

**BY ORDER OF THE COMMANDER  
36TH WING**

**36WG INSTRUCTION 44-108**

**1 MAY 2014**



**Medical**

**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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OPR: 36 MDG/SGOAH

Certified by: 36 MDG/CC  
(Col Herbert C. Scott)

Supersedes: 36WGI 44-108,  
21 March 2002

Pages: 17

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This instruction implements AFI 48-145, *Occupational and Environmental Health Program*. This instruction applies to, but may not be limited to, the following personnel: Medical personnel whose duties include exposure to blood and body fluids; Fire Department personnel; Law Enforcement (SFS) personnel; Life Guard personnel (FSS); and the Office of Special Investigations personnel (OSI). In emergency conditions, sections of this instruction could apply to other personnel. This instruction does apply to U.S. Air National Guard units and their members. 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. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 37-123, *Management of Records*, and disposed of in accordance with Air Force Web-RIMS *Records Disposition Schedule (RDS)*. Public Law 104-13, *The Paperwork Reduction Act of 1995* and AFI 33-360, Volume 2, *Content Management Program-Information Management Tool (CMP-IMT)*, affect this publication. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF IMT 847, *Recommendation for Change of Publication*; route AF IMT 847s from the field through the appropriate chain of command.

**SUMMARY OF CHANGES**

This revision includes the title, adding a supervisor signature acknowledging awareness of an employee’s declination of Hepatitis B vaccination, including nitrile as an example of non-porous gloves, revision of sample unit Exposure Control Plan, inclusion of safer medical device/non-managerial input during annual review of plan, elimination of category designations and requirement of exposed personnel to in-process Public Health.

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**1. Responsibilities.**

1.1. 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 OSHA 29 CFR part 1910.1030.

1.2. Commanders of organizations with personnel at risk for occupational exposures will designate an office of primary responsibility (OPR) for monitoring compliance with engineering and work practice controls, personal protective equipment (PPE), housekeeping, elements of hazard communication, training documentation, and preparing/maintaining an exposure control plan. Medical and dental treatment facilities will additionally comply with revised OSHA 29 CFR part 1910 and all applicable state laws with respect to needle stick safety.

1.3. Each active duty member, government employee, contract employee, student or volunteer assigned or attached to work in any capacity in any affected organization is individually responsible for knowledge of and compliance with this plan.

1.4. The 36th Medical Group will provide:

1.4.1. Medical oversight for eligible workers exposed to potentially infectious materials in the course of their duties to include: medical education, treatment, follow up, a written medical opinion and documentation for personnel with exposure to potentially infectious materials.

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

1.4.3. When requested, initial training to organization supervisors through Public Health (PH) (or other formal training organizations if approved by PH) on requirements outlined in CFR 29 part 1910.1030, and proper techniques and prevention of exposure to potentially infectious materials.

1.4.4. When requested, means of disposal of waste contaminated with blood and body fluids and in emergency situations, biohazard bags.

1.4.5. The Hepatitis B Vaccination series for eligible workers.

1.4.5.1. The vaccine series is mandatory for all eligible active duty military personnel.

1.4.5.2. The vaccine series will be offered to all eligible civilian employees at no cost to themselves. If a worker declines the Hepatitis B vaccine, they must sign a Declination Statement (Atch 1) to be filed in the individual's medical record and kept for the duration of employment, plus 30 years. Note: Declination is not possible if Hepatitis B vaccination is a condition of employment.

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

1.5.1. Develop an Exposure Control Plan for their specific worksite and workers in accordance with 29 CFR Part 1910.1030 (see Atchs 2 and 3 for examples). The medical treatment facility must include in their plan, information on needle stick safety. See reference 1.2. of this instruction.

1.5.1.1. Submit the plan to PH for review prior to adopting.

1.5.1.2. Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR part 1910.1020(e).

1.5.1.3. Review and update the Exposure Control Plan annually whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

1.5.1.3.1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

1.5.1.3.2. Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

1.5.1.3.3. An employer, who is required to establish an Exposure Control Plan, shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

1.5.2. In accordance with (IAW) CFR 29 part 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.

1.5.2.1. Maintain documentation of training for a minimum of three years.

1.5.2.2. Route the training lesson plan through PH.

1.5.3. Ensure all active duty members with potential exposure in your organization receive the Hepatitis B Vaccine series and all civilians are offered the series. Civilians refusing to receive the Hepatitis B series must sign the Hepatitis B Vaccine Declination Statement (Atch 2). Hepatitis B vaccination is a condition of employment for selected civilians.

1.5.4. 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, and so forth, depending on the level of potential exposure.

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

## **2. Procedures.**

2.1. Clean-up and disposal procedures for indoor spills of blood/OPIM: The 36th Medical Group (36 MDG) recommends the following procedures for the clean-up of spilled blood or OPIM that occur at Andersen Air Force Base (AAFB). For guidance or additional information on any blood spill/body fluid clean up, contact PH at 366-4147.

2.1.1. Clean up materials needed: Household bleach, one gallon bucket or larger, mop, towels/rags, 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 the HBV and HIV viruses. The use of PPE is mandatory in all instances where exposure to blood or body fluids can be reasonably anticipated. Employees will remove PPE prior to leaving the area.

2.1.2. Limit access to the spill area.

2.1.3. Put on eye protection, if needed, and gloves. Prepare a dilute beach solution by mixing 1 part household bleach to 10 parts water (this is a 1:10 dilution). Mop area until clean. Prevent access to the area until site is dry.

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

2.1.5. Should items become soiled with blood/body fluids the following should be accomplished: 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 a red biohazard bag may be used. Coordinate transport/disposal of soiled/bagged items with 36 MDG Facilities (366-5395).

2.1.6. 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) to their 36 MDG Primary Care Provider (or Flight Medicine Clinic if individual does not receive care at 36 MDG). After hours, the supervisor will arrange for transport to the USNH-G Emergency Room via POV. If emergency transportation is required, call 911. Both civilians and military personnel will be followed up in PH.

2.1.7. Ensure all employees that have experienced a potential exposure, whether military or civilian, are seen at the 36 MDG by a provider as well as PH at the earliest available opportunity so that all follow-up is done per OSHA guidelines.

2.2. Clean-up and disposal procedures for outdoor spills of blood/OPIM: The 36 MDG recommends the following procedures for the clean-up of spilled blood or potentially infectious materials, as defined in paragraph 2.3, which occur outside of buildings (i.e., parking lots, streets and sidewalks). The following guidelines are designed for the clean-up of any spill and can be performed by anyone equipped with PPE as described in paragraph 4.1.1. The AAFB Fire Department will be responsible for outdoor spills if the circumstances of the incident (other than the spill) require their response.

2.2.1. Clean-up 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), biohazard bags and a 1:10 dilution bleach solution.

2.2.2. Limit access to the spill area.

2.2.3. Don PPE as needed. If ground or surface conditions allow, place absorbent material (i.e., Dura Pads, Moor Dri 100) over blood/body fluids. Saturate area with 1:10 bleach solution, and then collect absorbent material and place in biohazard bags.

2.2.4. 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.

2.2.5. Should items become soiled with blood or OPIM, the directions provided in paragraph 2.1.5. be followed.

2.2.6. Should anyone inadvertently become exposed to blood or other potentially infectious material, follow guidance as per paragraph 2.1.6.

2.2.7. If body parts are discovered, place severed parts in ice and transport them 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.

STEVEN D. GARLAND  
Brigadier General, USAF  
Commander

## Attachment 1

### GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

#### *References*

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

The 29 CFR Part 1910.1020, Access to Employee Exposure and Medical Records, Occupational Safety and Health Administration (OSHA)

HQ USAF/SG, Memorandum, *Guidance for MTFs in Response to Policy Letter on Needlestick Safety for Health Care Workers (HA Policy 01-013)*, 8 Nov 2001.

HQ USAF/SGO Memorandum, *Vaccine Policy and Guidance for Adults and Accessions*, 7 Jun 2006.

DODI 6055.1, *DoD Safety and Occupational Health (SOH) Program*, 19 August 1998

#### *Adopted Forms*

AF Form 847, Recommendation for Change of Publication

Hepatitis B Declination Form

#### *Abbreviations and Acronyms*

**HBV**—Hepatitis B Vaccination

**HIV**—Human Immunodeficiency Virus

**AIDS**—Acquired Immunodeficiency Syndrome

**OPIM**—other potentially infectious materials

**OPR**—office of primary responsibility

**PPE**—personal protective equipment

**PH**—Public Health

**USNH**—G-United States Naval Hospital Guam

**POV**—Privately owned vehicle

**OSI**—Office of Special Investigations

**CPR**—cardiopulmonary resuscitation

#### *TERMS*

**Bloodborne Pathogens**— Diseases that are commonly spread from one person to another through blood or body fluids. Examples include Hepatitis B virus (HBV) and Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS).

**Blood**— Human blood, human blood components, and products made from human blood.

**Other Potentially Infectious Materials (OPIM)**— The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal

fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead).

**Parenteral**— means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Exposure Incident**— This term means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that result from the performance of an employee's duties.

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

**Contaminated**— The presence or reasonably anticipated presence of blood or OPIM on an item or surface.

**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, use, or disposal.

**Eligible worker**— any Department of Defense personnel eligible for occupational health support by the 36th Medical Group IAW DODI 6055.1. Generally, does not include contract workers unless such care is specified in a formal support agreement/contract.



### Attachment 3

## SAMPLE EXPOSURE CONTROL PLAN

### A3.1. Exposure Determination.

A3.1.1. List of job classification where all employees have potential exposure to bloodborne pathogens. (List Job Title and Air Force Specialty Code (AFSC))

A3.1.2. List of job classification where some employees have potential exposure to bloodborne pathogens. (List Job Title and AFSC)

A3.1.3. List of tasks and procedures in which potential occupational exposure to bloodborne pathogens occurs for job classifications listed in paragraph A2.1.1, this attachment. (List Task and AFSC)

### A3.2. Schedule and Methods of Implementation.

A3.2.1. 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.

A3.2.2. Engineering and Work Practice Controls. Standard precaution in conjunction with effective work practice controls will be used to minimize or eliminate potential exposure risk to bloodborne pathogens.

A3.2.2.1. Handwashing Facilities. Handwashing facilities are located throughout the section in \_\_\_\_\_. 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. Alcohol-based handrubs containing 60-95% alcohol have been proven to be effective against various pathogens, are fast acting, cause less skin irritation, and may help improve adherence to hand hygiene protocols. Alcohol-based handrubs do not replace the need for sinks or other hand hygiene products. Handrubs cannot be used when hands are visibly dirty, soiled with blood or other body fluids, or when personnel feel a “build up” of the product on their hands after extended use.

A3.2.2.2. Handwashing Enforcement. Handwashing is a responsibility of each employee. Enforcement of this responsibility falls upon the employee’s supervisor.

A3.2.2.2.1. At a minimum, hands will be washed immediately or soon after removal of gloves or PPE.

A3.2.2.2.2. Employees will wash hands or other skin area with soap and water, or flush mucous membranes with water immediately or soon after coming in contact with blood or other potentially infectious material.

A3.2.2.2.3. Employees will wash hands or other skin area with soap and water before and after performing any personal body function, such as eating, sneezing, or using the restroom.

A3.2.2.2.4. Employees will wash hands or other skin area with soap and water before and after touching wounds, whether surgical, traumatic, or associated with an invasive device.

A3.2.2.2.5. Employees will wash hands or other skin area with soap and water after touching inanimate sources (such as, equipment or surfaces) that are likely to be contaminated with blood or body fluids.

A3.2.2.2.6. Employees will wash hands or other skin area with soap and water after any situation which microbial contamination of hands is likely to occur.

A3.2.2.2.7. Employees will wash hands or other skin area with soap and water before departure for home.

A3.2.2.2.8. Hand washing will be encouraged when employee is in doubt about the necessity for doing so.

A3.2.2.3. Handling contaminated needles, sharp instruments, or other contaminated articles. Education programs will stress proper management of needles, sharp instruments, or other contaminated articles. Workers should be aware of the occupational health hazards concerning 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 the minimal handling of these items.

A3.2.2.3.1. Sharp instruments, broken glass, needle/syringe units, or other sharp objects which are contaminated with blood, body fluids, or other potentially infectious materials (OPIM) 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 contaminated object.

A3.2.2.3.2. Once picked up, the contaminated objects will be placed into puncture-resistant leak-proof biohazard container for disposal. If the organization does not have a suitable biohazard container, for an emergency situation, they can contact the 36 MDG to pick one up. Contact Medical Logistics, at 366-5184.

A3.2.2.3.3. 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 needles and sharp instrument disposal.

A3.2.2.4. Eating, drinking, and smoking in potential exposure areas. Eating, drinking, smoking and applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure to blood or body fluids. All personal protective equipment must be removed, hands washed, and contaminated clothing changed prior to eating, drinking, smoking, applying cosmetics, or handling contact lenses after potential exposure to blood borne pathogens.

A3.2.2.4.1. Storage of foods and drink. Food and drink will not be kept in refrigerators, freezers, counter tops or bench tops where the potential for exposure to infectious materials exists.

A3.2.2.5. Potentially infectious specimen handling, and disposal. Materials which have been contaminated with blood, body fluids, or OPIM will be placed in biohazard-bags, sealed, and transported to the Andersen AFB Clinic in a leak-proof, puncture-resistant container marked with the biohazard symbol for disposal.

A3.2.2.5.1. Color-coded red plastic bags are the primary containers for disposal of contaminated wastes.

A3.2.2.5.2. If specimen leakage is anticipated, double or triple bag primary container using color-coded plastic bags.

A3.2.2.5.3. If a contaminated article could puncture the primary container; the primary container will be placed within a secondary container, which is puncture resistant. This container should have appropriate biohazard markings.

A3.2.2.6. 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.

A3.2.2.7. 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 OPIM 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.

A3.2.2.7.1. Providing PPE. It's the responsibility of the individual organization to provide PPE for their employees. \_\_\_\_\_ will provide to all employees at risk, PPE to include but not limited to gloves, gowns, coats, masks, eye protection and mouthpieces, resuscitation bags or other ventilation devices based upon their expected exposures to blood, body fluids, or other potentially infectious materials.

A3.2.2.7.2. Enforcing wear of PPE. The supervisor will enforce the use of PPE by all employees.

A3.2.2.7.3. Accessibility of PPE. The supervisor will ensure availability of PPE in the work area. PPE is stored: (List Equipment Type and Storage Location).

A3.2.2.7.4. Cleaning, maintenance, repair, removal, and disposal of PPE. \_\_\_\_\_ will provide for cleaning, laundering, disposal, repair, and replacement of PPE.

A3.2.2.7.4.1. All PPE will be removed prior to leaving the work area.

A3.2.2.7.4.2. If garment is penetrated by blood or other potentially infectious material, garments will be removed immediately or as soon as possible afterward.

A3.2.2.7.4.3. All contaminated PPE will be placed in an appropriate area or container for storage prior to decontamination or disposal. The containers for \_\_\_\_\_ are located at \_\_\_\_\_. Contaminated disposable PPE will be

handled as described in the previous context of this attachment.

A3.2.2.7.4.4. 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.

A3.2.2.7.4.5. Masks, eye protection, face shields, will be used whenever splashes, spray, splatter, or droplets of blood or other potentially infectious material may be generated and contamination of the eye, nose, or mouth is a possibility.

A3.2.2.7.4.6. Other protective clothing such as gown, 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.

A3.2.2.7.5. Guidance for proper PPE. The type of PPE to be worn will vary with situation/procedure performed. The final decision about which PPE is appropriate lies with the supervisor. Medical procedures may require more strenuous guidelines, but here are some general guidelines which may help you in deciding what types of PPE are needed:

A3.2.2.7.5.1. Gloves. Heavy-weight, puncture resistant utility gloves, such as those used for dishwashing are best for housekeeping procedures. For patient-care procedures, sterile/non-sterile, non-porous gloves (i.e., nitrile, latex).

A3.2.2.7.5.2. 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 splashed.

A3.2.2.7.5.3. 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 mouth-piece should be used when performing cardiopulmonary resuscitation (CPR).

A3.2.2.7.5.4. Shoes. Water-proof shoe covers should be worn if there is a large spill of potentially infectious fluid.

A3.2.2.7.6. All PPE must be put into a biohazard waste bag for appropriate disposal or laundering immediately after use.

A3.2.2.8. Housekeeping. Supervisors are responsible for ensuring work areas are maintained in a clean and sanitary condition. Housekeeping procedures are outlined in

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A3.2.2.8.1. Schedule of Housekeeping Procedures. Operating instructions will be established for each section indicating schedule for cleaning and methods of decontamination based upon work area and procedures performed in the area.

A3.2.2.9. Cleaning surfaces contaminated with potentially infectious material. All equipment and work surfaces will be cleaned and decontaminated after contact with blood/OPIM. Contaminated work surfaces will be decontaminated with approved disinfectant after completion of procedures or immediately after any blood/OPIM spills.

A3.2.2.10. Regulated Waste. Proper disposal of waste contaminated with blood or body fluids is essential to minimizing or eliminating the exposure risk to employees and general community.

A3.2.2.11. Disposal of sharp instruments or glass. Blood 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 36 MDG for disposal. Coordinate such disposal with Medical Logistics at 366-5184.

A3.2.2.12. 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 36 MDG for disposal. See Disposal of sharp instruments or glass in section A2.2.2.11.

A3.2.2.13. 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.

A3.2.2.14. 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.

A3.2.2.15. 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, which prevent soak-through and leakage. The supervisor will ensure employees handling contaminated laundry wear protective gloves and other appropriate personal protective equipment. Contaminated laundry will be taken to \_\_\_\_\_.

A3.2.2.16. Hepatitis B immunization. Individuals whose duties involve potential exposure to blood, body fluids, or OPIM can receive, free of charge, immunizations for protection against Hepatitis B. Vaccine series will be offered prior to the start of employment involving exposure to blood, body fluids, or OPIM and may be declined by civilian employees if not a condition of their job. Employees declining vaccine must sign a Hepatitis B Vaccine Declination Statement.

A3.2.2.16.1. If duties continue to involve exposure to blood, body fluids, or other potentially infectious materials, employees may request to start immunization series at any time.

A3.2.2.17. Administration. The Hepatitis B Vaccine will be administered by the 36 MDG Immunization Clinic, Andersen AFB, GU.

A3.2.2.18. Procedures. Prior to starting duties which involve exposure to blood, body fluids, or other potentially infectious materials, the employee must be given bloodborne pathogen training and offered/administered the Hepatitis B Vaccine.

A3.2.2.19. Post-Exposure Follow-up. Individuals exposed to blood or body fluids will receive medical follow up. They will report to their 36 MDG Primary Care Provider (or Flight Medicine Clinic if not a beneficiary), as soon as possible, after an exposure for initial evaluation or treatment. for counseling and follow- up testing. PH 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/OPIM 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 Center for Disease Control and Prevention guidelines. Address questions about what constitutes an exposure to PH at 366-4147.

### **A3.3. Record Keeping.**

A3.3.1. Medical Records. The 36 MDG maintains patient medical records.

A3.3.2. 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. Keep the original filed in a separate section with your lesson plan and exposure control plan. The training records must be kept for minimum of three (3) years.

A3.3.2.1. Also, each supervisor must document initial and annual training on each trainee's AF Form 55, *Employee Safety and Health Record*, in Block V.

A3.3.2.2. Initial training will be documented as "Initial Bloodborne Pathogen Training" and annual update training will be documented as "Annual Bloodborne Pathogen Training".

### **A3.4. Communication of Hazards to Employees.**

A3.4.1. 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 on the outside of the container. These containers will not be used for any other purposes.

A3.4.2. Training. All employees who have exposure to blood, body fluids, or OPIM as part of their regular job (see Exposure Determination, section A2.1. for listing of jobs) will receive initial and annual training on exposures to blood, body fluids, OPIM prior to assuming duties which involve exposure to blood, body fluids, or OPIM. At a minimum, training must include the following:

A3.4.2.1. An accessible copy of the OSHA Standard (29 CFR part 1910.1030).

A3.4.2.2. A general explanation of the epidemiology and symptoms of bloodborne diseases.

A3.4.2.3. An explanation of the modes of transmission of bloodborne pathogens.

A3.4.2.4. The installation and your work specific Exposure Control Plan (what's in it, where it is, who's covered and how employees can obtain a copy of the written plan).

A3.4.2.5. An explanation of the procedures that might cause exposure to potentially infectious materials.

A3.4.2.6. An explanation of the control methods used to control exposure in your specific workplace.

A3.4.2.7. PPE (types, basis for selection, proper use, location, removal, handling, decontamination and disposal).

A3.4.2.8. Post-exposure procedures and follow up required by employer.

A3.4.2.9. Signs and labels used.

A3.4.2.10. Hepatitis B Vaccine Program information (efficacy, safety, benefits, and that vaccine will be offered free of charge).

A3.4.2.11. An opportunity for interactive questions and answers with person conducting training.

A3.4.3. Reporting Incidents. Any incident, which involves potential exposure to blood, body fluids, or other potentially infectious materials, will be reported immediately to the supervisor and reported to Wing Safety, as applicable. The individuals receiving exposure, and if possible, the source of the blood, body fluids, or other potentially infectious materials, will be taken to the 36 MDG and will be seen by their primary care provider (or the Flight Medicine Clinic if not a 36th MDG beneficiary).

A3.4.4. Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

A3.4.5. Document input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

## Attachment 4

### DECONTAMINATION PROCEDURES FOR BLOOD AND BODY FLUIDS

**A4.1. General.** The following procedures are recommended for “site specific” clean-up of spills involving blood or body fluids. Standard household bleach from the jug comes commonly as a 5% solution. It is diluted as described below. If you use any other disinfectant, the Infection Control Officer or Public Health Officer at the 36 MDG must first approve it. Also, outline in your unit’s control plan the procedures for clean-up, using the disinfectant. You may use the following information to accomplish this.

**A4.2. Make a “spill kit” readily available for site clean-up.** Place 1 cup of household bleach in an appropriately labeled, dark brown or opaque bottle (sunlight will break down bleach). Place 9 cups of water in a second container. Put the bleach, water (don’t mix the two until you clean up the spill), pair of heavyweight, puncture resistant utility gloves, such as those used for housecleaning and dishwashing, two (2) 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.

**A4.3. Clothing.** You must 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 splashed onto the clean-up workers. At the completion of clean up, discard disposable apron into the biohazard waste bag. If workers clothing inadvertently 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.

**A4.4. 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; however, if there is substantial risk of splattering of blood or body fluids, wear a full-face shield or goggles. Ordinary glasses do not offer adequate protection against splattering. After the completion of clean up, discard disposable facial protection into a biohazard waste bag.

**A4.5. Shoes.** If the spill is large and/or there is a potential of contaminating the worker’s shoes, wear waterproof shoe covers.

**A4.6. 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 used as “pusher” and “receiver” to pick up objects. Place sharp objects into a puncture-resistant container prior to placing into a biohazard waste bag.

**A4.7. Absorb the spill.** Absorb the bulk of spilled material prior to disinfection with disposable absorbent material (i.e., paper towels, gauze pads, or if a small spill, 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.

**A4.8. Disinfect Spill Area.**

A4.8.1. Mix the cup of bleach with the nine (9) cups 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 at least one (1) minute before wiping it up.**

A4.8.2. 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.

A4.8.3. If chemical residue is a concern, rinse the spill site with water. Dry the site to prevent slipping if air-drying is not feasible.

A4.8.4. 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 above procedures.

**A4.9. Contaminated waste.** Contaminated waste may be disposed of as described under Regulated Waste, 29 CFR 1910.1030(d)(4)(iii)(C).