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Aerospace Medicine

**BLOODBORNE PATHOGEN EXPOSURE
CONTROL PROGRAM**



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This instruction establishes guidelines for personnel who have reasonably anticipated occupational exposure to bloodborne pathogens in the course of their duties on McChord Air Force Base. It applies to all organizations on base whose personnel have reasonably anticipated occupational exposure to blood, body fluids, or other potentially infectious materials in the course of their assigned duties.

SUMMARY OF REVISIONS

Deletes the requirement to out-process through Public Health.; provides instructions to supervisors on disposition of AF Form 55, Employee Safety and Health Record, according to the 1 Jun 95 edition of AFI 91-301; changes all references from Acute Care Clinic to Family Care Clinic.

1. General. The Bloodborne Pathogen Exposure Control Program establishes standardized procedures for developing organizational exposure control plans, education, and training programs for workers on base who have reasonably anticipated occupational exposure to blood, body fluids, or other potentially infectious materials in the course of their assigned duties.

2. References:

- 2.1. 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens"; Final Rule, December 6, 1991, Occupational Safety and Health Administration (OSHA).
- 2.2. AFI 31-206, Security Police Investigations.
- 2.3. AFI 48-105, Control of Communicable Diseases.
- 2.4. AFI 91-204, Safety Investigations and Reports.

2.5. AFI 91-301, Air Force Occupational and Environmental Safety, Fire Prevention, and Health (AFOSH) Program.

2.6. Morbidity and Mortality Weekly Report (Volume 38/No. S-6), 23 Jun 89, "Guidelines for Prevention of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public Safety Workers, 1989.

2.7. AFOSH Std 161-21, Hazard Communication.

3. Definitions. See 29 CFR 1910.1030.

4. Responsibilities:

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

4.2. Commanders of organizations with personnel at risk for occupational exposures will designate an office of primary responsibility for monitoring compliance with engineering and work practice controls, personal protective equipment, housekeeping, elements of hazard communication and training documentation, as stipulated by this program.

4.3. Each active duty member, government employee, contract employee, student or volunteer assigned or attached to work in any capacity in any affected organization is individually responsible for knowledge of and compliance with this instruction. Each supervisor must document personnel training on AF Form 55, Employee Safety and Health Record, or its equivalent.

NOTE: The contractor, not the Air Force, is responsible for compliance with the OSHA standards and for the safety and health of their employees. Air Force contract specifications for services and materials must stipulate strict adherence to 29 CFR 1910.1030 and to specify who is to provide personal protective equipment to whom, who provides the hepatitis B vaccinations, who provides the training, and who investigates and documents bloodborne pathogen exposure incidents.

4.4. The 62d Medical Group will provide:

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

4.4.1.1. Immunizations to protect authorized workers against bloodborne pathogens and documentation of those immunizations.

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

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

4.4.2. Medical education, as required, to workers potentially exposed to infectious materials in the routine course of their duties. This educational service is on a consultant basis to organization supervisors, who have primary responsibility for training.

- 4.4.3. Initial training to organization supervisors, if required, on proper techniques and prevention of exposure to blood, body fluids, and other potentially infectious materials.
 - 4.4.4. Through the Infection Control Officer, review and approval of Exposure Control Plans and educational programs developed for workers potentially exposed to blood, body fluids, or other potentially infectious materials in the course of their duties.
 - 4.4.5. Disposal of waste contaminated with blood and body fluids through the medical waste disposal system. Also, will provide bio-hazard bags when requested by organizations for gathering and transporting contaminated waste.
 - 4.4.6. Technical advice and supervisory assistance on:
 - 4.4.6.1. The types of personal protective equipment needed to protect workers from exposure to blood, body fluids, or other potentially infectious materials.
 - 4.4.6.2. Consultation to units for decontamination of surfaces contaminated with blood, body fluids, or other potentially infectious materials.
 - 4.4.7. An Occupational Medicine Consultant who will evaluate exposure incidents.
 - 4.4.8. A representative available to answer questions employees might have on exposure incidents.
- 4.5. Organizations with workers exposed to blood, body fluids, or other potentially infectious materials will:
- 4.5.1. Develop an Exposure Control Plan for their workers. (A sample plan is available from the OPR of this instruction.) All the elements present in the sample plan must be included. The completed plan must be coordinated with the 62d Medical Group Infection Control Officer.
 - 4.5.2. Ensure their Exposure Control Plan is available for questions workers may have or for review.
 - 4.5.3. Ensure workers with reasonably anticipated occupational exposures to blood, body fluids or other potentially infectious materials in the course of their duties are in-processed through Public Health prior to starting duties in which potential for exposure is anticipated.
 - 4.5.4. With assistance as needed from the Public Health or the Infection Control Officer, develop, schedule, provide and document training to workers on the medical aspects of exposure to blood, body fluids, or other potentially infectious materials, organizational procedures, and the storage and use of personal protective equipment.
 - 4.5.5. Purchase, store, and ensure the use of Personal Protective Equipment (PPE) needed to protect workers from exposure to blood, body fluids, or other potentially infectious materials. There must be enough PPE on hand to protect all workers involved in procedures with potential exposures. Additionally, PPE must be available in sizes which appropriately fit all workers potentially exposed.
 - 4.5.6. Clean, launder, and dispose of personal protective equipment at no cost to the employee.
 - 4.5.7. Repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
 - 4.5.8. If a blood or body fluid exposure takes place in the work place:

4.5.8.1. Refer the individual exposed to the infectious material and, if possible, the source of exposure to the 62d Medical Group Family Care Clinic.

4.5.8.2. Appropriately decontaminate surfaces soiled with the blood, body fluids, or other potentially infectious materials, as soon as feasible using trained personnel to limit exposure of other personnel in the area.

4.5.8.3. Transport wastes to Building 165 for disposal. Call Ambulance Services at 984-5601 prior to transporting.

5. Procedures:

5.1. Prior to starting work involving reasonably anticipated occupational exposure to blood, body fluids, or other potentially infectious materials, workers will be:

5.1.1. In-processed through Public Health.

5.1.1.1. All appropriately designated individuals (i.e., 62d Medical Group personnel, fire department personnel, security police personnel and military members who are required by their job description to be trained in first aid as a collateral duty) will be part of the blood-borne pathogen program. High risk personnel (62d Medical Group, fire department, security police) will receive hepatitis B vaccine at no cost to the employee.

5.1.1.2. Public Health will document in the appropriate medical record employees who have received the hepatitis B vaccine. Civilians declining this vaccine must sign a declination statement. If the employee later wishes to receive the vaccine, he or she may receive it at no cost to himself or herself.

5.1.2. Shown HIV/AIDS Total Force Training. Health Care Personnel, an interactive computer video, is maintained by Public Health. Public Health will maintain documentation of this training on AF Form 2767, Occupational Health Training and Protective Equipment Fit Testing.

5.1.3. Given initial or annual training as required by 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens.

5.1.3.1. Supervisors will ensure initial training is documented on the employee's AF Form 55, Employee Safety and Health Record, as Initial Bloodborne Pathogen Training (IBPT may be used to indicate training) and on AF Form 2767, Occupational Health Training and Protective Equipment Fit Testing.

5.1.3.2. Supervisors will ensure annual training is documented on the employee's AF Form 55, Employee Safety and Health Record, as Annual Bloodborne Pathogen Training (ABPT may be used to indicate training) and on AF Form 2767.

5.1.3.3. Supervisors will also prepare an attached cover sheet with the following information: contents or a summary of the training and names with qualification of persons conducting the training.

5.1.3.4. The AF Form 2767 will have the heading filled out and include the following information: date of training, workers name (printed) with signature above it, social security number, job title of each individual; annotated in the comments section and IBPT for initial or ABPT for annual training. Send a copy of the AF Form 2767 and attached cover sheet to Public Health, Building 160, to be filed in the appropriate industrial case file. If the organization

uses a computerized training record (CTR) keeping system, a computer roster may be substituted for the AF Form 2767 as long as all information required on the AF Form 2767 is provided on the computer roster.

5.2. Personal Protective Equipment (PPE). Supervisors will:

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

5.2.2. Enforce the wearing of PPE during procedures in which there is potential exposure to blood, body fluids or other potentially infectious materials. Noncompliance of workers to policies and directives of this program must be immediately addressed through appropriate administrative procedures. These administrative actions will be documented on AF Form 55 in the comments section. This policy is established to protect the government's financial interest and to protect the worker's health.

5.2.3. Evaluate worker's duty performance during an exposure incident. If worker does not don appropriate PPE or PPE is breached during the incident, the supervisor will complete a narrative summary of the situation (which will include the individual's name, job description, source of the blood, body fluid or other infectious materials if known, and a statement on how the exposure occurred) and forward copies to 62d Airlift Wing Ground Safety (62 AW/SEG).

5.3. NOTE: If a worker is actually EXPOSED to blood, body fluids, or other potentially infectious materials in the course of their duties, (i.e., a needle puncture wound, getting cut with a contaminated object such as glass, or having blood splash on the skin or mucous membranes of the eyes, nose or mouth) the supervisor will immediately send the exposed worker and, if possible, the source individual or material to 62d Medical Group Family Care Clinic. The physician evaluating the patient in Family Care Clinic will refer him or her to Public Health for follow-up. If the Family Care Clinic is closed, the worker should report to the Madigan Army Medical Center emergency room.

5.4. Occupational Medicine Consultant will:

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

5.4.2. If indicated, provide testing of the source and testing and treatment to the exposed worker.

5.4.3. Notify the worker and the organization of the necessity for treatment and follow-up of the exposed worker.

5.4.4. Provide a written opinion on the individual's exposure incident and recommended follow-up. Place the written opinion in the individual's medical record.

5.4.5. Ensure appropriate follow-up is accomplished following the guidelines outlined in 62 MDGI 48-1, Clinic Employee Health Program, for blood, body fluid, and potentially infectious materials exposure.

5.5. The organization where the exposure incident occurred will:

5.5.1. Decontaminate and dispose of any blood, body fluids, or other potentially infectious materials using appropriately trained personnel and procedures which are available from the OPR of this instruction.

5.5.2. Place all contaminated articles which are to be disposed of in a biological hazard bag. This task will be accomplished by appropriately trained organizational personnel wearing the proper PPE, including: puncture-resistant waterproof gloves, a protective outer garment, and shoe coverings if there is a potential for contaminating the worker's shoes. If aerosolization or splattering of blood, body fluids, or other potentially infectious materials is expected, individuals must wear a mask and goggles or face shield. The bio-hazard bags will be transported appropriately to Ambulance Service, Building 165, during duty hours. The bio-hazard bags will be disposed of in the medical waste disposal system by personnel from the originating organization. If waste contains sharp items, such as, broken glass, needles, or knives, these must be placed in a puncture resistant container which is sealed prior to placing it in the bio-hazard bag.

6. Record Keeping:

6.1. Training record.

6.1.1. For purposes of documenting training provided, the organization will:

6.1.1.1. Maintain the cover letter and AF Form 2767 or Computerized Training Record (CTR) for a minimum of 3 years from the date on which the training occurred. At the end of this retention period, retire this documentation to Public Health for filing in the organization's industrial case file.

6.1.1.2. Provide a copy of the cover letter and a copy of the AF Form 2767 or CTR to Public Health within 1 week of completion of training. Public Health will file the cover letter and AF Form 2767 in the appropriate case file. This training documentation will be maintained by Public Health/Bioenvironmental Engineering Section for thirty (30) years from date of training.

6.1.1.3. Maintain the AF Form 55 for the duration of employment. Upon PCS/PCA of member, the original AF Form 55 is given to the member to hand carry to his or her next base/assignment. If member separates or retires, the organization maintains the original AF Form 55 for a period of one year after member's date of separation/retirement.

NOTE: Both AF Forms 55 and 2767 are subject to the Privacy Act of 1974 and must be held in a secured area.

6.2. Medical record.

6.2.1. The Outpatient Records section of the 62d Medical Group will:

6.2.1.1. Maintain all civilian and military medical records and all documentation pertaining to the medical records. All medical records are subject to the Privacy Act of 1974.

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

6.2.1.2.1. The name and social security number of the employee.

6.2.1.2.2. A copy of all results of examinations, medical testing, and follow-up procedures pertaining to an occupational exposure.

Health professional's written opinion.

6.2.2. Maintain the employee's medical records for duration of employment. Upon termination of employment, all documentation pertaining to the bloodborne pathogen program will be copied and transferred to Public Health to be placed in the appropriate case file. Public Health/Bioenvironmental Engineering Section will maintain the documentation for 30 years from the date of training.

6.2.3. Provide upon request an employee's medical record for examination and copying. If the Records Section of the 62d Medical Group no longer has the medical records pertaining to the bloodborne pathogen program and the employee has already out-processed through Public Health upon termination of his or her employment, then the requesting individual will be referred to Public Health. Public Health will provide the required documentation to the employee.

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