

**BY ORDER OF THE COMMANDER
WRIGHT-PATTERSON AIR FORCE BASE**

**WRIGHT PATTERSON AIR FORCE BASE
INSTRUCTION 44-101**



17 MAY 2012

Medical

BLOODBORNE PATHOGENS

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*, and establishes standardized procedures for education and training programs, developing exposure control plans, addresses cleanup procedures for small and large potentially infectious material spills, and medical management for workers on Wright-Patterson Air Force Base (AFB) who have potential exposure to blood and body fluids in the course of their assigned duties. It applies, but is not limited to the following personnel: Medical Group, Fire Department, Law Enforcement, Office of Special Investigations (OSI), Environmental Management, Life Guard, and personnel who provide first aid as a collateral duty, such as, Child Development personnel, Home Day Care providers, Youth Center staff and Exterior/Interior Electric shop personnel. In certain 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. This publication does not apply to the Air National Guard or the Air Force Reserve Center (ANG/AFRC) units. 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 Form 847s from the field through the appropriate functional's chain of command. 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 in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>. The use of name or mark of any specific manufacturer, commercial product, commodity or service in this publication does not imply endorsement from the Air Force.

SUMMARY OF CHANGES

WRIGHTPATTERSONAFB 44-101, *Bloodborne Pathogens*, is being updated to address an update to the approved contract with SERVPRO, who units may procure to conduct the clean-up of large indoor spills.

1. Clean Up and Disposal Procedures Of Spills Of Blood Or Potentially Infectious Materials: Contact Public Health (PH) at 255-2515 directly or through the 88th Medical Group Emergency Department (257-3203) for any bloodborne spill that occurs on Wright-Patterson AFB. Spills are generally categorized into two types; those that are comprised of a small amount of material and can be handled by Wright-Patterson AFB personnel with instruction on cleanup procedures, and those spills that consist of a large quantity of material and thus necessitate professional cleanup by a contractor. Most spills that occur out-of-doors and can be properly cleaned up by Wright-Patterson AFB personnel, see **paragraph 1.3**. When contacted, PH will determine the type of spill and instruct on the proper cleanup techniques.

1.1. Small indoor spills: PH recommends the following procedures for the cleanup of spilled blood or potentially infectious materials, as defined in **Attachment 3**, that occur inside of buildings on a non-absorbent surface. The procedures are designed for the cleanup of small spills typically occurring under non-emergency situations and can be performed by anyone who voluntarily cleans up the spill. For information and consultative assistance contact PH at 255-2515, or the Emergency Department at 257-3203.

1.1.1. Cleanup materials needed: Household bleach, one-gallon bucket or larger, mop or towels and rags, and impervious gloves (such as those used for dishwashing). Enclose all necessary materials in a five gallon bucket. If spill occurs on plush surfaces (carpets, chairs, etc.), contact PH for cleaning solution alternatives.

1.1.2. Limit access to spill area: Prevent contamination or spread of contamination by not allowing entry into the spill area.

1.1.3. Don Personal Protective Equipment (PPE): At a minimum, water impervious gloves should be worn by individuals cleaning the spill. Other PPE considerations include outerwear, such as an apron or Tyvek suit, and/or goggles for eye protection.

1.1.4. Prepare cleaning solution and clean spill: Absorb and remove all traces of the spill with paper towels or other acceptable materials (Micro-encapsulation absorbent). Mix solution of 1 and 2/3 cup (13 fluid ounces) of bleach with 1 gallon of water in bucket to produce a 1:10 solution. Mop up area until clean, allowing a 30 minute contact time of the contaminated area with the solution. Then rinse the area with fresh, clean water. Be careful not to splash yourself or anyone in the area. To prevent slipping, keep access to area limited until spill site is dry.

1.1.5. Dispose of the contaminated bleach or water solution by pouring it down a sink, toilet, or sanitary drain. Be careful to prevent splashing.

1.1.6. Should items, such as paper towels, become soiled with blood or potentially infectious materials the following guidelines should be followed: 1) Discard items lightly soiled with blood/potentially infectious materials as solid waste (trash). Lightly soiled is defined as an item that has only a small area that is soiled or has a very minimal amount of contamination. 2) Items moderately or heavily soiled with blood/potentially infectious

materials shall be handled as infectious waste by placing in a leak-proof bag, double bagged, and marked or labeled as "INFECTIOUS WASTE," alternatively use a red plastic "Biohazard Bag". Contact 88ABW/CEAN at 257-7152 for proper disposal.

1.1.7. Should anyone get exposed to blood/potentially infectious materials, immediately wash exposed area with soap and water or flush eyes with clean water and report immediately to the 88 MDG Emergency Department. Also, if possible take the source patient or source patient information to the Emergency Room.

1.2. Large indoor spills: A large spill is defined as a volume that would require more than one person, large amounts of decontamination equipment and material, and/or contamination of objects that would prove difficult to decontaminate, i.e., rugs, mattresses, furniture, electronic gear. In this case, the building facility manager should contact PH at (255-2515) either directly or through the 88th Medical Group Emergency Department (257-3203). PH will provide the facility manager or designee the name of an approved contractor to conduct the cleanup. The facility manager is responsible for ensuring the contractor is notified and conducts the cleanup.

1.2.1. Waste generated by EMS emergency response: Only Emergency Medical Service (EMS) personnel, utilizing an EMS vehicle, are authorized to transport medical waste generated during the assistance of a patient. Waste from a cleanup site will be transported and disposed of by the contractor or approved Air Force personnel.

1.3. Outdoor spills:

1.3.1. Cleanup materials needed: Source of water, hose, sprayer, one-gallon bucket or larger, and impervious gloves (such as those used for dishwashing).

1.3.2. Limit access to spill area. Prevent contamination or the spread of contamination by not allowing entry into the spill area.

1.3.3. Put on gloves, face/eye protection, and apron/gown as appropriate. Apply a low-pressure stream of water to the soiled area until the blood or body fluids are visibly washed away, while being careful to prevent splashing of yourself or anyone in the area.

1.3.4. Should items, such as paper towels, become soiled with blood or potentially infectious materials the following guidelines should be followed: 1) Discard items lightly soiled with blood/potentially infectious materials as solid waste (trash). Lightly soiled is defined as an item that has only a small area that is soiled or has a very minimal amount of contamination. 2) Items moderately or heavily soiled with blood/potentially infectious materials shall be handled as infectious waste by placing in a leak-proof bag, double bagged, and marked or labeled as "INFECTIOUS WASTE," alternatively use a red plastic "Biohazard Bag". Contact 88ABW/CEV at 257-5531 for proper disposal.

1.3.4.1. Emergency response: Only Emergency Medical Services (EMS) personnel, utilizing an EMS vehicle, are authorized to transport medical waste generated during the assistance of a patient. Waste from a cleanup will be transported and disposed of by the contractor or approved Air Force personnel.

1.3.5. Should anyone get exposed to blood or potentially infectious materials, immediately wash exposed area with soap and water and report immediately to 88 MDG

Emergency Room. If possible, the source of the potentially infectious material or source information should be taken to the Emergency Room.

1.4. Blanket Purchase Agreement (BPA) Contractor. PH personnel will instruct the individual in charge of the unit on how to contact the infectious materials removal contractor. Attached is the Authorization Call Letter (see attachment 1) outlining personnel by position who have the authority to make a call against the BPA. All transactions for this BPA occur using the facility's or unit's Government Purchase Card (GPC) or non-credit card payment. All spills that occur over the micro purchase threshold (\$2.5K) can be paid for by obtaining a one-time extension of the GPC limit up to \$25K. This can be done by contacting a GPC representative. End of fiscal year funding cannot delay spill cleanup. A potentially infectious material spill is a contingency that must be cleaned up and will be paid for regardless of budgets at the time. Address these issues through the unit's chain of command, coordinating with base contracting. The contracting Section Chief can be reached at telephone number (937) 522-4594.

2. Supervisors of all base personnel who are exposed to bloodborne pathogens will:

2.1. Ensure individual exposed and the source (if possible) of the blood or body fluids report immediately to 88 MDG Emergency Room.

2.2. Ensure involved individuals report to PH at the earliest opportunity during normal duty hours for follow-up on all exposures until all follow-ups are completed in accordance with Occupational Safety and Health Administration guidelines.

3. Supervisors of units (fire department, law enforcement, OSI, and life guard personnel) identified by PH as requiring Hepatitis B vaccination will:

3.1. Ensure all applicable employees report to the PH/Employee Health office at the WMPC. Personnel will then go to the Immunizations section for vaccination and to document the vaccine in their shot record.

3.2. Develop a tracking system to ensure all members choosing to accept the Hepatitis B vaccination begin the series; additionally, develop a system to follow-up individuals until all three vaccinations of the series are completed.

3.3. Provide initial bloodborne pathogen training for all new arrivals. Accomplish this training within 10 working days and annually thereafter. Contact PH at 255-2515 if any assistance is needed with training.

3.4. Document all bloodborne pathogen training on the individuals AF Form 55, *Employee Safety and Health Record*, in Block V. This documentation is required for initial and annual training.

3.5. Ensure each unit has a written comprehensive Bloodborne Pathogen Exposure Control Plan (see sample plan at [Attachment 3](#)) that is reviewed and updated annually. All units must submit an Exposure Control Plan to PH for review and approval prior to adopting it. PH will keep a copy file from each unit; therefore, send copies to 88 AMDS/SGPM/Occupational Health.

3.6. Ensure adequate Personnel Protective Equipment (PPE) is available for workers to use and enforce the wear of PPE during procedures where there is potential exposure to blood or

body fluids. PPE depends on the potential exposure, and may include gloves, resuscitation devices, masks, goggles, face shields, rubber aprons, etc.

3.6.1. Enforce the wearing of PPE during procedures in which there is potential exposure to blood, body fluids, or other potentially infectious materials. Immediately address noncompliance of workers to policies and directives of this program through appropriate administrative procedures. Document these administrative actions on AF Form 55 in the comments section. This policy is established to protect the worker's health and the government.

4. Evaluate worker's duty performance during an exposure incident. *Note:* If a worker is actually EXPOSED to blood, body fluids, or other potentially infectious materials in the course of their duties, (i.e. a needle puncture wound, getting cut with a contaminated object such as glass, or having blood splash on the skin or mucous membranes of the eyes, nose, or mouth), immediately wash the affected area and flush the eyes if involved. The supervisor should immediately send the exposed worker and, if possible, the source individual or source information to 88 MDG Emergency Room. The physician evaluating the patient in the Emergency Room will refer him or her to PH for follow-up.

5. Supervisors of units that have personnel who provide first aid as a collateral duty will:

5.1. Provide annual training to Child Development Center employees, Home Day Care providers, Youth Center staff, Exterior/Interior Electric Shop personnel. Providing first aid doesn't constitute establishing a Bloodborne Pathogen Program for the unit.

5.2. Document all bloodborne pathogen training on the individual's AF Form 55. This documentation is required for initial and annual training.

5.3. Ensure adequate PPE is available for workers to use and enforce the wear of PPE during procedures (small blood or body fluid spill) where there is potential exposure to blood and body fluids. PPE depends on the potential exposure, and may include gloves, resuscitation devices, masks, goggles, face shields, rubber aprons, etc. See [Attachment 2](#) for further guidance on proper PPE.

6. The 88th Medical Group will provide:

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

6.1.1. Immunizations to protect authorized workers (covered by an Exposure Control Plan) 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 duties on base.

6.1.3. Written opinions for eligible beneficiaries 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 routine course of their duties. This educational service is on a consultant basis to organization supervisors, who have primary responsibility for training.

- 6.3. Initial training to organization supervisors, if required, on proper techniques and prevention of exposure to blood, body fluids, and other potentially infectious materials.
- 6.4. PH 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. PH technical advice and supervisory assistance on:
 - 6.5.1. The types of personal protective equipment 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. An infectious disease physician consultant who will evaluate exposure incidents.
- 6.7. A PH representative available to answer questions employees might have on exposure incidents, provide guidance to contractors on cleanup, and provide list of approved contractors to facilities for initiating cleanup.

AMANDA W. GLADNEY, Colonel, USAF
Commander

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

29 CFR Part 1910.1030, *Occupational Exposure to Bloodborne Pathogens*; Final Rule
AFMAN 33-363, *Management of Records*, 1 March 2008
AFPD 44-1, *Medical Operations*, 1 September 1999
Ohio Administrative Code Rule 3745-27-30 and 3745-27-31, *Infectious Waste Regulations*

Adopted Forms

AF Form 55, *Employee Safety and Health Record*, 5 August 2011
AF Form 847, *Recommendation for Change of Publication*, 22 September 2009

Abbreviations and Acronyms

OSHA—Occupational Safety and Health Administration

Terms

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

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—Human disease causing agents that are usually spread from one person to another through blood or body fluids. Examples include Hepatitis B Virus and Human Immunodeficiency Virus (HIV).

Potentially Infectious Materials—Human blood, semen, vaginal secretions, and any body fluid that is visibly contaminated with blood. This does not normally apply to vomitus, urine, or stool, unless there is visible blood.

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

Standard Precautions—"Standard precautions" are infection control approaches which require all blood and body fluids to be treated as if they are infected with bloodborne pathogens.

Attachment 2

MEMORANDUM FOR SERVPRO OF COLUMBUS

Figure A2.1. Memorandum for SERVPRO of Columbus

MEMORANDUM FOR: HECO Services dba ServPro
7440 Pingue Dr
Columbus, OH 43085-1741
614-888-5700

FROM: ASC/PKOAB
1940 Allbrook Dr, Rm 109
Wright-Patterson AFB, OH 45433

SUBJECT: Blanket Purchase Agreement Users, FA8601-12-A-0020

1. In accordance with Federal Acquisition Regulation Part 13.303-3 (a)(4), personnel in the following positions are authorized to place calls up to \$25,000 within the terms and conditions of subject BPA provided they are current BPA cardholders:

- a. Building Facility Managers at Wright Patterson AFB
- b. Organizational/Unit Orderly Room Administrators at Wright Patterson AFB

2. It is incumbent upon HECO to ensure persons who are placing calls are authorized to do and purchase card holders. Individuals other than those listed above shall not be permitted to place calls unless authorized in writing by the Contracting Officer. Questions concerning this letter should be addressed to Mohamed Hussein at mohamed.hussein@wpafb.af.mil or 937-672-4594.

____//signed//_____
Christopher Hampton
Contracting Officer

____12 Jan 2012____
DATE

Attachment 3**TEMPLATE FOR EXPOSURE CONTROL****(TEMPLATE)****EXPOSURE CONTROL PLAN FOR (*Unit Name*)****WRIGHT-PATTERSON AIR FORCE BASE****A3.1. Exposure Determination:**

A3.1.1. List of job classifications where all employees have potential exposure to bloodborne pathogens.

A3.1.2. List of job classification where some employees have potential exposure to bloodborne pathogens.

A3.1.3. List of tasks and procedures in which potential occupational exposure to bloodborne pathogens occurs for job classifications listed in [paragraph A3.1.1](#), of this plan.

A3.2. Exposure Control Plan Elements:

A3.2.1. Standard Precautions. The term “Standard Precautions” refers to an infectious disease control process intended to prevent exposures to workers from bloodborne pathogens (blood and body fluids, such as, semen, vaginal fluids, blood stained feces, etc.).

A3.2.1.1. All Victims and Victim Specimens. Considered to be potentially infected with a bloodborne disease and therefore treated the same.

A3.2.1.2. Personal Protective Equipment (PPE). Includes, but is not limited to, gloves, face shields, masks, gowns, resuscitation devices, etc... and is provided by the organization and readily available to all workers who may be potentially exposed to blood or body fluids. The wear of PPE is mandatory in all instances when exposure to blood or body fluids is anticipated.

A3.2.2. Work Practice Controls. Controls that reduce the likelihood of exposure or injury are: hand washing, handling of contaminated needles, sharp instruments, or other contaminated articles, and equipment and surface decontamination.

A3.2.2.1. 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 antiseptic hand cleaners. However, wash hands with soap and running water as soon as feasible. As 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), 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.

A3.2.2.2. Safe Handling of Contaminated Needles, Sharp Instruments, or Contaminated Articles. Workers should 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/syringe units, or other sharp objects contaminated with

blood, body fluids, or infectious materials. Pick up contaminated objects using tongs, forceps, a broom and dust pan, or some other method which 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 [paragraph 1](#), of this instruction (WPAFBI 44-101) for specific cleanup and disposal guidelines.

A3.2.2.3. Equipment and Surface Decontamination. At a minimum, clean the contaminated surfaces by absorbing the spilled material, cleaning the spill area with a detergent and rinsing it, and disinfecting the spill area with household bleach (Clorox). Dispose of fluids in the sanitary sewer system (i.e. toilet, sink, or sanitary drain). Place contaminated paper products used in the cleanup operation in a biohazard bag and dispose of as in [paragraph A3.2.2.2](#). If the area cannot be decontaminated in this fashion, contact PH at 255-2515 for additional advice.

A3.2.3. Hepatitis B Immunization:

A3.2.3.1. Offer individuals whose duties involve potential 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 the 88 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 Medical Personnel, Fire Department, Law Enforcement, Environmental Management, OSI, Life Guards, sewer workers and life support personnel.

A3.2.3.2. Personnel who provide First Aid as a collateral duty DO NOT require the Hepatitis B immunizations.

A3.2.4. Training:

A3.2.4.1. 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 A3.1.1](#), 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. PH will conduct supervisors training.

A3.2.4.2. Supervisors should conduct training with employees and document the training in block V of each employee's AF Form 55. Document initial training as "Initial Bloodborne Pathogen Training" and document annual update training as "Annual Bloodborne Pathogen Training."

A3.2.5. Evaluation of Exposure Incidents:

A3.2.5.1. 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 potentially infectious materials to the 88 MDG Emergency Department for evaluation or treatment. After initial evaluation and/or treatment, refer the individual(s) to their Primary Care Manager (PCM).

A3.2.5.2. PCM will counsel the individual on risk factors and ensure follow-up testing and treatment are completed.