

**BY ORDER OF THE COMMANDER  
71ST FLYING TRAINING WING (AETC)**

**VANCE AFB INSTRUCTION 48-102**

**14 DECEMBER 2011**



***Aerospace Medicine***

***OCCUPATIONAL EXPOSURE TO  
BLOODBORNE PATHOGENS (BBP) OR  
OTHER POTENTIALLY INFECTIOUS  
MATERIAL (OPIM) CONTROL PLAN***

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction establishes requirements and procedures to comply with the Occupational Health and Safety Administration (OSHA) directives on occupational exposure to BBP. It applies to units assigned to or tenants on Vance Air Force Base where personnel are actually or potentially exposed to blood and other potentially infectious materials during the performance of duties. It also applies to all Department of Defense employees - military, civilian, and volunteers. This publication does not apply to Air Force Reserve Command (AFRC) Units, Air National Guard (ANG) or Civil Air Patrol (CAP). 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 10 U.S.C. 55, Medical and Dental Care; 10 U.S.C. 8013, Secretary of the Air Force; System of Records Notice F044 AF SG R, Report of Medical Conditions of Public Health and Military Significance; and E.O. 9397 (SSN). 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 are disposed of in accordance with the Air Force Records Information Management System (AFRIMS) Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using AF Form 847, *Recommendation for Change of Publication*; route AF Form 847 from the field through the VAFB Publications and Forms Manager. (AF Form 847 is described in AFI 11-215, *USAF Flight Manuals Program [FMP]*. Refer to that publication for guidance on filling out the form).

## ***SUMMARY OF CHANGES***

This instruction is revised to include updated references and grammatical changes.

### **1. Definitions:**

1.1. Blood: Human blood, human blood components, and products made from human blood.

1.2. BBP: Disease causing/pathogenic microorganisms that are present in human blood and/or other potentially infectious material that 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).

1.3. OPIM: Include semen, vaginal secretions, cerebrospinal fluid, synovial, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, and any body fluid contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids and/or any organ (other than intact skin) from human (living or dead).

1.4. Exposure incident: A specific eye, mouth, other mucous membrane, non-intact skin (skin with cuts, abrasions, chafing, dermatitis, hang nails, etc.) contact with blood or OPIM that results from the performance of an employee's duties. Includes any incident where a potentially contaminated item (e.g., knife, scalpel, and needle) penetrates the skin or human bites.

1.5. Occupational exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with potentially infectious material that may result from the performance of an employee's duties.

1.6. Parenteral: Piercing of the mucous membrane or skin barrier through such events as needlesticks, human bites, cuts, abrasions or via sharp objects.

1.7. Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered PPE.

1.8. Regulated waste: Liquid or semi-liquid blood or potentially infectious materials; contaminated items that would release blood or OPIM in a liquid/semi-liquid state if compressed; items caked with dried blood or OPIM and capable of releasing these materials during handling; or contaminated sharps.

1.9. Source individual: Any individual alive or dead, whose blood or OPIM may be a source of occupational exposure to an employee.

### **2. Responsibilities:**

2.1. Section supervisors whose personnel may be exposed to BBP and OPIM while performing their duties will:

2.1.1. Ensure employees with potential exposure receive initial training at the time of initial assignment to tasks where occupational exposure may take place and annually thereafter. **NOTE:** All personnel whose jobs specifically require them to administer cardiopulmonary resuscitation (CPR) or first aid as part of their job must receive BBP training.

2.1.2. Ensure all necessary personal protective equipment (PPE), in the proper sizes, is readily accessible to assigned personnel. PPE includes gloves, gowns, masks, goggles, and face shields. Impervious material gowns and aprons are needed to protect skin and clothing from gross contamination.

2.1.3. Provide PPE to the workers at no cost.

2.1.4. Assign a trainer to train assigned personnel on tasks/duties in which exposure to BBP or OPIM is likely, the required work practices to be followed and PPE to be worn to prevent/minimize exposure. Training must be provided upon assignment and annually thereafter.

2.1.5. Document training on individual's AF IMT 55, *Employee Safety and Health Record*.

2.1.6. Contact Public Health to investigate exposure incidents. The Public Health consultant will provide medical recommendations and treatment follow-up and/or other medical recommendations.

2.1.7. Enforce employee compliance with required practices and use of PPE.

2.2. Ensure potentially exposed personnel will comply with precautions outlined by Centers for Disease Control (CDC) and OSHA standards to prevent exposure to BBP and OPIM.

2.3. Ensure exposed individuals notify their immediate supervisor of the accident and report immediately to the 71 MDG clinic for evaluation and follow up.

### **3. PPE Usage:**

3.1. PPE is mandatory in all instances when exposure to BBP or OPIM is possible. In extraordinary, life-threatening circumstances, the use of PPE may not be practical. In all situations, document exposure and report to Public Health after flushing exposed area(s) with water.

3.2. Disposable gloves are worn when bodily fluids are handled. Change between procedures or when barrier is broken. Hands are to be washed prior to and after removal of gloves.

3.3. Heavy-duty industrial grade gloves are worn when handling trash or decontaminating equipment. When the barrier is broken, remove gloves and wash hands prior to putting on new gloves.

3.4. Wear protective eyewear (mask/goggles/face shield) when exposure to the eyes is anticipated. PPE must prevent peripheral exposure. Shared PPE must be disinfected between uses (see item 3.11 below).

3.5. Wear shoe covers/rubber boots when gross contamination is likely.

3.6. Wear fluid resistant hair covering (i.e., DuPont Bouffant Caps available through 71 MDG Infection Control) when aerosol or splattering contamination can occur.

3.7. If available, use resuscitation equipment (pocket masks) to prevent direct mouth-to-mouth contact.

3.8. Remove all PPE before moving to a "clean" area.

3.9. Place contaminated PPE into appropriate containers for disposal. Gloves are required when these items are handled.

3.10. All PPE will be readily accessible in the work area.

3.11. Gloves will be worn when reusable items are decontaminated. Wash in hot soapy water, rinse in clean water and soak for 1 minute in 1:10 dilution of bleach and water.

#### **4. Disposal of PPE:**

4.1. PPE saturated with blood or body fluids will be placed into biohazard bags.

4.2. PPE or other items contaminated with small amounts of blood or other body fluids are disposed of as routine regulated medical waste.

#### **5. Requirements for the Exposure Control Plan (ECP):**

5.1. Units requiring an ECP, at a minimum, will include the following:

5.1.1. Exposure determination by employee category or AFSC.

5.1.2. Methods of compliance to include work practices and minimum PPE required.

5.1.3. Requirement for Hepatitis B vaccination and post-exposure evaluation/follow-up.

5.1.4. Record keeping.

5.1.5. Procedures for evaluating exposure incidents.

5.1.6. Public Health and/or Infection Control Officer is available for consultation and/or review of ECP.

#### **6. Training:**

6.1. Unit training personnel will be responsible for training personnel on BBP in their organization upon initial assignment as required and annually thereafter.

6.2. Training shall be provided to the employee at the time of initial assignment to tasks where occupational exposures may take place and annually thereafter.

6.3. Additional training shall be provided when changes to tasks or procedures occur. The additional training can be limited to addressing the new exposures.

6.4. Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used.

6.5. Training will include as a minimum the following:

6.5.1. An accessible copy of the 29 Code of Federal Regulations (CFR) Part 1910.1030, *Bloodborne Pathogens*, Occupational Safety and Health Administration (OSHA) Instruction 2.103, Field Inspection Reference Manual, and an explanation of its contents.

6.5.2. A general explanation of the epidemiology, symptoms, and modes of transmission of BBP and disease.

6.5.3. An explanation of the transmission of bloodborne diseases.

6.5.4. An explanation of the unit ECP and how to obtain a copy.

- 6.5.5. An explanation of appropriate methods for recognizing tasks and other activities that may involve exposure to blood or OPIM.
- 6.5.6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and PPE.
- 6.5.7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
- 6.5.8. An explanation of the basis of selecting PPE.
- 6.5.9. Information on Hepatitis B vaccine including its use, safety and efficacy.
- 6.5.10. Information on the appropriate actions and points of contact in an emergency involving blood or other infectious material.
- 6.5.11. An explanation of procedures to follow if an exposure accident occurs.
- 6.5.12. Information on the required post-exposure evaluation and follow-up procedures.
- 6.5.13. An explanation of signs, labels, and or color-coding required for blood and OPIM.
- 6.5.14. An opportunity for interactive questions and answers.

6.6. Public Health will provide and act as a resource for training material and information regarding PPE.

## **7. Record Keeping:**

- 7.1. All records/documents pursuant to this program (i.e., medical, training documents, AF IMT 55) will be maintained IAW AF RDS and AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program*. Personnel medical records will be kept IAW AFI 41-210, *Patient Administration Functions*, and OSHA requirements.
- 7.2. Training will be documented on an AF IMT 55 and maintained in OJT records.
- 7.3. Contractor training is maintained in QMIS and administered by contractor quality management personnel.
- 7.4. The section supervisor will maintain training records for three years from the date on which the training occurred.

## **8. Hepatitis B Virus (HBV) Vaccination:**

- 8.1. All active duty personnel are now being vaccinated against Hepatitis A and B. **NOTE:** There are still individuals who have not been vaccinated against Hepatitis A/B. Each exposure requires review of individual immunization history to assess risks.
- 8.2. All 71 MDG GS civilian or 71 MDG contracted employees (excluding contracted custodians) shall receive the vaccination as a condition of employment.
- 8.3. 71 MDG non-GS civilian personnel considered at risk may refuse the vaccine, but must sign a declination statement.

**9. Contingency Operations:** Units requiring an ECP will establish contingency procedures for clean up of spilled blood in the work place. Procedures should include the use of protective gloves and a diluted bleach solution of 1:10 (bleach-water).

**10. Standard Precautions:** Practices shall be observed to prevent contact with blood or OPIM, to include the use of barriers between the patient's bodily fluids and the health care worker. Barriers generally include the use of PPE.

10.1. Engineering Controls: Controls that isolate or remove the BBP hazard from the workplace (e.g., sharps disposal containers and self-sheathing needles).

10.2. Puncture resistant, leak-proof waste receptacles are used for disposal of regulated medical waste.

10.3. Work Practice Controls. Prevention of exposure will consist primarily of the following work practice methods/controls:

10.3.1. Personal hygiene, to include hand washing.

10.3.2. Standard precautions as described in the Bloodborne Pathogens in Healthcare Settings and Infection Control in Healthcare Settings, Centers for Disease Control and Prevention (CDC).

10.3.3. Sanitizing or disposal procedures for contaminated equipment, clothing, and supplies.

10.3.4. Procedures following an emergency response or in case of an exposure to BBP or OPIM.

10.4. Specimen Transport: Place the specimen into a leak-proof biohazard labeled container. Before servicing or shipping, examine equipment for potential contamination and decontaminate as necessary.

**11. "Off Limit" Areas:** Areas with gross blood spills are placed off limits until the area can be thoroughly cleaned. Wear PPE to protect eyes, skin, clothing, shoes, etc., from contamination. Clean up potentially contaminated broken glass with a brush, broom, dustpan, tongs, etc. Do not use your hands.

**12. Laundry Disposal:** Contaminated laundry should be handled as little as possible. Bag contaminated linen(s) in the work area until delivery to Medical Logistics. Do not rinse or sort the laundry. If saturated and dripping wet, place into leak-proof bags and label. Wear gloves when handling dirty laundry. Contaminated linens are brought from Billeting for disposal with 71 MDG contaminated waste.

**13. Good Hand washing Techniques:** Hand washing is considered one of the most important work practices that may prevent infection.

13.1. Hand washing consists of the following procedures:

13.1.1. Personnel will wash their hands after any possible contact with blood or OPIM when handling contaminated objects and upon removal of protective gloves.

13.1.2. Personnel shall clean their hands in a lavatory that is properly equipped with warm, running water, soap and single-use paper towels (no multi-use towels).

13.1.3. When washing hands with soap and water, first wet hands with water, apply an amount of soap product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off faucet and if possible, to open the door. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

13.1.4. Antiseptic towelettes or alcohol-based hand sanitizers can be used as a supplement to hand washing, but not as a replacement.

RUSSELL L. MACK, Colonel, USAF  
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## Attachment 1

### GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

#### *References*

29 Code of Federal Regulations (CFR) Part 1910.1030, *Bloodborne Pathogens*, Occupational Safety and Health Administration (OSHA) Instruction 2.103, Field Inspection Reference Manual

AFPD 48-1, *Aerospace Medical Program*

AFI 44-108, *Infection Control Program*

Bloodborne Pathogens in Healthcare Settings and Infection Control in Healthcare Settings, Centers for Disease Control and Prevention (CDC)

Recommendations for Preventing Transmission of Human Immunodeficiency Virus – Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures. MMWR 40, 1991

Control of Communicable Diseases in Man – current edition

#### **Prescribed Forms**

There are no prescribed forms in the publication.

#### **Adopted Forms**

AF Form 847, *Recommendation for Change of Publication*

AF IMT 55, *Employee Safety and Health Record*

#### *Abbreviations and Acronyms*

**71 MDG**—71st Medical Group

**AF**—Air Force

**AFB**—Air Force Base

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFRC**—Air Force Reserve Command

**ANG**—Air National Guard

**AFOSH**—Air Force Occupational Safety and Health

**AFRIMS**—Air Force Records Information Management System

**AFSC**—Air Force Specialty Code

**BBP**—Bloodborne Pathogens

**CAP**—Civil Air Patrol

**CDC**—Centers for Disease Control

**CFR**—Code of Federal Regulations

**CPR**—Cardiopulmonary Resuscitation

**ECP**—Exposure Control Plan

**FMP**—Flight Manuals Program

**GS**—Government Service

**HBV**—Hepatitis B Virus

**HCV**—Hepatitis C Virus

**HIV**—Human Immunodeficiency Virus

**IAW**—In Accordance With

**MMWR**—Morbidity and Mortality Weekly Report

**OJT**—On the Job Training

**OPIM**—Other Potentially Infectious Material

**OPR**—Office of Primary Responsibility

**OSHA**—Occupational Health and Safety Administration

**PA**—Privacy Act

**PPE**—Personal Protective Equipment

**QMIS**—Quality Management Information System

**RDS**—Records Disposition Schedule

**SSN**—Social Security Number