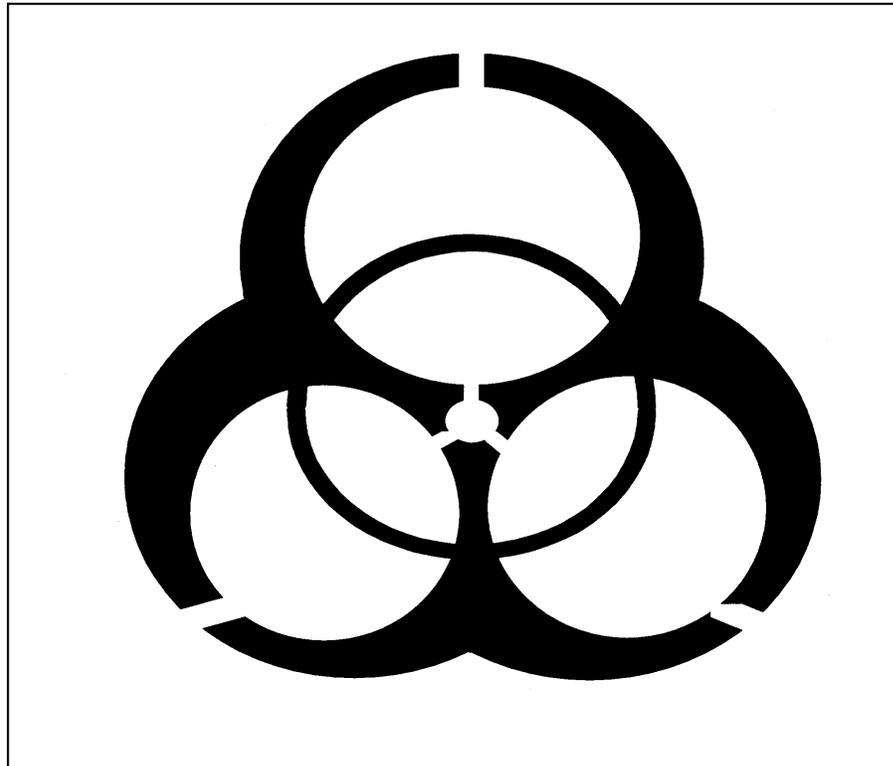
#### ***NOTE:***

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

**Attachment 7**

**BIOHAZARD LABEL**

**Figure A7.1. Sample of Biohazard Label.**



**BIOHAZARD**

**NOTE: Background is red or orange.**