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Aerospace Medicine



**CONTROL OF OCCUPATIONAL EXPOSURES
TO BLOODBORNE PATHOGENS (PA)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction establishes guidelines for the implementation of *29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens* and applies to organizations on Scott AFB IL, where employees have a potential for exposure to blood and/or other potentially infectious materials (PIM) as part of their duties. This primarily involves the 375th Medical Group (MDG) and the 375th Aeromedical Evacuation Squadron (AES); however, the firefighters and the 375th Security Forces may also have a potential for exposure. All units on Scott AFB IL, with employees who may be exposed, are required to have a copy of 29 CFR 1910.1030 and comply with the standard. An appropriate individual will be assigned from each organization to ensure implementation. This individual will be responsible for compiling the information required in their organizational exposure control plan, documenting hepatitis B vaccination of workers, ensuring workers are trained, and reporting exposure incidents.

This instruction directs the collecting and maintaining of information that is subject to the Privacy Act of 1974 authorized by *10 U.S.C. 55, Medical and Dental Care; 10 U.S.C. 8013, Secretary of the Air Force; 29 CFR 1960, Occupational Illness/Injury Reporting Guidelines for Federal Agencies; and E.O. 9397 (SSN)*.

1. Exposure Determination. Each organization will provide a list of military and civilian job classifications (title and AFSC) where all employees in those job classifications are at risk. An additional list of job classifications where some employees have potential exposure to bloodborne pathogens should also be sent. In the latter case, the specific tasks associated with exposure must be specified. These lists, along with names and SSNs of individuals currently occupying these positions, will be sent to the Public Health Flight (375 AMDS/SGPM). Exposure determination is made without regard to the use of personal protective equipment (PPE).

2. Implementation Of The Standard.

2.1. It is the policy of Scott AFB IL that all organizations will minimize potential exposure by following “standard precautions.” It is assumed that all blood and body fluids are potentially infectious; therefore, appropriate barriers must be established between the health-care worker and the patient’s blood, body fluids, and other infectious materials.

2.2. Engineering and work-practice controls, specific for individual organizations and work areas, will be developed and kept as part of the exposure control plan.

2.3. Personal Protective Equipment. Listings of required PPE, where it is stored, how it is cleaned, who wears it, and when it is worn, will be part of the unit-specific exposure control plan and appropriate or specific for each duty area.

2.4. Housekeeping and Laundry. Each work area will have guidelines concerning performance of housekeeping and laundry duties to minimize exposure.

2.5. Hepatitis B Vaccination.

2.5.1. It is mandatory for all personnel, active duty, civilian, and contractor, who hold qualification or assignment in medical or dental career fields, to be vaccinated against hepatitis B. This requirement extends to all first responders who may work in the following units: 375th Security Forces, 375th Civil Engineer (Fire Department), and Office of Special Investigations. Proper documentation of vaccination or antibody testing showing a protective titer is proof of immunity. It is the supervisor’s responsibility to ensure that hepatitis B vaccination has been accomplished before the employee begins work.

2.5.2. The 375 MDG will provide hepatitis B vaccinations to all personnel determined by the 375 AMDS/SGPM to need the vaccine.

2.6. Communication of Hazards to Employees:

2.6.1. Training. Bloodborne pathogen training for all employees will be conducted by the unit training supervisor, prior to initial assignment to tasks where occupational exposure to bloodborne pathogens may occur and annually thereafter. Training should be documented on the individual’s AF Form 55, **Employee Safety and Health Record**. Training will include all items required by 29 CFR Part 1910.1030 (see [Attachment 1](#)).

2.6.2. Labeling. The biohazard label will be used on regulated waste disposal containers. Red bags or red containers may be substituted for labels.

2.7. Record keeping. Medical records dealing with exposure incidents and hepatitis B vaccinations are kept at the 375 AMDS/SGPM. This data includes medical care for civilians involved in an exposure incident.

3. POST-EXPOSURE EVALUATION AND FOLLOW UP.

3.1. After an exposure incident, the employee must perform the following tasks immediately: wash or flush wound with soap and warm water for at least 15 minutes; notify the supervisor; and report to the 375 MDG Emergency Services. Human Immunodeficiency Virus Post-Exposure Prophylaxis, if recommended by a physician, is effective only if given within 1-2 hours of exposure.

3.2. The supervisor, along with the worker, will identify the source of the exposure, attempt to obtain appropriate consent for testing the source, and provide information to the 375 MDG Emergency Services.

3.3. Testing and treatment will be accomplished in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, as defined in the 375 MDG Bloodborne Pathogen Exposure Control Plan (*MDGI 48-101, Hospital Employee Health and Communicable Disease Prevention, Management, and Reporting*). The source will be tested initially, as will the exposed employee. Follow-up testing of the employee may be required depending on the results from the source and the medical evaluation of the exposure.

4. Procedures For Evaluation Of Circumstances Surrounding Exposure Incidents. The 375 AMDS/SGPM will maintain records of all exposure incidents reported to the 375 MDG. The 375 AMDS/SGPM reports bloodborne pathogen exposure incidents to the 375 AW/Ground Safety Office, using the OSHA 200 Log. If any trends or problem areas are noted, an evaluation of personal protective equipment and work-practice controls will be accomplished with the unit supervisor.

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Commander

ATTACHMENT 1**TRAINING REQUIREMENTS FOR OSHA BLOODBORNE PATHOGEN STANDARD**

- A1.1. An accessible copy of the regulatory text of 29 CFR 1910.1030 and an explanation of the contents.
- A1.2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
- A1.3. An explanation of the modes of transmission of bloodborne pathogens.
- A1.4. An explanation of the employer's exposure control plan and how the employee can obtain a copy of the written plan.
- A1.5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other PIMs.
- A1.6. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and PPE.
- A1.7. Information of the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- A1.8. An explanation of the basis for selection of personal protective equipment.
- A1.9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being immunized, and the vaccine and vaccination will be offered free of charge.
- A1.10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other PIMs.
- A1.11. An explanation of the procedure to follow, if an exposure incident occurs, including the method of reporting the incident and the medical evaluation and follow-up that will be made available.
- A1.12. An explanation of the required signs and labels and/or color-coding.
- A1.13. An opportunity for interactive questions and answers with the person conducting the training session.