

**BY ORDER OF THE COMMANDER
TINKER AIR FORCE BASE**

**TINKER AIR FORCE BASE INSTRUCTION
48-102**



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Aerospace Medicine
BLOODBORNE PATHOGENS
EXPOSURE CONTROL PLAN**

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction establishes standardized procedures for education and training, developing exposure control plans, addresses clean-up procedures for potentially infectious material spills and medical management for workers on Tinker Air Force Base who have had potential exposure to blood and/or body fluids. It is applicable to all organizations, including tenant organizations. This publication requires the collection and or maintenance of information protected by the Privacy Act (PA) of 1974. The authorities to collect and or maintain the records prescribed in this publication are Title 37 *United States Code*, Section 301a and Executive Order 9397, NUMBERING SYSTEM FOR FEDERAL ACCOUNTS RELATING TO INDIVIDUAL PERSONS, November 22, 1943. Forms affected by the PA have an appropriate PA Statement. The applicable Privacy Act System Notice(s) is available online at: <http://www.defenselink.mil/privacy/notics/usaf>. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.myaf.mil/afrims/afrims/afrims/rims.cfm>. It applies to Air Force Reserve Command (AFRC) and Air National Guard (ANG) units, except where noted otherwise. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF IMT 847s through publications/forms managers.

SUMMARY OF CHANGES

Changes include OPR, certifying official and approving official updated. Added exposure categories.

1. Exposure Determination

1.1. Exposure Categories. Occupational Safety and Health Administration (OSHA) has established three risk exposure categories for protection against occupational exposure to infectious diseases to include Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV). These categories are as follows:

1.1.1. Category I (High Risk). High risk tasks are those 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, tissues, potentially infectious materials (PIMs), or a potential for spills or splashes. Use of personal protective equipment (PPE) will be required for employees engaged in Category I tasks. Category I job classifications will include the following: physicians, dentists, nurses, physician's assistants, medical laboratory officers and technicians, dental and dental lab technicians, dental hygienists, dental assistants, dental volunteers, radiology technicians, optometrist, optometry technicians, immunization technicians, medical technicians, and emergency medical technicians.

1.1.2. Category II (Moderate Risk). These are routine tasks that involve no exposure to human blood, bodily fluids, tissues, or other PIMs, but employment may require performing unplanned/ emergency Category I tasks. Normal work routine involves no exposure to blood, body fluids, or PIMs, but exposure or potential exposure may be required as a condition of employment. Appropriate PPE, as determined by the supervisor, in consultation with Bioenvironmental Engineering, will be readily available to every employee engaged in Category II tasks. Listed below are Category II job classifications and tasks which may incur exposure:

Figure 1. Job/Task Description

<u>JOB</u>	<u>TASK</u>
Security Forces	Rendering First Aid
Mortuary Affairs	Potential exposure to human waste and human remains
Hospital Housekeeping	Duties performed in 72 MDG, Transporting PIMs, contaminated laundry/trash
Hospital Employees/Volunteers not In Category I	Potential contact with infectious patients/equipment
Designated Search and Rescue Responders	Potential contact with infectious remains/personal items during aircraft mishap
Designated First Aid Responders	First Aid Response in the workplace
Firefighters	First responders, emergency rescue procedures, rendering first aid
<u>JOB</u>	<u>TASK</u>
Fleet Services Servicing flights for aeromedical evacuation	

1.1.3. Category III (No Anticipated Risk). Tasks that involve no exposure to human blood, body fluids or tissues. Category III tasks are not a condition of employment. The normal work routine involves no exposure to human blood, body fluids or tissues (although situations may be imagined or hypothesized under which anyone, anywhere, might encounter a potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or to 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 (for example, administrative workers, food handlers, routine laborers, industrial shop personnel, and so forth). Duties that may involve potential exposure for Category III personnel include:

1.1.3.1. Disposing of soiled tissues or debris soiled with visible blood from restrooms or offices.

1.1.3.2. Physical contact with other employees or visitors with exudative lesions or weeping dermatitis.

1.1.3.3. Provision of emergency first aid or cardiopulmonary resuscitation (CPR) until professional help arrives. **NOTE:** Personnel who must be immunized against

HBV on Tinker AFB include all Category I personnel and all active duty personnel and civilians who work in Category II shops including medical, firefighting, security police, explosive ordinance disposal, and other identified work centers with job tasks that potentially expose assigned workers to human waste and/or blood and body fluids. All other personnel in Category III will be evaluated for post-exposure prophylaxis to HBV if an exposure incident occurs that is related to their occupational tasks.

1.2. Responsibilities for blood/body fluids cleanup.

1.2.1. Employees. It is the responsibility of the injured employee to cleanup his/her own blood/body fluids, if he/she is able. Blood/body fluids are to be cleaned up in a timely fashion and should not be left for later cleanup.

1.2.2. Supervisors. It is the responsibility of the injured employee's supervisor to ensure cleanup of any blood/body fluid spill if the employee is unable, whether through clean-up with the use of appropriate PPE or contacting a designated clean-up contractor. This applies to the work area and/or any community area where an incident has occurred. If a supervisor has determined that a blood/body fluid spill is beyond his/her capabilities, he/she can go up the chain of command to procure an off-base contractor to cleanup and dispose of the blood spill/body fluids. It is also the responsibility of the supervisor to initiate and ensure timely completion of the OSHA Form 301.

1.2.3. Supervisor and/or designee will attend initial Bloodborne Pathogen training given by Public Health in Bldg 3334 initially and as needed for updates. Supervisors will then train all employees on health hazards and clean-up procedures. Supervisors may request guidance from Public Health as needed.

1.2.4. Supervisor will document Bloodborne Pathogen training on the individual's AF Form 55, electronic equivalent or other equivalent training record as specified by the using organization.

1.2.5. Dorm Managers. In case of an accident/injury in the dorms, the dorm manager will be responsible for ensuring blood/body fluids are cleaned up appropriately, whether through clean-up with use of appropriate PPE or contacting a designated clean-up contractor. Use the chain of command to procure an off-base contract to cleanup and dispose of the blood spill/body fluids, if needed.

1.2.6. Public Health. Public Health will provide education and training to all supervisors and/or employees as needed. They will also provide guidance on specific cleanup incidents as needed.

2. Cleanup and Disposal Procedures for Indoor Spills of Blood/Potentially Infectious Materials: 72d Medical Group (MDG) recommends the following procedures for the cleanup of spilled blood or potentially infectious materials, as defined in below, that occur at Tinker Air Force Base. For guidance or additional information on any blood spill/body fluid cleanup, contact Public Health at 734-3582 or 582-6542.

2.1. Cleanup materials needed: Household bleach, one gallon bucket or larger, mop, towels/rags and Personal Protective Equipment (PPE) as needed (to include, at a minimum: non-porous gloves and eye protection). It is also permissible to use a blood spill clean-up kit

that can be obtained through supply or through local purchase. The use of cleaning solutions other than bleach is acceptable if the solution will kill HCV, HBV and HIV. The use of PPE is mandatory in all instances when exposure to blood or body fluids can be reasonably anticipated. Employees will remove PPE prior to leaving the area.

2.2. Limit access to the spill area.

2.3. Put on eye protection, if needed, and gloves. Mix solution of 1 2/3 cup (13 fluid ounces) of bleach with one gallon of water to produce a 10% solution. Mop area until clean. Prevent access to the area until site is dry.

2.4. Dispose of contaminated bleach/water solution by pouring it into the commode, sink or sanitary drain. Be cautious to prevent splashing.

2.5. Should items become soiled with blood/body fluids, the following should be done: Lightly soiled items (small area of contamination/non-saturated) should be discarded as solid waste (trash). Moderately or heavily soiled or saturated items are handled as infectious waste and are placed in a leak proof bag, labeled as infectious waste, or red biohazard bag may be used. The soiled/bagged items can then be transported to Occupational Medicine Clinic in Bldg 3334 or to the 72d Medical Group Clinic, Medical Logistics, the back dock of Bldg 1094 for disposal. After hours, secure the bag away from traffic and transport to Medical Logistics the next duty day.

2.6. Should anyone become exposed to blood/body fluids, immediately wash the area with soap and water, flush eyes with clean water and report immediately (with the source person if possible). Civilian personnel report to Occupational Medicine, Bldg 3334, during the hours of 0700-1545. Military personnel will report to the 72 MDG clinic immediately or local emergency room if exposure occurs after duty hours.

2.6.1. Both civilians and military personnel will be followed up in the Public Health office. After hours, the supervisor will call 911 for immediate instructions and care.

2.6.2. Ensure all employees that have experienced a potential exposure, whether military or civilian, are seen in Public Health at the earliest available opportunity so that all follow-up is done per OSHA guidelines.

2.7. If body parts are discovered, place the severed part in ice and transport it with the injured employee. If discovered later, send ASAP to the treating facility. If employee is deceased or a mass casualty situation exists, notify Security Forces, Office of Special Investigations (OSI), Command Post, Casualty Affairs and Mortuary Affairs.

3. Clean-up and Disposal Procedures for outdoor Spills of Blood/Potentially Infectious Materials: 72 MDG recommends the following procedures for the cleanup of spilled blood or potentially infectious materials, which occur outside of buildings (i.e., parking lots, streets and sidewalks). The following guidelines are designed for the cleanup of any spill and can be performed by anyone.

3.1. Cleanup materials needed: Source of water, hose, sprayer, eye protection and latex or similar gloves. If the spill is large, absorbent material may be needed, i.e., Dura Pads, Moor Dri 100, etc., biohazard bags and a 10% bleach solution.

3.2. Limit access to the spill area.

3.3. Don PPE as needed. If ground or surface conditions allow place absorbent material (i.e., Dura Pads, Moor Dri 100, etc.) over blood/body fluids. Saturate area with 10% bleach solution and then collect absorbent material and place in biohazard bags. Apply a low-pressure stream of water to the soiled area until all blood/body fluids are visibly washed away. Be careful not to splash yourself or anyone else in the area.

3.4. Should items become soiled with blood or other potentially infectious materials, the directions provided in paragraph 2.5. should be followed.

3.5. Should anyone inadvertently become exposed to blood or other potentially infectious material, follow guidance described in paragraph 2.6.

3.6. Should body parts be involved, follow guidance described in paragraph 2.7.

4. Events beyond the scope of incidents in paragraphs 2 and 3, such as a traumatic incident (suicide/murder/large scale accident), should implement a BPA (blanket purchase agreement) for a biohazard cleanup agency, licensed to clean potentially infectious materials. The BPA will be developed and maintained by 72 MSG/CC and may be executed by the public health emergency officer (PHEO), 72 MSG/CC and 72 ABW/CC.

5. Units Identified by Public Health as requiring Hepatitis B vaccination, as defined in paragraph 1.1.3.3.

5.1. All Category I civilians will report to PH to be offered the Hepatitis B vaccine at no cost to the employee. Civilian employees are required to be vaccinated IAW Air Force SG Policy Letter #03-004. Volunteers must receive the vaccine prior to working in Category I areas.

5.2. Personnel will go to the Immunization section with their shot record for the Hepatitis vaccination series at days 1, 30 and 180. Immunization personnel will document the vaccine in the shot record. If a civilian employee declines the Hepatitis B vaccine, they must sign a "Statement of Declination" which will be filed in their individual medical record and kept for the duration of employment plus 30 years.

5.3. Units will develop a tracking system to ensure all employees choosing to accept the Hepatitis B series follow through until the series of three vaccinations is completed.

5.4. Provide training to all new employees on Bloodborne Pathogens and blood spill cleanup. Training must be provided initially and annually and documented appropriately. Initial training must be done within 10 working days. Public Health will assist as needed.

5.5. Each unit must have a comprehensive Bloodborne Pathogen Exposure Control Plan (Atch 2) that is reviewed and updated annually. All units must submit their Exposure Control Plan to Public Health for approval prior to its implementation. This may be included in the annual HAZCOM training plan.

5.6. Units must have an adequate supply of PPE available for workers to use and also must enforce the use of PPE during any procedure that could have a potential for exposure to blood/body fluid. It may include: gloves, masks, resuscitation devices, goggles, aprons, etc.

6. The 72 MDG will provide:

6.1. Medical oversight for eligible workers exposed to blood/body fluids or other potentially infectious materials in the course of their duty. Medical oversight for potentially exposed workers includes:

- 6.1.1. Immunizations to protect eligible workers against bloodborne pathogens and documentation of those immunizations.
- 6.1.2. Medical follow-up, treatment and documentation for personnel exposed to blood/body fluids or other potentially infectious materials in the course of their duty on base.
- 6.1.3. Written opinions to be provided employees exposed to blood/body fluids or other potentially infectious materials.
- 6.2. Medical education, as required, to workers potentially exposed to infectious materials in the course of their duty. This educational service is on a consultant basis to the organization supervisors who have primary responsibility for training.
- 6.3. Initial training to organization supervisors on proper techniques and prevention of exposure to blood/body fluids and other potentially infectious materials.
- 6.4. The 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.
- 6.5. Technical advice and supervisory assistance on:
 - 6.5.1. The types of PPE needed to protect workers from exposure to blood/body fluids, or other potentially infectious materials.
 - 6.5.2. Consultation to units for decontamination of surfaces contaminated with blood/body fluids or other potentially infectious materials.
- 6.6. Any employee exposed will be evaluated by their Primary Care Manager or by the Occupational Medical Flight IAW MGI 48-016, *Occupational Health Program*.

CHRISTOPHER P. AZZANO, Colonel, USAF
Commander

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

29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens; Final Rule, Occupational Safety and Health Administration (OSHA)*, 06 December 1991

Air Force Instruction 44-108, *Infection Prevention and Control Program*, 01 March 2012

Air Force Instruction 48-101, *Aerospace Medicine Enterprise*, 09 October 2011

Adopted Forms

AF847, Recommendation for Change of Publication

Terms

Exposure Control Plan— A plan that identifies and documents the tasks, procedures and job classifications covering instances where there is exposure to blood or other potentially infectious materials.

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), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Potentially Infectious Materials— Blood, semen, vaginal secretions and any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult to differentiate between body fluids.

Potential Exposure— Eye, mouth, other mucous membrane, non-intact skin or puncture into the skin resulting in contact with blood or other body fluids.

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

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.

Attachment 2

SAMPLE EXPOSURE CONTROL PLAN FOR TINKER AIR FORCE BASE

A2.1. Exposure Determination

A2.1.1. Exposure Determination. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood, body fluids or other PIMs. The exposure determination is made without regard to the use of personal protective equipment.

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

Figure A2.1. Job Title/Series

<u>JOB TITLE</u>	<u>JOB SERIES/AFSC</u>
List Title and Job Series or AFSC EXAMPLE: Public Health (PH) Technician)	(4E0X1)

A2.1.3. 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, body fluids, or other PIMs, a listing of tasks or procedures is required to clearly understand which employees are considered to have occupational exposure.

Figure A2.2. Job Classification/Tasks

<u>JOB CLASSIFICATION</u>	<u>TASKS/PROCEDURES</u>
(List Title/Job Series or AFSC)	(List Task/Procedure such as emergency rescue/first aid procedures.)

A2.2. Exposure Control Plan Elements

A2.2.1. Universal Precautions. The term “Universal Precautions” refers to an infectious disease control process intended to prevent exposure to workers from bloodborne pathogens (blood and body fluids, such as semen, vaginal fluids, blood stained feces, etc.).

A2.2.1.1. All Victims and their body fluids. Considered to be potentially infected with a bloodborne disease and therefore treated the same.

A2.2.1.2. Personal Protective Equipment (PPE). Includes, but is not limited to, gloves and resuscitation devices and will be provided by the organization and readily available to all workers who may be potentially exposed to blood or body fluids. The wearing of PPE is mandatory in all instances when exposure to blood or body fluids is anticipated.

A2.2.2. Work Practice Controls. Controls that reduce the likelihood of exposure or injury are: hand washing, correct handling of contaminated needles, sharp instruments or other contaminated articles and equipment and surface decontamination.

A2.2.2.1. Hand Washing. It is essential for personnel to wash their hands with soap and water after exposure to blood or other infectious materials. In areas where hand washing facilities are not available, use of antiseptic hand cleaners is acceptable. However, wash hands with soap and running water as soon as feasible. At a minimum, wash hands after coming in contact with blood or other potentially infectious materials, eating, sneezing, using the restroom, touching areas of broken skin (cuts) or touching objects that could have contamination of blood or body fluids, after any situation in which germs come in contact with the hands and after removal of gloves or other PPE.

A2.2.2.2. Personal Protective Equipment. All employees will use PPE to minimize or eliminate exposure risks. Consider equipment appropriate only if it does not permit blood, body fluids, or other PIMs to pass through or to reach the employee's clothing, skin, eyes, mouth, or other mucous membranes, under normal condition of use and for the duration of use.

A2.2.2.3. Safe Handling of Contaminated Needles, Sharp Instruments, or Contaminated Articles. Workers must be aware of the occupational health hazards concerning the handling and disposing of needles, sharp instruments or other contaminated articles. Place emphasis on the minimal handling of these items. Do not pick up by hand sharp instruments, broken glass, needle/syringes, or other sharp objects contaminated with blood/body fluids, or infectious materials. Pick up contaminated objects using tongs, forceps, a broom and dustpan or some other method that does not require an individual to come in direct contact with the object. Once picked up, place the contaminated objects into a puncture-resistant, leak-proof container. Reference section 2.0 of this regulation for specific cleanup and disposal guidelines.

A2.2.2.4. Equipment and Surface Decontamination. At a minimum, clean the contaminated surfaces by absorbing the spilled material and disinfecting the spill area with a 10% solution of household bleach. Dispose of fluids in the sanitary sewer system (i.e. commode, sink or sanitary drain). Place contaminated paper products used in the cleanup operation in a biohazard bag and dispose of as in paragraph 2.5. If the area cannot be decontaminated in this manner, contact Public Health at 734-3582 or 582-6542 for additional information.

A2.2.3. Hepatitis B Immunization:

A2.2.3.1. Offer individuals whose duties involve occupational exposure to blood/body fluids, or other potentially infectious materials, free of charge, immunizations to protect them from Hepatitis B prior to employment. The employee may decline vaccination by signing a Statement of Declination. Employees who decline immunization may at a later date request to start the Hepatitis B series if they change their mind. The Immunization Clinic at 72 MDG will administer the Hepatitis B vaccine. The vaccine is given in a series of three injections at 1, 30 and 180 days. Note: This applies to personal identified in Category I and II. Civilian employees (with the exception of Category I employees) who decline must sign the Hepatitis B declination statement, which is placed in their medical record.

A2.2.3.2. Personnel who have First Aid as a collateral duty DO NOT require Hepatitis B immunizations.

A2.2.4. Training:

A2.2.4.1. Supervisor will ensure initial and annual training of all employees who have potential exposure to blood/body fluids, or other potentially infectious materials as part of their regular job (see paragraph 1.1.1 and 1.1.2 for job listing of those requiring training), will receive bloodborne pathogen training prior to assuming duties and within 10 days of assignment and annually thereafter. Public Health will provide assistance as needed with training.

A2.2.4.2. Public Health recommends all employees who have potential for assisting with a blood cleanup receive education prior to assuming that duty and within 10 days of assignment. The supervisor or his designate will do this training. Public Health will give assistance with training as needed.

A2.2.4.3. Supervisors should document the training in Block V of each employee's AF Form 55. Document initial training as "Initial Bloodborne Pathogen Training" and document update training as "Annual Bloodborne Pathogen Training."

A2.2.5. Evaluation of Exposure Incidents:

A2.2.5.1. Report immediately to the supervisor any incident which involves potential exposure to blood/body fluids, or other potentially infectious materials. Take the individual(s) receiving exposure and, if possible, the source of the blood/body fluids or other potential infectious materials to the 72d MDG Clinic or Occupational Medicine Services (Bldg 3334) as appropriate. If these services are closed, dial 911 on base and you will receive directions for care. After initial evaluation and /or treatment, refer the individual(s) to Public Health.

A2.2.5.2. Public Health will counsel the individual on risk factors and ensure follow-up testing and treatment is completed.

A2.3. References

A2.3.1. 29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens; Final Rule, Occupational Safety and Health Administration (OSHA)*

Attachment 3

BLOODBORNE PATHOGEN TRAINING TEMPLATE

Figure A3.1. Bloodborne Pathogen Training Template

UNIT:

PREPARED BY:

CERTIFIED BY:

A3.1. OSHA standard blood-borne pathogens 29 CFR 1910.1030. (Briefly outline standard.)

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

A3.3. Modes of transmission. (Needle sticks, sharps, punctures, splashes, direct contact, and so forth).

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. (Rescue, surgery, dental procedures, CPR, and so forth.).

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

A3.7. Personal Protective Equipment. (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.)

A3.11. Questions. (Interactive question and answer session.)

NOTE: The above is only an outline of what should be included in each unit's training OI. PH has a set of BBP presentation slides available for use by units. However, each unit will have to tailor their OI to meet their unit's needs.