

**BY ORDER OF THE COMMANDER
914TH AIRLIFT WING**

914TH AIRLIFT WING INSTRUCTION 48-103



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Aerospace Medicine

**BLOODBORNE PATHOGENS (EXPOSURE
CONTROL PLAN)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive (AFPD) 48-1, *Aerospace Medicine Program*. This instruction establishes standardized procedures for education and training programs, developing exposure control plans, and medical management for workers on Niagara Falls Air Reserve Station who have the potential to be exposed to blood and body fluids in the course of their assigned duties. It applies, but may not be limited to the following personnel: Medical personnel in the Aeromedical Staging and the Aeromedical Evacuation Squadron whose duties include exposure to blood and body fluids; Fire Department personnel; Services personnel performing mortuary affairs duties and Services personnel performing lodging and housekeepers. In emergency conditions, sections of this instruction could apply to other personnel. The use of a name of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force. Refer recommended changes to this publication to the Office of Primary Responsibility (OPR) using the **AF Form 847, Recommendation for Change of Publication**; route the AF 847 to 914 MSG/SGPB. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af61a/afrims/afrims/>.

SUMMARY OF CHANGES

This publication has been completely revised since last revision and must be reviewed in its entirety.

1. References: 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule, Occupational Safety and Health Administration (OSHA).

2. Terms Explained:

2.1. Bloodborne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

2.2. Contaminated - The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

2.3. Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a 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 or use.

2.4. Exposure - Eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or certain body fluids.

2.5. Parenteral - Taken into the body other than through the digestive system.

2.6. Percutaneous - Effected, passed or performed through, or by means, of the skin.

2.7. Potentially Infectious Materials - Blood, semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood. This does not normally apply to urine or stool, unless visible blood can be seen.

2.8. Standard Precautions - An approach to infection control. All human body fluids are treated as if known to be infectious.

3. Responsibilities:

3.1. Unit Commanders will ensure all personnel at risk for occupational exposure to potentially infectious material are adequately protected, receive initial orientation and annual training, and comply with established guidelines and requirements defined in this plan and 29 CFR 1910.1030.

3.1.1. The following duty assignments have been identified as being at risk for occupational exposure to potentially infectious material:

3.1.1.1. Firefighters, GS-081 and 3E7X1

3.1.1.2. Lodging Housekeeping, NAF

3.1.1.3. Physicians, 48XX

3.1.1.4. Internist, 44M3

3.1.1.5. Critical Care Physician, 44Y3

3.1.1.6. Physician Assistants, 42E3

3.1.1.7. Dentists, 47G3

3.1.1.8. Clinical Nurses, 46N3

- 3.1.1.9. Critical Care Nurses, 46N3E
- 3.1.1.10. Mental Health Nurses, 46P3
- 3.1.1.11. Nurse Administrators, 46A3
- 3.1.1.12. Respiratory Technicians, 4H0X1
- 3.1.1.13. Medical Technicians, 4N0X1
- 3.1.1.14. Laboratory Technicians, 4T0X1
- 3.1.1.15. Dental Technicians, 4Y0X1
- 3.1.1.16. Services Technicians, 3M0X1

3.1.2. Security Forces, 3P0X1, have been included in the above list at some Air Force locations, however, a detailed analysis of the duty conditions, historical response events, and Fire Department response times shows that the risk for occupational exposure to potentially infectious materials is no higher than the general base population and is equivalent to a Self-Aid/Buddy-Care (SABC) action.

3.2. Commanders of organizations with personnel at risk for occupational exposures will designate an office of primary responsibility (OPR) for notifying Bioenvironmental Engineering and Aeromedical Staging Squadron of exposed personnel, monitoring compliance with engineering / work practice controls, personal protective equipment (PPE), housekeeping, elements of hazard communication, and training documentation.

3.3. Each Air Force reserve member, government employee, or NAF employee attached to work in any capacity in any affected organization is individually responsible to be knowledgeable and compliant with this plan.

3.4. The 914th Aeromedical Staging Squadron will provide:

3.4.1. Medical oversight for eligible workers exposed to potentially infectious materials in the course of their duties to include:

3.4.1.1. The Hepatitis B vaccination series (Hep B) vaccine series at time intervals of 0, 1, and 6 months for eligible workers within 10 duty days upon assignment.

3.4.1.1.1. The Hep B vaccine series is mandatory for all eligible military personnel.

3.4.1.1.2. The Hep B vaccine series will be offered to all eligible civilian employees at no cost to themselves. If someone declines the Hep B vaccine series, they must sign a Declination Statement (Attachment 2) to be filed in the individual's medical record.

3.4.1.2. Medical treatment, follow-up, a written medical opinion and documentation for personnel with percutaneous exposure to potentially infectious materials.

3.4.1.3. Means of disposal of waste contaminated with blood and body fluids, when requested, and in emergency situations; biohazard bags.

3.5. Bioenvironmental Engineering will provide:

3.5.1. Medical education to workers potentially exposed to infectious materials in the routine course of their duties when a Major Command (MAJCOM)-approved training program is not available.

3.5.2. Initial training to organization supervisors through Bioenvironmental Engineering (or other formal training organizations if approved by Bioenvironmental Engineering) on requirements outlined in 29 CFR 1910.1030, and proper techniques and prevention of exposure to potentially infectious materials when MAJCOM-approved training programs are not available.

3.5.3. Technical advice and supervisory assistance on training, decontamination and types of PPE needed to protect workers.

3.6. Organizations with workers exposed to potentially infectious materials will:

3.6.1. Develop an Exposure Control Plan for their specific worksite and workers (Attachment 3).

3.6.1.1. Review and update the plan annually.

3.6.1.2. Submit the plan to the 914 Aerospace Staging Squadron (ASTS) Infection Control Officer or Bioenvironmental Engineering for review prior to adopting it.

3.6.2. In accordance with 29 CFR 1910.1030, develop, schedule, provide and document training to workers on the medical aspects of exposure to potentially infectious materials, organizational procedures, and the storage and use of PPE.

3.6.3. Ensure all military members with potential exposure in their organization receive the three doses of the Hep B vaccine series and all civilians are offered the series free of charge. Civilians refusing to receive the Hep B vaccine series must sign the Declination Statement (Attachment 2).

3.6.4. Ensure adequate PPE is available for workers to use at times of potential exposure to blood or body fluids. PPE includes, but is not limited to: gloves, masks, goggles, face shields, rubber aprons, etc., depending upon the level of potential exposure.

3.6.5. Have supervisors enforce the wear of PPE during procedures where there is potential exposure to blood or body fluids.

3.6.6. For purposes of documenting training, section supervisors will:

3.6.6.1. Ensure initial and annual training are documented on the employee's AF Form 55, Employee Safety and Health Record, or on an AF Form 2767, Occupational Health Training and Protective Equipment Fit Testing. If the organization uses a computerized training record, this roster may be substituted for the AF Form 2767. Information on the AF Form 2767 must include: date of training, worker's name and signature, job title, and whether training is initial or annual.

3.6.6.2. Maintain documentation of training on AF Form 2767 for a minimum of 3 years. Send a copy of training documentation to Bioenvironmental Engineering.

4. Procedures:

4.1. Base accidents/incidents with potentially infectious material spillage.

- 4.1.1. Fire Department and Emergency Services will:
 - 4.1.1.1. Provide emergency rescue and render first aid utilizing standard precautions.
 - 4.1.1.2. Ensure other responders are aware of any blood contamination hazard.
 - 4.1.1.3. Notify Civil Engineering to provide a contracted cleaning service for clean up of any area contaminated with potentially infectious materials due to an accident/incident that is beyond the capability of the Fire Department.
- 4.1.2. Security Forces will secure the accident/incident area, using appropriate means, to prevent personnel from unnecessary exposure to potentially infectious material spillage.
- 4.1.3. Civil Engineering will:
 - 4.1.3.1. Submit appropriate forms to Base Contracting for appropriate clean-up of areas contaminated with potentially infectious materials due to an accident/incident.
 - 4.1.3.2. Utilize standard precautions, if requested by contracted cleaning service, when assisting in removal of contaminated materials (e.g., carpet, wallboard, molding, etc.).
- 4.1.4. Base Contracting will maintain a list of available cleaning services able to perform decontamination of potentially infectious material spills.
- 4.2. If a potentially infectious material exposure takes place in the work place:
 - 4.2.1. Immediately refer the individual exposed and if possible, the source of the exposure to the 914 ASTS.
 - 4.2.2. Equipment or surfaces which become contaminated with blood or other infectious material will be decontaminated by the organization who has functional responsibility for the building, grounds, or equipment; or the organization is responsible for contacting the Fire Department for decontamination if the area/equipment to be decontaminated is beyond the capabilities of the organization.
 - 4.2.3. Appropriately decontaminate surfaces soiled with the potentially infectious materials, if feasible, using trained personnel to limit exposure of other personnel in the area. See Attachment 3 for decontamination procedures. Contact the Fire Department for decontamination if the surfaces to be decontaminated are beyond the capabilities of the organization.

5. Adopted Forms.

AF847, Recommendation for Change of Publication

AF55, Employee Safety and Health Record

AF2767, Occupational Health Training and Protective Equipment Fit Testing

ALLAN L. SWARTZMILLER, Colonel, USAFR
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD-48-1, *Aerospace Medicine Program*, 3 October 2005

AFMAN 33-363, *Management of Records*, 1 March 2008

29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule, Occupational Safety and Health Administration (OSHA).

Abbreviations and Acronyms

AFMAN—Air Force Manual

AFPD—Air Force Policy Directive

ASTS—Aerospace Staging Squadron

HBV—Hepatitis B Virus

HEP B—Hepatitis B

HIV—Human Immunodeficiency Virus

OPR—Office of Primary Responsibility

OSHA—Occupational Safety and Health Administration

PPE—Personal Protective Equipment

RDS—Records Disposition Schedule

SABC—Self-Aid Buddy Care

Terms

Adopted Form —A form used (required) in a publication other than the prescribing publication.

Approval Authority —Senior leader responsible for contributing to and implementing policies and guidance/procedures pertaining to his/her functional area(s) (e.g., heads of functional two-letter offices).

Authentication —Required element to verify approval of the publication; the approval official applies his/her signature block to authenticate the publication. The signature block includes the official's name, rank, and title (not signature).

Certifying Official —A minimum of one organizational level above the OPR, this individual certified the need for the publication, to include currency of information, applicability to the Air Force, and propriety of content.

Directive Publication —Publication that is necessary to meet the requirements of law, safety, security, or other areas where common direction and standardization benefit the Air Force. Air force personnel *must* comply with these publications. All publications in this category carry the following statement: “**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY.**”

e-Publishing —Central website for accessing, viewing, downloading, and printing electronic products; physical products may be ordered from the e-Publishing website. Information on product development and links to other agency publications are also provided on the e-Publishing website (www.e-publishing.af.mil), which will convert to www.af.mil/e-publishing on AF Link).

Functional Principal —Senior leader, generally at the two-level, who serves as the approving official for publications.

Implementing Publication —A publication that creates processed and sets standards to accomplish a goal, often by adding organization-specific material to a publication issued by a higher headquarters.

Mandatory Coordination —Required review by selected offices prior to publication. Mandatory coordinators review draft publications for specific functional and/or legal purposes.

Office of Primary Responsibility (OPR) —The originating office for a publication; the author of the publication is an individual within the OPR. OPRs are solely responsible for the accuracy, currency, and integrity of their publications and forms.

Publication —An officially produced, published, and distributed document issued for compliance, implementation, and or information. Includes Policy and Guidance Memorandums.

Publications/form Manager —One who supervises and manages the local publications and/or the forms programs. Is the primary focal point for publication and distribution issues.

Records Disposition Schedule (RDS) —The official schedule that authorizes/governs the disposition of Air Force records, which contains National Archives and Records Administration (NARA) approval authority.

Records Management —The planning, controlling, directing, organizing, training, promoting, and any other managerial activity related to records creation, records maintenance and use, and records disposition for the sake of achieving adequate and proper documentation of the policies and transactions of the Federal Government and effective economical management of agency operations.

Records Maintenance and Use —Any activity involving the location, storage, retrieval, or handling of records kept at office file locations by or for the Air Force.

Records Professional —An individual trained and proficient in performing record management responsibilities. This category includes personnel designated as Records Custodian (RC), Functional Area Record Manager (FARM), Chief of Office of Record (COR), Base Record Manager (BRM), and MAJCOM Record Manager.

Revised Publication —A publication that supersedes or changes a previous edition, related publications or portions of related publications in a given category.

Technical/functional Coordination —Review of draft publications by technical/functional experts prior to publication. The list of technical/functional coordinators changes with each publication, based on the contents and applicability of the publication.

Attachment 2

SAMPLE LETTER OF HEPATITIS B VACCINE DECLINATION

Figure A2.1. Sample Letter of Hepatitis B Vaccine Declination



DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

914th Airlift Wing, Niagara Falls ARS, NY

HEPATITIS B VACCINE DECLINATION STATEMENT

The Hepatitis B Virus (HBV) Vaccine is a non-infectious vaccine which provides protection against acute Hepatitis B, asymptomatic infection and chronic carrier state. Hepatitis B Vaccine will not prevent Hepatitis caused by other agents, such as Hepatitis A Virus, Non-A/Non-B Hepatitis Virus, or other viruses known to infect liver.

I _____, understand that due to my occupational exposure to blood, body fluids, or other potentially infectious materials, I may be at 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 infectious materials during my employment at Niagara Falls Air Reserve Station and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature

Date

Attachment 3

EXPOSURE CONTROL PLAN

1. Exposure Determination:

1.1. List of job classification where all employees have potential exposure to bloodborne pathogens (List Job Title and Air Force Specialty Code (AFSC)).

1.2. List of job classification where some employees have potential exposure to bloodborne pathogens (List Job Title and AFSC).

1.3. List of tasks and procedures in which potential occupational exposure to bloodborne pathogens occurs for job classifications listed in paragraph 1.1, this attachment. (List Task and AFSC).

2. Schedule and Methods of Implementation:

2.1. Standard Precautions. The mandatory use of standard precautions is now 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 human pathogens. It is assumed that all blood and body fluids (semen, vaginal fluids, cerebrospinal, lymph, pericardial, and so forth) are potentially infectious and therefore appropriate barriers must be established between the patient’s blood, body fluids, and other infectious materials and the health care or public safety worker.

2.2. Engineering and Work Practice Controls. Standard precautions in conjunction with effective work practice controls will be used to minimize or eliminate potential exposure risk to bloodborne pathogens.

2.2.1. Handwashing Facilities. Handwashing facilities are located throughout the section. In areas where handwashing facilities are not available, antiseptic hand cleaners will be provided for limited use; however, hands will be washed with soap and running water as soon as feasible.

2.2.2. Handwashing Enforcement. Handwashing is a responsibility of each employee. Enforcement of this responsibility falls upon the employee’s supervisor. At a minimum, hands will be washed:

2.2.2.1. Immediately, or soon after removal of gloves or personal protective equipment (PPE).

2.2.2.2. With soap and water. Other skin areas will be washed with soap and water, or mucous membranes will be washed with water immediately or soon after coming in contact with blood or other potentially infectious material.

2.2.2.3. Before and after performing any personal body function, such as eating, sneezing or using the restroom.

2.2.2.4. Before and after touching wounds, whether surgical, traumatic or associated with an invasive device.

2.2.2.5. After touching inanimate sources (e.g. equipment being used) that is likely to be contaminated with blood or body fluids.

2.2.2.6. After any situation which microbial contamination of hands is likely to occur.

2.2.2.7. Before departure for home.

2.2.2.8. Handwashing will be encouraged when employee is in doubt about the necessity for doing so.

2.2.2.9. If skin contaminated with blood or body fluids cannot be washed, it will be cleaned with water-less disinfectant to remove blood from the skin. The skin will be washed with soap and water as soon as the contaminated individual can be taken to an area where water is present.

2.2.3. Handling Contaminated Needles, Sharp Instruments, or Other Contaminated Articles. Education programs should stress proper management of needles, sharp instruments, or other contaminated articles. Workers should be aware of the occupational health hazards associated with their use. Common sense, safety, and environmental concerns should be paramount in the workers' handling and disposing of needles, sharp instruments, or other contaminated articles. Emphasis should be placed on minimal handling of these items.

2.2.3.1. Sharp instruments, broken glass, needles, syringe units or other sharp objects that are contaminated with blood, body fluids, or other potentially infectious materials will not be picked up by hand; rather, they will be picked up using tongs, forceps, broom and dust pan, or other method which does not require an individual to come into direct contact with the contaminated object.

2.2.3.2. Once picked up, the contaminated object will be placed into puncture-resistant, leak-proof biohazard container and taken to the 914 ASTS for disposal. If an organization does not have a suitable biohazard container for an emergency situation, it can contact the 914 ASTS and arrange to pick one up.

2.2.3.3. Extreme caution must be exercised when disposing of needles and sharp instruments. They must be disposed of in puncture-resistant, leak-proof containers appropriately designated for needle and sharp instrument disposal.

2.2.4. Eating, Drinking and Smoking in Potential Exposure Areas. Eating, drinking, smoking, applying cosmetics/lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure to blood or body fluids. All personal protective equipment (PPE) must be removed; hands washed and contaminated clothing changed prior to eating, drinking, smoking, applying cosmetics/lip balm, or handling contact lenses after potential exposure to bloodborne pathogens.

2.2.5. Storage of Foods and Drinks. Foods and drinks will not be kept in refrigerators, freezers, counter tops or bench tops where the potential for exposure to infectious materials exists.

2.2.6. Potentially Infectious Specimen Handling and Disposal. Materials which have been contaminated with blood, body fluids or other potentially infectious materials will be placed in biohazard-hazard bags, sealed and transported to the 914 ASTS in a leak-proof, puncture-resistant container marked with the biohazard symbol for disposal.

2.2.6.1. Color-coded red plastic bags are the primary containers for disposal of contaminated wastes.

2.2.6.2. If specimen leakage is anticipated, double or triple bag primary container using color-coded plastic bags.

2.2.6.3. If a contaminated article could puncture the primary container, the primary container will be placed within a secondary container that is puncture-resistant. This container should have appropriate biohazard markings.

2.2.7. Equipment and Surface Decontamination. Equipment or surfaces, which become contaminated with blood or other infectious material, will be decontaminated by the organization that has functional responsibility for the building, grounds, or equipment. The organization is also responsible for requesting a cleaning service to decontaminate the area. (Contact Base Contracting for a list of available services.) Individuals who are responsible for the cleaning will wear appropriate PPE, including, but not limited to: gloves, protective eyewear, and a smock. For emergency situations, Bioenvironmental Engineering can brief clean-up personnel on personal protection prior to actual clean up. Bioenvironmental Engineering can be reached at Commercial 716-236-3135 during normal duty hours and through the Fire Department dispatcher after duty hours.

2.2.7.1. At a minimum, the contaminated surfaces will be cleaned using the following procedures:

- Absorb the spilled material;
- Clean the spill area with a detergent;
- Disinfect the spill with household bleach (Clorox);
- Absorb the disinfectant; and
- Rinse the spill site with water.

2.2.7.2. Dispose of fluids in the sanitary sewer system.

2.2.7.3. Paper products used in the clean-up operation should be placed in a biohazard bag and disposed of IAW paragraph 2.2.6.

2.2.8. Personal Protective Equipment (PPE). All employees will use appropriate PPE to minimize or eliminate exposure risks. Equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or to reach the

employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes, under normal conditions of use and for the duration of use.

2.2.8.1. Providing PPE. It is the responsibility of the individual organization to provide PPE for their employees. Supervisors will ensure all employees at risk are provided PPE to include, but not limited to: gloves, gowns, coats, masks, eye protection, mouthpieces and resuscitation bags, or other ventilation devices based upon their expected exposures to blood, body fluids, or other potentially infectious materials.

2.2.8.2. Enforcing Wear of PPE. The supervisor will enforce the use of PPE by all employees.

2.2.8.3. Accessibility of PPE. The supervisor will ensure availability of PPE in the work area. PPE is stored: (List Equipment Type and Storage Location).

2.2.8.4. Cleaning, Maintenance, Repair, Removal and Disposal of PPE. Supervisors will ensure proper cleaning, laundering, disposal, repair and replacement of PPE.

2.2.8.5. All PPE will be removed prior to leaving the work area.

2.2.8.6. If a garment is penetrated by blood or other potentially infectious material, the garment will be removed immediately or as soon as possible afterward.

2.2.8.7. All contaminated PPE will be placed in an appropriate area or container for storage prior to decontamination or disposal. The location of the containers for contaminated PPE are identified and made known to all employees. Contaminated disposable PPE will be handled as described in paragraph 2.2.6.

2.2.8.8. Disposable gloves will be worn when it can be reasonably anticipated that the employee will have direct contact with blood or other potentially infectious material, mucous membrane or non-intact skin, and when handling or touching contaminated items or surfaces. Gloves will be replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised. NOTE: Ensure gloves are not left at the accident site.

2.2.8.9. Masks, eye protection, and face shields will be used whenever splashes, spray, splatter, droplets of blood or other potentially infectious material may be generated and contamination of the eye, nose or mouth is a possibility.

2.2.8.10. Other protective clothing such as gowns, aprons, coats, or jackets will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

2.3. Guidance for Proper PPE selection. The type of PPE to be worn will vary with the situation/procedure performed. The final decision about which PPE is appropriate lies with the supervisor. Medical procedures may require more strenuous guidelines, but some general guidelines to help in deciding the type of PPE required.

2.3.1. Gloves. Heavyweight, puncture-resistant utility gloves, such as those used for dishwashing, are best for housekeeping procedures. For patient-care procedures, use sterile/non-sterile, non-porous latex-free gloves.

2.3.2. Clothing. Cloth or disposable gowns/coats must be used to prevent blood contamination. 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 splattered.

2.3.3. Facial Protection. Facial protection should be worn if splattering of blood or body fluids is anticipated. A disposable mask offers protection for the nose and mouth in some situations. Plastic, wrap-around safety glasses offer good protection; however, if there is substantial risk of splattering, a full-face shield or goggles should be worn. Ordinary glasses do not offer adequate protection against splattering. A mouthpiece should be used when performing cardiopulmonary resuscitation (CPR).

2.3.4. Shoes. Waterproof shoe covers should be worn if there is a large spill of potentially infectious fluid.

2.3.5. All PPE must be put into a biohazard waste bag for appropriate disposal/laundry immediately after use.

2.4. Housekeeping. Supervisors are responsible for ensuring work areas are maintained in a clean and sanitary condition.

2.4.1. Schedule of Housekeeping Procedures. Procedures will be established for each section, indicating schedule for cleaning and methods of decontamination based upon work area and procedures performed in the area.

2.4.2. Cleaning Surfaces Contaminated with Potentially Infectious Material. All equipment and work surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials, following the directions in paragraph 2.2.7, or Attachment 3. Contaminated work surfaces will be decontaminated with approved disinfectant after completion of procedures or immediately after any blood or other potentially infectious material spills.

2.4.3. Regulated Waste. Proper disposal of waste contaminated with blood or body fluids is essential to minimizing or eliminating the exposure risk to employees and the general community.

2.4.4. Disposal of Sharp Instruments or Glass. Blood-contaminated or body fluid-contaminated sharp instruments or glass will be discarded immediately in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately as containing biohazard material. These will be taken to the 914 ASTS for disposal.

2.4.5. Other Contaminated Wastes. Contaminated or potentially infectious waste will be placed in biohazard bags. Care must be taken to prevent leakage. The bags will be sealed prior to

removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping. The bags will be taken to the 914 ASTS for disposal.

2.5. Laundry. Contaminated laundry will be handled as little as possible with a minimum of agitation to prevent gross microbial contamination of the air and persons handling the laundry. Appropriate PPE will be worn at all times when handling laundry. Disposable items are preferred as to minimize the need for laundry.

2.5.1. Bagging. All contaminated laundry will be bagged at the location it was used and will not be sorted or rinsed in the location of use.

2.5.2. Shipping. Contaminated laundry will be placed and transported in bags or containers labeled or color-coded as biohazard. Wet, contaminated laundry will be placed in bags or containers that prevent soak-through and leakage. The supervisor will ensure employees handling contaminated laundry wear protective gloves and other appropriate PPE. Disposition of contaminated laundry will be coordinated with the 914 ASTS.

2.6. Hepatitis B vaccine series (Hep B). Individuals whose duties involve potential exposure to blood, body fluids, or other potentially infectious materials can receive immunizations at no cost for protection against Hepatitis B Virus. The Hep B vaccine series will be offered within 10 days upon assignment of employment involving exposure to blood, body fluids, or other potentially infectious materials. Civilian employees may decline the vaccine; however, employees declining the vaccination series must sign a Declination Statement. Send the original statement to Bioenvironmental Engineering for filing in the employee's medical record and keep a copy in the work section's exposure control plan (file in a separate area of the plan following training documentation). If duties continue to involve exposure to blood, body fluids, or other potentially infectious materials, employees may request to start the immunization series at any time.

2.6.1. Administration. The Hep B vaccine series will be administered by the 914 ASTS Immunization Clinic. It is given in a series of three vaccines at time intervals of 0, 1, and 6 months.

2.6.2. Procedures. The employee must be given bloodborne pathogen training and offered the Hep B vaccine series within 10 day upon assignment and prior to starting duties that involve exposure to blood, body fluids, or other potentially infectious materials.

2.6.3. Post-Exposure Follow-up. Individuals exposed to blood or body fluids will receive medical follow-up. They will report to the 914 ASTS as soon as possible, after an exposure, for initial evaluation or treatment. The 914 ASTS will then counsel the individual on the risk and ensure follow-up testing and treatment is accomplished. This includes individuals exposed to another's blood or body fluid while performing CPR, other workplace exposures to blood/body fluids even if they have not been previously designated as being at risk of exposure to blood as part of their normal duties, and other non-work related exposures. Patients will receive follow-up and treatment in accordance with the Center for Disease Control guidelines. Address questions about what constitutes an exposure to 914 ASTS. (The supervisor should first try to determine if an exposure has occurred.)

2.7. Record Keeping:

2.7.1. Medical Records. Patient medical records are maintained by the 914 ASTS.

2.7.2. Training Records. Upon completion of training the employee will sign AF Form 2767, Occupational Health Training and Protective Equipment Fit Testing, or other designated form. Send a copy of this form to Bioenvironmental Engineering, 914 MSG/SGPB, and file the original in a separate section with the exposure control plan. These training records must be kept for minimum of 3 years.

2.7.3. Each supervisor must document initial and annual training in Block V of each trainee's AF Form 55, Employee Safety and Health Record.

2.7.4. Initial training will be documented as "Initial Bloodborne Pathogen Training" and annual update training will be documented as "Annual Bloodborne Pathogen Training."

2.8. Communication of Hazards to Employees:

2.8.1. Labeling. Contaminated items will be designated by placing them in a biohazard bag or other appropriate leak-proof container which has the biohazard symbol and the word "BIOHAZARD" clearly marked in red on the outside of the container. These containers will not be used for any other purposes.

2.8.2. Training. All employees who have exposure to blood, body fluids, or other potentially infectious materials as a part of their regular job as defined in paragraph 1.1. will receive initial and annual training on exposures to blood, body fluids, or other potentially infectious materials prior to assuming duties which involve exposure to blood, body fluids, or other potentially infectious materials. At a minimum, training must include the following:

2.8.2.1. Occupational Safety and Health Administration Standard (29 CFR 1910.1030)

2.8.2.2. Epidemiology and symptomatology (statistics, signs and symptoms of the diseases).

2.8.2.3. Modes of Transmission of Bloodborne Pathogens.

2.8.2.4. The work-specific Exposure Control Plan (what is in it, where is it, who is covered).

2.8.2.5. Procedures that might cause exposure to potentially infectious materials.

2.8.2.6. Control methods used to control exposure in a specific workplace.

2.8.2.7. PPE available.

2.8.2.8. Post-exposure procedures and follow-up.

2.8.2.9. Signs and labels used.

2.8.2.10. Hepatitis B vaccine series program.

3. Procedures for Evaluation of Circumstances Surrounding Exposure Incidents:

3.1. Reporting Incidents. Any incident that involves potential exposure to blood, body fluids, or other potentially infectious materials will be reported immediately to the supervisor. The individuals receiving exposure and, if possible, the source of the blood, body fluids, or other potentially infectious materials will be taken to the 914 ASTS.

3.2. After initial evaluation and treatment, the individuals will be scheduled for counseling and follow-up testing.

Attachment 4

DECONTAMINATION PROCEDURES FOR BLOOD AND BODY FLUIDS

The following procedures are recommended for “site specific” clean-up of spills involving blood or body fluids. Five percent (5%) household bleach is used, but any disinfectant used must be approved first by the 914 ASTS Infection Control Committee. Also, outline in the unit’s control plan the procedures for clean-up using the disinfectant.

1. Make a “spill kit” readily available for site clean up. Place ½ cup of household bleach in a dark brown or opaque bottle (sunlight will breakdown bleach). Put the bleach, 1 gallon of water (don’t mix the two until you clean up the spill), one pair of heavyweight, puncture-resistant utility gloves, such as those used for housecleaning and dishwashing, two 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:

1.1. Clothing. Use cloth or disposable gowns/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 splattered onto the clean-up workers. At the completion of clean-up, discard disposable apron into the biohazard waste bag.

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. Ordinary glasses do not offer adequate protection against splattering. If there is substantial risk of splattering of blood or body fluids, wear a full-face shield or goggles. After the completion of clean-up, discard disposable facial protection into a biohazard waste bag.

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

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 as a “pusher” and “receiver” to pick up objects. Place sharp objects into a puncture-resistant container prior to placing into a biohazard waste bag.

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, a sponge). If the spill is large, granular absorbent material--like that used to absorb caustic chemical spills--may be used (i.e., 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.

2.1. Mix the ½ cup of bleach with 1 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 20 minutes. (This disinfecting solution is approximately a 1:10 dilution of household bleach. Larger or smaller solutions may be made following this dilution rate.)

2.2. 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.

2.3. Rinse the spill site with water to remove a chemical residue. Dry the site to prevent slipping.

2.4. 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. Decontaminate reusable materials and equipment following the above procedures.

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